

SERFF Tracking Number: INGD-126982940 State: Arkansas  
 Filing Company: Security Life of Denver Insurance Company State Tracking Number: 47918  
 Company Tracking Number: 1179  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: 1179 UL-ECV Peak  
 Project Name/Number: 1179 UL-ECV Peak/1179 UL-ECV Peak

## Filing at a Glance

Company: Security Life of Denver Insurance Company

Product Name: 1179 UL-ECV Peak SERFF Tr Num: INGD-126982940 State: Arkansas  
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 47918  
 Adjustable Life Closed  
 Sub-TOI: L09I.001 Single Life Co Tr Num: 1179 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Wendy Paquin, Terry Disposition Date: 02/17/2011  
 Stumpf, Jackie Williams, Laura  
 Sampair  
 Date Submitted: 02/07/2011 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: 1179 UL-ECV Peak  
 Project Number: 1179 UL-ECV Peak  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: We are exempt from filing in Colorado, our state of domicile, pursuant to Colorado Bulletin B-4.1 (May 8, 2007), however Colorado is included as a member state in our Interstate Compact filing.  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 02/17/2011  
 State Status Changed: 02/17/2011  
 Created By: Jackie Williams  
 Corresponding Filing Tracking Number:

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Jackie Williams  
 Filing Description:  
 Insurance Commissioner  
 Department of Insurance  
 Compliance Life & Health

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1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: Security Life of Denver Insurance Company  
NAIC #68713 FEIN #84-0499703

Form Number:  
1179-05/11 Flexible Premium Adjustable Universal Life Insurance Policy

Attention Policy Form Approval Division:

We submit the above referenced form for your review and approval. The form does not replace any previously approved form. The form does not contain any unusual or controversial items from the standpoint of industry standards.

We are exempt from filing in Colorado, our state of domicile, pursuant to Colorado Bulletin B-4.1 (May 8, 2007).

The information bracketed in the form is subject to change.

The policy form is an individual Flexible Premium Adjustable Universal Life Insurance Policy designed to provide a benefit payable at the death of the Insured. The policy is designed not to qualify as a Life Insurance Contract under the Internal Revenue Code of 1986, as amended, and its rules and regulations.

We will illustrate the policy.

The product will be offered as a fully underwritten policy.

The product will be marketed by our licensed agents on an individual basis.

The policy will be offered on a sex distinct basis.

The following previously approved form(s) will be marketed with the submitted policy form (approval date(s) provided):

153793 - Individual Life Insurance Application and other supplemental forms related to the application as approved - 6/8/09

Supporting documents that are required as part of this submission are included under the Supporting Documentation tab. If enclosed, the Annual Report, Statement of Policy Cost and Benefits and draft Illustration contain hypothetical

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numbers that do not reflect the actual pricing of this product.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and any changes necessary to correct typographical errors or comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

To the best of our knowledge, the form complies with the laws and regulations of your state.

Sincerely,

Jackie Williams  
Senior Contract Analyst  
(800) 448-9839 Ext. 4604815  
(303) 813-4815 (fax)  
jackie.williams@us.ing.com

## Company and Contact

### Filing Contact Information

Jackie Williams, jackie.williams@us.ing.com  
1290 Broadway 303-894-4815 [Phone]  
Denver, CO 80218 303-813-4815 [FAX]

### Filing Company Information

Security Life of Denver Insurance Company CoCode: 68713 State of Domicile: Colorado  
1290 Broadway Group Code: 229 Company Type: Life Insurance  
Denver, CO 80203-5699 Group Name: State ID Number:  
(303) 860-2348 ext. [Phone] FEIN Number: 84-0499703

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 Policy x \$50 per Policy = \$50

SERFF Tracking Number: *INGD-126982940* State: *Arkansas*  
Filing Company: *Security Life of Denver Insurance Company* State Tracking Number: *47918*  
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*Adjustable Life*  
Product Name: *1179 UL-ECV Peak*  
Project Name/Number: *1179 UL-ECV Peak/1179 UL-ECV Peak*  
Per Company: **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security Life of Denver Insurance Company	\$50.00	02/07/2011	44455492

SERFF Tracking Number: *INGD-126982940*      State: *Arkansas*  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/17/2011	02/17/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Flexible Premium Adjustable Universal Life Insurance Policy	Jackie Williams	02/11/2011	02/11/2011



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 Product Name: *1179 UL-ECV Peak*  
 Project Name/Number: *1179 UL-ECV Peak/1179 UL-ECV Peak*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	Actuarial Memorandum		No
<b>Supporting Document</b>	Statement of Varibility		Yes
<b>Form (revised)</b>	Flexible Premium Adjustable Universal Life Insurance Policy		Yes
<b>Form</b>	Flexible Premium Adjustable Universal Life Insurance Policy	Replaced	Yes

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**Amendment Letter**

Submitted Date: 02/11/2011

**Comments:**

Please Note: After submitting the filing we noticed that we were missing a word on Schedule Page 4C. We have attached the revised policy form to the Form Schedule Tab. No other changes have been made.

Thank You

Jackie Williams

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
1179-05/11	Policy/Contract/Fraternal Certificate	Flexible Premium Adjustable Universal Life Insurance Policy	Initial				50.000	AR 1179 (Rev 2 10 11).pdf

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1179-05/11	Policy/Cont Flexible Premium ract/Fratern Adjustable Universal al Life Insurance Policy Certificate	Initial		50.000	AR 1179 (Rev 2 10 11).pdf

**SECURITY LIFE OF DENVER INSURANCE COMPANY  
A STOCK COMPANY**

INSURED: [JOHN DOE]  
POLICY DATE: [May 15, 2011]  
POLICY NUMBER: [67000001]

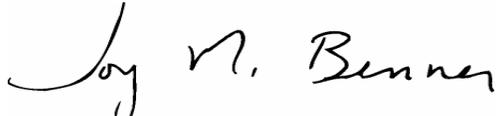
**WE AGREE TO PAY** the Death Benefit Proceeds to the beneficiary on the death of the Insured while your policy is in force, subject to your policy provisions.

**WE ALSO AGREE** to provide the other rights and benefits of your policy, subject to its provisions.

**PLEASE READ YOUR POLICY CAREFULLY**

**RIGHT TO EXAMINE PERIOD:** You have the right to examine and return your policy. You may return it by mail or other delivery to the agent who sold it to you or to the ING Customer Service Center within 30 days after you receive it. If you do so, this policy will be deemed void from the beginning. If you return your policy during the Right to Examine Period, we will refund all premiums paid.

**Your policy is signed for Security Life of Denver Insurance Company by:**

[  ] [  ]

Donald W. Britton  
President

Joy M. Benner  
Secretary

In your policy, "you" and "your" refer to the owner of this policy; "we," "us" and "our" refer to Security Life of Denver Insurance Company.

**YOUR POLICY IS A FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY.**

The Death Benefit Proceeds are payable on the Insured's death.  
Flexible premiums are payable by you until Attained Age 121.  
Your policy is nonparticipating and is not eligible for dividends.  
There is no maturity date.

WHILE YOUR POLICY PROVIDES LIFE INSURANCE COVERAGE, IT IS DESIGNED NOT TO QUALIFY AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND ITS RULES AND REGULATIONS. THIS MEANS THAT INCREASES IN YOUR POLICY'S ACCOUNT VALUE AND THE AMOUNT OF THE COST OF INSURANCE PROTECTION MAY BE TREATED AS ORDINARY INCOME AND TAXABLE EVEN THOUGH NOT DISTRIBUTED. THERE MAY BE OTHER TAX CONSEQUENCES ASSOCIATED WITH PURCHASING AND OWNING THE POLICY. **YOU SHOULD CONSULT A QUALIFIED TAX ADVISOR ABOUT THE TAX CONSEQUENCES ASSOCIATED WITH YOUR POLICY NOT QUALIFYING AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE.**

**SECURITY LIFE OF DENVER INSURANCE COMPANY**

[Home Office  
Denver, Colorado]

[ING Customer Service Center  
P.O. Box 5065  
Minot, ND 58702-5065  
Toll Free Number:  
1 (877) 253-5050]

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We place a copy of your application and any amendments and endorsements at the end of your policy provisions and these documents are part of your policy.

## SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[May 15, 2011]
INSURED	[JOHN DOE]
AGE/GENDER	[35, MALE]
RISK CLASS	[STANDARD NO TOBACCO]
[RATING FACTOR]	[1.00]
[FLAT EXTRA AMOUNT (PER MONTH PER \$1,000.00)]	[\$0.00 for 0 policy years]
MINIMUM DEATH BENEFIT	[\$500,000.00]
STATED DEATH BENEFIT	[\$500,000.00]
MINIMUM STATED DEATH BENEFIT	[\$200,000.00]
DEATH BENEFIT OPTION	[2]
MONTHLY PROCESSING DATE	[15th]
SCHEDULED PREMIUM	[\$93,128.00]

### EXCHANGE OPTION

Your policy may be exchanged for a new policy on or before the policy anniversary coinciding with the Insured's Age [80]. Please refer to the Exchange Option section of the policy for more details.

Coverage will expire prior to Attained Age 121 if your policy's Net Account Value is insufficient to continue coverage. Exercise of certain rights under your policy will affect the death benefit coverage, including but not limited to partial withdrawals, loans, changes to the interest rate credited to your policy and current monthly charges, including the cost of insurance rates.

If your policy is in force at Attained Age 121, it will continue as stated in the Continuation of Coverage section of your policy.

**Certain capitalized terms used in these Schedules are defined in the Terms to Understand section of the policy. Please refer to that section for further explanation about the meaning of these terms.**

**SCHEDULE (CONTINUED)**

**GUARANTEED MAXIMUM POLICY CHARGES**

- a. **Guaranteed Maximum Premium Expense Charge** (of each premium received) 5.00%
  
- b. **Guaranteed Maximum Monthly Charges**
  - 1. Cost of Insurance Charge per \$1,000.00 of net amount at risk See the Table of Guaranteed Rates Schedule
  
  - 2. Administrative Charge per \$1,000.00 of Stated Death Benefit
    - Policy year 1 \$0.00000
    - Policy year 2 to Attained Age 120 [\$0.42442]
    - Attained Age 121 and later \$0.00000
  
- c. **Guaranteed Maximum Transaction Charges**
  - 1. Partial Withdrawal Service Fee (for each partial withdrawal) \$[10.00]
  
  - 2. Excess Policy Illustration Fee (for each illustration after the first in a policy year) \$[25.00]

**SCHEDULE (CONTINUED)**

**POLICY FEATURES AND BENEFITS**

**a. Policy Loans**

- |    |  |   |
|----|--|---|
| 1. | Guaranteed Maximum Interest Rate Charged on Loans  | [3.00]% per year  |
| 2. | Guaranteed Minimum Interest Rate Credited on Loans | [2.00]% per year  |
| 3. | Minimum Loan Amount                                | \$500.00  |
| 4. | Maximum Loan Amount                                | 100% of the Net Account Value minus [2] times the Monthly Deduction |

**b. Partial Withdrawals**

- |    |                                   |   |
|----|-----------------------------------|---|
| 1. | Minimum Partial Withdrawal Amount | [\$500.00]  |
| 2. | Maximum Partial Withdrawal Amount | 100% of the Net Account Value minus [1] times the Monthly Deduction |

- |    |   |                           |                 |
|----|---|---------------------------|-----------------|
| c. | <b>Guaranteed Minimum Interest Rate</b> | [Policy years 1 – 3       | 4.00%] per year |
|    |   | [Policy years 4 and later | 2.00%] per year |

**SCHEDULE (CONTINUED)**

**TABLE OF GUARANTEED RATES**

Guaranteed Maximum Cost of Insurance Rates per \$1,000.00 of net amount at risk for your policy.

<b>Attained Age</b>	<b>Monthly Cost of Insurance Rate</b>	<b>Attained Age</b>	<b>Monthly Cost of Insurance Rate</b>	<b>Attained Age</b>	<b>Monthly Cost of Insurance Rate</b>
20	[0.08333]	54	[0.45833]	88	[13.06083]
21	[0.08333]	55	[0.51416]	89	[14.32333]
22	[0.08500]	56	[0.57333]	90	[15.63833]
23	[0.08583]	57	[0.63666]	91	[16.87000]
24	[0.08750]	58	[0.68916]	92	[18.15250]
25	[0.08916]	59	[0.74916]	93	[19.50333]
26	[0.09333]	60	[0.82166]	94	[20.92833]
27	[0.09750]	61	[0.91166]	95	[22.43083]
28	[0.09750]	62	[1.02083]	96	[23.80333]
29	[0.09583]	63	[1.14250]	97	[25.26500]
30	[0.09500]	64	[1.27000]	98	[26.82333]
31	[0.09416]	65	[1.40416]	99	[28.48750]
32	[0.09416]	66	[1.53916]	100	[30.26583]
33	[0.09583]	67	[1.67416]	101	[31.67333]
34	[0.09833]	68	[1.82083]	102	[33.17166]
35	[0.10083]	69	[1.97000]	103	[34.76666]
36	[0.10666]	70	[2.14750]	104	[36.46333]
37	[0.11166]	71	[2.34583]	105	[38.26750]
38	[0.12000]	72	[2.61000]	106	[40.18500]
39	[0.12833]	73	[2.88500]	107	[42.22416]
40	[0.13750]	74	[3.17333]	108	[44.39083]
41	[0.14916]	75	[3.49250]	109	[46.69250]
42	[0.16333]	76	[3.84000]	110	[49.13666]
43	[0.17916]	77	[4.24333]	111	[51.73250]
44	[0.19916]	78	[4.71333]	112	[54.48666]
45	[0.22083]	79	[5.25500]	113	[57.41166]
46	[0.24166]	80	[5.84500]	114	[60.51500]
47	[0.26416]	81	[6.51583]	115	[63.80833]
48	[0.27750]	82	[7.21166]	116	[67.30083]
49	[0.29333]	83	[7.95916]	117	[71.00583]
50	[0.31333]	84	[8.78583]	118	[74.93583]
51	[0.33833]	85	[9.71416]	119	[79.10166]
52	[0.37250]	86	[10.74250]	120	[83.33333]
53	[0.41083]	87	[11.86250]	121 and older	0.00000

The cost of insurance rate for the first policy month is 0.00000. The rates shown above are for a non-rated risk class. If your policy has a rating factor or a flat extra amount, we will adjust the maximum cost of insurance rates using the rating factor or flat extra amount shown in your Schedule. If your policy has a rating factor, we will determine the maximum cost of insurance rates by multiplying the rates shown above by the rating factor shown in your Schedule. If your policy has a flat extra amount, we will determine the maximum cost of insurance rates by adding the rates per \$1,000.00 shown above to the flat extra amount shown in your Schedule. We base the rates shown above on the 2001 Commissioners Standard Ordinary, [Male], Composite, Ultimate Mortality Table, age nearest birthday.

