

SERFF Tracking Number: CNSC-127041271 State: Arkansas
Filing Company: Washington National Insurance Company State Tracking Number: 48017
Company Tracking Number: WNIC-3000
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: WNIC-3000 & WNIC-3001R
Project Name/Number: /

Filing at a Glance

Company: Washington National Insurance Company

Product Name: WNIC-3000 & WNIC-3001R SERFF Tr Num: CNSC-127041271 State: Arkansas
TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 48017
Closed

Sub-TOI: L04I.500 Other Co Tr Num: WNIC-3000 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Janet Jones Disposition Date: 02/24/2011
Date Submitted: 02/17/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 02/24/2011
State Status Changed: 02/24/2011

Deemer Date: Created By: Janet Jones
Submitted By: Janet Jones Corresponding Filing Tracking Number:

Filing Description:

Attached please find the below noted forms for your review and approval. The forms are new and do not replace any forms currently on file with your department. These forms are being filed concurrently with our state of domicile, Indiana.

Policies

Form WNIC-3000-AR is a renewable term life insurance policy to age 98. The death benefit is level for the life of the contract. The premiums are guaranteed and will increase annually after the Level Premium Period. The Level Premium Periods are 15 years or To Age 65 (selected at time of application by the applicant). The premiums are unisex and vary by issue age, level premium period length, and non-tobacco/tobacco underwriting classes. The policy fee is \$48 per year. The available issue ages, on an age last birthday basis, are 18 to 65 for the 15-year level premium period and 18-

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55 for the level premium period To Age 65.

Form WNIC-3001R-AR is a renewable term life insurance policy to age 98 with return of premium available. The death benefit is level for the life of the contract. The premiums are guaranteed and will increase annually after the Level Premium Period. The Level Premium Periods are 15 years or To Age 65 (selected at time of application by the applicant). The premiums are unisex and vary issue age, level premium period length, and by non-tobacco/tobacco underwriting classes. The policy fee is \$48 per year. The available issue ages, on an age last birthday basis, are 18 to 65 for the 15-year level premium period and 18-55 for the level premium period To Age 65.

Statements of Variability are attached, which explains all the variables of the bracketed information on Policy Forms WNIC-3000-AR and WNIC-3001R-AR.

MARKETING INFORMATION

These individual term life insurance policies will be offered to employees of various companies in their place of employment by independent marketing organizations and independent personal producing general agents. These policies may also be offered to individuals outside of the worksite.

Application for Life Insurance – WNIC-8000-SI

Application WNIC-8000-SI is a simplified issued life application to be used with Policy Forms WNIC-3000-AR and WNIC-3001R-AR, and other policies that may be filed at a later date.

Certain sections on the application are being filed as variable. Please see the Statement of Variability for the application attached to the Supporting Documentation tab.

Please note that in the future we may offer our clients the opportunity to complete this application electronically and will be accepting their signature in an electronic format.

Conditional Receipt – WNIC-8000-CR

Form WNIC-8000-CR is the conditional receipt that will be used with Application WNIC-8000-SI and may be used with other applications that may be filed in the future. This form will be used if the first modal premium is submitted with the application.

RIDERS:

The riders listed below are to be used with policies WNIC-3000-AR and WNIC-3001R-AR and other policy forms that may be filed at a later date.

Form WNIC-6019 is an accelerated benefit rider for terminal illness, which allows the policy owner to accelerate a portion of the death benefits payable under the policy, if rider is attached to the policy. The election to accelerate

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benefits is made by the policy owner once a duly licensed physician diagnoses the Insured as being terminally ill with an expectation of death within 12 months or less from the date of certification. There is no premium charge for this rider.

Form DISC-6019 is a disclosure statement for the Accelerated Benefit Rider that will be provided to the applicant at the time of application. Form CLAIM-6019 is a Benefit Payment Notice / Statement of Effects of Accelerated Benefit on Policy Values and Benefits, which will be provided to the owner at time of claim.

Form WNIC-6020 is a children's term insurance rider, which provides a level amount of term insurance on all the Insured's children, age 15 days through age 18. This rider expires on the policy anniversary on which the Insured has attained age 65. Insurance on any covered child terminates on the policy anniversary on which the child is age 23. There is a premium charge for this rider.

Form WNIC-6021 is a Total and Permanent Disability Benefits Waiver of Premium rider, which will waive the policy premium on a monthly basis, should the Insured become totally and permanently disabled. The rider is activated after six months of disability. The premium will be waived until the Insured is age 60. There is a premium charge for this rider.

Form WNIC-6022 is a Critical Illness Rider, which will pay a one-time lump sum benefit to the Owner when the Insured is diagnosed for the first time, subject to eligibility requirements, as having one of the following specified critical illnesses:

1. Cancer;
2. Heart Attack;
3. Renal Failure; or
4. Stroke.

The rider terminates upon payment of the lump sum benefit payment. There is a premium charge for this rider.

Form WNIC-6026 is an accidental death benefit rider which provides a benefit if the Insured's death results from accidental bodily injury subject to the terms of the rider. There is a premium charge for this rider.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due to printing constraints.

These forms will be effective upon your approval. This filing does not contain any controversial or unusual items from normal company or industry standards.

Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

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Product Name: WNIC-3000 & WNIC-3001R
Project Name/Number: /

Sincerely,

Janet Jones, HIA, AIRC
Product Filing Analyst
Policy Approval & Compliance
1-800-888-4918 extension 73177
Janet.Jones@cnoinc.com

Company and Contact

Filing Contact Information

Janet Jones,
11815 N. Pennsylvania Street
Carmel, IN 46032

Janet_Jones@conseco.com
800-888-4918 [Phone] 3177 [Ext]
317-817-2333 [FAX]

Filing Company Information

Washington National Insurance Company
11815 N. Pennsylvania St.
Carmel, IN 46032
(800) 888-4918 ext. [Phone]

CoCode: 70319
Group Code: 233
Group Name:
FEIN Number: 36-1933760

State of Domicile: Indiana
Company Type: Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$385.00
Retaliatory? Yes
Fee Explanation: Indiana - 35 per form

11 forms

11 x 35 = \$385.00

Per Company: No

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Product Name: WNIC-3000 & WNIC-3001R
Project Name/Number: /

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|----------|----------------|---------------|
| Washington National Insurance Company | \$385.00 | 02/17/2011 | 44814526 |
| Washington National Insurance Company | \$165.00 | 02/18/2011 | 44857275 |

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 Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 02/24/2011 | 02/24/2011 |

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 | 02/18/2011 | 02/18/2011 | Janet Jones | 02/18/2011 | 02/18/2011 |

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Product Name: WNIC-3000 & WNIC-3001R
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Disposition

Disposition Date: 02/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Actuarial Memo | | No |
| Supporting Document | Statements of Variability | | Yes |
| Form | Renewable Term Life Insurance to Age 98 | | Yes |
| Form | Renewable Term Life Insurance To 98 with Return of Premium Available | | Yes |
| Form | Application for Life Insurance | | Yes |
| Form | Conditional Receipt | | Yes |
| Form | Accelerated Benefit Rider For Terminal Illness | | Yes |
| Form | Children's Term Insurance Rider | | Yes |
| Form | Total and Permanent Disability Benefits Waiver of Premium | | Yes |
| Form | Critical Illness Rider | | Yes |
| Form | Accidental Death Benefit Rider | | Yes |
| Form | Disclosure Statement For Accelerated Benefit For Terminal Illness | | Yes |
| Form | Benefit Payment Notice | | Yes |

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Project Name/Number: /

Objection Letter

| | |
|-------------------------|---------------------------|
| Objection Letter Status | Pending Industry Response |
| Objection Letter Date | 02/18/2011 |
| Submitted Date | 02/18/2011 |
| Respond By Date | 03/18/2011 |

Dear Janet Jones,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$165.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/18/2011
Submitted Date 02/18/2011

Dear Linda Bird,

Comments:

Thank you for your letter.

Response 1

Comments: I have sent through EFT today the additional \$165.00 filing fee.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$165.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I you need any additional information please let me know.

Sincerely,
Janet Jones

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Form Schedule

Lead Form Number: WNIC-3000-AR

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|---------------|--------------|--|---------|----------------------|-------------|-------------------|
| | WNIC-3000-AR | Policy/Cont | Renewable Term Life Initial ract/Fratern Insurance to Age 98 al Certificate | | | 53.200 | WNIC-3000-AR.pdf |
| | WNIC-3001R-AR | Policy/Cont | Renewable Term Life Initial ract/Fratern Insurance To 98 with al Return of Premium Certificate Available | | | 53.900 | WNIC-3001R-AR.pdf |
| | WNIC-8000-SI | Application/ | Application for Life Enrollment Insurance Form | Initial | | 51.500 | WNIC-8000-SI.pdf |
| | WNIC-8000-CR | Other | Conditional Receipt | Initial | | 50.000 | WNIC-8000-CR.pdf |
| | WNIC-6019 | Policy/Cont | Accelerated Benefit ract/Fratern Rider For Terminal al Illness Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 55.800 | WNIC-6019.pdf |
| | WNIC-6020 | Policy/Cont | Children's Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 52.800 | WNIC-6020.pdf |

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| | | | | |
|--------------|---|---------|--------|------------------|
| WNIC-6021 | Policy/Cont Total and Permanent Initial ract/Fratern Disability Benefits al Waiver of Premium Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | 52.600 | WNIC-6021.pdf |
| WNIC-6022-AR | Policy/Cont Critical Illness Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | 50.200 | WNIC-6022-AR.pdf |
| WNIC-6026 | Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | 51.000 | WNIC-6026.pdf |
| DISC-6019 | Other Disclosure Statement For Accelerated Benefit For Terminal Illness | Initial | 0.000 | DISC-6019.pdf |
| CLAIM-6019 | Other Benefit Payment Notice | Initial | 0.000 | CLAIM-6019.pdf |

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
Telephone: [1-800-888-4918]

READ YOUR POLICY CAREFULLY

This policy is a legal contract between the Owner and Washington National Insurance Company ("The Company"). The Company agrees to pay the Proceeds of this policy to the Beneficiary upon surrender of this policy and receipt of due proof of death of the Insured, while this policy is in force, and to provide the other benefits, rights and privileges in accordance with the terms of this policy.

NOTICE OF 20 DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If You are dissatisfied for any reason, this policy can be cancelled by You by delivering or mailing the policy to Our Home Office or to the insurance agent through whom it was effected before midnight of the twentieth day after receipt of such policy by the applicant. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premiums paid, including any policy fee or other charges, will be refunded within twenty days after We receive this policy.

Signed for Washington National Insurance Company by



Secretary



President

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**

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POLICY SPECIFICATIONS

| | |
|---|-------------------------------|
| POLICY NUMBER: [0000000] | INSURED: [JOHN DOE] |
| POLICY EFFECTIVE DATE: [OCTOBER 15, 2010] | AGE: [35] |
| EXPIRY DATE: [OCTOBER 15, 2073] | RATING |
| INITIAL ANNUAL PREMIUM: \$[577.00] | CLASS: [STANDARD NON-TOBACCO] |
| PREMIUM MODE: [ANNUAL] | LEVEL PREMIUM |
| | PERIOD: [15 YEARS] |
| | DEATH BENEFIT: \$[100,000] |

THE PREMIUMS ARE GUARANTEED AND ARE SHOWN ON THE TABLE OF GUARANTEED ANNUAL PREMIUMS, SEE PAGE 4. THE PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD, WHICH IS SHOWN ABOVE.

| <u>Modal Factors:</u> | <u>* Premiums:</u> |
|---|--------------------|
| {**Payroll Deduction Mode: [26 Pay] } [0.04002] | { \$19.45 } |
| Annual } 1.00 | \$486.09 } |
| Semiannual } 0.51 | \$247.90 } |
| Quarterly } 0.26 | \$126.38 } |
| Monthly (EFT) } 0.0867 | \$42.14 } |

Premiums paid other than annually are determined by multiplying the total annual premium by the factors shown above.

*THE PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

**IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE.

POLICY/RIDER BENEFIT SCHEDULE

| Form Number | Description of Benefit | Insurance Amount | Annual Premium | Years Payable |
|----------------------------------|---|------------------|----------------|---------------|
| { WNIC-3000 WNIC-6019 } | Renewable Term Insurance To Age 98 | \$100,000 | \$244.00 | 63 |
| | Accelerated Benefit Rider For Terminal Illness | See Rider | N/A | N/A |
| { WNIC-6020 WNIC-6021 } | Children's Term Insurance Rider | \$10,000 | \$75.00 | 30 |
| | Total & Permanent Disability Benefits Waiver of Premium | N/A | \$18.09 | 25 |
| { WNIC-6026 WNIC-6022 } | Accidental Death Benefit Rider | \$100,000 | \$110.00 | 35 |
| | Critical Illness Benefit Rider | \$3,000 | \$39.00 | 63 |

POLICY SPECIFICATIONS (Cont'd)

TABLE OF GUARANTEED ANNUAL PREMIUMS

LEVEL PREMIUM PERIOD: [15 YEARS]

PREMIUMS ARE BASED ON YOUR ATTAINED AGE. PREMIUMS ARE LEVEL DURING THE LEVEL PREMIUM PERIOD. AFTER THE LEVEL PREMIUM PERIOD, THE PREMIUM WILL INCREASE ANNUALLY.

| AGE | POLICY YEAR | PREMIUM | AGE | POLICY YEAR | PREMIUM |
|------------|--------------------|----------------|------------|--------------------|----------------|
| 35 | 1 | \$486.09 | 67 | 33 | 5,129.00 |
| 36 | 2 | 486.09 | 68 | 34 | 5,564.00 |
| 37 | 3 | 486.09 | 69 | 35 | 6,047.00 |
| 38 | 4 | 486.09 | 70 | 36 | 6,486.00 |
| 39 | 5 | 486.09 | 71 | 37 | 7,140.00 |
| 40 | 6 | 486.09 | 72 | 38 | 7,884.00 |
| 41 | 7 | 486.09 | 73 | 39 | 8,676.00 |
| 42 | 8 | 486.09 | 74 | 40 | 9,531.00 |
| 43 | 9 | 486.09 | 75 | 41 | 10,467.00 |
| 44 | 10 | 486.09 | 76 | 42 | 11,505.00 |
| 45 | 11 | 486.09 | 77 | 43 | 12,684.00 |
| 46 | 12 | 486.09 | 78 | 44 | 14,013.00 |
| 47 | 13 | 486.09 | 79 | 45 | 15,483.00 |
| 48 | 14 | 486.09 | 80 | 46 | 17,178.00 |
| 49 | 15 | 486.09 | 81 | 47 | 19,116.00 |
| 50 | 16 | 1,279.62 | 82 | 48 | 21,150.00 |
| 51 | 17 | 1,382.44 | 83 | 49 | 23,316.00 |
| 52 | 18 | 1,497.73 | 84 | 50 | 25,710.00 |
| 53 | 19 | 1,631.72 | 85 | 51 | 28,227.00 |
| 54 | 20 | 1,784.40 | 86 | 52 | 31,059.00 |
| 55 | 21 | 1,955.78 | 87 | 53 | 34,311.00 |
| 56 | 22 | 2,139.62 | 88 | 54 | 37,719.00 |
| 57 | 23 | 2,323.46 | 89 | 55 | 41,142.00 |
| 58 | 24 | 2,510.42 | 90 | 56 | 43,935.00 |
| 59 | 25 | 2,716.07 | 91 | 57 | 46,521.00 |
| 60 | 26 | 2,840.00 | 92 | 58 | 50,076.00 |
| 61 | 27 | 3,104.00 | 93 | 59 | 54,597.00 |
| 62 | 28 | 3,404.00 | 94 | 60 | 60,105.00 |
| 63 | 29 | 3,725.00 | 95 | 61 | 66,084.00 |
| 64 | 30 | 4,064.00 | 96 | 62 | 72,045.00 |
| 65 | 31 | 4,349.00 | 97 | 63 | 76,302.00 |
| 66 | 32 | 4,727.00 | | | |

PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

DEFINITIONS
(Defined terms are capitalized throughout this policy)

AGE AND ATTAINED AGE. Age means the Insured's Age last birthday on the Policy Effective Date. Attained Age means the Age on the Policy Effective Date plus the number of Policy Years elapsed since the Policy Effective Date.

BENEFICIARY. The person or persons shown on the application, or later changed by You, to whom We will pay the Proceeds.

CLAIM FORMS. The forms and authorizations, including but not limited to HIPAA authorization and affidavit of relationship, that We provide to the Beneficiary for the submission of a claim for the Death Benefit.

DEATH BENEFIT. The amount of insurance shown on the Policy Specifications Page or any supplemental Policy Specifications Page.

EXPIRY DATE. The Expiration Date is shown on the Policy Specifications Page. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98th birthday.

HOME OFFICE. Washington National Insurance Company 11825 N. Pennsylvania Street, Carmel, IN 46032-4555.

INSURED. The Insured is the person whose life is insured under this policy. The Insured is named on the Policy Specifications Page.

LEVEL PREMIUM PERIOD. The number of years or the Attained Age to which premiums are level. See Policy Specifications Page 4 for the table of guaranteed annual premiums.

NONPARTICIPATING. This is a nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFY, NOTIFYING. Written requests and information We receive at Our Home Office, which You sign, and We accept.

OWNER(S). The Owner(s) named in the application, unless changed.

POLICY ANNIVERSARY. The same date each year as of the Policy Effective Date.

POLICY EFFECTIVE DATE. This is the effective date of Your policy. This date will be used to determine Policy Years and Policy Anniversaries.

POLICY MONTH. A period beginning each month on the day of your Policy Effective Date and ending the next month on the day preceding the day of the Policy Effective Date.

POLICY SPECIFICATIONS PAGE. The Policy Specifications Page or any supplemental Policy Specifications Page that We have most recently sent You.

POLICY YEAR. One year from the Policy Effective Date and from each Policy Anniversary.

PREMIUM MODE. The frequency You have chosen to pay premiums on this policy.

DEFINITIONS (cont'd)
(Defined terms are capitalized throughout this policy)

PROCEEDS. The Proceeds are the Death Benefit then in force, plus any death benefit insurance amount on the Insured provided by benefit rider; plus that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less any unpaid premium if death occurs during the grace period.

WE, OUR, US, COMPANY. “We”, “Us” or “Our” means Washington National Insurance Company (the Company).

YOU, YOUR . “You” or “Your” means the Owner(s) of this policy.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS

OWNERSHIP. This contract belongs to You. During the lifetime of the Insured, You have all rights, subject to the right of:

- (1) any assignee of record with Us;
- (2) any irrevocable Beneficiary; and
- (3) any restricted ownership.

You may make changes, including change of Owner, by Notifying Us, during the lifetime of the Insured. You must do this in writing on a form acceptable by Us. Any changes will take effect on the date We receive Notice and the change is recorded by Us. Any change is subject to any action We take before receiving Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Insured.

BENEFICIARY. If the Insured dies while this policy is in force, the Beneficiary will receive the Proceeds provided by the policy and any rider. The Beneficiary is the person(s) or entity You name in the application(s), unless changed by later designation.

You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions, except for payment of premiums.

Unless otherwise provided, if more than one person is named as Beneficiary, the Proceeds will be paid in equal shares to the surviving Beneficiaries as follows: (1) to the primary Beneficiaries surviving at the time of the Insured's death, otherwise; (2) to the contingent Beneficiaries surviving at the time of the Insured's death, otherwise; (3) to the Owner, or the Owner's estate.

If the Beneficiary is “children,” this means children born to or legally adopted by the Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age majority.

OWNER AND BENEFICIARY CHANGE. You may change the Owner and the Beneficiary at any time during the lifetime of the Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. Any change will take effect on the date We receive Notice at Our Home Office and the change is recorded by Us. The change will not apply to any payments made or actions taken by Us before We receive and record the Notice.

SIMULTANEOUS DEATH. If any Beneficiary dies within 15 days after the death of the Insured, the Proceeds will be paid as if the Beneficiary died before such Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS (cont'd)

ASSIGNMENT. You can assign this policy. No assignment will be binding on Us unless it is in writing and received by Us at Our Home Office. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or action We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum. Any debt owed to Us, will be deducted prior to payment made to the assignee. The rights of the Beneficiary and Owner are subject to the rights of any assignee.

PREMIUM PAYMENT PROVISIONS

PAYMENT OF PREMIUM. Premiums must be paid in a form acceptable to the Company. The first premium is due on the Policy Effective Date. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts will be given upon request.

Exception: During the time, if any, that it is agreed between You and Us that premiums will be billed and remitted through payroll deduction or credit union share account deduction, premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating premium payments on Your behalf.

If after at least one premium payment, premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting premium through one of Our other payment methods that is shown on the Policy Specifications Page.

GUARANTEED PREMIUMS. The premiums are guaranteed and are shown on the table of guaranteed annual premiums. The premium will increase annually after the Level Premium Period.

POLICY FEE. This policy has an annual policy fee. The amount of this policy fee is shown on the Policy Specifications Page and included in Your premium payment.

GRACE PERIOD. A grace period of 31 days will be allowed for payment of each premium after the first. This policy will continue in force during the grace period. If the premium remains unpaid at the end of the grace period, this policy will lapse. It then provides no further value or benefits unless kept in force under the options on premium default provision, see page 9. If the insured dies during the grace period, the unpaid premium through the Policy Month of death will be deducted in the Proceeds.

REINSTATEMENT. If the premium is not paid by the end of the grace period, We will allow the policy to be put back in force, subject to the following:

- (1) Your request in writing;
- (2) evidence of insurability satisfactory to Us;
- (3) payment to Us of all overdue premiums with 6% interest compounded annually to the date this policy is reinstated;
- (4) reinstatement of the policy within 5 years of the due date of the first unpaid premium; and

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

DEATH OF INSURED PROVISIONS

DEATH BENEFIT. We will pay the Death Benefit of this policy to the Beneficiary after We receive a completed Claim Form and due proof that the Insured died while this policy was in force. Failure of the Beneficiary to cooperate in the claims process may delay payment of the Death Benefit.

This policy is intended to comply with the cash value accumulation test under Section 7702 of the Internal Revenue Code of 1986, as amended.

AMOUNT AND PAYMENT OF PROCEEDS. If the Insured dies while this policy is in force, We will pay the Proceeds to the Beneficiary. The Proceeds are the sum of:

- (1) the Death Benefit then in force; plus
- (2) any death benefit insurance amount on the Insured provided by benefit riders; plus
- (3) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- (4) any unpaid premium if death occurs during the grace period.

Proceeds will be paid in one sum to the Beneficiary unless a payment option is elected as provided by this policy. We will pay the Proceeds to the Beneficiary upon receipt of proof that the Insured died while this policy was in force. If Proceeds are not paid within thirty (30) days after We receive due proof of death and proper written claim, We will pay interest on the Proceeds at the rate of eight percent (8%) per year from the date of death until the date the claim is paid.

CONVERSION PROVISION

CONVERSION. Until the earlier of the Insured's Attained Age 70 or the end of the Level Premium Period, You may convert this policy to a new policy without evidence of insurability. The new policy may be any plan of insurance, except term, then in effect and approved by Us as available for conversion. There will always be at least one policy available for conversion.

At time of conversion, the premium rate for the new policy must be greater than the premium rate for this policy. The Death Benefit on the new policy may not be more than the Death Benefit provided by this policy. The new policy will be in an equivalent rating class as this policy. The conversion date will be the Policy Effective Date of the new policy.

A conversion policy will be issued in exchange for this policy. We must receive this policy and Your Notice of conversion at Our Home Office signed by You, any assignee and any irrevocable Beneficiary of record. The first premium for the conversion policy must be paid.

If the original application is made a part of the new policy, evidence included in such original application will not be contestable after two years from the original Policy Effective Date. The period for death by suicide under the new policy will begin as of the Policy Effective Date of the original policy.

RENEWAL PROVISION

RENEWAL. If You do not convert and continue to pay required premiums Your policy will continue to the Policy Anniversary coinciding with or next following the Insured's 98th birthday.

GENERAL PROVISIONS

ENTIRE CONTRACT. The entire contract consists of this policy, any riders or endorsements, the attached copy of the initial application and all supplemental applications to change this policy. All statements in the application and any supplemental applications will be deemed representations and not warranties. No statement will be used to contest this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications in the policy, which are to be based upon additional evidence of insurability, shall be attached to the policy in order to become part of the contract between the parties.

MODIFICATION OF POLICY. Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of this policy and then only in writing. No agent, broker, or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY. Except in the case of fraud, We will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, and was in force two years from the Policy Effective Date prior to reinstatement, only statements made in the application for reinstatement may be contested. The reinstatement application will be subject to underwriting.

CHOICE OF LAW. The insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Owner, exclusive of such state's choice of laws provisions.

MISSTATEMENT OF AGE. If the Insured's Age is misstated in the application, the Death Benefit will be adjusted. The adjusted amount will be the Death Benefit the premium paid would have provided based on the Insured's correct Age. The Age shown on the Policy Specifications Page is the Insured's Age as of the Policy Effective Date.

SUICIDE. If the Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid.

TERMINATION. This policy and its attached riders, if any, will terminate:

- (1) upon the death of the Insured; or
- (2) the Policy Anniversary date coinciding with or next following the Insured's 98th birthday; or
- (3) at the expiration of the grace period; or
- (4) on the premium due date following receipt of a written request from You.

SETTLEMENT OPTIONS/PAYOUT PROVISIONS

ELECTION OF OPTIONS. Any amount payable at the death of the Insured will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent. We have the right to change the frequency of payment in order to make a payment of at least \$25.

Any election must be made in writing to Us.

ELECTION BY OWNER. During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the payment options in this policy.

ELECTION BY BENEFICIARY. If no settlement option is in effect when the Insured dies, a Beneficiary may elect payment according to the provisions of this section by filing a request after the death of the Insured and before any settlement is made. The beneficiary's election is subject to any existing assignment of this policy, and will take effect when We record it. Once recorded, the effective date is the date the request was signed. The election is subject to any Proceeds paid or other action taken by Us before the election was recorded.

SUPPLEMENTARY CONTRACT. When We receive a request for a settlement option, We will issue a supplementary contract in exchange for the policy stating the terms under which We will make payments. The supplementary contract will state to whom We will pay any remaining Proceeds if the Beneficiary dies.

If the Beneficiary dies before payments under the supplementary contract are complete, We will pay any remaining balance at least as rapidly as under the method of payment in effect on the date of death.

INTEREST ON SETTLEMENT OPTIONS. We will pay the greater of:

- (1) the current rate of interest on settlement options We declare; or
- (2) the minimum rate required.

EXCESS INTEREST. Excess interest is the difference between the current rate We declare, and the minimum rate required. We will determine excess interest, if any, on settlement option amounts. We will pay this excess under Options 1, 2, and 4, and will add it to the period of payment under Option 3.

OPTION 1. EQUAL PAYMENTS FOR A GUARANTEED PERIOD – Equal monthly payments for the number of years elected, not to exceed 25 years. Payment will begin on the option date.

Guaranteed Minimum Payment for each \$1,000 of net proceeds

Guaranteed interest rate: 1.00%

| ANNUAL YEARS | ANNUAL | SEMI-ANNUAL | QUARTERLY | MONTHLY |
|---------------------|---------------|--------------------|------------------|----------------|
| 1 | \$1,000.00 | \$501.24 | \$250.93 | \$83.71 |
| 2 | 502.49 | 251.87 | 126.09 | 42.07 |
| 3 | 336.66 | 168.75 | 84.48 | 28.18 |
| 4 | 253.74 | 127.19 | 63.67 | 21.24 |
| 5 | 204.00 | 102.25 | 51.19 | 17.08 |
| 6 | 170.84 | 85.63 | 42.87 | 14.30 |
| 7 | 147.16 | 73.76 | 36.93 | 12.32 |
| 8 | 129.40 | 64.86 | 32.47 | 10.83 |
| 9 | 115.58 | 57.94 | 29.00 | 9.68 |
| 10 | 104.54 | 52.40 | 26.23 | 8.75 |
| 11 | 95.50 | 47.87 | 23.96 | 7.99 |
| 12 | 87.97 | 44.09 | 22.07 | 7.36 |
| 13 | 81.60 | 40.90 | 20.48 | 6.83 |
| 14 | 76.14 | 38.16 | 19.11 | 6.37 |
| 15 | 71.41 | 35.79 | 17.92 | 5.98 |
| 16 | 67.27 | 33.72 | 16.88 | 5.63 |
| 17 | 63.62 | 31.89 | 15.96 | 5.33 |
| 18 | 60.38 | 30.26 | 15.15 | 5.05 |
| 19 | 57.48 | 28.81 | 14.42 | 4.81 |
| 20 | 54.87 | 27.50 | 13.77 | 4.59 |
| 21 | 52.51 | 26.32 | 13.18 | 4.40 |
| 22 | 50.36 | 25.24 | 12.64 | 4.22 |
| 23 | 48.40 | 24.26 | 12.15 | 4.05 |
| 24 | 46.61 | 23.36 | 11.70 | 3.90 |
| 25 | 44.96 | 22.53 | 11.28 | 3.76 |

OPTION 2. EQUAL PAYMENTS FOR LIFE – Equal monthly payments for a guaranteed period of 10, 15, or 20 years as elected and for life thereafter as shown in the table below. Amount of each monthly installment per \$1,000 net proceeds. Amounts based on 2000 IAM Table age last birthday and an annual interest rate of 1.00%.

OPTION 2/MALE

| Monthly Income for Life with Guaranteed Period of: | | | | Monthly Income for Life with Guaranteed Period of: | | | |
|---|-------------|-------------|-------------|---|-------------|-------------|-------------|
| Age of Payee | 10 Years | 15 Years | 20 Years | Age of Payee | 10 Years | 15 Years | 20 Years |
| 18 | \$1.78 | \$1.78 | \$1.78 | 52 | \$3.11 | \$3.08 | \$3.02 |
| 19 | 1.80 | 1.80 | 1.80 | 53 | 3.19 | 3.15 | 3.08 |
| 20 | 1.82 | 1.82 | 1.82 | 54 | 3.27 | 3.22 | 3.15 |
| 21 | 1.84 | 1.84 | 1.84 | 55 | 3.35 | 3.30 | 3.21 |
| 22 | 1.87 | 1.86 | 1.86 | 56 | 3.44 | 3.38 | 3.28 |
| 23 | 1.89 | 1.89 | 1.88 | 57 | 3.53 | 3.46 | 3.35 |
| 24 | 1.91 | 1.91 | 1.91 | 58 | 3.62 | 3.55 | 3.42 |
| 25 | 1.94 | 1.93 | 1.93 | 59 | 3.73 | 3.63 | 3.49 |
| 26 | 1.96 | 1.96 | 1.96 | 60 | 3.83 | 3.73 | 3.56 |
| 27 | 1.99 | 1.98 | 1.98 | 61 | 3.94 | 3.82 | 3.63 |
| 28 | 2.01 | 2.01 | 2.01 | 62 | 4.06 | 3.92 | 3.70 |
| 29 | 2.04 | 2.04 | 2.04 | 63 | 4.19 | 4.02 | 3.77 |
| 30 | 2.07 | 2.07 | 2.06 | 64 | 4.31 | 4.12 | 3.84 |
| 31 | 2.10 | 2.10 | 2.09 | 65 | 4.45 | 4.23 | 3.91 |
| 32 | 2.13 | 2.13 | 2.12 | 66 | 4.59 | 4.34 | 3.98 |
| 33 | 2.16 | 2.16 | 2.15 | 67 | 4.74 | 4.45 | 4.05 |
| 34 | 2.20 | 2.19 | 2.19 | 68 | 4.89 | 4.55 | 4.11 |
| 35 | 2.23 | 2.23 | 2.22 | 69 | 5.05 | 4.66 | 4.17 |
| 36 | 2.27 | 2.26 | 2.26 | 70 | 5.22 | 4.77 | 4.22 |
| 37 | 2.31 | 2.30 | 2.29 | 71 | 5.39 | 4.88 | 4.27 |
| 38 | 2.35 | 2.34 | 2.33 | 72 | 5.56 | 4.98 | 4.32 |
| 39 | 2.39 | 2.38 | 2.37 | 73 | 5.74 | 5.08 | 4.36 |
| 40 | 2.43 | 2.42 | 2.41 | 74 | 5.92 | 5.18 | 4.40 |
| 41 | 2.48 | 2.47 | 2.45 | 75 | 6.10 | 5.27 | 4.43 |
| 42 | 2.52 | 2.51 | 2.49 | 76 | 6.29 | 5.36 | 4.46 |
| 43 | 2.57 | 2.56 | 2.54 | 77 | 6.47 | 5.44 | 4.49 |
| 44 | 2.62 | 2.61 | 2.59 | 78 | 6.66 | 5.51 | 4.51 |
| 45 | 2.67 | 2.66 | 2.63 | 79 | 6.84 | 5.58 | 4.53 |
| 46 | 2.73 | 2.71 | 2.68 | 80 | 7.01 | 5.64 | 4.55 |
| 47 | 2.79 | 2.77 | 2.74 | 81 | 7.19 | 5.70 | 4.56 |
| 48 | 2.85 | 2.82 | 2.79 | 82 | 7.35 | 5.75 | 4.57 |
| 49 | 2.91 | 2.88 | 2.84 | 83 | 7.51 | 5.79 | 4.58 |
| 50 | 2.97 | 2.95 | 2.90 | 84 | 7.66 | 5.83 | 4.58 |
| 51 | 3.04 | 3.01 | 2.96 | 85 | 7.80 | 5.86 | 4.59 |

OPTION 2/FEMALE

| Monthly Income for Life with Guaranteed Period of: | | | | Monthly Income for Life with Guaranteed Period of: | | | |
|---|-------------|-------------|-------------|---|-------------|-------------|-------------|
| Age of Payee | 10 Years | 15 Years | 20 Years | Age of Payee | 10 Years | 15 Years | 20 Years |
| 18 | \$1.71 | \$1.70 | \$1.70 | 52 | \$2.87 | \$2.85 | \$2.82 |
| 19 | 1.72 | 1.72 | 1.72 | 53 | 2.93 | 2.91 | 2.88 |
| 20 | 1.74 | 1.74 | 1.74 | 54 | 3.00 | 2.98 | 2.94 |
| 21 | 1.76 | 1.76 | 1.76 | 55 | 3.07 | 3.05 | 3.00 |
| 22 | 1.78 | 1.78 | 1.78 | 56 | 3.15 | 3.12 | 3.07 |
| 23 | 1.80 | 1.80 | 1.80 | 57 | 3.23 | 3.19 | 3.13 |
| 24 | 1.82 | 1.82 | 1.82 | 58 | 3.31 | 3.27 | 3.20 |
| 25 | 1.84 | 1.84 | 1.84 | 59 | 3.40 | 3.36 | 3.27 |
| 26 | 1.86 | 1.86 | 1.86 | 60 | 3.50 | 3.44 | 3.35 |
| 27 | 1.89 | 1.89 | 1.88 | 61 | 3.60 | 3.53 | 3.42 |
| 28 | 1.91 | 1.91 | 1.91 | 62 | 3.70 | 3.62 | 3.50 |
| 29 | 1.94 | 1.93 | 1.93 | 63 | 3.81 | 3.72 | 3.58 |
| 30 | 1.96 | 1.96 | 1.96 | 64 | 3.93 | 3.82 | 3.65 |
| 31 | 1.99 | 1.99 | 1.98 | 65 | 4.05 | 3.93 | 3.73 |
| 32 | 2.01 | 2.01 | 2.01 | 66 | 4.18 | 4.04 | 3.81 |
| 33 | 2.04 | 2.04 | 2.04 | 67 | 4.31 | 4.15 | 3.89 |
| 34 | 2.07 | 2.07 | 2.07 | 68 | 4.46 | 4.26 | 3.96 |
| 35 | 2.10 | 2.10 | 2.10 | 69 | 4.61 | 4.38 | 4.03 |
| 36 | 2.13 | 2.13 | 2.13 | 70 | 4.77 | 4.50 | 4.10 |
| 37 | 2.17 | 2.16 | 2.16 | 71 | 4.94 | 4.62 | 4.17 |
| 38 | 2.20 | 2.20 | 2.19 | 72 | 5.11 | 4.74 | 4.23 |
| 39 | 2.24 | 2.23 | 2.23 | 73 | 5.30 | 4.86 | 4.28 |
| 40 | 2.27 | 2.27 | 2.26 | 74 | 5.49 | 4.98 | 4.34 |
| 41 | 2.31 | 2.31 | 2.30 | 75 | 5.69 | 5.09 | 4.38 |
| 42 | 2.35 | 2.35 | 2.34 | 76 | 5.89 | 5.20 | 4.42 |
| 43 | 2.39 | 2.39 | 2.38 | 77 | 6.10 | 5.30 | 4.45 |
| 44 | 2.44 | 2.43 | 2.42 | 78 | 6.30 | 5.39 | 4.48 |
| 45 | 2.48 | 2.48 | 2.46 | 79 | 6.51 | 5.48 | 4.51 |
| 46 | 2.53 | 2.52 | 2.51 | 80 | 6.72 | 5.56 | 4.53 |
| 47 | 2.58 | 2.57 | 2.56 | 81 | 6.93 | 5.63 | 4.54 |
| 48 | 2.63 | 2.62 | 2.60 | 82 | 7.12 | 5.69 | 4.56 |
| 49 | 2.69 | 2.68 | 2.66 | 83 | 7.31 | 5.75 | 4.57 |
| 50 | 2.74 | 2.73 | 2.71 | 84 | 7.49 | 5.79 | 4.58 |
| 51 | 2.80 | 2.79 | 2.76 | 85 | 7.66 | 5.83 | 4.58 |

OPTION 3. Income of Specified Amount

We will pay an income of a specified amount until the principal and interest are exhausted.