## TERMS TO UNDERSTAND

This section identifies some of the important terms that we use throughout your policy and that have special meaning.

**Account Value:** The Account Value on the Policy Date will be the Net Premium paid on that date for your policy, minus the Monthly Deduction for the first policy month (not including the cost of insurance charge for the first policy month). On any Monthly Processing Date other than the Policy Date, the Account Value will be calculated as described in the Account Value section.

**Age:** Age is the age of the Insured on his or her birthday nearest the Policy Date. We issue your policy at the Age shown in your Schedule.

**Attained Age:** Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

**Base Death Benefit:** The Base Death Benefit is the death benefit provided by your policy.

**Death Benefit Proceeds:** Death Benefit Proceeds is the amount we will pay on the Insured's death. Death Benefit Proceeds equals: (a) the Base Death Benefit in effect on the date of the Insured's death; minus (b) any Loan Amount; minus (c) unpaid Monthly Deductions, if any, incurred prior to the date of the Insured's death.

**Grace Period:** The Grace Period is the 61-day period after which your policy will lapse unless you make a required premium payment. The Grace Period will begin on a Monthly Processing Date if on that date the Net Account Value is zero or less.

**Insured:** The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the owner of your policy.

**Loan Amount:** The Loan Amount equals: (a) any outstanding loan plus accrued loan interest as of the beginning of the policy year; plus (b) new loans; plus (c) accrued but unpaid loan interest; minus (d) loan repayments.

**Minimum Death Benefit:** The Minimum Death Benefit is the minimum amount of coverage required to issue your policy. We show the Minimum Death Benefit amount in your Schedule.

**Monthly Deduction:** The first Monthly Deduction is equal to the monthly charges shown in your Guaranteed Maximum Policy Charges Schedule, minus the cost of insurance for the first policy month. Thereafter, the Monthly Deduction is equal to the monthly cost of insurance charge for your policy and the other monthly charges shown in your Guaranteed Maximum Policy Charges Schedule.

**Monthly Processing Date:** The Monthly Processing Date is the date each month on which the Monthly Deduction from the Account Value is due.

**Net Account Value:** The Net Account Value is the Account Value minus any Loan Amount.

**Net Premium:** Net Premium equals the premium received, minus the premium expense charge.

**Net Surrender Value:** The Net Surrender Value on any date equals: (a) the Surrender Value; minus (b) any Loan Amount.

**Policy Date:** We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries, and it determines the Monthly Processing Date.

**Right to Examine Period:** The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund of all premiums paid. See the cover page for details.

**Scheduled Premium:** Scheduled Premium is the amount that you indicate on your application as the amount you intend to pay at fixed intervals over a certain period. You may specify the interval as monthly, quarterly, semiannually or annually.

**Stated Death Benefit:** The Stated Death Benefit is the amount of death benefit coverage provided under your policy as shown in your Schedule. The Stated Death Benefit changes when there is a decrease in coverage or a transaction that causes your policy to change.

**Surrender Value:** Surrender Value is the Account Value.

## **INSURANCE COVERAGE PROVISIONS**

### **POLICY DATES AND PERIODS**

#### **Policy Date**

We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries, and it determines the Monthly Processing Date. A policy anniversary occurs each year on the same month and day as the Policy Date.

The Policy Date is the effective date for all coverage provided under your policy. No coverage may take effect under your policy unless we have received the amount of premium required for coverage to begin under your policy, and there has been no change in the insurability of the person proposed for insurance from the date of your policy application to the date we receive this required premium.

#### **Monthly Processing Date**

The Monthly Processing Date is the date each month on which the Monthly Deduction from the Account Value is due. The first Monthly Processing Date is the Policy Date. Subsequent Monthly Processing Dates are the same calendar day of each month as the Policy Date.

#### **Right to Examine Period**

The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund of all premiums paid. For details, see the cover page.

### **DEATH BENEFIT**

#### **Stated Death Benefit**

The Stated Death Benefit is the amount of death benefit coverage provided under your policy as shown in your Schedule. The Stated Death Benefit changes when there is a decrease in coverage or a transaction that causes your policy to change. For example, a partial withdrawal under Death Benefit Option 1 will cause the Stated Death Benefit to change.

#### **Death Benefit Options**

Death benefit options are different methods of calculating the Base Death Benefit. The death benefit option you selected is shown in your Schedule.

#### **Base Death Benefit**

The Base Death Benefit is the death benefit provided by your policy. We calculate the Base Death Benefit according to one of the following death benefit options:

- a. Death Benefit Option 1: Under Death Benefit Option 1, the Base Death Benefit is equal to the Stated Death Benefit; or
- b. Death Benefit Option 2: Under Death Benefit Option 2, the Base Death Benefit is equal to the Stated Death Benefit plus the Account Value.

#### **Minimum Death Benefit**

The Minimum Death Benefit is the minimum amount of coverage required to issue your policy. We show the Minimum Death Benefit in your Schedule.

**DEFINITION OF LIFE INSURANCE**

While your policy provides life insurance coverage, it is designed not to qualify as a life insurance contract under the Internal Revenue Code of 1986, as amended, and its rules and regulations. This means that increases in your policy’s Account Value and the amount of the cost of insurance protection may be treated as ordinary income and may be taxable even though not distributed. There may be other tax consequences associated with purchasing and owning the policy. **You should consult a qualified tax advisor about the tax consequences associated with your policy not qualifying as a life insurance contract under the Internal Revenue Code.**

**DECREASES IN INSURANCE COVERAGE**

After the end of the first policy year and subject to the rights of any assignee or irrevocable beneficiary, you may give us notice requesting a decrease to the Stated Death Benefit. The following will apply to all decreases:

- a. The effective date of the decrease will be the Monthly Processing Date immediately following the date of our approval;
- b. The minimum amount of the decrease is \$1,000.00;
- c. We will limit the decrease such that, immediately after the requested decrease, the Stated Death Benefit is at least equal to the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule; and
- d. After the decrease, the Stated Death Benefit will remain level and equal to the amount in effect immediately following the decrease.

Requested increases in coverage are not allowed.

**DEATH BENEFIT OPTION CHANGES**

Beginning with the first Monthly Processing Date and ending at Attained Age 121 and subject to the rights of any assignee or irrevocable beneficiary, you may give us notice requesting a change to the death benefit option. This change will be effective as of the next Monthly Processing Date following approval. A death benefit option change applies to the entire Stated Death Benefit. We may not allow any change if it would reduce the Stated Death Benefit below the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule. After the effective date of the change, we will change the Stated Death Benefit according to the following table:

<b>DEATH BENEFIT OPTION CHANGE</b>		<b>STATED DEATH BENEFIT FOLLOWING THE CHANGE EQUALS THE:</b>
<b>FROM</b>	<b>TO</b>	
Death Benefit Option 1	Death Benefit Option 2	Stated Death Benefit prior to such change, minus the Account Value as of the effective date of the change.
Death Benefit Option 2	Death Benefit Option 1	Stated Death Benefit prior to such change, plus the Account Value as of the effective date of the change. Although requested increases to the Stated Death Benefit are not permitted under this policy, the Stated Death Benefit may increase due to a change from Death Benefit Option 2 to Death Benefit Option 1.

## **PAYMENT OF DEATH BENEFIT PROCEEDS**

Death Benefit Proceeds is the amount we will pay on the Insured's death and we compute the amount as of the date of the Insured's death.

Death Benefit Proceeds equals:

- a. The Base Death Benefit in effect on the date of the Insured's death; minus
- b. Any Loan Amount; minus
- c. Unpaid Monthly Deductions, if any, incurred prior to the date of the Insured's death.

We will pay the Death Benefit Proceeds within 7 days of when we receive due proof of the death claim. Due proof of the death claim means we have received:

- a. Due proof of the Insured's death;
- b. Sufficient information to determine our liability, the extent of the liability, and the identity of the legally entitled beneficiaries; and
- c. Sufficient evidence that any legal impediments to payment that depend on parties other than us are resolved. Such legal impediments include, but are not limited to, the establishment of guardianships and conservatorships, the appointment and qualification of trustees, executors and administrators and our receipt of information required to satisfy state and federal reporting requirements.

Any Death Benefit Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections and any sale or assignment of the Account Value portion of the Base Death Benefit under Death Benefit Option 2 as provided in the Assignment section. We will pay the Death Benefit Proceeds in one lump sum unless you request an alternate method of payment. We describe other available payout methods in the Settlement Options Provisions section.

We will pay interest on the lump sum Death Benefit Proceeds from the date of the Insured's death to the date of payment. We will compute interest at a rate required by law from the date of death to the date the proceeds are paid.

## **CONTINUATION OF COVERAGE**

If your policy is in force at Attained Age 121, it will continue pursuant to the terms of your policy. On that date, if the death benefit option in force on your policy is Death Benefit Option 2, we will convert your policy to Death Benefit Option 1 in accordance with the procedures outlined in the Death Benefit Option Changes section of your policy. We will not allow further changes to the death benefit option.

After Attained Age 121:

- a. We calculate the Base Death Benefit as stated in your policy;
- b. No further premiums will be accepted except amounts required to keep your policy from lapsing;
- c. No further Monthly Deductions will be taken;
- d. Transaction charges will continue to be deducted at the time of the applicable transaction;
- e. Interest will continue to be credited to the Account Value;
- f. Partial withdrawals will continue to be available;
- g. Loans will continue to be available and any existing loan will continue. Loan interest will continue to accrue and if not paid may cause your policy to lapse. Repayments on loans will be accepted; and
- h. Your policy will enter the 61-day Grace Period if the Net Account Value is zero or less.

You may surrender your policy if you do not want coverage to continue past Attained Age 121.

## **PREMIUM PROVISIONS**

### **PREMIUMS**

#### **Scheduled Premium**

Scheduled Premium is the amount that you indicate on your application as the amount you intend to pay at fixed intervals over a certain period. You may specify the interval as monthly, quarterly, semiannually or annually. You are not required to pay the Scheduled Premium and you may change it at any time. You may pay more or less than the amount of the Scheduled Premium, subject to the limits described in the Premium Limitation section. Payment of the Scheduled Premium does not guarantee that the coverage will not lapse. The timing and amount of your premium payments will affect your Account Value and death benefit coverage.

You may pay the Scheduled Premium shown in your Schedule while your policy is in force prior to Attained Age 121. Under conditions provided in the Grace Period and Lapse section, you may be required to make additional premium payments to keep your policy in force. All premiums after the first will be payable in advance as provided in the ING Customer Service Center section. We will furnish a receipt signed by one of our officers upon your request.

#### **Unscheduled Premiums**

You may make unscheduled premium payments at any time your policy is in force prior to Attained Age 121, subject to the limits described in the Premium Limitation section. Unless you give us notice otherwise, we will first apply these premium payments to reduce or pay off any existing loan. We may limit the amount of any unscheduled premium payments.

### **PREMIUM LIMITATION**

We will reject or return any unscheduled or Scheduled Premium payment if the premium would not be allowed under our normal rules of underwriting.

You may not pay any premiums either after Attained Age 121, except any premiums necessary to keep your policy from lapsing, or after the Insured's death.

### **NET PREMIUM**

Net Premium equals the premium received, minus the premium expense charge. We deduct this charge from each premium, as applicable, before allocating the premium to the Account Value.

### **FAILURE TO PAY PREMIUM**

If you stop paying premiums prior to Attained Age 121, we will continue to deduct the Monthly Deduction to cover your policy charges. If the Net Account Value is insufficient to cover the Monthly Deduction, coverage may lapse. For details, see the Grace Period and Lapse section.

## ACCOUNT VALUE PROVISIONS

### ACCOUNT VALUE

The Account Value on the Policy Date will be the Net Premium paid on that date for your policy, minus the Monthly Deduction for the first policy month (not including the cost of insurance charge for the first policy month).