OPTION 4. Interest Payments

We will hold the Proceeds as principal and pay interest at the current rate We declare annually. By Notifying Us, the Beneficiary may withdraw the Proceeds at any time, in amounts of at least \$1,000.

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
[Telephone: 1-800-888-4918]

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
Telephone: [1-800-888-4918]

READ YOUR POLICY CAREFULLY

This policy is a legal contract between the Owner and Washington National Insurance Company ("The Company"). The Company agrees to pay the Proceeds of this policy to the Beneficiary upon surrender of this policy and receipt of due proof of death of the Insured, while this policy is in force, and to provide the other benefits, rights and privileges in accordance with the terms of this policy.

This is a renewable term life insurance policy providing a Death Benefit prior to the Expiry Date as long as the policy is in force. The return of premium benefit is payable at the end of the Level Premium Period if the Insured is alive and the policy is in force. Life insurance coverage may be renewed annually following the Level Premium Period to the Policy Anniversary coinciding with or next following the Insured's 98th birthday.

NOTICE OF 20 DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If You are dissatisfied for any reason, this policy can be cancelled by You by delivering or mailing the policy to Our Home Office or to the insurance agent through whom it was effected before midnight of the twentieth day after receipt of such policy by the applicant. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premiums paid, including any policy fee or other charges, will be refunded within twenty days after We receive this policy.

Signed for Washington National Insurance Company by



Secretary



President

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
RETURN OF PREMIUM AVAILABLE DURING LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**

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POLICY SPECIFICATIONS

| | |
|---|-------------------------------|
| POLICY NUMBER: [0000000] | INSURED: [JOHN DOE] |
| POLICY EFFECTIVE DATE: [OCTOBER 15, 2010] | AGE: [35] |
| EXPIRY DATE: [OCTOBER 15, 2073] | RATING |
| INITIAL ANNUAL PREMIUM: \$[577.00] | CLASS: [STANDARD NON-TOBACCO] |
| PREMIUM MODE: [ANNUAL] | LEVEL PREMIUM |
| | PERIOD: [15 YEARS] |
| | DEATH BENEFIT: \$[100,000] |

THE PREMIUMS ARE GUARANTEED AND ARE SHOWN ON THE TABLE OF GUARANTEED ANNUAL PREMIUMS, SEE PAGE 4. THE PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD, WHICH IS SHOWN ABOVE.

| | | | |
|--------------------------------------|-----------|--------------------|--|
| <u>Modal Factors:</u> | | <u>* Premiums:</u> | |
| {**Payroll Deduction Mode: [26 Pay]} | [0.04002] | { \$24.44 } | |
| Annual | 1.00 | { \$610.73 } | |
| Semiannual | 0.51 | { \$311.47 } | |
| Quarterly | 0.26 | { \$158.79 } | |
| Monthly (EFT) | 0.0867 | { \$52.95 } | |

Premiums paid other than annually are determined by multiplying the total annual premium by the factors shown above.

*THE PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

{ **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE. }

POLICY/RIDER BENEFIT SCHEDULE

| Form Number | Description of Benefit | Insurance Amount | Annual Premium | Years Payable |
|-------------------------|---|------------------|----------------|---------------|
| WNIC-3001R WNIC-6019 | Renewable Term Insurance To Age 98 | \$100,000 | \$364.00 | 63 |
| | Accelerated Benefit Rider For Terminal Illness | See Rider | N/A | N/A |
| WNIC-6020 WNIC-6021 | Children's Term Insurance Rider | \$10,000 | \$75.00 | 30 |
| | Total & Permanent Disability Benefits Waiver of Premium | N/A | \$22.73 | 25 |
| WNIC-6026 WNIC-6022 | Accidental Death Benefit Rider | \$100,000 | \$110.00 | 35 |
| | Critical Illness Benefit Rider | \$3,000 | \$39.00 | 63 |

POLICY SPECIFICATIONS (Cont'd)

TABLE OF GUARANTEED ANNUAL PREMIUMS

LEVEL PREMIUM PERIOD: [15 YEARS]

PREMIUMS ARE BASED ON YOUR ATTAINED AGE. PREMIUMS ARE LEVEL DURING THE LEVEL PREMIUM PERIOD. AFTER THE LEVEL PREMIUM PERIOD, THE PREMIUM WILL INCREASE ANNUALLY.

| AGE | POLICY YEAR | PREMIUM | AGE | POLICY YEAR | PREMIUM |
|------------|--------------------|----------------|------------|--------------------|----------------|
| 35 | 1 | \$610.73 | 67 | 33 | 5,129.00 |
| 36 | 2 | 610.73 | 68 | 34 | 5,564.00 |
| 37 | 3 | 610.73 | 69 | 35 | 6,047.00 |
| 38 | 4 | 610.73 | 70 | 36 | 6,486.00 |
| 39 | 5 | 610.73 | 71 | 37 | 7,140.00 |
| 40 | 6 | 610.73 | 72 | 38 | 7,884.00 |
| 41 | 7 | 610.73 | 73 | 39 | 8,676.00 |
| 42 | 8 | 610.73 | 74 | 40 | 9,531.00 |
| 43 | 9 | 610.73 | 75 | 41 | 10,467.00 |
| 44 | 10 | 610.73 | 76 | 42 | 11,505.00 |
| 45 | 11 | 610.73 | 77 | 43 | 12,684.00 |
| 46 | 12 | 610.73 | 78 | 44 | 14,013.00 |
| 47 | 13 | 610.73 | 79 | 45 | 15,483.00 |
| 48 | 14 | 610.73 | 80 | 46 | 17,178.00 |
| 49 | 15 | 610.73 | 81 | 47 | 19,116.00 |
| 50 | 16 | 1,279.62 | 82 | 48 | 21,150.00 |
| 51 | 17 | 1,382.44 | 83 | 49 | 23,316.00 |
| 52 | 18 | 1,497.73 | 84 | 50 | 25,710.00 |
| 53 | 19 | 1,631.72 | 85 | 51 | 28,227.00 |
| 54 | 20 | 1,784.40 | 86 | 52 | 31,059.00 |
| 55 | 21 | 1,955.78 | 87 | 53 | 34,311.00 |
| 56 | 22 | 2,139.62 | 88 | 54 | 37,719.00 |
| 57 | 23 | 2,323.46 | 89 | 55 | 41,142.00 |
| 58 | 24 | 2,510.42 | 90 | 56 | 43,935.00 |
| 59 | 25 | 2,716.07 | 91 | 57 | 46,521.00 |
| 60 | 26 | 2,840.00 | 92 | 58 | 50,076.00 |
| 61 | 27 | 3,104.00 | 93 | 59 | 54,597.00 |
| 62 | 28 | 3,404.00 | 94 | 60 | 60,105.00 |
| 63 | 29 | 3,725.00 | 95 | 61 | 66,084.00 |
| 64 | 30 | 4,064.00 | 96 | 62 | 72,045.00 |
| 65 | 31 | 4,349.00 | 97 | 63 | 76,302.00 |
| 66 | 32 | 4,727.00 | | | |

PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

POLICY SPECIFICATIONS (Cont'd)

TABLE OF GUARANTEED VALUES

The values and periods shown are for the death benefit amount of this policy, based on the age of the Insured on the Policy Effective Date. The interest rate used to compute the guaranteed values for the extended level term insurance and paid-up insurance is 5.0% per year. Deaths are assumed to occur at the end of the Policy Year of death.

| End of Policy Year | Return of Premium Cash Value | Extended Level Term Insurance | Paid-Up Life Insurance |
|---------------------------|-------------------------------------|--------------------------------------|-------------------------------|
| 1 | \$0.00 | 0 | \$0.00 |
| 2 | 0.00 | 0 | 0.00 |
| 3 | 0.00 | 0 | 0.00 |
| 4 | 0.00 | 0 | 0.00 |
| 5 | 0.00 | 0 | 0.00 |
| 6 | 0.00 | 0 | 0.00 |
| 7 | 229.32 | 1 Year, 176 Days | 1,280.00 |
| 8 | 495.04 | 2 Years, 309 Days | 2,646.00 |
| 9 | 753.48 | 3 Years, 319 Days | 3,859.00 |
| 10 | 1,055.60 | 4 Years, 333 Days | 5,185.00 |
| 11 | 1,361.36 | 5 Years, 271 Days | 6,419.00 |
| 12 | 1,659.84 | 6 Years, 123 Days | 7,512.00 |
| 13 | 2,034.76 | 6 Years, 359 Days | 8,845.00 |
| 14 | 2,395.12 | 7 Years, 136 Days | 10,003.00 |
| 15 | 2,730.00 | 7 Years, 205 Days | 10,950.00 |

DEFINITIONS
(Defined terms are capitalized throughout this policy)

AGE AND ATTAINED AGE. Age means the Insured's Age last birthday on the Policy Effective Date. Attained Age means the Age on the Policy Effective Date plus the number of Policy Years elapsed since the Policy Effective Date.

BENEFICIARY. The person or persons shown on the application, or later changed by You, to whom We will pay the Proceeds.

CLAIM FORMS. The forms and authorizations, including but not limited to HIPAA authorization and affidavit of relationship, that We provide to the Beneficiary for the submission of a claim for the Death Benefit.

DEATH BENEFIT. The amount of insurance shown on the Policy Specifications Page or any supplemental Policy Specifications Page.

EXPIRY DATE. The Expiration Date is shown on the Policy Specifications Page. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98th birthday.

HOME OFFICE. Washington National Insurance Company 11825 N. Pennsylvania Street, Carmel, IN 46032-4555.

INSURED. The Insured is the person whose life is insured under this policy. The Insured is named on the Policy Specifications Page.

LEVEL PREMIUM PERIOD. The number of years or the Attained Age to which premiums are level. See Policy Specifications Page 4 for the table of guaranteed annual premiums.

NONPARTICIPATING. This is a nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFY, NOTIFYING. Written requests and information We receive at Our Home Office, which You sign, and We accept.

OWNER(S). The Owner(s) named in the application, unless changed.

POLICY ANNIVERSARY. The same date each year as of the Policy Effective Date.

POLICY EFFECTIVE DATE. This is the effective date of Your policy. This date will be used to determine Policy Years and Policy Anniversaries.

POLICY MONTH. A period beginning each month on the day of your Policy Effective Date and ending the next month on the day preceding the day of the Policy Effective Date.

POLICY SPECIFICATIONS PAGE. The Policy Specifications Page or any supplemental Policy Specifications Page that We have most recently sent You.

POLICY YEAR. One year from the Policy Effective Date and from each Policy Anniversary.

PREMIUM MODE. The frequency You have chosen to pay premiums on this policy.

DEFINITIONS (cont'd)
(Defined terms are capitalized throughout this policy)

PROCEEDS. The Proceeds are the Death Benefit then in force, plus any death benefit insurance amount on the Insured provided by benefit rider; plus that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less any unpaid premium if death occurs during the grace period.

WE, OUR, US, COMPANY. "We", "Us" or "Our" means Washington National Insurance Company (the Company).

YOU, YOUR . "You" or "Your" means the Owner(s) of this policy.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS

OWNERSHIP. This contract belongs to You. During the lifetime of the Insured, You have all rights, subject to the right of:

- (1) any assignee of record with Us;
- (2) any irrevocable Beneficiary; and
- (3) any restricted ownership.

You may make changes, including change of Owner, by Notifying Us, during the lifetime of the Insured. You must do this in writing on a form acceptable by Us. Any changes will take effect on the date We receive Notice and the change is recorded by Us. Any change is subject to any action We take before receiving Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Insured.

BENEFICIARY. If the Insured dies while this policy is in force, the Beneficiary will receive the Proceeds provided by the policy and any rider. The Beneficiary is the person(s) or entity You name in the application(s), unless changed by later designation.

You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions, except for payment of premiums.

Unless otherwise provided, if more than one person is named as Beneficiary, the Proceeds will be paid in equal shares to the surviving Beneficiaries as follows: (1) to the primary Beneficiaries surviving at the time of the Insured's death, otherwise; (2) to the contingent Beneficiaries surviving at the time of the Insured's death, otherwise; (3) to the Owner, or the Owner's estate.

If the Beneficiary is "children," this means children born to or legally adopted by the Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age majority.

OWNER AND BENEFICIARY CHANGE. You may change the Owner and the Beneficiary at any time during the lifetime of the Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. Any change will take effect on the date We receive Notice at Our Home Office and the change is recorded by Us. The change will not apply to any payments made or actions taken by Us before We receive and record the Notice.

SIMULTANEOUS DEATH. If any Beneficiary dies within 15 days after the death of the Insured, the Proceeds will be paid as if the Beneficiary died before such Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS (cont'd)

ASSIGNMENT. You can assign this policy. No assignment will be binding on Us unless it is in writing and received by Us at Our Home Office. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or action We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum. Any debt owed to Us, will be deducted prior to payment made to the assignee. The rights of the Beneficiary and Owner are subject to the rights of any assignee.

PREMIUM PAYMENT PROVISIONS

PAYMENT OF PREMIUM. Premiums must be paid in a form acceptable to the Company. The first premium is due on the Policy Effective Date. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts will be given upon request.

Exception: During the time, if any, that it is agreed between You and Us that premiums will be billed and remitted through payroll deduction or credit union share account deduction, premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating premium payments on Your behalf.

If after at least one premium payment, premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting premium through one of Our other payment methods that is shown on the Policy Specifications Page.

GUARANTEED PREMIUMS. The premiums are guaranteed and are shown on the table of guaranteed annual premiums. The premium will increase annually after the Level Premium Period.

POLICY FEE. This policy has an annual policy fee. The amount of this policy fee is shown on the Policy Specifications Page and included in Your premium payment.

GRACE PERIOD. A grace period of 31 days will be allowed for payment of each premium after the first. This policy will continue in force during the grace period. If the premium remains unpaid at the end of the grace period, this policy will lapse. It then provides no further value or benefits unless kept in force under the options on premium default provision, see page 9. If the insured dies during the grace period, the unpaid premium through the Policy Month of death will be deducted in the Proceeds.

REINSTATEMENT. If the premium is not paid by the end of the grace period, We will allow the policy to be put back in force, subject to the following:

- (1) Your request in writing;
- (2) evidence of insurability satisfactory to Us;
- (3) payment to Us of all overdue premiums with 6% interest compounded annually to the date this policy is reinstated;
- (4) reinstatement of the policy within 5 years of the due date of the first unpaid premium; and
- (5) You did not elect any of the available nonforfeiture options.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

RETURN OF PREMIUM PROVISIONS

RETURN OF PREMIUM BENEFIT. We will pay a return of premium benefit at the end of the Level Premium Period. The amount of the return of premium benefit will be 50% of the total premiums paid on the policy (including modalization and policy fee but excluding any rider premiums, any premium that was waived by a waiver of premium rider, if any, and any substandard extra portion of the premiums paid, if any.) No return of premium benefit is payable if the Insured dies while this policy is in effect.

If this policy includes an accelerated benefit rider for terminal illness and the Owner request to accelerates the Death Benefit in accordance with the rider provisions, the return of premium benefit will be reduced dollar for dollar by the accelerated benefit amount requested under the accelerated benefit rider for terminal illness. Such reduction by the accelerated benefit amount requested will not exceed the return of premium benefit.

The return of premium benefit will end at the earliest of the following events:

- (1) expiration of the Level Premium Period;
- (2) any nonforfeiture option goes into effect; or
- (3) this policy terminates.

NONFORFEITURE PROVISIONS

SURRENDER OF POLICY. You may by, written request, surrender this policy for its cash value. Surrender may occur at any time before the end of the Level Premium Period.

NONFORFEITURE OPTIONS ON PREMIUM DEFAULT. If the policy terminates as provided in the grace period provision and the policy has cash value, one of the following options may be chosen by Notifying Us.

- (1) **Cash Value:** The policy may be surrendered for its cash value, as shown on the table of guaranteed values.
- (2) **Extended Level Term Insurance:** Under this option, You may continue the policy as nonparticipating extended level term insurance. The term period will start on the due date of the unpaid premium. That period will be determined by applying the cash value as a net single premium for such insurance. At the end of that period, the insurance will terminate and there will be no cash value remaining.
- (3) **Reduced Paid Up Insurance:** Under this option, We will provide a paid-up insurance benefit payable upon the death of the Insured. The amount of paid-up insurance benefit will be the cash value of this policy divided by the net single premium for the Insured's Attained Age. This option is not available when the amount of paid-up insurance benefit is less than \$1,000.

Automatic Option. If no option is chosen within 61 days of the due date of the unpaid premium, the automatic option will be the extended level term insurance.

SURRENDER OF INSURANCE UNDER EXTENDED LEVEL TERM INSURANCE OPTION. Any insurance provided under extended level term insurance option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a Policy Anniversary, the value will not be less than the cash value on that anniversary. To surrender, We will require Your written request and return of the policy (or on a form We accept stating that the policy has been lost or destroyed).

NONFORFEITURE PROVISIONS (Cont'd)

SURRENDER OF INSURANCE UNDER REDUCED PAID-UP OPTION. Any insurance provided under the reduced paid-up option may be surrendered for its cash value. The cash value of the paid-up insurance benefit will be equal to the amount of paid-up insurance benefit multiplied by the net single premium at the Insured's Attained Age at the time of surrender of the paid-up insurance benefit.

DEFERMENT OF CASH VALUE PAYMENT. We may defer payment of the cash value for not more than six months following receipt by Us of the request unless the cash value is to be applied to pay premium for policies with Us. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

BASIS OF VALUES. The basis of values for the cash value, the extended level term insurance and the reduced paid-up options is based on the following:

Cash value amounts equal or exceed the values based on:

- (1) 2001 CSO Nonsmoker and Smoker Tables;
- (2) Age last birthday;
- (3) interest rates of 5.0% per year; and
- (4) death occurring at the end of the Policy Year.

Extended level term insurance option is based on:

- (1) 2001 CSO Nonsmoker and Smoker Tables;
- (2) Age last birthday;
- (3) interest rate of 5.0% per year; and
- (4) death occurring at the end of the Policy Year.

Reduced paid-up option:

- (1) 2001 CSO Nonsmoker and Smoker Tables;
- (2) Age last birthday;
- (3) interest rate of 5.0% per year; and
- (4) death occurring at the end of the Policy Year.

Policy values equal or exceed those required by the state in which this policy is issued. A detailed statement of the method used to compute those values has been filed with the insurance department of that state.

DEATH OF INSURED PROVISIONS

DEATH BENEFIT. We will pay the Death Benefit of this policy to the Beneficiary after We receive a completed Claim Form and due proof that the Insured died while this policy was in force. Failure of the Beneficiary to cooperate in the claims process may delay payment of the Death Benefit.

This policy is intended to comply with the cash value accumulation test under Section 7702 of the Internal Revenue Code of 1986, as amended.

AMOUNT AND PAYMENT OF PROCEEDS. If the Insured dies while this policy is in force, We will pay the Proceeds to the Beneficiary. The Proceeds are the sum of:

- (1) the Death Benefit then in force; plus
- (2) any death benefit insurance amount on the Insured provided by benefit riders; plus
- (3) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- (4) any unpaid premium if death occurs during the grace period.

Proceeds will be paid in one sum to the Beneficiary unless a payment option is elected as provided by this policy. We will pay the Proceeds to the Beneficiary upon receipt of proof that the Insured died while this policy was in force. If Proceeds are not paid within thirty (30) days after We receive due proof of death and proper written claim, We will pay interest on the Proceeds at the rate of eight percent (8%) per year from the date of death until the date the claim is paid.

CONVERSION PROVISION

CONVERSION. Until the earlier of the Insured's Attained Age 70 or the end of the Level Premium Period, You may convert this policy to a new policy without evidence of insurability. The new policy may be any plan of insurance, except term, then in effect and approved by Us as available for conversion. There will always be at least one policy available for conversion.

At time of conversion, the premium rate for the new policy must be greater than the premium rate for this policy. The Death Benefit on the new policy may not be more than the Death Benefit provided by this policy. The new policy will be in an equivalent rating class as this policy. The conversion date will be the Policy Effective Date of the new policy.

A conversion policy will be issued in exchange for this policy. We must receive this policy and Your Notice of conversion at Our Home Office signed by You, any assignee and any irrevocable Beneficiary of record. The first premium for the conversion policy must be paid.

If the original application is made a part of the new policy, evidence included in such original application will not be contestable after two years from the original Policy Effective Date. The period for death by suicide under the new policy will begin as of the Policy Effective Date of the original policy.

RENEWAL PROVISION

RENEWAL. If You do not convert and continue to pay required premiums Your policy will continue to the Policy Anniversary coinciding with or next following the Insured's 98th birthday.

GENERAL PROVISIONS

ENTIRE CONTRACT. The entire contract consists of this policy, any riders or endorsements, the attached copy of the initial application and all supplemental applications to change this policy. All statements in the application and any supplemental applications will be deemed representations and not warranties. No statement will be used to contest this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications in the policy, which are to be based upon additional evidence of insurability, shall be attached to the policy in order to become part of the contract between the parties.

MODIFICATION OF POLICY. Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of this policy and then only in writing. No agent, broker, or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY. Except in the case of fraud, We will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, and was in force two years from the Policy Effective Date prior to reinstatement, only statements made in the application for reinstatement may be contested. The reinstatement application will be subject to underwriting.

CHOICE OF LAW. The insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Owner, exclusive of such state's choice of laws provisions.

GENERAL PROVISIONS (Cont'd)

MISSTATEMENT OF AGE. If the Insured's Age is misstated in the application, the Death Benefit will be adjusted. The adjusted amount will be the Death Benefit the premium paid would have provided based on the Insured's correct Age. The Age shown on the Policy Specifications Page is the Insured's Age as of the Policy Effective Date.

SUICIDE. If the Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid.

TERMINATION. This policy and its attached riders, if any, will terminate:

- (1) upon the death of the Insured; or
- (2) the Policy Anniversary date coinciding with or next following the Insured's 98th birthday; or
- (3) at the expiration of the grace period; or
- (4) on the premium due date following receipt of a written request from You.

SETTLEMENT OPTIONS/PAYOUT PROVISIONS

ELECTION OF OPTIONS. Any amount payable at the death of the Insured will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent. We have the right to change the frequency of payment in order to make a payment of at least \$25.

Any election must be made in writing to Us.

ELECTION BY OWNER. During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the payment options in this policy.

ELECTION BY BENEFICIARY. If no settlement option is in effect when the Insured dies, a Beneficiary may elect payment according to the provisions of this section by filing a request after the death of the Insured and before any settlement is made. The beneficiary's election is subject to any existing assignment of this policy, and will take effect when We record it. Once recorded, the effective date is the date the request was signed. The election is subject to any Proceeds paid or other action taken by Us before the election was recorded.

SUPPLEMENTARY CONTRACT. When We receive a request for a settlement option, We will issue a supplementary contract in exchange for the policy stating the terms under which We will make payments. The supplementary contract will state to whom We will pay any remaining Proceeds if the Beneficiary dies.

If the Beneficiary dies before payments under the supplementary contract are complete, We will pay any remaining balance at least as rapidly as under the method of payment in effect on the date of death.

INTEREST ON SETTLEMENT OPTIONS. We will pay the greater of:

- (1) the current rate of interest on settlement options We declare; or
- (2) the minimum rate required.

EXCESS INTEREST. Excess interest is the difference between the current rate We declare, and the minimum rate required. We will determine excess interest, if any, on settlement option amounts. We will pay this excess under Options 1, 2, and 4, and will add it to the period of payment under Option 3.

OPTION 1. EQUAL PAYMENTS FOR A GUARANTEED PERIOD – Equal monthly payments for the number of years elected, not to exceed 25 years. Payment will begin on the option date.

Guaranteed Minimum Payment for each \$1,000 of net proceeds

Guaranteed interest rate: 1.00%

| ANNUAL YEARS | ANNUAL | SEMI-ANNUAL | QUARTERLY | MONTHLY |
|---------------------|---------------|--------------------|------------------|----------------|
| 1 | \$1,000.00 | \$501.24 | \$250.93 | \$83.71 |
| 2 | 502.49 | 251.87 | 126.09 | 42.07 |
| 3 | 336.66 | 168.75 | 84.48 | 28.18 |
| 4 | 253.74 | 127.19 | 63.67 | 21.24 |
| 5 | 204.00 | 102.25 | 51.19 | 17.08 |
| 6 | 170.84 | 85.63 | 42.87 | 14.30 |
| 7 | 147.16 | 73.76 | 36.93 | 12.32 |
| 8 | 129.40 | 64.86 | 32.47 | 10.83 |
| 9 | 115.58 | 57.94 | 29.00 | 9.68 |
| 10 | 104.54 | 52.40 | 26.23 | 8.75 |
| 11 | 95.50 | 47.87 | 23.96 | 7.99 |
| 12 | 87.97 | 44.09 | 22.07 | 7.36 |
| 13 | 81.60 | 40.90 | 20.48 | 6.83 |
| 14 | 76.14 | 38.16 | 19.11 | 6.37 |
| 15 | 71.41 | 35.79 | 17.92 | 5.98 |
| 16 | 67.27 | 33.72 | 16.88 | 5.63 |
| 17 | 63.62 | 31.89 | 15.96 | 5.33 |
| 18 | 60.38 | 30.26 | 15.15 | 5.05 |
| 19 | 57.48 | 28.81 | 14.42 | 4.81 |
| 20 | 54.87 | 27.50 | 13.77 | 4.59 |
| 21 | 52.51 | 26.32 | 13.18 | 4.40 |
| 22 | 50.36 | 25.24 | 12.64 | 4.22 |
| 23 | 48.40 | 24.26 | 12.15 | 4.05 |
| 24 | 46.61 | 23.36 | 11.70 | 3.90 |
| 25 | 44.96 | 22.53 | 11.28 | 3.76 |

OPTION 2. EQUAL PAYMENTS FOR LIFE – Equal monthly payments for a guaranteed period of 10, 15, or 20 years as elected and for life thereafter as shown in the table below. Amount of each monthly installment per \$1,000 net proceeds. Amounts based on 2000 IAM Table age last birthday and an annual interest rate of 1.00%.

OPTION 2/MALE

| Monthly Income for Life with Guaranteed Period of: | | | | Monthly Income for Life with Guaranteed Period of: | | | |
|---|-------------|-------------|-------------|---|-------------|-------------|-------------|
| Age of Payee | 10 Years | 15 Years | 20 Years | Age of Payee | 10 Years | 15 Years | 20 Years |
| 18 | \$1.78 | \$1.78 | \$1.78 | 52 | \$3.11 | \$3.08 | \$3.02 |
| 19 | 1.80 | 1.80 | 1.80 | 53 | 3.19 | 3.15 | 3.08 |
| 20 | 1.82 | 1.82 | 1.82 | 54 | 3.27 | 3.22 | 3.15 |
| 21 | 1.84 | 1.84 | 1.84 | 55 | 3.35 | 3.30 | 3.21 |
| 22 | 1.87 | 1.86 | 1.86 | 56 | 3.44 | 3.38 | 3.28 |
| 23 | 1.89 | 1.89 | 1.88 | 57 | 3.53 | 3.46 | 3.35 |
| 24 | 1.91 | 1.91 | 1.91 | 58 | 3.62 | 3.55 | 3.42 |
| 25 | 1.94 | 1.93 | 1.93 | 59 | 3.73 | 3.63 | 3.49 |
| 26 | 1.96 | 1.96 | 1.96 | 60 | 3.83 | 3.73 | 3.56 |
| 27 | 1.99 | 1.98 | 1.98 | 61 | 3.94 | 3.82 | 3.63 |
| 28 | 2.01 | 2.01 | 2.01 | 62 | 4.06 | 3.92 | 3.70 |
| 29 | 2.04 | 2.04 | 2.04 | 63 | 4.19 | 4.02 | 3.77 |
| 30 | 2.07 | 2.07 | 2.06 | 64 | 4.31 | 4.12 | 3.84 |
| 31 | 2.10 | 2.10 | 2.09 | 65 | 4.45 | 4.23 | 3.91 |
| 32 | 2.13 | 2.13 | 2.12 | 66 | 4.59 | 4.34 | 3.98 |
| 33 | 2.16 | 2.16 | 2.15 | 67 | 4.74 | 4.45 | 4.05 |
| 34 | 2.20 | 2.19 | 2.19 | 68 | 4.89 | 4.55 | 4.11 |
| 35 | 2.23 | 2.23 | 2.22 | 69 | 5.05 | 4.66 | 4.17 |
| 36 | 2.27 | 2.26 | 2.26 | 70 | 5.22 | 4.77 | 4.22 |
| 37 | 2.31 | 2.30 | 2.29 | 71 | 5.39 | 4.88 | 4.27 |
| 38 | 2.35 | 2.34 | 2.33 | 72 | 5.56 | 4.98 | 4.32 |
| 39 | 2.39 | 2.38 | 2.37 | 73 | 5.74 | 5.08 | 4.36 |
| 40 | 2.43 | 2.42 | 2.41 | 74 | 5.92 | 5.18 | 4.40 |
| 41 | 2.48 | 2.47 | 2.45 | 75 | 6.10 | 5.27 | 4.43 |
| 42 | 2.52 | 2.51 | 2.49 | 76 | 6.29 | 5.36 | 4.46 |
| 43 | 2.57 | 2.56 | 2.54 | 77 | 6.47 | 5.44 | 4.49 |
| 44 | 2.62 | 2.61 | 2.59 | 78 | 6.66 | 5.51 | 4.51 |
| 45 | 2.67 | 2.66 | 2.63 | 79 | 6.84 | 5.58 | 4.53 |
| 46 | 2.73 | 2.71 | 2.68 | 80 | 7.01 | 5.64 | 4.55 |
| 47 | 2.79 | 2.77 | 2.74 | 81 | 7.19 | 5.70 | 4.56 |
| 48 | 2.85 | 2.82 | 2.79 | 82 | 7.35 | 5.75 | 4.57 |
| 49 | 2.91 | 2.88 | 2.84 | 83 | 7.51 | 5.79 | 4.58 |
| 50 | 2.97 | 2.95 | 2.90 | 84 | 7.66 | 5.83 | 4.58 |
| 51 | 3.04 | 3.01 | 2.96 | 85 | 7.80 | 5.86 | 4.59 |

OPTION 2/FEMALE

| Monthly Income for Life with Guaranteed Period of: | | | | Monthly Income for Life with Guaranteed Period of: | | | |
|---|-------------|-------------|-------------|---|-------------|-------------|-------------|
| Age of Payee | 10 Years | 15 Years | 20 Years | Age of Payee | 10 Years | 15 Years | 20 Years |
| 18 | \$1.71 | \$1.70 | \$1.70 | 52 | \$2.87 | \$2.85 | \$2.82 |
| 19 | 1.72 | 1.72 | 1.72 | 53 | 2.93 | 2.91 | 2.88 |
| 20 | 1.74 | 1.74 | 1.74 | 54 | 3.00 | 2.98 | 2.94 |
| 21 | 1.76 | 1.76 | 1.76 | 55 | 3.07 | 3.05 | 3.00 |
| 22 | 1.78 | 1.78 | 1.78 | 56 | 3.15 | 3.12 | 3.07 |
| 23 | 1.80 | 1.80 | 1.80 | 57 | 3.23 | 3.19 | 3.13 |
| 24 | 1.82 | 1.82 | 1.82 | 58 | 3.31 | 3.27 | 3.20 |
| 25 | 1.84 | 1.84 | 1.84 | 59 | 3.40 | 3.36 | 3.27 |
| 26 | 1.86 | 1.86 | 1.86 | 60 | 3.50 | 3.44 | 3.35 |
| 27 | 1.89 | 1.89 | 1.88 | 61 | 3.60 | 3.53 | 3.42 |
| 28 | 1.91 | 1.91 | 1.91 | 62 | 3.70 | 3.62 | 3.50 |
| 29 | 1.94 | 1.93 | 1.93 | 63 | 3.81 | 3.72 | 3.58 |
| 30 | 1.96 | 1.96 | 1.96 | 64 | 3.93 | 3.82 | 3.65 |
| 31 | 1.99 | 1.99 | 1.98 | 65 | 4.05 | 3.93 | 3.73 |
| 32 | 2.01 | 2.01 | 2.01 | 66 | 4.18 | 4.04 | 3.81 |
| 33 | 2.04 | 2.04 | 2.04 | 67 | 4.31 | 4.15 | 3.89 |
| 34 | 2.07 | 2.07 | 2.07 | 68 | 4.46 | 4.26 | 3.96 |
| 35 | 2.10 | 2.10 | 2.10 | 69 | 4.61 | 4.38 | 4.03 |
| 36 | 2.13 | 2.13 | 2.13 | 70 | 4.77 | 4.50 | 4.10 |
| 37 | 2.17 | 2.16 | 2.16 | 71 | 4.94 | 4.62 | 4.17 |
| 38 | 2.20 | 2.20 | 2.19 | 72 | 5.11 | 4.74 | 4.23 |
| 39 | 2.24 | 2.23 | 2.23 | 73 | 5.30 | 4.86 | 4.28 |
| 40 | 2.27 | 2.27 | 2.26 | 74 | 5.49 | 4.98 | 4.34 |
| 41 | 2.31 | 2.31 | 2.30 | 75 | 5.69 | 5.09 | 4.38 |
| 42 | 2.35 | 2.35 | 2.34 | 76 | 5.89 | 5.20 | 4.42 |
| 43 | 2.39 | 2.39 | 2.38 | 77 | 6.10 | 5.30 | 4.45 |
| 44 | 2.44 | 2.43 | 2.42 | 78 | 6.30 | 5.39 | 4.48 |
| 45 | 2.48 | 2.48 | 2.46 | 79 | 6.51 | 5.48 | 4.51 |
| 46 | 2.53 | 2.52 | 2.51 | 80 | 6.72 | 5.56 | 4.53 |
| 47 | 2.58 | 2.57 | 2.56 | 81 | 6.93 | 5.63 | 4.54 |
| 48 | 2.63 | 2.62 | 2.60 | 82 | 7.12 | 5.69 | 4.56 |
| 49 | 2.69 | 2.68 | 2.66 | 83 | 7.31 | 5.75 | 4.57 |
| 50 | 2.74 | 2.73 | 2.71 | 84 | 7.49 | 5.79 | 4.58 |
| 51 | 2.80 | 2.79 | 2.76 | 85 | 7.66 | 5.83 | 4.58 |

OPTION 3. Income of Specified Amount

We will pay an income of a specified amount until the principal and interest are exhausted.