On any Monthly Processing Date other than the Policy Date, the Account Value is equal to:

- a. The Account Value on the first day of the previous policy month; plus
- b. One month's interest credited on both the loaned and unborrowed portion of item a.; plus
- c. Any Net Premium received since the most recent Monthly Processing Date with interest from the date of receipt to the date of calculation; minus
- d. The Monthly Deduction for the current month; minus
- e. The amount of any partial withdrawal on the Monthly Processing Date; minus
- f. Any policy transaction charges incurred since the most recent Monthly Processing Date, including interest on the transaction charge amount, from the effective date of the transaction to the date of calculation.

We calculate the Account Value on any other day in a manner consistent with the preceding formula.

### Net Account Value

The Net Account Value is the amount of the Account Value minus any Loan Amount.

### GUARANTEED MINIMUM INTEREST RATE

The interest rate applied in the calculation of the unborrowed portion of the Account Value will not be less than the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule. This rate is an effective annual interest rate. We guarantee that the interest rate in effect at each policy anniversary will not change for the next 12 policy months.

## CHARGES AND DEDUCTIONS

### PREMIUM EXPENSE CHARGE

We deduct the premium expense charge from each premium, as applicable, before allocating the premium to the Account Value. We determine the amount of the premium expense charge by multiplying the applicable premium expense charge percentage by the premium amount. The applicable percentage may be dependent on the policy year in which we receive the premium. The guaranteed maximum premium expense charge percentage is shown in your Guaranteed Maximum Policy Charges Schedule.

### MONTHLY DEDUCTION

The first Monthly Deduction is equal to the monthly charges shown in your Guaranteed Maximum Policy Charges Schedule, minus the cost of insurance for the first policy month. Thereafter, the Monthly Deduction is equal to the monthly cost of insurance charge for your policy and the other monthly charges shown in your Guaranteed Maximum Policy Charges Schedule.

We deduct the Monthly Deduction from the Account Value as of the Monthly Processing Date. We will show the Monthly Deductions in periodic reports that we send you at least once per policy year, and we show the guaranteed maximum monthly charges in your Guaranteed Maximum Policy Charges Schedule. After Attained Age 121 we will not deduct any further Monthly Deductions.

### **Cost of Insurance Charge**

Each month after the first we deduct the cost of insurance charge. The cost of insurance charge for your policy is the cost of insurance rate for the risk class of the Insured, multiplied by the net amount at risk. It is determined on a monthly basis.

We use the net amount at risk to determine the cost of insurance charges; it is equal to (a) divided by (b), minus (c), where:

- (a) Is the Base Death Benefit as of the Monthly Processing Date (after subtracting those Monthly Deductions that are deducted before calculating the Base Death Benefit cost of insurance);
- (b) Is the result of One plus the monthly equivalent of the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule; and
- (c) Is the Account Value as of the Monthly Processing Date (after subtracting those Monthly Deductions that are deducted before calculating the Base Death Benefit cost of insurance).

We will determine the cost of insurance rate from time to time. We will base the rates on the Age and gender of the Insured, the duration since the coverage began and the risk class of the Insured. The cost of insurance charge will never exceed the guaranteed maximum rates shown in your Table of Guaranteed Rates Schedule.

### **Administrative Charge**

Each month we deduct the administrative charge. The amount of the administrative charge is dependent on the policy year in which we deduct the charge and it will never exceed the guaranteed maximum administrative charge shown in your Guaranteed Maximum Policy Charges Schedule.

### **TRANSACTION CHARGES**

We may deduct transaction charges, as described in your Guaranteed Maximum Policy Charges Schedule, at the time of the applicable transaction.

### **ADJUSTMENT TO POLICY COST FACTORS**

We may periodically change the rates for the cost of insurance and other charges, or the interest rates we credit to the Account Value. We may base any changes on our expectations of the future cost factors, including, but not limited to, mortality, expenses including taxes, persistency, investment earnings and reinsurance. Any change will apply to all policies of the same Age, gender and risk class for the Insured that have been in force for the same period. The cost of insurance and other charges will never exceed the guaranteed maximum rates shown in your Guaranteed Maximum Policy Charges Schedule. The interest rate we credit to the Account Value will never be less than the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule. We will not change cost of insurance rates, other charges or the interest rates we credit to the Account Value to recover past losses.

## **POLICY LOAN PROVISIONS**

### **LOANS**

You may give us notice requesting a loan, secured only by your policy, on or after the first Monthly Processing Date. The minimum and maximum amounts you may borrow are shown in your Policy Features and Benefits Schedule.

The Loan Amount equals:

- a. Any outstanding loan plus accrued loan interest as of the beginning of the policy year; plus
- b. New loans; plus
- c. Accrued but unpaid loan interest; minus
- d. Loan repayments.

If the Loan Amount equals or exceeds the Account Value, you must pay a premium sufficient to keep your policy in force. For details, see the Grace Period and Lapse section. Loans may generate an income tax liability, reduce the available Surrender Value and Death Benefit Proceeds or cause your policy to lapse.

When you take a loan or if you do not pay the loan interest when due, an amount equal to the loan or loan interest due is added to the Loan Amount to secure the loan.

### **LOAN INTEREST**

We charge loan interest on the Loan Amount. The guaranteed maximum loan interest rate is shown in your Policy Features and Benefits Schedule. The current loan interest rate charged may be less than the maximum rate and may change from time to time. We will notify you of the current loan interest rate when you receive a loan and give you reasonable advance notice of any increase in the current loan interest rate. Loan interest is due and payable at the end of each policy year. If loan interest is not paid when due, it is added to the Loan Amount.

We credit loan interest on the Loan Amount. The guaranteed minimum loan interest rate credited on loans is shown in your Policy Features and Benefits Schedule. The current loan interest rate credited may be more than the minimum rate and may change from time to time. The portion of the Account Value subject to a loan may accumulate at a different rate of interest than the portion of the Account Value not subject to a loan, but it will not accumulate at a rate that is less than the guaranteed minimum interest rate credited on loans shown in your Policy Features and Benefits Schedule.

We will not terminate your policy in a policy year as the sole result of a change in the loan interest rate in that policy year; and will maintain coverage until your policy would have otherwise terminated without the change in loan interest rate in such policy year.

### **LOAN REPAYMENTS**

You may repay all or part of a loan at any time while your policy is in force. Unless you indicate otherwise, we will apply any payments other than Scheduled Premiums as loan repayments and not as premiums. When you make a loan repayment, the loan amount is decreased by the repayment amount.

## **PARTIAL WITHDRAWAL PROVISIONS**

### **PARTIAL WITHDRAWALS**

A partial withdrawal is a withdrawal of a portion of the Net Account Value. The amount of the partial withdrawal will reduce the Account Value, and taking a partial withdrawal will reduce your Death Benefit Proceeds. We may deduct a partial withdrawal service fee each time you take a partial withdrawal. The maximum amount of the partial withdrawal service fee is shown in your Guaranteed Maximum Policy Charges Schedule.

You may give us notice requesting a partial withdrawal at any time. The partial withdrawal will be effective as of the Monthly Processing Date after we approve your request. The minimum and maximum partial withdrawal amounts that we may impose are shown in your Policy Features and Benefits Schedule. We may limit the number of partial withdrawals in a policy year to the number shown in your Policy Features and Benefits Schedule. We will limit the amount of the partial withdrawal so that, immediately after the requested partial withdrawal, the Stated Death Benefit is at least equal to the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule.

### **PARTIAL WITHDRAWAL EFFECT ON DEATH BENEFIT**

A partial withdrawal may reduce the Stated Death Benefit, depending on the death benefit option in effect:

- a. For a policy with Death Benefit Option 1, a partial withdrawal reduces the Stated Death Benefit by the amount of the partial withdrawal.
- b. For a policy with Death Benefit Option 2, a partial withdrawal does not reduce the Stated Death Benefit.

Any reduction in death benefit or Account Value will occur as of the Monthly Processing Date after we approve your partial withdrawal request. We will limit the amount of the partial withdrawal such that, immediately after the requested partial withdrawal, the Stated Death Benefit is at least equal to the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule. We will notify you if a partial withdrawal results in a change to the death benefit. We may ask you to return your policy to our Customer Service Center to make this change. The withdrawal and the reductions in death benefits, if any, will be effective as of the Monthly Processing Date after we approve your request.

## **SURRENDER PROVISIONS**

### **POLICY SURRENDERS**

You may give us notice requesting a surrender of your policy at any time after the Right to Examine Period and before the death of the Insured, and receive the Net Surrender Value. Notice should be given as provided in the Required Notice and Procedures section. Once we receive both your notice and your policy at our Customer Service Center, we will compute the Net Surrender Value as of the last Monthly Processing Date. We will cancel your policy as of the date we receive your notice, and you will not have any further benefits under your policy. You cannot reinstate your policy once you have surrendered it.

We will pay the Net Surrender Value in one lump sum unless you request an alternate method of payment. We describe other available payout methods in the Settlement Options Provisions section.

### **Surrender Value**

Surrender Value is the Account Value. The Surrender Value will not be less than the minimums required as of the Policy Date by the state in which your policy is delivered.

### **Net Surrender Value**

The Net Surrender Value on any date equals:

- a. The Surrender Value; minus
- b. Any Loan Amount.

### **BASIS OF COMPUTATION**

The Surrender Value under your policy is not less than the minimum required, as of the Policy Date, by the Standard Nonforfeiture Laws of the state in which your policy was delivered. We have filed a detailed statement of the method of computation of the policy values with the insurance department of the state in which your policy was delivered, if required.

## **GRACE PERIOD, TERMINATION AND REINSTATEMENT PROVISIONS**

### **GRACE PERIOD AND LAPSE**

On a Monthly Processing Date, if the Net Account Value is zero or less, your policy will enter into the Grace Period for 61 days.

Once your policy has entered the Grace Period, to keep it in force you must make a required premium payment. This required premium payment will be equal to the past due charges plus an amount we expect to be sufficient to keep your policy in force for 2 months following receipt of this required premium payment. We will mail notice of the amount of this required premium payment to you and any assignee at the last known address at least 30 days before the end of the Grace Period. If you send this required premium payment by U.S. mail, postmarked within the Grace Period, we will apply the Net Premium payment to your policy and deduct the past due amounts. We will consider any required premium payment received by us within 7 days of the end of the Grace Period as having been mailed within the Grace Period.

If we do not receive at least the required premium payment by the end of the Grace Period, your policy will lapse. Lapse means that your policy terminates without value.

If the death of the Insured occurs during the Grace Period, we will deduct any unpaid Monthly Deductions from the Death Benefit Proceeds of your policy. If you surrender your policy during the Grace Period, we will deduct any unpaid Monthly Deductions from the Account Value.

### **TERMINATION**

All coverage provided by your policy will end as of the earliest of:

- a. The date your policy is surrendered;
- b. The date of the Insured's death; or
- c. The date your policy lapses (when the Grace Period ends without payment of the required premium).

## REINSTATEMENT

Reinstatement means putting a lapsed policy back in force. If your policy has lapsed at the end of the Grace Period, we will reinstate your policy if you meet all of the conditions listed below. The effective date of reinstatement will be the Monthly Processing Date on or next following the date you meet all of the conditions. If you have met all of the conditions listed below, and the Insured's death occurs before the Monthly Processing Date on which we reinstate your policy, we will pay the Death Benefit Proceeds as of that Monthly Processing Date. We will allow reinstatement subject to all of the following conditions:

- a. You have not surrendered your policy for its Net Surrender Value;
- b. We receive your notice to reinstate your policy on or before the earlier of:
  1. 5 years after the date your policy lapses, or
  2. Attained Age 121;
- c. You submit evidence satisfactory to us that the Insured is still insurable according to our normal rules of underwriting applicable to the original risk class and rating of your policy;
- d. Payment of a premium at least equal to an amount projected to keep your policy in force from the beginning of the Grace Period to the end of the expired Grace Period and for an additional 2 months after the date of reinstatement. We will notify you of this required reinstatement premium amount in a reinstatement letter; and
- e. We receive any requested payment amounts within the period provided in the reinstatement letter.

Once we reinstate your policy:

- a. We will reinstate the Loan Amount, if any, calculated as of the end of the Grace Period; and
- b. The Account Value on the reinstatement date will equal:
  1. The Account Value at the end of the Grace Period; plus
  2. The Net Premium paid on reinstatement; minus
  3. Any unpaid Monthly Deductions through the end of the Grace Period.

## GENERAL POLICY PROVISIONS

### YOUR POLICY

Your initial policy, including a copy of your application and any amendments and endorsements, plus any subsequent applications for changes to your policy or reinstatement and any corresponding Schedules, amendments and endorsements, make up your entire policy between you and us. We will attach a copy of your original application to your policy at issue. If there is a change in coverage, we will send you a copy of any application and any applicable Schedules for you to attach to your policy. In the absence of fraud, we will consider all statements made in your initial application, and any application for reinstatement, as representations and not warranties. No statement will be used to deny a claim unless it is in an application that is made part of your policy.

Both our president, or an officer, and our secretary or assistant secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

## **EXCHANGE OPTION**

Subject to the conditions described below, your policy may be exchanged for a new policy that is acceptable to us at the time of the exchange. The tax status of the new policy may be different from the tax status of this policy, and you should consult a qualified tax advisor about the tax consequences associated with exchanging this policy for a new policy.

Evidence of insurability is not required to exercise this exchange option unless the new policy contains new benefits not contained in your policy at the time of the exchange. In this case, evidence of insurability may be required but it will be limited to evidence that relates to the new benefits not contained in your policy.