OPTION 4. Interest Payments

We will hold the Proceeds as principal and pay interest at the current rate We declare annually. By Notifying Us, the Beneficiary may withdraw the Proceeds at any time, in amounts of at least \$1,000.

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
[Telephone: 1-800-888-4918]

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
RETURN OF PREMIUM AVAILABLE DURING LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**



APPLICATION FOR LIFE INSURANCE
Underwritten by: Washington National Insurance Company
 Home Office: [11825 N. Pennsylvania Street, Carmel, IN 46032]
 Telephone: [1-800-888-4918]

- Worksite Sale
- Non-Worksite Sale
- Reinstatement - Policy # _____

SECTION 1 – EMPLOYEE / PROPOSED INSURED

A. Personal Information

| | | | | |
|--------------------------------|----------------|------------------|--|--|
| First Name: | | MI: | Last Name: (indicate if hyphenated name) | |
| Home Address: (Street/Box No.) | | | City, State, Zip Code: | |
| Social Security No.: | Home Phone: | Work Phone: | E-Mail Address: | |
| Place of Birth: | Date of Birth: | Age: | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Occupation: | | Employer's Name: | | |

B. Beneficiary Designation

| | | | |
|--------------------------------|--|--------------------------------|--|
| Primary Beneficiary: | | Contingent Beneficiary: | |
| Relationship: | | Relationship: | |
| Date of Birth: | | Date of Birth: | |
| Home Address: (Street/Box No.) | | Home Address: (Street/Box No.) | |
| City, State, Zip Code: | | City, State, Zip Code: | |

SECTION 2 – SPOUSE (as defined by State law)
Complete ONLY if applying for a term life insurance policy for your Spouse (as defined by state law).

A. Personal Information

| | | | | |
|--------------------------------|----------------|------------------|--|--|
| First Name: | | MI: | Last Name: (indicate if hyphenated name) | |
| Home Address: (Street/Box No.) | | | City State, Zip Code | |
| Social Security No.: | Home Phone: | Work Phone: | E-Mail Address: | |
| Place of Birth: | Date of Birth: | Age: | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Occupation: | | Employer's Name: | | |

| | | | | |
|---|-----------------------------------|--|---|--|
| SECTION 2 – SPOUSE (as defined by State law) | | | | |
| Complete ONLY if applying for a term life insurance policy for your Spouse (as defined by state law). | | | | |
| B. Beneficiary Designation | | | | |
| Primary Beneficiary: | | Contingent Beneficiary: | | |
| Relationship: | | Relationship: | | |
| Date of Birth: | | Date of Birth: | | |
| Home Address: (Street/Box No.) | | Home Address: (Street/Box No.) | | |
| City, State, Zip Code: | | City, State, Zip Code: | | |
| C. Worksite Sales – Only complete this section if Section 1, the employee information, is not completed. | | | | |
| Employee Name: (First, MI, Last) | | Employee's Social Security No.: | | |
| Employer's Name: | | Does the employee on average work [20] hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the employee been employed [90] days with their current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| SECTION 3 – NON-WORKSITE - OWNER OF POLICY INFORMATION | | | | |
| Owner of Proposed Insured's Policy If other than Proposed Insured | | Owner of Spouse's Policy if other than Spouse (as defined by State law) | | |
| Name of Owner: | | Name of Owner: | | |
| Address: (Street/Box No.) | | Address: (Street/Box No.) | | |
| City: | | City: | | State: |
| State: | | State: | | |
| Zip Code: | | Zip Code: | | Social Security No.: |
| Social Security No.: | | Social Security No.: | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to Proposed Insured: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship to Spouse: (as defined by State law): |
| SECTION 4 – PLAN OF INSURANCE, RIDERS and BENEFIT (Riders and Benefits may vary by plan and may not be available in all states). | | | | |
| | Employee / Proposed Insured | Modal Premium | Spouse (as defined by State law) | Modal Premium |
| Plan of Insurance: | | | | |
| Term Life Insurance | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Term Life Insurance with Return of Premium | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Level Premium Period: | | | | |
| 15 Years (Issue Ages 18-65) | <input type="checkbox"/> | | <input type="checkbox"/> | |
| To Age 65 (Issue Ages 18-55) | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Insurance Amount: | | | | |
| Death Benefit | \$ | \$ | \$ | \$ |

| SECTION 4 – PLAN OF INSURANCE, RIDERS and BENEFIT (Riders and Benefits may vary by plan and may not be available in all states). | | | | |
|--|-------------------------------------|---------------|-------------------------------------|---------------|
| | Employee / Proposed Insured | Modal Premium | Spouse (as defined by State law) | Modal Premium |
| Riders: | | | | |
| Critical Illness Rider | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| Total and Permanent Disability Waiver of Premium Rider | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| * Accidental Death Benefit Rider | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| ** Child Term Insurance Rider | <input type="checkbox"/> [\$10,000] | \$ | <input type="checkbox"/> [\$10,000] | \$ |
| Total Modal Premium: | | \$ | | \$ |

* Accidental Death Benefit Amount equal to the initial Death Benefit of the Policy up to \$150,000.

** For the Children's Term Rider -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.) (Children's Term Rider can only be attached to one policy).

| Name (First, Middle Initial, Last Name) | Gender | Relationship | Date of Birth | Height | Weight |
|---|--------|--------------|---------------|--------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION 5 – METHOD OF PAYMENT

Worksite:

Payroll Group No.:

Current Payroll Deduction Options: [Frequency: 9 pay; 10 pay; 12 pay; 13 pay; 24 pay; 26 pay; 52 pay]

Employee Non-payroll: Monthly Electronic Funds Transfer

Non-Worksite – Non-Payroll Deduction Premium Modes (Check one box only):

Annual; Semi Annual; Quarterly; Monthly (Electronic Funds Transfer only)

SECTION 6 – REPLACEMENT & IN FORCE INSURANCE – REGARDING ALL INDIVIDUALS TO BE INSURED

- Will any existing life insurance or annuity with this or any other company be replaced, changed, or used as a source of premium payment for the insurance applied for? (If "Yes", list below). Yes No
- Does any individual applying for life insurance have any in force life insurance policies or annuity contracts? (If "Yes", list below). Yes No

| Name of Person | Name of Company | | | |
|------------------|------------------|-------------------------|-------------|--|
| | | | | |
| Type of Coverage | Insurance Amount | Accidental Death Amount | Year Issued | To Be Replaced |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Person | Name of Company | | | |
| | | | | |
| Type of Coverage | Insurance Amount | Accidental Death Amount | Year Issued | To Be Replaced |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| SECTION 7 – MEDICAL INFORMATION – EVIDENCE OF INSURABILITY | | | |
|---|--|--|--|
| ANSWER QUESTIONS BELOW ON ALL INDIVIDUALS TO BE INSURED. | Employee / Proposed Insured | Spouse <i>(as defined by State Law)</i> | Child / Children |
| 1. Provide height and weight for each proposed insured. | Height ____ft. ____in. Weight ____lbs. | Height ____ft. ____in. Weight ____lbs. | <i>Information provided in Section 4, if applicable.</i> |
| 2. Has any proposed insured used tobacco or nicotine in the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A |
| 3. Is any proposed insured actively at work? a. If yes, does the proposed insured on average work [20] hours per week? b. Has the proposed insured been employed [90] days with their current employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A |
| 4. In the past 5 years has any proposed insured, received medical treatment or counseling, or been advised to seek treatment for alcohol or illegal drug use or for Marijuana? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. In the past 5 years, has any proposed insured been convicted of a felony, reckless driving, or driving under the influence of drugs or alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. In the past 5 years has any proposed insured, or does any proposed insured intend to engage in piloting an aircraft, motor vehicle racing, scuba diving, sky diving, hang gliding, parachuting, mountain climbing, horse racing or any other hazardous sports? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Has any proposed insured in the past 6 months prior to application been: a. seen by a physician for anything other than a cold, flu, or routine examination? b. hospitalized? c. disabled due to accident or illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Has any proposed insured missed more than 5 consecutive days of active work due to an illness or injury in the past 6 months prior to application? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A |
| 9. Has any proposed insured ever been diagnosed or treated by a physician as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for antibodies to Human Immunodeficiency Virus (HIV)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. In the past 5 years, has any proposed insured had: a. chest pain, heart attack, heart disease, high blood pressure, congestive heart failure; palpitations or other disorder of the heart or cardiovascular system? b. stroke, including transient ischemic attack (TIA), diabetes? c. lung disease, chronic obstructive pulmonary disease (COPD); asthma; emphysema? d. liver disease, hepatitis; cirrhosis? e. cancer, tumor, leukemia? f. kidney disease, blood disorder (excluding HIV)? g. memory loss, dementia, mental disorder, nervous system disorder? h. other known health impairments not included on this list? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Has any proposed insured taken any prescription medicine in the past 12 months? If "yes", state name of medication, reason for taking, frequency and dosage. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| REMARKS – Provide details to "yes" answers in Section 7 Questions 4-11 in space provided below. (Attach extra sheet of paper, if necessary.) | | | |
| Question Number: | Name of Person: | | |
| Details: <i>(Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)</i> | | | |
| Question Number: | Name of Person: | | |
| Details: <i>(Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)</i> | | | |
| Question Number: | Name of Person: | | |
| Details: <i>(Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)</i> | | | |

SECTION 8 – CONDITIONAL AMENDMENTS TO APPLICATION

If coverage cannot be issued as initially applied for, I hereby authorize Washington National Insurance Company to amend the application under the following circumstances:

- Issue a lesser benefit amount. Yes No
- Issue coverage on the remaining individuals applying for coverage if any one person's coverage is declined. Yes No
- Increase or decrease the premium amount to cover the benefit actually issued. Yes No

NOTE: NONE OF THE ABOVE CONDITIONAL AMENDMENTS CREATE ANY ADDITIONAL OBLIGATION BY WASHINGTON NATIONAL INSURANCE COMPANY TO ISSUE COVERAGE TO ANY INDIVIDUAL PROPOSED FOR COVERAGE.

SECTION 9 – ACKNOWLEDGMENTS

The Employee/Proposed Insured and/or Spouse (as defined by State law) has received and acknowledges receipt of the following forms:

- Notice of Information Practices, which includes pre-notification information relating to investigative consumer reports and MIB, Inc. (formerly known as the Medical Information Bureau).
- Conditional Receipt (if applicable)

Notice Regarding Replacement Form (if applicable)

SECTION 10 – DECLARATIONS

I represent that all statements and answers made in all parts of this application are full, complete and true. It is understood and agreed that:

1. All such statements and answers shall be the basis for and become a part of any life insurance issued as a result of this application.
2. No agent, producer, broker nor examiner has the authority to accept risks, to make or change contracts or to waive any of Washington National Insurance Company (hereinafter, the "Company") rights or requirements.
3. **The insurance coverage will become effective on the Policy Effective Date.**
4. If premium was paid with this application, I have read the conditional receipt given to me and fully understand the conditions and limitations stated in the receipt and that no agent can waive or change such conditions or limitations.
5. Acceptance of a policy by the Owner constitutes ratification of any changes made by the Company.
6. If authorizing payroll deduction, I authorize my employer to deduct the required premium from my salary for the insurance coverage for which I am applying. These authorized deductions may be made at intervals mutually agreed upon by my employer and the Company, and are to be paid to the Company when due. I understand I am responsible for paying any premium due for which my employer cannot make a regularly scheduled deduction. I understand that in order to revoke this authorization, I must notify my employer in writing to cancel the premium deductions.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

Complete for Worksite Sales

Sign Full Legal Name

X _____
Signature of Applicant/Owner

X _____
Signature of Witness

(Licensed Agent Must Witness Where Required by Law)

Complete for Non-Worksite Sales

X _____
Signature of Proposed Insured

X _____
Signature of Owner (If other than Proposed Insured)

X _____
Signature of Spouse (as defined by State law)(If applying for life insurance coverage).

X _____
Signature of Owner (If other than Spouse – as defined by State law)

X _____
Signature of Witness (Licensed Agent Must Witness Where Required by Law)

Print Name of Witness

Name: _____

Address: _____

DOB: _____

SSN: _____

1. I authorize Washington National Insurance Company or its representatives (Company) to obtain the following information:
 - a. **Health Information.** Any information related to my: (i) past, present or future health condition(s), (ii) medical care or treatment, including information pertaining to mental health, communicable disease(s), HIV/AIDS and substance abuse, but excluding Psychotherapy Notes. (Psychotherapy Notes means notes recorded by a mental health professional documenting or analyzing the contents of a counseling session that are maintained separate from the individual's medical record. Psychotherapy Notes do not include information relating to prescriptions, diagnosis or functional status.)
 - b. **Non-Health Information.** Any information related to my: (i) finances, (ii) credit reports, (iii) consumer reports, (iv) driving record or motor vehicle reports, (v) criminal record, (vi) occupation and (vii) avocations, including aviation activity.
2. I authorize the following persons or entities to release Health and Non-Health Information to the Company: (i) physicians and other health care practitioners, (ii) hospitals, clinics and all other medically-related facilities, (iii) clinical laboratories, (iv) pharmacies and pharmacy-related organizations, (v) insurance companies and health plans, (vi) past and present employers, (vii) government agencies including the Veteran's Administration and Social Security Administration, and (viii) MIB, Inc. (formerly known as Medical Information Bureau) and commercial consumer reporting agencies (CRA).
3. I understand that the Company will use Health and Non-Health Information to determine my eligibility for insurance and to resolve or contest any issues of incomplete, incorrect or misrepresented information on this application which may arise during the processing of this application or in connection with a claim(s) for insurance benefits.
4. I understand that: (i) if I refuse to sign this Authorization the insurance for which I am applying will not be issued, (ii) I have the right to revoke this Authorization (except to the extent it has already been relied upon) by writing to the Company (Attention New Business, 11825 N. Pennsylvania Street, Carmel IN 46032), (iii) refusing to sign or revoking this Authorization will not effect my ability to obtain medical treatment or my eligibility for health insurance benefits, (iv) authorizing a disclosure of Health Information to persons/entities not regulated by federal privacy laws may result in the information no longer being protected, and (v) a copy of this Authorization is as valid as the original.
5. I have been offered a copy of this Authorization.
6. This Authorization is valid for twenty-four (24) months.

Sign Full Legal NameX _____
Signature_____
Print Name_____
Date

Name: _____

Address: _____

DOB: _____

SSN: _____

1. I authorize Washington National Insurance Company or its representatives (Company) to obtain the following information:
 - a. **Health Information.** Any information related to my: (i) past, present or future health condition(s), (ii) medical care or treatment, including information pertaining to mental health, communicable disease(s), HIV/AIDS and substance abuse, but excluding Psychotherapy Notes. (Psychotherapy Notes means notes recorded by a mental health professional documenting or analyzing the contents of a counseling session that are maintained separate from the individual's medical record. Psychotherapy Notes do not include information relating to prescriptions, diagnosis or functional status.)
 - b. **Non-Health Information.** Any information related to my: (i) finances, (ii) credit reports, (iii) consumer reports, (iv) driving record or motor vehicle reports, (v) criminal record, (vi) occupation and (vii) avocations, including aviation activity.
2. I authorize the following persons or entities to release Health and Non-Health Information to the Company: (i) physicians and other health care practitioners, (ii) hospitals, clinics and all other medically-related facilities, (iii) clinical laboratories, (iv) pharmacies and pharmacy-related organizations, (v) insurance companies and health plans, (vi) past and present employers, (vii) government agencies including the Veteran's Administration and Social Security Administration, and (viii) MIB, Inc. (formerly known as Medical Information Bureau) and commercial consumer reporting agencies (CRA).
3. I understand that the Company will use Health and Non-Health Information to determine my eligibility for insurance and to resolve or contest any issues of incomplete, incorrect or misrepresented information on this application which may arise during the processing of this application or in connection with a claim(s) for insurance benefits.
4. I understand that: (i) if I refuse to sign this Authorization the insurance for which I am applying will not be issued, (ii) I have the right to revoke this Authorization (except to the extent it has already been relied upon) by writing to the Company (Attention New Business, 11825 N. Pennsylvania Street, Carmel IN 46032), (iii) refusing to sign or revoking this Authorization will not effect my ability to obtain medical treatment or my eligibility for health insurance benefits, (iv) authorizing a disclosure of Health Information to persons/entities not regulated by federal privacy laws may result in the information no longer being protected, and (v) a copy of this Authorization is as valid as the original.
5. I have been offered a copy of this Authorization.
6. This Authorization is valid for twenty-four (24) months.