The conditions on which you may exercise this option are:

- a. Your policy may be exchanged on or before the date shown in your Schedule;
- b. The death benefit of the new policy may not exceed the Stated Death Benefit of your policy on the effective date of the exchange. The effective date of the exchange is the date we receive your application for exchange accompanied by the initial premium for the new policy;
- c. The death benefit of the new policy may not be less than the minimum required for the new policy;
- d. The new policy will be in the same risk class as your policy if available at the time of the exchange, otherwise, in the most comparable risk class available at the time. The premium will be based on rates in effect for the Age, gender and risk class of the Insured at the time of the exchange; and
- e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange.

The suicide and incontestability periods in any new policy that is issued pursuant to the exercise of this exchange option will be measured from the issue date of this policy, unless the new policy contains new benefits not contained in your policy. In this case, the suicide and incontestability provisions of the new policy applicable to the new benefits will be measured from the issue date of the new policy.

## **REQUIRED NOTICE AND PROCEDURES**

Unless we allow otherwise, you must send us notice of all selections, designations, assignments and requests in a written form acceptable to us. You should send any notice to our Customer Service Center at P.O. Box 5065, Minot, ND 58702-5065. For overnight delivery, the address is 2000 21<sup>st</sup> Ave. NW, Minot, ND 58703-0890. We may require a return of your policy or proof of your lost policy for the surrender of, or any change to, your policy. We are not liable for any action we take before we receive and record your written notification at our Customer Service Center.

Where applicable, all changes to your policy will be subject to our normal rules of underwriting, to include availability of reinsurance coverage, risk classifications and ratings.

In the event of the death of the Insured, please let us know as soon as possible. Once we receive notification of the Insured's death, we will promptly send claim filing instructions to you or the beneficiary. We may require proof of Age and a certified copy of the death certificate. We may require the beneficiary and next of kin to sign authorizations as part of due proof of the death claim. These authorization forms allow us to obtain information about the decedent, including, but not limited to, medical records of physicians and hospitals used by the decedent.

## **AGES**

### **Age**

Age is the age of the Insured on his or her birthday nearest the Policy Date. We issue your policy at the Age shown in your Schedule.

## **Attained Age**

Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

## **INSURED**

The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the owner of your policy.

## **OWNERS**

The original owner is the person or entity named as the owner in your application. You, as the owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the owner, beneficiaries and methods for the payment of Death Benefit Proceeds and the right to sell and assign the policy's Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights. All rights of the owner are subject to the rights of any purchaser, any assignee and any irrevocable beneficiary.

You may name a new owner or sell and assign the policy's Surrender Value and the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights by sending us notice. Unless you state otherwise, the new owner designation and any sale and assignment of the policy's Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights, will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center.

## **BENEFICIARIES**

Your beneficiary designation will be on file with us or at a location designated by us. Until the Insured's death, you may name a new beneficiary by sending us notice. An irrevocable beneficiary cannot be changed without the consent of the irrevocable beneficiary. Unless you state otherwise, the new beneficiary designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center. We will pay Death Benefit Proceeds to the beneficiaries listed on your most recent beneficiary designation and, as applicable, any assignee of the Account Value portion of the Base Death Benefit under Death Benefit Option 2, and we will not be subject to multiple payments.

We will pay the unassigned portion of the Death Benefit Proceeds to the primary beneficiary or beneficiaries surviving the Insured's death. If no primary beneficiaries survive the Insured's death, we will pay the unassigned portion of the Death Benefit Proceeds to the surviving contingent beneficiary or beneficiaries. If more than one beneficiary in a class survives the Insured's death, they will share the unassigned portion of the Death Benefit Proceeds equally, unless your beneficiary designation provides otherwise. We will pay the unassigned portion of the Death Benefit Proceeds to you or your estate if there is no surviving designated beneficiary.

## **ASSIGNMENT**

You may sell and/or assign all or part of your policy or interest therein, including the Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights, by giving us notice. Any such sale and/or assignment may be under a general assignment agreement between you and an assignee in exchange for payment on behalf of the owner of the initial premium required to issue the policy. Unless you state otherwise, the sale and/or assignment will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center. The rights of the owner and beneficiaries are subject to the sale and assignment and the rights of any purchaser and any assignee. We are not liable for the validity of any sale and/or assignment.

## **INCONTESTABILITY**

After your policy has been in force during the lifetime of the Insured for 2 years from the date of issue, we will not contest its validity, except for nonpayment of premiums. We will base any contest only on statements made in your application for your policy, and the statements must be material to the risk accepted or the hazard assumed by us. Notwithstanding the above, we may contest your policy at any time if it was procured by fraud, as permitted by the law of the state in which your policy was delivered.

## **MISSTATEMENT OF AGE OR GENDER**

We will adjust the stated death benefit if the Insured's Age or gender has been misstated. Notwithstanding the Incontestability section, the stated death benefit will be equal to the stated death benefit that would have been purchased at the Insured's correct Age and gender using the most recent cost of insurance charge and adjusting the net amount at risk by the ratio of the incorrect cost of insurance rate to the correct cost of insurance rate.

## **CHANGE IN TOBACCO USE**

If there is a change in the Insured's tobacco use habits during the time your policy is in force, you may apply for a change to the Insured's risk class by sending notice to us at our Customer Service Center. Your policy must have been in force for one year from the date of issue before you may make your request. We will base any change on our normal rules of underwriting.

## **SUICIDE EXCLUSION**

If the Insured commits suicide, while sane or insane, within 2 policy years of the date of issue, we will make a limited payment to the assignee of the Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights or, if applicable, to the beneficiary. We will pay in one lump sum the amount of all premiums received by us during that time with interest from the date of receipt to the date of payment, minus any Loan Amount and partial withdrawals. The interest rate applied in the calculation of the amount payable under this provision will not be less than the rate being credited under the policy immediately prior to the death of the Insured. Coverage under your policy will then terminate.

If the Insured commits suicide, while sane or insane, within 2 policy years of the date of any reinstatement, we will make a limited payment to the assignee of the Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights or, if applicable, to the beneficiary. We will pay in one lump sum the amount of all premiums received by us during that time with interest from the date of receipt to the date of payment, minus any Loan Amount and partial withdrawals. Coverage under your policy will then terminate.

The interest rate applied in the calculation of the amount payable under this provision will not be less than the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule.

## **DEFERRAL OF PAYMENT**

We may defer payment of any partial withdrawal, surrender or loan, except for any loan used to pay premiums to us, for up to 6 months after receipt of your notice. We will not defer payment of Death Benefit Proceeds.

## **PERIODIC REPORTS**

We will send you without charge and at least once each year a report that shows the report period date, the Account Value, the Surrender Value, the amounts credited and debited to your policy, the death

benefit, any Loan Amount at the end of the reporting period and a notice if your policy will enter the Grace Period before the end of the next reporting period based on guaranteed charges and no additional premium payments. The report will include any other information that may be required by the insurance department of the state in which your policy is delivered.

Once each year we will send you Forms 1099-R, showing the increase in the Net Surrender Value for the year and the amount of the cost of insurance protection under the policy, in accordance with the requirements of section 7702(g) of the Internal Revenue Code of 1986, as amended, and its rules and regulations. For this purpose, the amount of the cost of insurance protection under the policy will be based on guidance provided by the Internal Revenue Service. If you have assigned the policy's Surrender Value and the Account Value portion of the Base Death Benefit under Death Benefit Option 2, we will send the Form 1099-R showing the increase in the Net Surrender Value for the year to the assignee.

You may request that all notices and reports related to your policy also be sent to any purchaser and/or assignee to which you have sold and/or assigned your Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 or certain of your ownership rights. Such request must be in a written form acceptable to us and sent to our Customer Service Center.

### **ILLUSTRATION OF BENEFITS AND VALUES**

You may give us notice requesting a hypothetical illustration of future death benefits and Account Values. Notice should be given as provided in the Required Notice and Procedures section. This illustration will include the information required by the laws of the state where your policy is delivered. If you request more than one illustration during a policy year, we reserve the right to charge a reasonable fee for each additional illustration. The maximum amount of this fee is in your Guaranteed Maximum Policy Charges Schedule.

### **ING CUSTOMER SERVICE CENTER**

The ING Customer Service Center is located at P.O. Box 5065, Minot, ND 58702-5065. For overnight delivery, the address is 2000 21st Ave NW, Minot, ND 58703-0890. Unless we give you notice otherwise, you should send:

- a. All payments to the address on any provided premium notice or coupon and return envelope; and
- b. All other payments, notices and requests to the ING Customer Service Center as provided in the Required Notice and Procedures section.

## SETTLEMENT OPTIONS PROVISIONS

### SETTLEMENT OPTION SELECTION

A settlement option provides for payment of Death Benefit Proceeds or the Net Surrender Value in other than a lump sum. You may select a settlement option by giving us notice before the death of the Insured. If you have not selected a settlement option, the beneficiary may give us notice within 60 days after we receive due proof of the death claim or prior to our payment of the lump sum Death Benefit Proceeds, whichever is earlier. You may not name a payee that is not a natural person without our consent.

### SETTLEMENT OPTIONS

- a. **Settlement Option I:**  
**Payouts for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year for a designated period that may be 5 to 30 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payout for each \$1,000.00 of proceeds applied is in Settlement Table I.
- b. **Settlement Option II:**  
**Life Income with Payouts for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year throughout the payee's lifetime, or if longer, for a period of 5, 10, 15 or 20 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payout for each \$1,000.00 of proceeds applied is in Settlement Option Table II. This Settlement Option is available only for ages shown in the table. Payouts for Settlement Option II will be determined by using the 2000 Individual Annuity Mortality Table for the appropriate gender at 1.50% interest per year.
- c. **Settlement Option III:**  
**Hold at Interest.** You may leave amounts on deposit with us that we will pay on the death of the payee, or at any earlier date you select. Interest on any unpaid balance will be at the rate declared by us or at any higher rate required by law. You select whether interest will be left on deposit with us and accumulated or paid in monthly, quarterly, semi-annual or annual payments each year. You may not leave any amount on deposit for more than 30 years.
- d. **Settlement Option IV:**  
**Payouts of a Designated Amount.** Based on your selection, we will pay a designated amount in annual, semi-annual, quarterly or monthly equal installments per year until the proceeds, together with interest at the rate declared by us or at any higher rate required by law, are exhausted.
- e. **Settlement Option V:**  
**Other.** Settlement may be made in any other manner as agreed in writing between you (or the beneficiary) and us.

### SETTLEMENT OPTION CHANGES AND WITHDRAWALS

You may change any Settlement Option at any time before the Insured's death. If you have given the beneficiary the right to make changes or withdrawals, or if the beneficiary has selected the Settlement Option, the beneficiary (as primary payee) may take the following actions:

- a. Make a change from Settlement Options I, III, and IV to another Settlement Option;
- b. Take a full withdrawal under Settlement Option III or IV; and partial withdrawals of not less than \$300.00 under Settlement Option III;
- c. Commute and receive in one sum any remaining installments under Settlement Option I at 1.50% interest annually; and
- d. Change any contingent payee designation.

You may give us notice requesting a change or withdrawal. We may require that you send in the supplementary policy or provide proof of your lost policy. We may defer payment of a commuted payment and any withdrawals for a period up to 6 months.

## **SETTLEMENT OPTION EXCESS INTEREST**

We may declare an interest rate above the guaranteed rate on Settlement Options I, II, III and IV. The crediting of excess interest for one period does not guarantee the higher rate for other periods.

## **SETTLEMENT OPTION MINIMUM AMOUNTS**

The minimum amount you may apply under any Settlement Option is \$2,000.00. If the payments to the payee are ever less than \$20.00, we may change the frequency of payments to result in payments of at least that amount.

## **SUPPLEMENTARY POLICY**

When a Settlement Option becomes effective, we will surrender your policy in exchange for a supplementary policy. It will provide for the manner of settlement and rights of the payees. The supplementary policy's effective date will be the date of Insured's death or the date of surrender. The first payment under Settlement Options I, II, and IV will be payable as of the effective date. The first interest payment under Settlement Option III will be made as of the end of the interest payment period selected. We will make subsequent payments in accordance with the frequency of payment selected. You may not assign the supplementary policy or payments without our consent.

## **INCOME PROTECTION**

Unless otherwise provided in the selection, a payee does not have the right to commute, transfer or encumber amounts held or installments to become payable. To the extent provided by law, the proceeds, retained amounts and installments are not subject to any payee's debts, policies or engagements.

## **DEATH OF PRIMARY PAYEE**

On the primary payee's death, we will continue any payments certain under Settlement Option I or II, interest payments under Settlement Option III, or payments under Settlement Option IV to the contingent payee, or release any amounts in one lump sum, if permitted by your policy. The final payee will be the estate of the last to die of the primary payee and any contingent payee.

## **PAYMENTS OTHER THAN MONTHLY**

The tables that follow show monthly installments for Settlement Options I and II. To arrive at annual, semi-annual or quarterly payments, multiply the appropriate figures by 11.813, 5.957 or 2.991 respectively. We will provide factors for other periods certain, or for other options provided by mutual agreement, on reasonable request.

## SETTLEMENT OPTION TABLES

### SETTLEMENT OPTION TABLE I

(Per \$1,000.00 of proceeds)

No. of Years Payable	Monthly Installment	No. of Years Payable	Monthly Installment
5	\$17.28	18	\$5.27
6	\$14.51	19	\$5.03
7	\$12.53	20	\$4.81
8	\$11.04	21	\$4.62
9	\$9.89	22	\$4.44
10	\$8.96	23	\$4.28
11	\$8.21	24	\$4.13
12	\$7.58	25	\$3.99
13	\$7.05	26	\$3.86
14	\$6.59	27	\$3.75
15	\$6.20	28	\$3.64
16	\$5.85	29	\$3.54
17	\$5.55	30	\$3.44

We base these monthly installments on an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II**

**Female**

(Per \$1,000.00 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain		Life With 20 Years Certain	Female	Life With 5 Years Certain	Life With 10 Years Certain
15	1.92	1.92	1.92	1.92	41	2.57	2.56	2.56	2.55
16	1.94	1.94	1.94	1.94	42	2.61	2.60	2.60	2.59
17	1.95	1.95	1.95	1.95	43	2.65	2.64	2.64	2.63
18	1.97	1.97	1.97	1.97	44	2.69	2.69	2.68	2.67
19	1.99	1.99	1.99	1.99	45	2.74	2.73	2.73	2.71
20	2.01	2.01	2.01	2.00	46	2.79	2.78	2.77	2.76
21	2.02	2.02	2.02	2.02	47	2.84	2.83	2.82	2.80
22	2.04	2.04	2.04	2.04	48	2.89	2.88	2.87	2.85
23	2.06	2.06	2.06	2.06	49	2.94	2.94	2.92	2.90
24	2.08	2.08	2.08	2.08	50	3.00	2.99	2.98	2.95
25	2.10	2.10	2.10	2.10	51	3.06	3.05	3.03	3.00
26	2.13	2.12	2.12	2.12	52	3.12	3.11	3.09	3.06
27	2.15	2.15	2.15	2.14	53	3.19	3.18	3.16	3.12
28	2.17	2.17	2.17	2.17	54	3.26	3.25	3.22	3.18
29	2.19	2.19	2.19	2.19	55	3.33	3.32	3.29	3.24
30	2.22	2.22	2.22	2.21	56	3.41	3.39	3.36	3.30
31	2.25	2.24	2.24	2.24	57	3.49	3.47	3.43	3.37
32	2.27	2.27	2.27	2.27	58	3.58	3.56	3.51	3.44
33	2.30	2.30	2.30	2.29	59	3.67	3.65	3.59	3.51
34	2.33	2.33	2.32	2.32	60	3.77	3.74	3.68	3.58
35	2.36	2.36	2.35	2.35	61	3.87	3.84	3.77	3.66
36	2.39	2.39	2.39	2.38	62	3.98	3.94	3.86	3.73
37	2.42	2.42	2.42	2.41	63	4.10	4.05	3.96	3.81
38	2.46	2.45	2.45	2.44	64	4.22	4.16	4.06	3.88
39	2.49	2.49	2.49	2.48	65	4.35	4.29	4.16	3.96
40	2.53	2.53	2.52	2.51	66	4.49	4.42	4.27	4.04

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II**  
**Female (Continued)**  
 (Per \$1,000.00 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain
67	4.64	4.55	4.38	4.11
68	4.80	4.69	4.49	4.19
69	4.97	4.85	4.61	4.26
70	5.15	5.00	4.73	4.33
71	5.35	5.17	4.85	4.39
72	5.56	5.35	4.97	4.45
73	5.78	5.53	5.09	4.51
74	6.03	5.72	5.20	4.56
75	6.28	5.92	5.31	4.60
76	6.56	6.12	5.42	4.64
77	6.85	6.32	5.52	4.68
78	7.17	6.53	5.62	4.70
79	7.50	6.74	5.70	4.73
80	7.86	6.95	5.78	4.75
81	8.23	7.15	5.85	4.76
82	8.63	7.35	5.91	4.78
83	9.04	7.54	5.97	4.79
84	9.47	7.71	6.01	4.80
85	9.91	7.88	6.05	4.80
86	10.36	8.03	6.08	4.81
87	10.82	8.17	6.11	4.81
88	11.28	8.29	6.13	4.81
89	11.73	8.40	6.15	4.81
90	12.17	8.50	6.16	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II**

**Male**

(Per \$1,000.00 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain		Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain
15	1.99	1.99	1.99	1.99	41	2.73	2.73	2.72	2.70
16	2.01	2.01	2.01	2.01	42	2.78	2.78	2.76	2.74
17	2.03	2.03	2.03	2.03	43	2.83	2.82	2.81	2.79
18	2.05	2.05	2.05	2.04	44	2.88	2.87	2.86	2.83
19	2.07	2.07	2.07	2.06	45	2.94	2.93	2.91	2.88
20	2.09	2.09	2.09	2.08	46	2.99	2.98	2.96	2.93
21	2.11	2.11	2.11	2.10	47	3.05	3.04	3.02	2.98
22	2.13	2.13	2.13	2.12	48	3.11	3.10	3.07	3.03
23	2.15	2.15	2.15	2.15	49	3.18	3.16	3.13	3.09
24	2.17	2.17	2.17	2.17	50	3.24	3.22	3.19	3.14
25	2.20	2.20	2.19	2.19	51	3.31	3.29	3.26	3.20
26	2.22	2.22	2.22	2.22	52	3.39	3.36	3.32	3.26
27	2.25	2.25	2.24	2.24	53	3.47	3.44	3.39	3.32
28	2.27	2.27	2.27	2.27	54	3.55	3.52	3.47	3.39
29	2.30	2.30	2.30	2.29	55	3.63	3.60	3.54	3.45
30	2.33	2.33	2.33	2.32	56	3.73	3.68	3.62	3.52
31	2.36	2.36	2.35	2.35	57	3.82	3.77	3.70	3.58
32	2.39	2.39	2.38	2.38	58	3.92	3.87	3.79	3.65
33	2.42	2.42	2.42	2.41	59	4.03	3.97	3.87	3.72
34	2.46	2.45	2.45	2.44	60	4.15	4.08	3.97	3.79
35	2.49	2.49	2.48	2.47	61	4.27	4.19	4.06	3.86
36	2.53	2.52	2.52	2.51	62	4.40	4.30	4.16	3.93
37	2.56	2.56	2.56	2.54	63	4.54	4.43	4.26	4.01
38	2.60	2.60	2.59	2.58	64	4.69	4.56	4.36	4.07
39	2.65	2.64	2.63	2.62	65	4.85	4.69	4.46	4.14
40	2.69	2.68	2.68	2.66					

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II**  
**Male (Continued)**  
 (Per \$1,000.00 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
66	4.98	4.83	4.57	4.21
67	5.15	4.98	4.68	4.27
68	5.34	5.13	4.78	4.33
69	5.53	5.29	4.89	4.39
70	5.74	5.45	5.00	4.45
71	5.95	5.62	5.10	4.50
72	6.18	5.80	5.21	4.54
73	6.42	5.97	5.31	4.58
74	6.68	6.15	5.40	4.62
75	6.95	6.33	5.49	4.66
76	7.23	6.52	5.58	4.68
77	7.53	6.70	5.66	4.71
78	7.85	6.88	5.73	4.73
79	8.17	7.06	5.80	4.75
80	8.52	7.24	5.86	4.76
81	8.87	7.41	5.92	4.78
82	9.24	7.57	5.97	4.79
83	9.62	7.73	6.01	4.80
84	10.01	7.88	6.05	4.80
85	10.41	8.02	6.08	4.81
86	10.81	8.14	6.10	4.81
87	11.22	8.26	6.13	4.81
88	11.63	8.37	6.14	4.81
89	12.04	8.47	6.16	4.81
90	12.45	8.55	6.17	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**THIS POLICY IS A FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY.**

The Death Benefit Proceeds are payable on the Insured's death.  
Flexible premiums are payable by you until Attained Age 121.  
This policy is nonparticipating and is not eligible for dividends.  
There is no maturity date.

WHILE YOUR POLICY PROVIDES LIFE INSURANCE COVERAGE, IT IS DESIGNED NOT TO QUALIFY AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND ITS RULES AND REGULATIONS. THIS MEANS THAT INCREASES IN YOUR POLICY'S ACCOUNT VALUE AND THE AMOUNT OF THE COST OF INSURANCE PROTECTION MAY BE TREATED AS ORDINARY INCOME AND MAY BE TAXABLE EVEN THOUGH NOT DISTRIBUTED. THERE MAY BE OTHER TAX CONSEQUENCES ASSOCIATED WITH PURCHASING AND OWNING THE POLICY. **YOU SHOULD CONSULT A QUALIFIED TAX ADVISOR ABOUT THE TAX CONSEQUENCES ASSOCIATED WITH YOUR POLICY NOT QUALIFYING AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE.**

To obtain information or make a complaint, contact Security Life of Denver Insurance Company

**[ING Customer Service Center  
P.O. Box 5065  
Minot, ND 58702-5065  
Toll Free Number: 1-877-253-5050]**

**SECURITY LIFE OF DENVER INSURANCE COMPANY  
A STOCK COMPANY**

SERFF Tracking Number: INGD-126982940 State: Arkansas  
Filing Company: Security Life of Denver Insurance Company State Tracking Number: 47918  
Company Tracking Number: 1179  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: 1179 UL-ECV Peak  
Project Name/Number: 1179 UL-ECV Peak/1179 UL-ECV Peak

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Certification Reg 19.pdf  
AR Certificate of Compliance Reg and Rule 34.pdf  
AR E1208 Rev.pdf  
AR E-1299 Rev 1-04.pdf  
Flesch Readability Certification.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

The following application will be used which was approved on 06/08/09 as stated under the General Information Tab.

**Attachment:**

153793\_05292009\_StateFiled.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

ING UL-ECV PEAK 2011 Statement of Variability 1179 0511.pdf

**ARKANSAS  
CERTIFICATION**

RE: 1179-05/11

As an officer of Security Life of Denver Insurance Company, I certify that this submission meet the provisions of Regulation 19 (unfair sex discrimination in the sale of life insurance) and all applicable requirements of the Arkansas Insurance Department.

**SECURITY LIFE OF DENVER INSURANCE COMPANY**

By:   
Terry Stumpf, Assistant Secretary

Date: 01/21/11

**STATE OF ARKANSAS  
CERTIFICATE OF COMPLIANCE**

I hereby certify that for life insurance policy form number:

1179-05/11– Flexible Premium Adjustable Universal Life Insurance Policy

1. The reserves under this policy shall be at least equal to the reserves provided under the minimum valuation standard set forth under Section 6 of Arkansas Insurance Department Regulation 34.
2. When calculating the reserves under the minimum reserves method in Regulation 34, in no case shall the reserves be less than the actual cash surrender values provided for under the policy contract.
3. The minimum cash surrender values under this policy and the minimum paid-up nonforfeiture benefits shall be determined in accordance with the terms of Section 7 of Regulation 34 pertaining to fixed premium universal life insurance policies.

Security Life of Denver Insurance Company



By: \_\_\_\_\_

Lauren Berry, FSA, MAAA  
Actuary

Date: January 18, 2011

**SECURITY LIFE OF DENVER INSURANCE COMPANY  
Denver, Colorado**

**Arkansas Act 197 of 1987**

**Customer Service Center  
P.O. Box 5065  
Minot, ND 58702-5065  
1-877-253-5050**

**Name of Agent** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

If we at Security Life of Denver Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Telephone (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 this 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 insurance 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 the 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, Suite 2  
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 Acts 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.

**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 holding 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 insureds 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 nonaffiliated 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.

**SECURITY LIFE OF DENVER INSURANCE COMPANY  
Denver, Colorado**

**FLESCH READABILITY CERTIFICATE**

I certify that the Certificate form included in this submission has been printed in not less than ten point type.

The style, arrangement and overall appearance of the form gives no undue prominence to any portion of the text of the form.

The section titles are captioned in bold face type. The layout and spacing of the form separate the paragraphs from each other and from the border of the paper.

Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in this form.

**Flesch Scale Reading Ease Score**

I have supervised the computation of the Flesch scale reading ease score of this form, using the complete text of the form except for headings, indexes and tabular material, and the scores are listed below.

**Form Number**

**Flesch Reading Ease Scores**

1179-05/11

50.0

Signed



---

Terry Stumpf  
Assistant Secretary

Date:

January 24, 2011

INDIVIDUAL LIFE INSURANCE APPLICATION

ReliaStar Life Insurance Company, 20 Washington Avenue South, Minneapolis, MN 55401

Security Life of Denver Insurance Company, 1290 Broadway, Denver, CO 80203

A member of the ING family of companies ("the Company")

PART I - A. PRODUCT INFORMATION

1. Product Requested \_\_\_\_\_ 2. Product Type: General Account Variable Account

If applying for a variable life insurance policy, the proposed owner must receive a current prospectus and complete the Fund Allocation of Premium Payments form. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS AND THE CASH VALUES MAY INCREASE OR DECREASE IN ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNTS. AN ILLUSTRATION OF BENEFITS, INCLUDING DEATH BENEFITS, POLICY VALUES AND CASH VALUES, IS AVAILABLE UPON REQUEST.

3. Base Coverage: \$ \_\_\_\_\_ (Not including Term Riders - See Section B for Adjustable Term Insurance Rider.)

4. Death Benefit Option: (If no option is selected, option will default to A.)

- A or 1 - Level B or 2 - Increasing or Variable
C or 3 - Face Amount + Premium D or 4 - Face Amount + Premium + Interest %

5. Death Benefit Qualification Test: (If no option is selected, option will default to Guideline Premium Test.)

- Guideline Premium Test Cash Value Accumulation Test

6. Is the insurance employer-sponsored? Yes No

7. List all applications that are concurrently being submitted to ING for the Insured's family members and/or business partners.