Sign Full Legal Name

X _____
Signature_____
Print Name_____
Date

WASHINGTON NATIONAL INSURANCE COMPANY
(the "Company")

Home Office: 11825 N. Pennsylvania Street
Carmel, Indiana 46032-4555

CONDITIONAL RECEIPT

IMPORTANT – READ CAREFULLY
NO TEMPORARY INSURANCE COVERAGE IS PROVIDED.
NOT A "BINDER" – NO INSURANCE IF SECTION B. APPLIES

Except as provided below, this Conditional Receipt does not change or waive any Company requirements. The Company will evaluate the application and may request additional information and/or request medical exams or tests. Any coverage that may be approved by the Company will not take effect until the first full modal premium is received by the Company and the policy is delivered to and accepted by the applicant.

A. Conditional Receipt Applies Only If — This Conditional Receipt applies only if all of the following requirements have been satisfied:

1. This Conditional Receipt bears the same date and is signed by the same agent shown in the application; and
2. The initial full modal premium payment is received by the Company; and
3. All parts of the application (and supplemental applications, if any) were completed and no material misrepresentation or misstatement was made in the application; and
4. The completion of all underwriting examinations or tests, if any as requested by the Company, including re-examination or re-testing.

B. Unacceptable Risks — No Insurance In Force. No insurance will be in force at any time under the terms of this Conditional Receipt if a proposed insured is not a risk acceptable to the Company on the Underwriting Date according to its rules and standards.

C. Acceptable Risks — Insurance In Force. If a proposed insured is a risk acceptable to the Company on the Underwriting Date for the policy as applied for, the Company shall provide to any proposed insured life insurance under the policy as applied for in an amount which shall not exceed the lesser of:

1. The applicable life insurance (and not disability or accidental death benefits) or applied for in the application; or
2. \$500,000 less all amounts of life insurance and accidental death benefits applied for or in force with the Company and its affiliates.

D. Underwriting Date — When Conditional Receipt Insurance Begins. For acceptable risks, life insurance coverage under the terms of this Conditional Receipt begins on the Underwriting Date, which is the later of:

1. The date of the application; or
2. The date of completion of all underwriting examinations or tests, if any as requested by the Company, including re-examination or re-testing.

E. Conditional Receipt Insurance End Date — Once begun, any life insurance this Conditional Receipt may provide ends on the earliest of:

1. Sixty (60) days after the date of the application; or
2. When the Company sends notice of termination of this Conditional Receipt; or
3. When the Company receives notice that the application is withdrawn or sends notice that the application is declined; or
4. The date any policy issued as applied for goes into effect; or
5. The date the Company offers to issue insurance other than as applied for in the application.

F. Special Limitations — The Company's sole liability shall be to return the payment shown on this Conditional Receipt if:

1. A proposed insured commits suicide, whether sane or insane, while this Conditional Receipt is in effect; or
2. In the answers in the application, there is any fraud or material misrepresentation.

G. Refund — In the event the application is declined, the payment shown on this Conditional Receipt shall be returned to the applicant.

No applicant, agent, insurance producer or representative has any power or authority to waive or change any requirements of the Company or the provisions of this Conditional Receipt.

Received from _____ in connection with an application dated _____, 20 _____
(Applicant) (Date)

for an insurance policy _____ and payment of \$ _____
(Insurance Product Description and Form Numbers)

Signature of Agent _____ Agent No. _____

Agent Name _____

Branch Office Address _____

ALL CHECKS MUST BE MADE PAYABLE TO WASHINGTON NATIONAL INSURANCE COMPANY.

DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

A COPY OF THIS CONDITIONAL RECEIPT FORM SHALL BE PROVIDED TO APPLICANT

HOME OFFICE COPY

APPLICANT'S COPY

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

Receipt of an accelerated benefit may be a taxable event. The Owner should consult his or her personal tax advisor. The Death Benefit amount and premium will be reduced if the Owner receives an accelerated benefit.

We will pay an accelerated benefit to the Owner during the lifetime of the Insured. The benefit will be paid:

1. Upon election of the Owner; and
2. In lieu of payment of the full Death Benefit of the policy upon the death of the Insured; and
3. Subject to the terms of this rider.

QUALIFYING EVENT FOR ACCELERATED BENEFIT

The qualifying event for the accelerated benefit is the Terminal Illness of the Insured. A Terminal Illness is an illness:

1. From which the Insured is not expected to recover; and
2. From which the Insured is expected to die within 12 months from the date of certification of a duly licensed Physician.

Before payment of an accelerated benefit is made, We will require satisfactory proof that the Insured's life expectancy is 12 months or less from the date of certification. Satisfactory proof will include, but is not limited to, the certification of a duly licensed Physician. We reserve the right to obtain a second medical opinion at Our expense.

A Physician is a duly licensed medical practitioner acting within the scope of his or her license. Physician cannot be the Insured, the Owner, the Insured's or Owner's spouse, parent, step-parent, grandparent, in-laws, sibling or child.

BENEFITS

We will provide an accelerated benefit if the Insured is terminally ill, subject to the provisions of this rider. The maximum accelerated benefit an Owner may request is the lesser of:

1. 50% of the Death Benefit of the policy less any prior advances and policy loan balance; or
2. \$250,000.

The accelerated benefit payment will be:

1. The accelerated benefit amount requested by the Owner; less
2. 12 months interest at an interest rate that equals the current yield on the 1-year treasury bill; less
3. Any premium on the accelerated benefit amount which is due and unpaid on the date on which the accelerated benefit amount is requested; less
4. An amount equal to the present value of premiums payable on the accelerated benefit amount for a period not to exceed 12 months from the date on which the accelerated benefit is requested; less
5. An administrative processing charge of \$100.

We will pay the accelerated benefit in a lump sum or in a manner agreed to by the Owner and Us.

All values and benefits of the policy (except any Accidental Death Benefit coverage and return of premium cash value) and any attached riders included in the determination of the accelerated benefit will be reduced proportionately by the accelerated benefit amount requested. The return of premium cash value, if any, will be reduced on a dollar-for-dollar basis based on the accelerated benefit amount requested. The new premium for the policy and riders will be based on the remaining Death Benefit amount using the same premium rate per 1,000 and policy fee that applied at issue.

Accelerated benefit proceeds payable under this rider will be subject to any irrevocable beneficiary designation or prior assignment of the policy.

CONDITIONS

The payment of any accelerated benefit is subject to the following conditions:

1. The policy must be in full force.
2. The policy must not be assigned, except to Us as security for a loan.
3. The irrevocable beneficiary, if applicable, must approve the payment of an accelerated benefit.
4. This rider is not meant to cause the Owner to involuntarily access proceeds ultimately payable to the Beneficiary. Therefore, the accelerated benefit will not be paid if:
 - a. The Owner is required by law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - b. The Owner is required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

NOTICE OF CLAIM

To exercise the accelerated benefit, the policy must be in force and written notice of claim must be submitted to Us at Our Home Office. Written notice of claim must include certification of a licensed physician that the Insured's life expectancy is 12 months or less from the date of certification. We will pay the accelerated benefit upon Our acceptance of proof.

TERMINATION

This rider will terminate on the earliest of:

1. The date the policy terminates;
2. On the premium due date following receipt of the Owner's written request to terminate this rider; or
3. The date that the accelerated benefit plus accrued interest equal the policy or rider(s) Death Benefit.

COST OF RIDER

There is no premium charged for this rider.

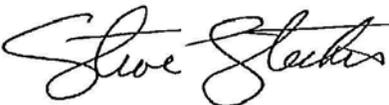
REINSTATEMENT

If this rider is in force at the time the policy lapsed, it may only be reinstated if the policy is reinstated. The requirements for reinstatement of this rider are the same as those for reinstatement of the policy.

EFFECTIVE DATE

This benefit will be effective on the Policy Effective Date, unless a different date is shown on a supplemental Policy Specifications Page.

This rider is signed for Washington National Insurance Company.

{  }

President

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

CHILDREN'S TERM INSURANCE RIDER

CONSIDERATION

This rider is issued in consideration of the application and payment of the premium shown on the Policy Specifications Page. The premium for this rider is payable at the same time and in the same manner as the premium of the policy.

INSURANCE BENEFIT

This rider's insurance benefit will be paid to the Insured listed on the Policy Specification Page, unless the Owner changes this rider's beneficiary designation in writing and we receive and record the change in Our Home Office. The insurance benefit amount will be paid upon receipt of due proof of death of an insured child.

Death must occur before the Policy Anniversary on which such insured child is age 23 and while the policy and this rider are in force. The insurance amount payable is shown on the Policy Specifications Page under the Policy/Rider Benefit Schedule or any Supplemental Policy Specifications Page.

INSURED CHILD

An insured child under this rider is any child, stepchild or legally adopted child of the Insured named in the application for this rider who is 15 days old and less than 19 years of age on the date of the application.

After the effective date of this rider, an insured child is:

1. a newborn child. Newborn child will be covered under this rider for a period of 31 days after attaining age 15 days. Coverage for such child may be extended, without evidence of insurability, beyond the 31-day period by notifying Us within the 31-day coverage period.
2. any child legally adopted by the Insured, who has attained the age of 15 day and is less than 19 years of age. An adopted child will be covered under this rider for a period of 31 days from the effective date of adoption. Coverage for such child may be extended, without evidence of insurability, beyond the 31-day period by notifying Us within the 31-day coverage period.
3. a step-child who is 15 days old less than 19 years of age upon the marriage of the Insured. A step-child will be covered under this rider for a period of 31 days from the Insured's marriage. Coverage for such child may be extended, without evidence of insurability, beyond the 31-day period by notifying Us within the 31-day coverage period.

PROTECTION PERIOD

This rider's protection ends for an insured child on the earlier of the following dates:

1. Termination of the rider (see Termination section) ; or
2. The Policy Anniversary next following the insured child's 23rd birthday.

PREMIUM

The premium for this rider is shown on the Policy Specifications Page of the policy.

CONVERTIBILITY

Any insurance under this rider may be exchanged for a policy on the life of the insured child on the earlier of:

1. The Policy Anniversary following the insured child's 23rd birthday; or
2. The Policy Anniversary following the Insured's 65th birthday.

No evidence of insurability is required provided:

1. We receive written application and payment of the first premium for the policy no earlier than 90 days before nor later than 31 days after the date the conversion may be made as provided above; and
2. The policy insurance benefit is not more than five times the insurance amount provided by this rider on the life of the insured child, subject to our minimum requirements for the policy selected.

Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for conversion. The premium rate for the new policy will be the rate in effect on the conversion date. The rate will be based on the insured child's attained age on the conversion date and on the sex and rate class on the effective date of this rider. Any amount converted up to the amount of insurance provided under this rider, will not be subject to a new contestable or suicide period. Any additional insurance purchased under the conversion will be subject to the contestable and suicide provisions stated in the new policy. No insurance is provided until the termination of insurance under this rider.

All riders to the new policy are subject to state availability and underwriting requirements and may be included only with Our consent.

PAID-UP TERM INSURANCE

Coverage under this rider will continue as paid up term insurance after the death of the Insured, provided the Insured dies:

1. While the policy and this rider are in force, and
2. Other than by suicide, if such death occurs within 2 years after the date of issue of the policy.

Paid-up term coverage will continue until the earliest of:

1. The policy anniversary following the insured child's 23rd birthday;
2. The coverage is converted per the terms of the Convertibility Provision; or
3. The receipt of a written request to terminate coverage.

INCONTESTABILITY

This rider will be incontestable after it has been in force during the lifetime of the Insured for two (2) years from the date of issue of this rider.

SUICIDE EXCLUSION

If an insured child covered under this rider commits suicide, while sane or insane, within two years of the date the insured child's coverage begins, no death benefit will be payable under this rider. Our liability will be limited to an amount equal to all premiums paid if there is only one child covered under this rider. If there is more than one child covered under this rider, no premiums will be refunded.

If the Insured commits suicide within the suicide period of the policy, the coverage under this rider for each insured child will be converted. Conversion may be to any plan of insurance, except term, then in effect and approved by Us as available for this conversion. The amount of the new policy will be equal to the amount of this benefit. The premium rate for the new policy will be the rate in effect on the conversion date. The rate will be based on the child's attained age on the conversion date and on the sex and rate class on the effective date of this rider.

REINSTATEMENT

If this rider was in force at the time the policy lapsed, it may only be reinstated if the policy is reinstated. The requirements for reinstatement of this rider are the same as those for reinstatement of the policy.

TERMINATION

This rider will terminate on the earliest of the following dates:

1. on the Policy Anniversary falling on or next following the Insured's 65th birthday.
2. on the premium due date following receipt of the Owner's written request to terminate this rider;
3. upon non-payment of any premium if it is not paid when due or within the grace period; or
4. when the policy terminates;

Insurance on any insured child will terminate on the Policy Anniversary next following the child's 23rd birthday.

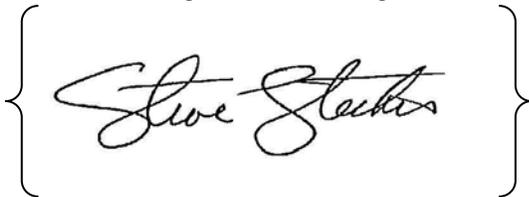
GENERAL PROVISIONS

This rider is made a part of this policy to which it is attached. All provisions of the policy, which are consistent with this rider, apply to this rider.

EFFECTIVE DATE

This benefit is effective on the Policy Effective Date, unless a different date is shown on a supplemental Policy Specifications Page.

This rider is signed for Washington National Insurance Company.



President

**TOTAL AND PERMANENT DISABILITY BENEFITS
WAIVER OF PREMIUM**

CONSIDERATION

This rider is issued in consideration of the application and payment of the Premium shown on the Policy Specifications Page. The Premium for this rider is payable at the same time and in the same manner as the premium of the policy.

DEFINITIONS

Immediate Family: For the purpose of this rider, means a person's parents; step-parents; grandparents; spouse; children (adopted, natural or step); siblings; grandchildren; or in-laws.

Injury: An accidental bodily injury that occurs while this rider is in force.

Insured: The Insured is the person whose life is insured under the policy. The Insured is named on the Policy Specifications Page.

Physician: A Physician is a duly licensed medical practitioner acting within the scope of his or her license. Physician does not include the Owner, the Insured or a member of the Owner's or the Insured's Immediate Families.

Premium: The Premium for this rider is shown on the Policy Specifications Page.

Sickness: A Sickness or illness that first manifests itself after the rider's effective date and while the policy and this rider are still in force. The term "first manifests itself" is defined as the date when the Sickness or illness first appears or makes itself known.

Total Disability or Totally Disabled: The Insured is considered Totally Disabled when due to Injury or Sickness the Insured is:

1. under the regular care of a Physician and is completely unable to engage in the substantial and material duties of any occupation for wage or profit for which he or she is qualified by education, training or prior experience; and
2. permanently lost his or her sight in both eyes; or
3. permanently lost the use of both hands or both feet or permanently lost the use of one hand and one foot.

We, Our, Us: We, Our, and Us refers to Washington National Insurance Company.

Your, Your: "You" or "Your" means the Owner(s) of this policy.

BENEFIT

We will waive all premiums for the policy, including any rider premiums, becoming due while the Insured is Totally Disabled as defined by this rider, while this rider is in force.

Total Disability of the Insured requires:

1. the Insured has provided proof of Total Disability as defined in this rider;
2. the regular attendance of a duly licensed Physician;
3. that Total Disability be caused by Injury occurring, or Sickness after the effective date of this rider and before the Insured's attained age of 60;
4. that Total Disability has continued for six consecutive months; and
5. that the policy and this rider were in force when Total Disability began.

If the policy to which this rider is attached has a conversion option, You may not convert the policy to a higher premium plan during the continuance of Total Disability, unless this rider is attached to a convertible term policy and Total Disability occurs during the convertible period. In this case, You may convert the policy and benefits under this rider terminate and the premiums for the converted policy will not be waived and are due and payable to Us.

RISKS NOT ASSUMED

The premium will not be waived if Total Disability resulted from:

1. Sickness commencing or Injury occurring before the effective date of this rider or before reinstatement of the policy and this rider, but not disclosed in the application for insurance or in the reinstatement application;
2. intentional self-inflicted Injury; whether sane or insane;
3. riding in or descending from any kind of aircraft:
 - a) as a passenger in any aircraft operated by or for the armed forces; or
 - b) as a pilot, crew member or participant in training. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or aircraft; or
4. war or any act of war; "War" means declared or undeclared war or act of war. "War" includes aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization;
5. the Insured committing or attempting to commit a felony;
6. the Insured voluntarily taking any drug unless prescribed by a Physician;
7. the Insured voluntarily taking any alcohol alone or in combination with a drug when this action results in intoxication;
8. normal pregnancy, childbirth, or voluntary abortion. Complications of pregnancy are covered.

NOTICE AND PROOF OF CLAIM

Written notice of a claim and due proof of Total Disability must be given to Us at Our Home Office:

1. during the lifetime of the Insured; and
2. within one year after the beginning of the Total Disability.

Failure to give written notice and proof within one year will not invalidate a claim if it is shown that the notice and proof were given as soon as was reasonably possible; however, no Premium due more than six (6) months prior to receipt of proof of claim will be waived.

Premiums becoming due before We approve a Total Disability claim should be paid prior to the expiration of the grace period. If the claim is approved, any premium paid which is eligible for waiver will be refunded.

PROOF OF CONTINUANCE

After approval of a Total Disability claim, We may require due proof of the continuance of Total Disability.. We may require the Insured to be examined at reasonable intervals by one or more Physicians designated by Us at Our expense. We will not require proof of examination more often than once a year after Total Disability has continued for two full years. If proof is not furnished on request or if the Insured fails to submit to examination, the premium falling due thereafter will not be waived.

NOTICE OF RECOVERY

The Owner shall give immediate notice to Us when the Insured recovers from Total Disability.

TERMINATION OF RIDER AND RIDER BENEFITS

This rider will terminate on the earliest of the following dates:

1. on the Policy Anniversary falling on or next following the Insured's 60th birthday;
2. on the premium due date following receipt of the Owner's written request to terminate this rider
3. upon non-payment of any premium if it is not paid when due or within the grace period; or
4. when the policy terminates;

GENERAL PROVISIONS

This rider is made a part of this policy to which it is attached. All provisions of the policy, which are consistent with this rider, apply to this rider.

EFFECTIVE DATE

This benefit is effective on the Policy Effective Date, unless a different date is shown on a supplemental Policy Specifications Page.

This rider is signed for Washington National Insurance Company.



President

CRITICAL ILLNESS RIDER

**THIS IS A LIMITED BENEFIT RIDER – PLEASE READ CAREFULLY.
THIS RIDER IS NON-CANCELABLE.**

CONSIDERATION

This rider is issued in consideration of the application and payment of premium shown on the Policy Specifications Page. The premium for this rider is payable at the same time and in the same manner as the premium of the policy.

FIRST DIAGNOSIS BENEFIT PAYMENT

We will pay the insurance amount shown on the Policy Specifications Page, subject to eligibility requirements, to the Owner when the Insured is diagnosed for the first time as having one of the following specified critical illnesses:

1. Cancer;
2. Heart Attack;
3. Renal Failure; or
4. Stroke.

The Insured will be eligible for the one-time First Diagnosis Benefit Payment provided by this rider if:

1. The Insured has not been diagnosed with or treated for any of the specified critical illnesses before the effective date of this rider.

If the Insured was treated for or diagnosed with any one of the above listed specified critical illnesses prior to the effective date of the rider, the First Diagnosis Benefit Payment will never be paid for that particular specified critical illness. However, the First Diagnosis Benefit Payment is still available for payment if the Insured is ever diagnosed with or treated for one of the other specified critical illnesses;

2. The Insured is not diagnosed with or treated for the specified critical illness for which this benefit is being sought during the Waiting Period; and
3. The Insured's specified critical illness is first diagnosed while he/she is covered by this rider. We will pay the First Diagnosis Benefit Payment even when the specified critical illness is not diagnosed until after death.

WAITING PERIOD

This rider contains a 30 day Waiting Period. If the Insured is diagnosed during the first 30 days of coverage for a specified critical illness as defined below, the one time First Diagnosis Benefit Payment will not be paid for that specified critical illness. If an Insured is diagnosed during the first 30 days of coverage, the Owner may elect to void this rider from its effective date and receive a full refund for this rider premium paid. Written Notice of request for refund of this rider premium must be given to Us at Our Home Office within 60 days after the Waiting Period ends.

NONCANCELABLE

This rider is noncancelable. This means the rider is continuously renewed by the payment of the same rider premium when due. We cannot cancel, cannot decline to renew, cannot make any unilateral changes in any rider provision of coverage and cannot revise premium rates for a noncancelable rider without the agreement of the Owner. The policy must remain in force for the rider to be in force.

DEFINITIONS

Cancer: For the purpose of this rider, means a disease which expresses itself as: 1. a malignant tumor characterized by the uncontrolled growth and spread of malignant cells; 2. the invasion of body tissue by such malignant cells; 3. leukemia or 4. Hodgkin's disease.

Cancer is classified as one of three types Melanoma, Nonmelanoma or Internal Cancer.

Cancer does not include pre-malignant conditions, conditions with malignant potential, or pre-leukmia conditions.

Heart Attack: For the purpose of this rider, only means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle.

Immediate Family: For the purpose of this rider, means a person's parents; step-parents; grandparents; spouse; children (adopted, natural or step); siblings; grandchildren; or in-laws.

Internal Cancer: For the purposes of this rider, means any type of Cancer other than Melanoma or Nonmelanoma.

Loss: Means a specified critical illness for which We pay the First Diagnosis Benefit Payment under this rider.

First Diagnosis Benefit Payment: Means the amount payable when the Insured is diagnosed for the first time as having a specified critical illness.

Melanoma: For the purposes of this rider, means a type of Skin Cancer that begins in the melanocyte cells. ***Melanoma is not covered under this rider.***

Nonmelanoma: For the purposes of this rider, means a type of Skin Cancer other than Melanoma that usually, but not exclusively, develops in the basal and squamous cells. ***Nonmelanoma is not covered under this rider.***

Oncologist: A Physician certified to practice in the field of oncology. An Oncologist does not include the Owner, the Insured or a member of the Owner's or the Insured's Immediate Families.

Pathologist: A Physician licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy. A Pathologist does not include the Owner, the Insured or a member of the Owner's or the Insured's Immediate Families.

Physician: A person who: 1. is licensed by the state to practice a healing art recognized and condoned by the American Medical Association; and 2. performs services which are allowed by that license. A Physician does not include the Owner, the Insured or a member of the Owner's or the Insured's Immediate Families.

Renal Failure: For the purposes of this rider, means the end stage renal failure presenting as chronic, irreversible failure of the Insured's kidneys to function. The kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplant.

Stroke: For the purposes of this rider, means a cerebrovascular accident lasting more than 24 hours that causes neurological deficiency. A cerebrovascular accident means a sudden, unexpected interference in brain function resulting from an insufficient supply of blood to part of the brain. Stroke does not mean a head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Waiting Period: Means the first 30 days following the effective date of the Insured's coverage. The one-time First Diagnosis Benefit Payment will not be paid for that specified critical illness diagnosed during the first 30 days of coverage.

DIAGNOSED REQUIREMENTS FOR FIRST DIAGNOSIS BENEFIT PAYMENT

Cancer - For the First Diagnosis Benefit Payment to be paid for Cancer, the Cancer must be diagnosed in one of the following ways:

1. **Pathological Diagnosis:** A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid, or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology, or the American Osteopathic College of Pathologists.
2. **Clinical Diagnosis:** A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is medically inappropriate, when there is medical evidence to support the diagnosis, and when a Physician is treating the Insured for Cancer.

For Cancer, the date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to the Insured.

Heart Attack - For the First Diagnosis Benefit Payment to be paid for a Heart Attack, the Heart Attack must be positively diagnosed by a Physician through clinical findings with corroboration from electrocardiographic findings or blood enzyme findings. A diagnosis of cardiac arrest is not by itself a positive diagnosis of a Heart Attack. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.

Heart Attack does not include: 1. any other disease or injury involving the cardiovascular system; or 2. heart attacks occurring during or as the result of any medical procedures.

The date of diagnosis is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to the Insured.

Stroke – For the First Diagnosis Benefit Payment to be paid for a Stroke, the Stroke must be positively diagnosed by a Physician through clinical findings with corroboration from an electroencephalogram, imaging tests, or blood flow tests.

Stroke does not include Strokes occurring during or as the result of any medical procedures.

The date of diagnosis is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to the Insured.

Renal Failure – For the First Diagnosis Benefit Payment to be paid for Renal Failure, Renal Failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

Renal Failure does not include Renal Failure caused by a traumatic event, including surgical traumas.

The date of diagnosis is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to the Insured.

LIMITATIONS AND EXCLUSIONS

We will not pay the First Diagnosis Benefit Payment for a specified critical illness contributed to, caused by, or resulting from the Insured's:

1. Skin cancer. For the purpose of rider, means Melanoma and Nonmelanoma cancer.
2. Diagnosis of a specified critical illness during the Waiting Period.
3. Alcoholism, drug abuse, or chemical dependency.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given to Us within 60 days after the Loss or as soon as reasonably possible. The notice must be sent to Us at Our Home Office. The notice should include the Insured's name, and the policy number.

CLAIM FORMS

When We receive written notice of a claim, We will send forms for filing proof of loss. If We do not send these forms within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of the Insured's Loss within the time stated in the proof of loss provision.

PROOF OF LOSS

You must give Us satisfactory written proof of loss within 90 days after the Loss for which You are seeking the First Diagnosis Benefit Payment. If it is not reasonably possible to give written Proof of Loss in the time required, We will not reduce or deny benefits for this reason if the proof of loss is filed as soon as reasonably possible. However, the proof of loss required must be given no later than one year and 90 days from the date proof is otherwise required, unless You were legally incapacitated during that time.

One or more of the following together with the Insured's written statement may be required as proof of loss:

1. completed Company claim form;
2. marriage certificate, and death certificates;
3. a Pathologist's report;
4. a Physician's statement;
5. Hospital, medical and Physician records;
6. autopsy report;
7. medical and pharmaceutical receipts; and
8. any information that may be necessary.

TIME OF PAYMENT OF CLAIMS

After We receive proof of diagnosis of the specified illness, The First Diagnosis Benefit Payment will be made within thirty (30) days of submission of proof of diagnosis.

PHYSICAL EXAMINATION AND AUTOPSY

We have the right to have You examined as often as reasonably necessary while a claim is pending. We can require an autopsy where not forbidden by law. Either will be done at Our expense.

PREMIUM

The premium for this rider is shown on the Policy Specifications Page.

UNPAID PREMIUM

When a claim is paid, any premium due and unpaid may be deducted by Us from the claim payment.

CLAIM REVIEW

If a claim is denied, We will give You written notice of the reason for denial; the rider provision that relates to the denial; Your right to ask for a review of the claim; and any additional information that might allow Us to change Our decision.

TERMINATION OF RIDER

This rider will terminate on the earliest of:

1. The payment of the First Diagnosis Benefit Payment;
2. The date the policy terminates;
3. On the premium due date following receipt of the Owner's written request to terminate this rider;
or
4. The date upon non-payment of any premium if it is not paid when due or within the grace period;

REINSTATEMENT

If this rider was in force at the time the policy lapsed, it may only be reinstated if the policy is reinstated. The requirements for reinstatement of this rider are the same as those for reinstatement of the policy.

GENERAL PROVISIONS

This rider is made a part of the policy. Its benefit is subject to all terms of this rider and the policy. All provisions of the policy continue to apply except as specifically modified by this rider.

EFFECTIVE DATE

This benefit will be effective on the Policy Effective Date, unless a different date is shown on a supplemental Policy Specifications Page.

This rider is signed for Washington National Insurance Company.



President

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

ACCIDENTAL DEATH BENEFIT RIDER

CONSIDERATION

This rider is issued in consideration of the application and payment of the premium shown on the Policy Specifications Page. The premium for this rider is payable at the same time and in the same manner as the premium of the policy.

DEATH BENEFIT

The death benefit shall be the accidental death benefit amount that is shown on the Policy Specifications Page under the Policy/Rider Benefit Schedule or any Supplemental Policy Specifications Page. We will pay the beneficiary the accidental death benefit amount upon receipt of proof that the Insured's death:

1. resulted directly and independently of all other causes from accidental bodily injury;
2. occurred within 90 days of the date of such injury and while the policy and this rider were in force; and
3. was not excluded under "Risks Not Assumed."

RISK NOT ASSUMED

This benefit will not be paid if the Insured's death resulted from or was contributed to by:

1. intentionally self-inflicted injury; or suicide while sane or insane;
2. bodily or mental infirmity or any disease or bacterial infection other than infection occurring simultaneously with and as a result of accidental bodily injury;
3. voluntarily taking of any kind of poison or drugs or inhaling any kind of gas, unless taken as prescribed by a physician;
4. medical or surgical treatment except such treatment required as a result of an accident;
5. service in the armed forces of any country at war;
6. war or insurrection or any act attributable thereto; "War" means declared or undeclared war. "War" includes armed aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization;
7. riding in or descending from any kind of aircraft:
 - a) as a passenger in any aircraft operated by or for the armed forces; or
 - b) as a participant in a sporting event or hobby; or
 - c) as a pilot, crew member or participant in training. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or aircraft;
8. the Insured's attempt or commission of an assault or felony; or participating in a riot; or
9. being intoxicated. "Intoxicated" as used here means that which is determined and defined by the laws and jurisdiction of that geographical area in which the loss or cause of loss was incurred;
10. participation in "extreme sports" defined as an activity which is adrenaline-inducing, featuring a combination of speed, height, danger, or spectacular stunts, including by not limited to BASE jumping, BMX freestyle, bouldering, buildering, bungee jumping, free-diving, free running, caving, climbing, mountain biking, mountain boarding, paragliding, rollerblading, skateboarding, skydiving, skysurfing, slicky boarding, snowblading, snowboarding, surfing, whitewater kayaking, whitewater rafting, buggy rollin, and poweriser.

BENEFICIARY

The Beneficiary will be the Beneficiary under the policy. Unless otherwise directed in writing, this benefit will be paid in the same manner as the death proceeds of the policy.

INCONTESTABILITY

This rider will be incontestable after it has been in force for two (2) years from its date of issue.

AUTOPSY

If it is permitted in the State where the policy is issued, We have the right to examine the Insured's body or request that an autopsy be performed. Such exam or autopsy will be done at Our expense.

PREMIUM

The premium for this rider is shown on the Policy Specifications Page.

REINSTATEMENT

If this rider was in force at the time the policy lapsed, it may only be reinstated if the policy is reinstated. The requirements for reinstatement of this rider are the same as those for reinstatement of the policy.

TERMINATION OF RIDER

This rider will terminate on the earliest of the following dates:

- 1. on the Policy Anniversary falling on or next following the Insured's 70th birthday;
- 2. on the premium due date following receipt of the Owner's written request to terminate this rider;
- 3. upon non-payment of any premium if it is not paid when due or within the grace period; or
- 4. when the policy terminates;

GENERAL PROVISIONS

This rider is made a part of this policy to which it is attached. All provisions of the policy, which are consistent with this rider, apply to this rider.

EFFECTIVE DATE

This benefit is effective on the Policy Effective Date, unless a different date is shown on a supplemental Policy Specifications Page.

This rider is signed for Washington National Insurance Company.



President

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555

**DISCLOSURE STATEMENT FOR
ACCELERATED BENEFIT FOR TERMINAL ILLNESS**

Receipt of an accelerated benefit may be a taxable event. The Owner should consult his or her personal tax advisor.

Upon the terminal illness of the Insured, the Owner may elect to accelerate the Death Benefit of the policy.

*** Qualifying Event:**

The qualifying event for the accelerated benefit is the terminal illness of the Insured. A terminal illness is an illness from which the Insured is not expected to recover and from which the Insured is expected to die within 12 months from the date of certification of a duly licensed physician.

To exercise the accelerated benefit, the policy and this rider must be in force and written notice of claim must be submitted to Us at Our Home Office. Written notice of claim must include, but is not limited to, certification of a duly licensed physician that the Insured's life expectancy is 12 months or less from the date of certification. We will pay the accelerated benefit payment upon Our acceptance of proof.

*** Accelerated Benefit & Determination of Benefit Amount**

The Owner may elect to accelerate the Death Benefit of the policy. The maximum accelerated benefit will be the lesser of:

1. 50% of the death benefit of the policy less any outstanding policy loan balance and any previously paid benefit advances; or
2. \$250,000.

The accelerated benefit payment will be:

1. The accelerated benefit amount requested by the Owner; less
2. 12 months interest at an interest rate that equals the current yield on the 1-year Treasury Bill; less
3. Any premium on the accelerated benefit amount which is due and unpaid on the date on which the accelerated benefit amount is requested; less
4. An amount equal to the present value of premiums payable on the accelerated benefit amount for a period not to exceed 12 months from the date on which the accelerated benefit is requested; less
5. An administrative processing charge of \$100.

We will pay the accelerated benefit in a lump sum or in a manner agreed to by the Owner and Us

*** Cost of Rider**

There is no additional premium charge for this rider.

*** Impact on Policy Values**

All values and benefits of the policy (except any Accidental Death Benefit coverage and return of premium cash value) and any attached riders included in the determination of the accelerated benefit will be reduced proportionately by the accelerated benefit amount requested. The return of premium cash value, if any, will be reduced on a dollar-for-dollar basis based on the accelerated benefit amount requested. The new premium for the policy and riders will be based on the remaining Death Benefit amount using the same premium rate per 1,000 and policy fee that applied at issue.

The grace period and termination provision of the policy continues to apply after the payment of the accelerated benefit.

*** Limitations of the Accelerated Benefit**

1. This accelerated benefit rider is NOT a long-term care policy or a nursing home insurance policy. The amount this rider pays you may not be enough to cover your medical, nursing home, or other bills. You may use the money you receive from this rider for any purpose.
2. Accelerated benefits payable in the policy MAY BE TAXABLE. You should consult a personal tax advisor.
3. Receipt of accelerated benefits MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising your options to accelerated benefits, the mere fact that you own a policy with an accelerated benefits feature will not in and of itself affect your eligibility for these governmental programs. However, exercising the option to accelerate benefits and receive those benefits before you apply for these programs, or while you are receiving governmental benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Department of Public Welfare and Social Security Administration office for more information.