Company Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Company Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

If the policy will be owned by a "Funded ERISA Plan", complete question 8, specify the plan and trust type and provide the other information requested.

8. Is the insurance for a tax-qualified, pension, profit sharing or defined contribution ERISA plan, or a VEBA or welfare benefit arrangement? Yes No

Plan Provider Name \_\_\_\_\_

Tax-qualified plan (specify profit sharing, defined benefit, or defined contribution) \_\_\_\_\_

Section 419/419A(f)(6) welfare benefit or VEBA plan Other (specify type and name of plan) \_\_\_\_\_

PART I - B. RIDER INFORMATION (Check appropriate box and enter amounts. Automatic riders are not listed below. NOT ALL RIDERS ARE AVAILABLE WITH ALL PRODUCTS OR IN ALL STATES.)

Signed illustration is required for permanent products.

- Accidental Death Benefit Rider \$ \_\_\_\_\_
Additional Insured Rider (Complete Part I - D.) \$ \_\_\_\_\_
Adjustable Term Insurance Rider (Specify Target Death Benefit) \$ \_\_\_\_\_
Children's Insurance Rider (Complete Children's Insurance Rider Application.)
Guaranteed Death Benefit Rider (An option below must be selected.)
Lifetime 20-Year To age 65 or 20 years, if later
Guaranteed Minimum Accumulation Benefit Rider

- Waiver of Cost of Insurance Rider
Waiver of Monthly Deduction Rider
Waiver of Premium (Term only)
Waiver of Specified Premium Total Disability Rider (Specify monthly premium - illustration required) \$ \_\_\_\_\_
Waiver of Surrender Charge Rider
Other
Other
Other

PART I - C. PROPOSED PRIMARY INSURED INFORMATION

1. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

2. Birth Date \_\_\_\_\_ SSN \_\_\_\_\_ Birth State/Country \_\_\_\_\_ Gender: M F

3. Residence Address (PO Boxes are not permitted.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

5. Best Time to Call \_\_\_\_\_ E-mail \_\_\_\_\_

6. Are you a U.S. Citizen? (If "No", complete the Foreign Travel and Residence Questionnaire.) Yes No

7. Occupation/Duties \_\_\_\_\_

8. Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**PART I - C. PROPOSED PRIMARY INSURED INFORMATION (CONTINUED)**

- 9. Employer Address \_\_\_\_\_
- 10. Do you currently use or have you ever used tobacco or nicotine products in any form? (e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches) . . . . .  Yes  No  
If "Yes", indicate Type \_\_\_\_\_ Amount & Frequency \_\_\_\_\_ Month/Year Last Used \_\_\_\_\_
- 11. Driver's License Number \_\_\_\_\_ 12. Driver's License State \_\_\_\_\_  
(If you do not have a driver's license, then provide government photo ID #, issuer and expiration date.)
- 13. Name on Driver's License (if different than above) \_\_\_\_\_

**PART I - D. PROPOSED OTHER INSURED INFORMATION**

- 1. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
- 2. Birth Date \_\_\_\_\_ SSN \_\_\_\_\_ Birth State/Country \_\_\_\_\_ Gender:  M  F
- 3. Residence Address (PO Boxes are not permitted.) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 4. Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_
- 5. Best Time to Call \_\_\_\_\_ E-mail \_\_\_\_\_
- 6. Are you a U.S. Citizen? (If "No", complete the Foreign Travel and Residence Questionnaire.) . . . . .  Yes  No
- 7. Occupation/Duties \_\_\_\_\_
- 8. Employer \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_
- 9. Employer Address \_\_\_\_\_
- 10. Do you currently use or have you ever used tobacco or nicotine products in any form? (e.g., cigarettes, cigars, pipes, chewing tobacco, nicotine gum, or nicotine patches) . . . . .  Yes  No  
If "Yes", indicate Type \_\_\_\_\_ Amount & Frequency \_\_\_\_\_ Month/Year Last Used \_\_\_\_\_
- 11. Driver's License Number \_\_\_\_\_ 12. Driver's License State \_\_\_\_\_  
(If you do not have a driver's license, then provide government photo ID #, issuer and expiration date.)
- 13. Name on Driver's License (if different than above) \_\_\_\_\_

**PART I - E. PROPOSED OWNER/TRUST/CORPORATION INFORMATION (If Proposed Owner is a Trust or Corporation, provide first and last pages of the Trust document, including signatures. The Trust must be established prior to the application date.)**

- 1. Full Name of Owner/Trust/Corporation (30 character limit) \_\_\_\_\_
- 2. Owner Relationship to Proposed Primary Insured \_\_\_\_\_
- 3. Owner Birth Date \_\_\_\_\_ Owner Phone (\_\_\_\_\_) \_\_\_\_\_ Owner SSN/TIN \_\_\_\_\_
- 4. Owner Address (PO Boxes are not permitted.) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 5. Corporation Contact Name \_\_\_\_\_
- 6. Address of Trust/Corporation \_\_\_\_\_
- 7. Billing Address \_\_\_\_\_
- 8. Type of Government Issued ID (Driver's License/Passport) \_\_\_\_\_ Document Number \_\_\_\_\_  
Issuing State or Country \_\_\_\_\_ Issuance Date \_\_\_\_\_ Expiration Date \_\_\_\_\_
- 9. Trust Contact Name \_\_\_\_\_ TIN \_\_\_\_\_ Trust Date \_\_\_\_\_
- 10. Purpose of the Trust \_\_\_\_\_ Type of Trust:  Revocable  Irrevocable
- 11. State of Incorporation \_\_\_\_\_ Trustee/Corporate Officer Name \_\_\_\_\_
- 12. Does the above trustee have sole authority to act on behalf of the Trust? . . . . .  Yes  No  
(If "No", list the names & addresses of all trustees on a separate page, and obtain signatures from all trustees on the application.)

**PART I - F. BENEFICIARY INFORMATION**

Unless otherwise stated, the beneficiary designation is revocable and beneficiaries of like class shall share rights of survivorship equally. If Trust or Corporation, provide name and date of trust agreement and state of incorporation. Percentages must total 100%, using whole percentages only. If additional space is needed, use Section Q.

1. Is the Beneficiary a Trust? . . . . .  Yes  No

2. Trust Name \_\_\_\_\_ Trust Date \_\_\_\_\_ State of Incorporation \_\_\_\_\_

	Name (First, MI, Last)	Birth Date	Gender	SSN	Relationship	%	Beneficiary Type
<b>Proposed Primary Insured</b>			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
<b>Proposed Other Insured</b>			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
			<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

**PART I - G. PERSONAL HISTORY** (Questions 1-7 must be completed for all Proposed Insureds.)

- |  |  |  |
|--|--|--|
|  | <b>Proposed Insured</b>                                  | <b>Proposed Other Insured</b>                            |
| 1. Are you, or do you intend to become a member of the armed forces, including the Reserves, or on alert?<br>(If "Yes", complete Military Questionnaire.) . . . . .  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you intend to travel or reside outside the United States or Canada in the next two years? (If "Yes", complete the Foreign Travel and Residence Questionnaire.) . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you in the last five years made or do you anticipate in the next two years making flights in an aircraft OTHER than as a passenger on a scheduled airline? (If "Yes", complete the Aviation Questionnaire.) . . . . .                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you participate in hang-gliding, soaring, sky-diving, ballooning, skin or scuba diving, mountain climbing, competitive skiing, rodeos, or any other hazardous sports or activities?<br>(If "Yes", complete the appropriate questionnaire.) . . . . . | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you race, test or stunt drive automobiles, motorcycles, motor boats, or jet powered vehicles, or do you use or race snowmobiles, dirt bikes, dune buggies, etc.? (If "Yes", complete Avocations and Professional Sports Questionnaire.) . . . . .    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Except for traffic violations, have you been convicted in a criminal proceeding or been the subject of a pending criminal proceeding? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you in the last five years had any motor vehicle accidents, alcohol or drug related convictions, or other moving violations while operating a motor vehicle? . . . . .   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For any "Yes" answer to questions 6-7, please record information in the chart below.

Question	Proposed Insured/Proposed Other Insured	Explanation

**PART I - H. PAYMENT INFORMATION**

- 1. Initial Payment:  Check  Cash on Delivery  1035 Exchange  ING Internal or Affiliated Exchange/Surrender
- 2. Initial Payment Amount \$ \_\_\_\_\_ Planned/Scheduled/Modal Payment \$ \_\_\_\_\_
- 3. Frequency of Subsequent Payments:  Annually  Semi-Annually  Quarterly  Monthly<sup>1</sup>
- Military Allotment<sup>2</sup> (Active or retired military members must complete the Military Allotment form and return it to the military finance department.)
- Civil Service Allotment (The Federal Civil Service Application Checklist, Bank Allotment Authority, and Employer 1199 for Direct Deposit forms must be completed.)

<sup>1</sup> Available with electronic funds transfer.  
<sup>2</sup> Two monthly premium payments are required before the policy becomes active.

**PART I - I. LIST BILL INFORMATION - EMPLOYER-SPONSORED PLANS ONLY** (For a new List Bill Plan, please contact the List Bill Department at 877-886-5050.)

- 1. List Bill/File Code # (if plan already exists) \_\_\_\_\_
- 2. Employer Plan Name (if plan already exists) \_\_\_\_\_ 3. Phone \_\_\_\_\_
- 4. Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PART I - J. POLICY BACKDATING INFORMATION**

You may choose to backdate your policy up to six months (depending on state requirements). Backdating your policy may benefit you if you will become a year older within six months of the date your policy is issued. If you backdate your policy we will calculate the premium for your policy based on your "backdated" age. This could save you money in the future by allowing you to receive a lower premium. You would be required to pay the accumulated premium for the length of time that the policy is backdated. For instance, if you apply for a policy on August 1 and backdate the policy to June 1, you will be responsible for premium from June 1. This amount will be part of your initial premium payment only. Please consult your agent to determine the availability of backdating in your state and whether it is appropriate for your circumstances.

Would you like to backdate your policy?  Yes (If "Yes", review the policy backdating notice below.)

**POLICY BACKDATING NOTICE:** As a policyholder, you have elected to backdate your policy, which enables you to gain benefits of lower age for the purposes of calculating cost of insurance charges on your policy.

**If you choose to pay your premiums by automatic bank draft, your account will be drafted for each month that your policy is backdated unless this amount was already included in the initial premium payment.** You are encouraged to obtain overdraft protection from your bank to avoid any unhonored withdrawals and associated fees.

I understand, on backdated policies, that the accrued cost of insurance charges deducted from the initial premium results in the values within the policy being lower than those illustrated. **I also understand that if I choose to pay premiums by automatic bank draft, my bank account will be drafted to "catch up" my policy premiums for each month that my policy is backdated.**

**PART I - K. FINANCIAL DETAILS**

- 1. Will the applicant accept this policy if it is a "Modified Endowment Contract" at issue? . . . . .  Yes  No
- 2. Is the policy in accordance with your insurance objectives and your anticipated financial needs? . . . . .  Yes  No
- 3. Do you believe you have the financial ability to continue making premium payments on this policy? . . . . .  Yes  No
- 4. Have you or your company ever declared bankruptcy? (If "Yes", provide details including date discharged.) . . . . .  Yes  No

5. Personal Insurance (For Personal Insurance complete questions 5-7; for Business Insurance complete questions 8-11.)

- Estate Liquidity  Family Protection  Tax Planning  Retirement Planning  Cash Accumulation
- Other \_\_\_\_\_

6.	Annual Earned Income	Annual Interest and Other Income
Proposed Primary Insured		
Proposed Other Insured		

7. Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_ Total Net Worth \$ \_\_\_\_\_

**PART I - K. FINANCIAL DETAILS (CONTINUED)**

8. Business Insurance:  Buy/Sell  Key Person  Other \_\_\_\_\_

9. Total Business Assets \$ \_\_\_\_\_ Total Business Liabilities \$ \_\_\_\_\_ Total Business Net Worth \$ \_\_\_\_\_

10. Business Net Profit After Taxes for Past Two Years: Last Year \$ \_\_\_\_\_ Previous Year \$ \_\_\_\_\_

11. Owner Name	Title	Amount of Business Coverage in force	Percentage of Ownership	Active in Business?
		\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ _____	_____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART I - L. IN FORCE/REPLACEMENT INFORMATION (Questions 1-3 must be completed for each Proposed Insured/Other Insured/Owner.)**

1. Do you currently have life insurance inforce or applied for? (If "Yes", provide details below. Complete state required replacement form for Model Replacement Regulation States ONLY.)

	Proposed Insured	Proposed Other Insured	Proposed Owner
	Yes No	Yes No	Yes No
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Insured Name	Insurance Company (Do not include group policies.)	Policy Number	Amount	Date Issued

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? (If "Yes", complete state required replacement form and provide details below.)

	Proposed Insured	Proposed Other Insured	Proposed Owner
	Yes No	Yes No	Yes No
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

3. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? (If "Yes", complete state required replacement form and provide details below.)

	Proposed Insured	Proposed Other Insured	Proposed Owner
	Yes No	Yes No	Yes No
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

4. For any "Yes" answer to questions 2-3, provide details regarding the policies being replaced in the chart below.

Insured Name	Insurance Company	Policy Number	Amount

5. Is this insurance intended to be a tax free or 1035 Exchange? (1035 not available on term insurance).  Yes  No

6. If "Yes", will a policy loan be carried over?  Yes  No

**PART I - M. MEDICAL TRANSFER STATEMENT (Complete when submitting medical examinations of another insurance company.)**

1. Insurance Company Name \_\_\_\_\_ 2. Examination Date \_\_\_\_\_

	Proposed Insured	Proposed Other Insured
	Yes No	Yes No
3. To the best of your knowledge and belief, are the statements in the examination true and complete today?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Have you consulted a medical doctor or other practitioner since the examination indicated in question 1 above? (If "Yes", complete Part II - Medical Declarations.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**PART I - N. SUITABILITY/NEEDS ANALYSIS - VARIABLE PRODUCTS ONLY** (Completed by the Proposed Owner. Failing to provide this information will result in a delay in the issuing of new business.)

1. Have you received a current prospectus including supplements for the variable life insurance policy?  Yes  No  
**Provide date of policy prospectus/supplement** \_\_\_\_\_
2. Do you understand that:
- a. The amount or duration of the policy death benefit may vary under specified conditions; **Policy values may increase or decrease with the investment experience of the variable investment options; Policy values may also increase with the interest credited in the Guaranteed Interest Division and/or the Indexed Credit Strategy, if applicable; The amount payable is not guaranteed, but is dependent on the account value and amounts owed under the policy?**  Yes  No
  - b. The fluctuation in values under the policy means that scheduled premium payments may not be sufficient to keep the policy in force in the event of market declines?  Yes  No
  - c. Personalized illustrations are based on hypothetical rates of return which may not be indicative of future investment experience of the variable investment options or of actual interest credited in the general account option(s)?  Yes  No

**PART I - O. TELEPHONE PRIVILEGES - INDEXED AND VARIABLE PRODUCTS ONLY**

I understand that I may indicate below whether to allow telephone privileges to be provided to me and/or my agent/registered representative and his/her assistant. Telephone privileges allow an authorized person to call the Company to make certain elections and request certain transactions. The Company may use procedures to ensure instructions received by telephone are genuine, such as requiring forms of personal identification and tape recording phone calls. By accepting telephone privileges, I authorize the Company to record my telephone calls to the Company. The Company and its distributor will not be liable for any loss, damage, costs or expenses incurred in acting on telephone instructions reasonably believed to be genuine.

I understand that if I do not want to authorize telephone privileges, I should not check either of the two boxes below. I also understand that once granted, such privileges will be revoked by upon receipt by the Company of signed, written instructions to terminate telephone privileges.

- I want telephone privileges.
- I want telephone privileges granted to my agent/registered representative and his/her assistant.

**PART I - P. REPLACEMENT VERIFICATION** (For Agent use ONLY)

1. To the best of your knowledge and belief, will any existing life or annuity coverage be replaced, lapsed, surrendered, or borrowed against? (If "Yes", submit state required replacement forms.)  Yes  No
- a. Is the applicant considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating their existing policy or contract? (If "Yes", complete state required replacement form and provide details below.)  Yes  No
  - b. Is the applicant considering using funds from their existing policies or contracts to pay premiums due on the new policy or contract? (If "Yes", complete state required replacement form.)  Yes  No
- Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

**PART I - Q. NOTES**

Use this space to provide any additional details to questions answered throughout the application. Please understand that if you provide the Company with information on this page it will be considered part of your Individual Life Insurance Application.

Section	Question	Details

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## PART I - R. ING'S POLICY ON STRANGER-OWNED OR STRANGER-ORIGINATED LIFE INSURANCE (STOLI)

As established leaders in the financial services industry, the Company along with other ING Life Companies strongly opposes arrangements designed to obtain life insurance for the benefit of a third party that lacks an insurable interest in the insured. We believe this position supports the best interests of our policy owners, as these stranger-owned or stranger-originated life insurance transactions ("STOLI") will lead to higher costs for consumers and undermine the concept of insurable interest, a core element of the life insurance business.

To help prevent STOLI and protect our policy owners, we require that all parties confirm they have read and will abide by the Company's policy on STOLI arrangements. The Company will seek to rescind or cancel the insurance coverage of any contract where material misrepresentation occurred regarding the facts presented to the Company for underwriting the application. Attempts to defraud the Company may result in additional legal action.

### **Company appointed producers are prohibited from selling any Company life insurance product and an applicant may not purchase a product in the following circumstances:**

- If, at the time of sale, a plan exists to directly or indirectly sell, assign, settle or otherwise transfer the policy (or the rights to its death benefits), or an ownership or beneficial interest in an entity that will own the policy, to a life settlement company or other third party;
- If, in connection with the sale, the policy owner and/or insured is offered any consideration or inducement, including, but not limited to, cash payments, "free" or "no cost" insurance;

- Using a sales concept, design, marketing plan, marketing material or other program (including, but not limited to, any nontraditional premium finance program, such as "non-recourse" lending) that has not been made available by the Company; or
- Where the producer and/or applicant knows, or has reason to know that the true source of funds (e.g., premium financing, third party funding) for premium payments of a policy have not been disclosed to the Company.

Company appointed producers are also prohibited from providing, or aiding and abetting the provision of, fraudulent or misleading answers to application or inspection questions, including, but not limited to, questions on the Agent Report section.

### **Participation in a Prohibited Practice May Result in Disciplinary Action to Producers.**

Producers involved in any prohibited practice will be subject to contract and appointment termination, including termination for cause, which may include loss of all current and future commissions. The Company will also report cases of fraud and material misrepresentation to state fraud departments for investigation and potential regulatory action.

**By my signature in Section S on this application, I affirmatively represent that I have read the Company's policy on STOLI arrangements set forth above, that I have not engaged in any prohibited conduct described above in connection with this application, and that I will abide by the policy on STOLI arrangements.**

---

## PART I - S. AUTHORIZATION AND ACKNOWLEDGEMENT

**Verification.** By signing this form, I acknowledge that I have read this application and I agree with the statements in this application and declare that all questions have been truthfully answered to the best of my knowledge and belief. The Company may seek to rescind the life insurance coverage if it determines that any question was not answered truthfully. This application consists of all pages of the Application, appendices, and supplemental questionnaires. It will be the basis for any life insurance coverage issued and no information will be considered to have been given by me to the Company or authorized by me unless it is stated herein. Unless otherwise stated in a Temporary Insurance Receipt, the Company will have no liability until all requirements are met, a policy is delivered to and accepted by me, and the first premium is received by the Company while the Proposed Insured is alive. If I have paid premium with this application, I have completed the Temporary Insurance Receipt, which is Appendix A of this application. The producer does not have the authority—unless permitted by law—to waive the answer to any question in the application, to accept risk or pass on insurability, to make or alter any contract, or to waive any of the Company's rights or requirements. No change in the amount, classification, age at issue, insurance plan, or benefits shown on this application will be effective unless both the Company and I agree in writing. I understand that by signing this application, I am applying for life insurance coverage issued by the Company.

**Statements of Understanding.** I understand that this authorization will be valid for 24 months from the date of signature on this application. I have the right to receive a copy of this authorization, and a photocopy will be as valid as the original. I give my permission to the Company and other insurance companies affiliated with the company to collect medical record information and consumer or investigative consumer reports about me for the purposes described in this application. I authorize any organization or medically related facility to release to the Company or its authorized representatives all requested information about me and any minor children who are to be insured. I give my permission to the Company to send any information obtained to MIB, Inc., reinsurers, the producer who solicited my application and his or her principals, employees or contractors who process transactions regarding insurance coverage for which I have applied.

I acknowledge receipt of the following disclosures and notices: Accelerated Benefit Rider and Critical Illness Disclosures, Notice Regarding Consumer Reports, Notice Regarding MIB, Inc., and Notice Regarding Collection of Information and Information Practices. I certify, under penalty of perjury, that my Social Security Number/tax identification number is shown and is correct and that I am not subject to back-up withholding.

**PART I - S. AUTHORIZATION AND ACKNOWLEDGEMENT** (Continued)

If an investigative consumer report is prepared, I request to be interviewed.  Yes  No

Daytime phone number: (      )      .

Contact me between the hours of \_\_\_\_ a.m./p.m. and \_\_\_\_ a.m./p.m.

**By signing below I acknowledge and agree that any policy issued in relation to this application (the "Policy") shall be subject to the following Governing Law and Jurisdiction provisions:**

**Governing Law.** The Policy shall be governed in all respects, including validity, interpretation and effect, without regard to principles of conflicts of law, by the laws of the state in which it is delivered, which shall be deemed to be the state in which this Application is executed as shown below.

**Jurisdiction.** Any dispute, claim, demand, controversy, action or proceeding, however characterized, relating to, arising under, in connection with, or incident to the Policy or sale of the Policy ("Action or Proceeding") shall be filed and heard in the state or federal courts located in the state in which the Policy is delivered. The state and federal courts located in the state in which the Policy is delivered shall have jurisdiction over the parties to the Action or Proceeding.

**All completed materials must be sent to the ING Customer Service Center at: 2000 21st Ave. NW, Minot, ND 58703**

**I understand and agree that any person who knowingly provides false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the company commits a fraudulent insurance act, which is a crime, and may be subject to criminal and civil penalties and denial of insurance benefits. Penalties may include imprisonment and/or fines.**

Proposed Owner Signed at (city/state) \_\_\_\_\_ Date \_\_\_\_\_

 Proposed Owner Signature (if other than the Insured) \_\_\_\_\_ Date \_\_\_\_\_

 Proposed Insured Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if other than the owner & age 15 or older)

 Proposed Other Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Owner/Trustee Name (please print) \_\_\_\_\_

 Parent or Guardian Signature \_\_\_\_\_  
(if the Proposed Owner or the Proposed Primary Insured is a minor)

 Writing Agent/Registered Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_

Writing Agent State Lic. Number \_\_\_\_\_ Writing Agent/Registered Rep. Number \_\_\_\_\_

Agent/Registered Rep. Name \_\_\_\_\_

Agent State Lic. Number \_\_\_\_\_ Agent/Registered Rep. Number \_\_\_\_\_

Agent/Registered Rep. Name \_\_\_\_\_

Agent State Lic. Number \_\_\_\_\_ Agent/Registered Rep. Number \_\_\_\_\_

SECURITY LIFE OF DENVER INSURANCE COMPANY

STATEMENT OF VARIABILITY

FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY

Policy Form Number 1179-05/11

The Statement of Variability will be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

This document will address the variability of the following factors found in the above-referenced policy form.

<u>FACTOR</u>	<u>RANGE OF FACTORS</u>
Company Officer's Names, Titles and Signatures	Shown in brackets because of changes in personnel for future issues. In the event of such change, any new name, title or signature utilized will be of an officer of the company.
Home Office and ING Customer Service Center contact information	Shown in brackets in the event of changes in addresses or phone numbers for future issues.
Policy Number, Policy Date, Insured, Age/Gender, Scheduled Premium	All are policyholder specific.
Risk Class	May be "STANDARD NO TOBACCO", "STANDARD TOBACCO", "SUPER PREFERRED NO TOBACCO", "PREFERRED NO TOBACCO", "PREFERRED TOBACCO", "RATED NO TOBACCO", or "RATED TOBACCO." Risk class is determined by the results of underwriting and may be different for each insured.
Rating Factor	Policyholder specific. Any amount from 1.00 to 5.00. This language only prints if the policyholder has a table rating.
Flat Extra Amount (Per Month Per \$1,000.00)	Policyholder specific. Any amount \$0.00 to \$83.33. This language only prints if the policyholder has a flat extra amount.
Minimum Death Benefit	\$100,000 - \$1,000,000. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Stated Death Benefit	At policy issue, any amount greater than or equal to the Minimum Death Benefit amount. Maximum amount subject to reinsurance. After policy issue, any amount greater than or equal to the Minimum Stated Death Benefit amount
Minimum Stated Death Benefit	\$100,000 - \$1,000,000. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Death Benefit Option	1 or 2 and is selected by the policy owner.
Monthly Processing Date	Any number from 1 to 31, based on Policy Date.
Exchange Option – maximum age of exchange	50 – 90. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Guaranteed Maximum Monthly Charges: Administrative Charge per \$1,000 of Stated Death Benefit	\$0.0000 - \$4.0000. Varies by issue age, gender, risk class, and duration. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.

<u>FACTOR</u>	<u>RANGE OF FACTORS</u>
Guaranteed Maximum Transaction Charges: Partial Withdrawal Service Fee	\$0.00 – \$25.00 Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Guaranteed Maximum Transaction Charges: Excess Policy Illustration Fee	\$0.00 – \$40.00 Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Guaranteed Maximum Interest Rate Charged on Loans	2% - 6% per year. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Guaranteed Minimum Interest Rate Credited on Loans	1% - 4% per year. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Maximum Loan Amount – number of monthly deductions withheld	0 – 3 Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Minimum Partial Withdrawal Amount	\$1 - \$1,000. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Maximum Partial Withdrawal Amount – number of monthly deductions withheld	0 – 3 Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Guaranteed Minimum Interest Rate	1% - 4% per year. Varies by duration. Once a policy is issued, it will not change for the life of the policy. May change for future issues only. Please see explanation below.
Guaranteed Maximum Cost of Insurance Rates per \$1,000.00 of Net Amount at Risk	COI rates for base coverage vary by issue age, gender, and duration. “Male” or “Female” will print in the footnote depending on the gender of the insured.