Signature of Applicant

Signature of Insurer Representative

Date

WASHINGTON NATIONAL INSURANCE COMPANY

Home Office: 11825 N. Pennsylvania Street,
Carmel, Indiana 46032-4555

BENEFIT PAYMENT NOTICE

Statement of Effects of Accelerated Benefit on Policy Values and Benefits

| | | | |
|-----------------------|---|---------------------------------|---|
| Policy Number: | 1234567890 | Date: | October 1, 2010 |
| Insured: | John Doe | | |
| Owner: | John Doe 123 Main Street Anytown, State 12345 | Irrevocable Beneficiary: | Jane Doe 123 Main Street Anytown, State 12345 |
| Assignee: | None | | |

A. Policy Values and Benefits prior to payment of the accelerated benefit:

| | | |
|------------------------------|----|----------------|
| Policy Death Benefit Amount: | \$ | <u>100,000</u> |
| Premium: | \$ | <u>244.00</u> |
| Premium Mode: | | <u>ANNUAL</u> |
| Cash Value: | \$ | <u>0.00</u> |

B. Calculation of Accelerated Benefit:

| | | |
|---|----|------------------|
| Gross Amount to be Accelerated: | \$ | <u>50,000</u> |
| Interest Rate: | | <u>0.30%</u> |
| Interest Charge: | \$ | <u>150.00</u> |
| Due & Unpaid Premium on Gross Amount to be Accelerated: | \$ | <u>0.00</u> |
| Present Value on Premiums on Gross Amount to be Accelerated: | \$ | <u>94.23</u> |
| Processing Fee: | \$ | <u>100.00</u> |
| Net Amount Accelerated: | \$ | <u>49,655.77</u> |

C. Policy Values and Benefits after payment of the accelerated benefit:

| | | |
|------------------------------|----|---------------|
| Policy Death Benefit Amount: | \$ | <u>50,000</u> |
| Premium: | \$ | <u>146.00</u> |
| Premium Mode: | | <u>ANNUAL</u> |
| Cash Value: | \$ | <u>0.00</u> |

The grace period and termination provisions of the policy continue to apply after payment of any accelerated benefit.

D. Limitation of the Accelerated Benefit:

- 1 This accelerated benefit product is NOT a long-term care policy or a nursing home insurance policy. The amount this product pays you may not be enough to cover your medical, nursing home, or other bills. You may use the money you receive from this product for any purpose.
- 2 Accelerated benefits payable in the policy MAY BE TAXABLE. You should consult a personal tax advisor.
- 3 Receipt of accelerated benefits MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising your option to accelerated benefits, the mere fact that you own a policy with an accelerated benefits feature will not in and of itself affect your eligibility for these governmental programs. However, exercising the option to accelerate benefits and receive those benefits before you apply for these programs, or while you are receiving governmental benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Department of Public Welfare and Social Security Administration office for more information.

SERFF Tracking Number: CNSC-127041271 State: Arkansas
 Filing Company: Washington National Insurance Company State Tracking Number: 48017
 Company Tracking Number: WNIC-3000
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
 Product Name: WNIC-3000 & WNIC-3001R
 Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

We are in compliance with:

Rule 19

Rule 49 - the Guaranty Notice is given to the Policyholder

Consumer Information Notice is given to the Policyholder

Readability Certification

Attachments:

READABILITY CERTIFICATION.pdf

WNIC-CN-AR.pdf

AR Guaranty Notice.pdf

Certification Rule 19.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statements of Variability

Comments:

Attachments:

Statement of Variability--WNIC-3000-AR.pdf

Statement of Variability--WNIC-3001R-AR.pdf

Statement of Variability for WNIC-8000-SI.pdf

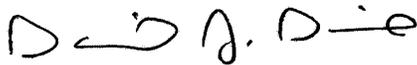
READABILITY CERTIFICATION

Company Name: WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Number: 233-70319

As an officer of Washington National Insurance Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

| Flesch Score | Form Number | Description |
|---------------------|--------------------|--|
| 53.2 | WNIC-3000-AR | Renewable Term Life Insurance To Age 98 |
| 53.9 | WNIC-3001R-AR | Renewable Term Life Insurance To Age 98 with Return of Premium Available |
| 51.5 | WNIC-8000-SI | Application for Life Insurance |
| 50.0 | WNIC-8000-CR | Conditional Receipt |
| 55.8 | WNIC-6019 | Accelerated Benefit Rider For Terminal Illness |
| 52.8 | WNIC-6020 | Child Term Insurance Rider |
| 52.6 | WNIC-6021 | Total and Permanent Disability Benefits Waiver of Premium |
| 50.2 | WNIC-6022-AR | Critical Illness Rider |
| 51.0 | WNIC-6026 | Accidental Death Benefit Rider |



Dave J. Dennie
Assistant Secretary

2/17/2011

DATE

IMPORTANT NOTICE

Should you have any questions concerning this policy, you may direct your question to:

1. If to the Company,

Washington National Insurance Company
11815 N. Pennsylvania St.
Carmel, Indiana 46032-4555
Telephone: 1-800-940-1843

2. If to your licensed representative:

Name: _____

Address: _____

Telephone: _____

3. If to the Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
Telephone: 1-501-371-2640
1-800-852-5494

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(Please turn to back of page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insurers who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees.)

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

WASHINGTON NATIONAL INSURANCE COMPANY

Arkansas Certification for Compliance

With Rule and Regulation 19

| | |
|---------------|---|
| WNIC-3000-AR | Renewable Term Life Insurance To Age 98 |
| WNIC-3001R-AR | Renewable Term Life Insurance To Age 98 With Return of Premium |
| WNIC-8000-SI | Application For Life Insurance |
| WNIC-8000-CR | Conditional Receipt |
| WNIC-6019 | Accelerated Benefit Rider For Terminal Illness |
| WNIC-6020 | Children's Term Insurance Rider |
| WNIC-6021 | Total and Permanent Disability Benefits Waiver of Premium Benefit |
| WNIC-6022-AR | Critical Illness Rider |
| WNIC-6026 | Accidental Death Benefit Rider |
| DISC-6019 | Disclosure Statement For Term Accelerated Benefit For Terminal Illness |
| CLAIM-6019 | Statement of Effects of Accelerated Benefit on Policy Values and Benefits |

I, Mathias E. Brown, an authorized officer for the company, do hereby certify that the form(s) identified above are in compliance with Arkansas Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance.



Mathias E. Brown
Senior Director and Assistant Secretary

2/17/2011

DATE

WASHINGTON NATIONAL INSURANCE COMPANY

DATE: 2/17/2011

STATEMENT OF VARIABILITY

FORM WNIC-3000-AR - RENEWABLE TERM LIFE INSURANCE TO 98

Policy form WNIC-3000-AR is Renewable Term Life Insurance To Age 98 to be issued by Washington National Insurance Company. The language that is bracketed in the attached policy is intended to be illustrative and variable, and may be modified by Washington National Insurance Company on a non-discriminatory basis as described below.

| Bracketed Item | Description |
|-------------------------|--|
| <i>Cover Page</i> | |
| Address | Current Company Address for Home Office |
| (800) Telephone | Current 800 number |
| Secretary's Signature | Signature of current Secretary |
| President's Signature | Signature of current President |
| <i>Page 3</i> | |
| Policy Number | This information is bracketed, as it will be specific to the Policy issued. |
| Policy Effective Date | This information is bracketed, as it will be specific to the Policy issued. |
| Expiry Date | This information is bracketed, as it will be specific to the Policy issued. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98 th birthday. |
| Initial Annual Premium | This information is bracketed, as it will be specific to the Policy issued. |
| Premium Mode | This information is bracketed, as it will be specific to the Policy issued. |
| Insured | This information is bracketed, as it will be specific to the Policy issued. |
| Age | This information is bracketed, as it will be specific to the Policy issued. Issue age guidelines are as follows: <ul style="list-style-type: none"> • 15 year premium guaranteed term period Ages 18 through 65 • To Age 65 premium guaranteed term period: Ages 18 through 55 Age Last Birthday |
| Rating Class | This information is bracketed, as it will be specific to the Policy issued. There are two risk classification: non-tobacco and tobacco |
| Level Premium Period | This information is bracketed, as it will be specific to the Policy issued. This is the number of years premiums are level. At time of application, the applicant can choose between 15-year to Age 65 Level Premium Period. |
| Death Benefit | This information is bracketed, as it will be specific to the Policy issued. Minimum Face Amount: \$5,000 Maximum Face Amount: \$250,000 |
| Payroll Deduction Mode: | This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode that is chosen for the policy, The payroll deduction mode will only appear if the policy premium is paid by payroll deduction. Current Payroll Deduction Modes: 9-pay, 10-pay, 12-pay, 13-pay, 24-pay, 26-pay, and 52-pay. |

| Bracketed Item | Description |
|---|---|
| Payroll Deduction Modal Factor: | This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode factor if the policy premium is paid by payroll deduction. Current Model Factors for Payroll Deduction is: 9-pay – 0.11560 10-pay – 0.10404 12-pay – 0.0867 13-pay – 0.08003 24-pay – 0.04335 26-pay – 0.04002 52-pay – 0.02001 |
| Premiums: | Premium for each modal deduction is shown on the Policy Specification. The Payroll Deduction modal premium will only be shown if policy premium is paid by payroll deduction. |
| **Footnote on Policy Specification | The following footnote will appear on the Policy Specification Page if the policy premium is paid by payroll deduction **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE. |
| Policy/Rider Benefit Schedule Form Number Column | The form number column is bracketed as is will show the optional benefit riders form numbers the applicant has elected to have on his/her policy. Each rider's form number will appear in this column, |
| Policy/Rider Benefit Schedule – Description of Benefit Column | This column will show the description of the optional benefit riders the applicant has elected for his/her policy. |
| Policy/Rider Benefit Schedule - Insurance Amount | This column will show the insurance amount, if applicable, for each optional benefit rider elected. |
| Policy/Rider Benefit Schedule – Annual Premium column | This column will show the annual premium, if applicable, for each optional benefit rider elected. |
| Policy/Rider Benefit Schedule - Years Payable column | This column will show the number of years premiums are payable, if applicable, for each optional benefit rider elected. |
| Page 4 | |
| Table of Guaranteed Annual Premiums - Level Premium Period | The applicant elected the Level Premium Period of either 15 years or To Age 65. |
| Table of Guaranteed Annual Premiums –Columns: Age, Policy Year, Premium | This information is bracketed, as it will be specific to the Policy issued. Premiums are based on the Insured's attained age. The premiums are guaranteed and will increase annually after the Level Premium Period. The guaranteed annual premiums are shown on the Table of Guaranteed Annual Premiums. |
| Back Page | |
| Address | Current Company Address for Home Office |
| (800) Telephone | Current 800 number |

WASHINGTON NATIONAL INSURANCE COMPANY

DATE: 2/17/2011

STATEMENT OF VARIABILITY

**FORM WNIC-3001R-AR - RENEWABLE TERM LIFE INSURANCE TO 98
WITH RETURN OF PREMIUM AVAILABLE**

Policy form WNIC-3001R-AR is Renewable Term Life Insurance To Age 98 with Return of Premium Available to be issued by Washington National Insurance Company. The language that is bracketed in the attached policy is intended to be illustrative and variable, and may be modified by Washington National Insurance Company on a non-discriminatory basis as described below.

| Bracketed Item | Description |
|-------------------------|--|
| <i>Cover Page</i> | |
| Address | Current Company Address for Home Office |
| (800) Telephone | Current 800 number |
| Secretary's Signature | Signature of current Secretary |
| President's Signature | Signature of current President |
| <i>Page 3</i> | |
| Policy Number | This information is bracketed, as it will be specific to the Policy issued. |
| Policy Effective Date | This information is bracketed, as it will be specific to the Policy issued. |
| Expiry Date | This information is bracketed, as it will be specific to the Policy issued. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98 th birthday. |
| Initial Annual Premium | This information is bracketed, as it will be specific to the Policy issued. |
| Premium Mode | This information is bracketed, as it will be specific to the Policy issued. |
| Insured | This information is bracketed, as it will be specific to the Policy issued. |
| Age | This information is bracketed, as it will be specific to the Policy issued. Issue age guidelines are as follows: <ul style="list-style-type: none"> • 15 year level premium period - Ages 18 through 65 • To Age 65 level premium period - Ages 18 through 55 Age Last Birthday |
| Rating Class | This information is bracketed, as it will be specific to the Policy issued. There are two risk classification: non-tobacco and tobacco |
| Level Premium Period | This information is bracketed, as it will be specific to the Policy issued. This is the number of years premiums are level. At time of application, the applicant can choose between 15-year to Age 65 Level Premium Period. |
| Death Benefit | This information is bracketed, as it will be specific to the Policy issued. Minimum Face Amount: \$5,000 Maximum Face Amount: \$250,000 |
| Payroll Deduction Mode: | This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode that is chosen for the policy, The payroll deduction mode will only appear if the policy premium is paid by payroll deduction. Current Payroll Deduction Modes: 9-pay, 10-pay, 12-pay, 13-pay, 24-pay, 26-pay, and 52-pay. |

| Bracketed Item | Description |
|---|---|
| Payroll Deduction Modal Factor: | This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode factor if the policy premium is paid by payroll deduction. Current Model Factors for Payroll Deduction is: 9-pay – 0.11560 10-pay – 0.10404 12-pay – 0.0867 13-pay – 0.08003 24-pay – 0.04335 26-pay – 0.04002 52-pay – 0.02001 |
| Premiums: | Premium for each modal deduction is shown on the Policy Specification. The Payroll Deduction modal premium will only be shown if policy premium is paid by payroll deduction. |
| **Footnote on Policy Specification | The following footnote will appear on the Policy Specification Page if the policy premium is paid by payroll deduction **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE. |
| Policy/Rider Benefit Schedule Form Number Column | The form number column is bracketed as is will show the optional benefit riders form numbers the applicant has elected to have on his/her policy. Each rider's form number will appear in this column, |
| Policy/Rider Benefit Schedule – Description of Benefit Column | This column will show the description of the optional benefit riders the applicant has elected for his/her policy. |
| Policy/Rider Benefit Schedule - Insurance Amount | This column will show the insurance amount, if applicable, for each optional benefit rider elected. |
| Policy/Rider Benefit Schedule – Annual Premium column | This column will show the annual premium, if applicable, for each optional benefit rider elected. |
| Policy/Rider Benefit Schedule - Years Payable column | This column will show the number of years premiums are payable, if applicable, for each optional benefit rider elected. |
| Page 4 | |
| Table of Guaranteed Annual Premiums - Level Premium Period | The applicant elected the Level Premium Period of either 15 years or To Age 65. |
| Table of Guaranteed Annual Premiums –Columns: Age, Policy Year, Premium | This information is bracketed, as it will be specific to the Policy issued. Premiums are based on the Insured's attained age. The premiums are guaranteed and will increase annually after the Level Premium Period. The guaranteed annual premiums are shown on the Table of Guaranteed Annual Premiums. |
| Page 5 | |
| Table of Guaranteed Values – End of Policy Year column | This column will either show the first 15 policy years or the number of policy years for the Insured to Attain Age 65. |
| Table of Guaranteed Values | This information is bracketed, as it will be specific to the Policy issued. |
| <ul style="list-style-type: none"> • Return of Premium Cash Value | The Return of Premium feature provides cash value, which is available if the policy terminated prior to the end of the Level Premium Period or stays in force to the end of the Level Premium Period. |
| <ul style="list-style-type: none"> • Extended Level Term Insurance | If the policy terminates as provided in the policy's grace period provision and the policy has cash value, one of the following options may be chosen: Cash Value, Extended Level Term Insurance or Reduced Paid Up Insurance. |
| <ul style="list-style-type: none"> • Paid-Up Life Insurance | This table shows the Cash Value and Paid-up life insurance dollar amount and the number of years and days the extended level term insurance is in-force. |

| | |
|------------------|---|
| <i>Back Page</i> | |
| Address | Current Company Address for Home Office |
| (800) Telephone | Current 800 number |

WASHINGTON NATIONAL INSURANCE COMPANY

Date: 2/17/2011

STATEMENT OF VARIABILITY
WNIC-8000-SI

This Statement of Variability is for Application for Life Insurance Form WNIC-8000-SI that will be used with our Renewable Term Life Insurance Policy to Age 98, WNIC-3000-AR, and Renewable Term Life Insurance Policy to Age 98 with Return of Premium, WNIC-3001R-AR. The language that is bracketed on the attached application is intended to be illustrative and variable, and may be modified by Washington National Insurance Company on a non-discriminatory basis as described below.

| Bracketed Item | Description |
|--|---|
| Page 1 – Address | Current Company Address for Home Office |
| | |
| Page 1 - (800) Telephone Number | Current 800 number |
| | |
| Page 3 – Section 4 - Riders | By making this area variable, in the future we will be able to delete any rider that is not being offered any longer or to add any new rider (once approved by the insurance departments) to the application. |
| | |
| Page 3 – Section 4 – Child Term Insurance Rider – Face Amount | By making the face amount of \$10,000 variable, in the future we will be able to change the amount of the Death Benefit to a higher or lower amount. |
| | |
| Page 3 – Section 5 - Current Payroll Deduction Options | By making this area variable, in the future we will be able to delete any payment method no longer being .offered or to add any new payment method.. |
| | |
| Page 4 – Section 7 – Question 3a. ...If, yes, does the proposed insured on average work [20] hours per week? | By making [20] hours variable, in the future we will be able to change the numbers of hours, if needed. |
| | |
| Page 4 – Section 7 – Question 3b.... Has the proposed insured been employed [90] days with their current employer? | By making [90] days variable, in the future we will be able to change the numbers of days, if needed. |