The above-referenced Minimum Death Benefit, Minimum Stated Death Benefit, Exchange Option, Guaranteed Maximum Administrative Charge, Guaranteed Maximum Partial Withdrawal Service Fee, Guaranteed Maximum Excess Policy Illustration Fee, Guaranteed Maximum Interest Rate Charged on Loans, Guaranteed Minimum Interest Rate Credited on Loans, Maximum Loan Amount, Minimum Partial Withdrawal Amount, Maximum Partial Withdrawal Amount and Guaranteed Minimum Interest Rate are not eligible to be changed once a policy has been issued. Any change to these factors will be applied to new business policies only. As such, once a policy has been issued, no policyholder must assume the risk that these factors will be changed.

Any changes to these rates will be for competitive purposes and in response to the effects of the changing economic environment, including but not limited to changes in interest rates, mortality, lapsation and reinsurance costs. Only one set of rates will be available at any one time for any of these factors. The factors established at the filing of this product have been set considering the same driving forces of competitive purpose and changing economic environment. The set of factors used for any policy issued will be the prevailing set of factors used at the time of policy issue.

SERFF Tracking Number: *INGD-126982940* State: *Arkansas*  
 Filing Company: *Security Life of Denver Insurance Company* State Tracking Number: *47918*  
 Company Tracking Number: *1179*  
 TOI: *L09I Individual Life - Flexible Premium* Sub-TOI: *L09I.001 Single Life*  
*Adjustable Life*  
 Product Name: *1179 UL-ECV Peak*  
 Project Name/Number: *1179 UL-ECV Peak/1179 UL-ECV Peak*

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
01/24/2011	Form	Flexible Premium Adjustable Universal Life Insurance Policy	02/11/2011	AR 1179.pdf (Superceded)

**SECURITY LIFE OF DENVER INSURANCE COMPANY  
A STOCK COMPANY**

INSURED: [JOHN DOE]  
POLICY DATE: [May 15, 2011]  
POLICY NUMBER: [67000001]

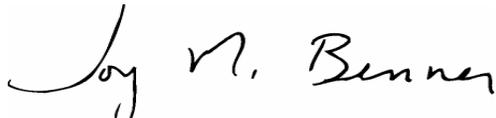
**WE AGREE TO PAY** the Death Benefit Proceeds to the beneficiary on the death of the Insured while your policy is in force, subject to your policy provisions.

**WE ALSO AGREE** to provide the other rights and benefits of your policy, subject to its provisions.

**PLEASE READ YOUR POLICY CAREFULLY**

**RIGHT TO EXAMINE PERIOD:** You have the right to examine and return your policy. You may return it by mail or other delivery to the agent who sold it to you or to the ING Customer Service Center within 30 days after you receive it. If you do so, this policy will be deemed void from the beginning. If you return your policy during the Right to Examine Period, we will refund all premiums paid.

**Your policy is signed for Security Life of Denver Insurance Company by:**

[  ] [  ]

Donald W. Britton  
President

Joy M. Benner  
Secretary

In your policy, "you" and "your" refer to the owner of this policy; "we," "us" and "our" refer to Security Life of Denver Insurance Company.

**YOUR POLICY IS A FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY.**

The Death Benefit Proceeds are payable on the Insured's death.  
Flexible premiums are payable by you until Attained Age 121.  
Your policy is nonparticipating and is not eligible for dividends.  
There is no maturity date.

WHILE YOUR POLICY PROVIDES LIFE INSURANCE COVERAGE, IT IS DESIGNED NOT TO QUALIFY AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND ITS RULES AND REGULATIONS. THIS MEANS THAT INCREASES IN YOUR POLICY'S ACCOUNT VALUE AND THE AMOUNT OF THE COST OF INSURANCE PROTECTION MAY BE TREATED AS ORDINARY INCOME AND TAXABLE EVEN THOUGH NOT DISTRIBUTED. THERE MAY BE OTHER TAX CONSEQUENCES ASSOCIATED WITH PURCHASING AND OWNING THE POLICY. **YOU SHOULD CONSULT A QUALIFIED TAX ADVISOR ABOUT THE TAX CONSEQUENCES ASSOCIATED WITH YOUR POLICY NOT QUALIFYING AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE.**

**SECURITY LIFE OF DENVER INSURANCE COMPANY**

[Home Office  
Denver, Colorado]

[ING Customer Service Center  
P.O. Box 5065  
Minot, ND 58702-5065  
Toll Free Number:  
1 (877) 253-5050]

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We place a copy of your application and any amendments and endorsements at the end of your policy provisions and these documents are part of your policy.

## SCHEDULE

POLICY NUMBER	[67000001]
POLICY DATE	[May 15, 2011]
INSURED	[JOHN DOE]
AGE/GENDER	[35, MALE]
RISK CLASS	[STANDARD NO TOBACCO]
[RATING FACTOR]	[1.00]
[FLAT EXTRA AMOUNT (PER MONTH PER \$1,000.00)]	[\$0.00 for 0 policy years]
MINIMUM DEATH BENEFIT	[\$500,000.00]
STATED DEATH BENEFIT	[\$500,000.00]
MINIMUM STATED DEATH BENEFIT	[\$200,000.00]
DEATH BENEFIT OPTION	[2]
MONTHLY PROCESSING DATE	[15th]
SCHEDULED PREMIUM	[\$93,128.00]

### EXCHANGE OPTION

Your policy may be exchanged for a new policy on or before the policy anniversary coinciding with the Insured's Age [80]. Please refer to the Exchange Option section of the policy for more details.

Coverage will expire prior to Attained Age 121 if your policy's Net Account Value is insufficient to continue coverage. Exercise of certain rights under your policy will affect the death benefit coverage, including but not limited to partial withdrawals, loans, changes to the interest rate credited to your policy and current monthly charges, including the cost of insurance rates.

If your policy is in force at Attained Age 121, it will continue as stated in the Continuation of Coverage section of your policy.

**Certain capitalized terms used in these Schedules are defined in the Terms to Understand section of the policy. Please refer to that section for further explanation about the meaning of these terms.**

**SCHEDULE (CONTINUED)**

**GUARANTEED MAXIMUM POLICY CHARGES**

- a. **Guaranteed Maximum Premium Expense Charge** (of each premium received) 5.00%
  
- b. **Guaranteed Maximum Monthly Charges**
  - 1. Cost of Insurance Charge per \$1,000.00 of net amount at risk See the Table of Guaranteed Rates Schedule
  
  - 2. Administrative Charge per \$1,000.00 of Stated Death Benefit
    - Policy year 1 \$0.00000
    - Policy year 2 to Attained Age 120 [\$0.42442]
    - Attained Age 121 and later \$0.00000
  
- c. **Guaranteed Maximum Transaction Charges**
  - 1. Partial Withdrawal Service Fee (for each partial withdrawal) \$[10.00]
  
  - 2. Excess Policy Illustration Fee (for each illustration after the first in a policy year) \$[25.00]

**SCHEDULE (CONTINUED)**

**POLICY FEATURES AND BENEFITS**

**a. Policy Loans**

- |    |  |   |
|----|--|---|
| 1. | Guaranteed Maximum Interest Rate Charged on Loans  | [3.00]% per year  |
| 2. | Guaranteed Minimum Interest Rate Credited on Loans | [2.00]% per year  |
| 3. | Minimum Loan Amount                                | \$500.00  |
| 4. | Maximum Loan Amount                                | 100% of the Net Account Value minus [2] times the Monthly Deduction |

**b. Partial Withdrawals**

- |    |                                   |   |
|----|-----------------------------------|---|
| 1. | Minimum Partial Withdrawal Amount | [\$500.00]  |
| 2. | Maximum Partial Withdrawal Amount | 100% of the Net Account Value minus [1] times the Monthly Deduction |

- |  |                           |                 |
|--|---------------------------|-----------------|
| <b>c. Guaranteed Minimum Interest Rate</b> | [Policy years 1 – 3       | 4.00%] per year |
|  | [Policy years 4 and later | 2.00%] per year |

**SCHEDULE (CONTINUED)**

**TABLE OF GUARANTEED RATES**

Guaranteed Maximum Cost of Insurance Rates per \$1,000.00 of net amount at risk for your policy.

<b>Attained Age</b>	<b>Monthly Cost of Insurance Rate</b>	<b>Attained Age</b>	<b>Monthly Cost of Insurance Rate</b>	<b>Attained Age</b>	<b>Monthly Cost of Insurance Rate</b>
20	[0.08333]	54	[0.45833]	88	[13.06083]
21	[0.08333]	55	[0.51416]	89	[14.32333]
22	[0.08500]	56	[0.57333]	90	[15.63833]
23	[0.08583]	57	[0.63666]	91	[16.87000]
24	[0.08750]	58	[0.68916]	92	[18.15250]
25	[0.08916]	59	[0.74916]	93	[19.50333]
26	[0.09333]	60	[0.82166]	94	[20.92833]
27	[0.09750]	61	[0.91166]	95	[22.43083]
28	[0.09750]	62	[1.02083]	96	[23.80333]
29	[0.09583]	63	[1.14250]	97	[25.26500]
30	[0.09500]	64	[1.27000]	98	[26.82333]
31	[0.09416]	65	[1.40416]	99	[28.48750]
32	[0.09416]	66	[1.53916]	100	[30.26583]
33	[0.09583]	67	[1.67416]	101	[31.67333]
34	[0.09833]	68	[1.82083]	102	[33.17166]
35	[0.10083]	69	[1.97000]	103	[34.76666]
36	[0.10666]	70	[2.14750]	104	[36.46333]
37	[0.11166]	71	[2.34583]	105	[38.26750]
38	[0.12000]	72	[2.61000]	106	[40.18500]
39	[0.12833]	73	[2.88500]	107	[42.22416]
40	[0.13750]	74	[3.17333]	108	[44.39083]
41	[0.14916]	75	[3.49250]	109	[46.69250]
42	[0.16333]	76	[3.84000]	110	[49.13666]
43	[0.17916]	77	[4.24333]	111	[51.73250]
44	[0.19916]	78	[4.71333]	112	[54.48666]
45	[0.22083]	79	[5.25500]	113	[57.41166]
46	[0.24166]	80	[5.84500]	114	[60.51500]
47	[0.26416]	81	[6.51583]	115	[63.80833]
48	[0.27750]	82	[7.21166]	116	[67.30083]
49	[0.29333]	83	[7.95916]	117	[71.00583]
50	[0.31333]	84	[8.78583]	118	[74.93583]
51	[0.33833]	85	[9.71416]	119	[79.10166]
52	[0.37250]	86	[10.74250]	120	[83.33333]
53	[0.41083]	87	[11.86250]	121 and older	0.00000

The cost of insurance rate for the first policy month is 0.00000. The rates shown above are for a non-rated risk class. If your policy has a rating factor or a flat extra amount, we will adjust the maximum cost of insurance rates using the rating factor or flat extra amount shown in your Schedule. If your policy has a rating factor, we will determine the maximum cost of insurance rates by multiplying the rates shown above by the rating factor shown in your Schedule. If your policy has a flat extra amount, we will determine the maximum cost of insurance by adding the rates per \$1,000.00 shown above to the flat extra amount shown in your Schedule. We base the rates shown above on the 2001 Commissioners Standard Ordinary, [Male], Composite, Ultimate Mortality Table, age nearest birthday.

## TERMS TO UNDERSTAND

This section identifies some of the important terms that we use throughout your policy and that have special meaning.

**Account Value:** The Account Value on the Policy Date will be the Net Premium paid on that date for your policy, minus the Monthly Deduction for the first policy month (not including the cost of insurance charge for the first policy month). On any Monthly Processing Date other than the Policy Date, the Account Value will be calculated as described in the Account Value section.

**Age:** Age is the age of the Insured on his or her birthday nearest the Policy Date. We issue your policy at the Age shown in your Schedule.

**Attained Age:** Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

**Base Death Benefit:** The Base Death Benefit is the death benefit provided by your policy.

**Death Benefit Proceeds:** Death Benefit Proceeds is the amount we will pay on the Insured's death. Death Benefit Proceeds equals: (a) the Base Death Benefit in effect on the date of the Insured's death; minus (b) any Loan Amount; minus (c) unpaid Monthly Deductions, if any, incurred prior to the date of the Insured's death.

**Grace Period:** The Grace Period is the 61-day period after which your policy will lapse unless you make a required premium payment. The Grace Period will begin on a Monthly Processing Date if on that date the Net Account Value is zero or less.

**Insured:** The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the owner of your policy.

**Loan Amount:** The Loan Amount equals: (a) any outstanding loan plus accrued loan interest as of the beginning of the policy year; plus (b) new loans; plus (c) accrued but unpaid loan interest; minus (d) loan repayments.

**Minimum Death Benefit:** The Minimum Death Benefit is the minimum amount of coverage required to issue your policy. We show the Minimum Death Benefit amount in your Schedule.

**Monthly Deduction:** The first Monthly Deduction is equal to the monthly charges shown in your Guaranteed Maximum Policy Charges Schedule, minus the cost of insurance for the first policy month. Thereafter, the Monthly Deduction is equal to the monthly cost of insurance charge for your policy and the other monthly charges shown in your Guaranteed Maximum Policy Charges Schedule.

**Monthly Processing Date:** The Monthly Processing Date is the date each month on which the Monthly Deduction from the Account Value is due.

**Net Account Value:** The Net Account Value is the Account Value minus any Loan Amount.

**Net Premium:** Net Premium equals the premium received, minus the premium expense charge.

**Net Surrender Value:** The Net Surrender Value on any date equals: (a) the Surrender Value; minus (b) any Loan Amount.

**Policy Date:** We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries, and it determines the Monthly Processing Date.

**Right to Examine Period:** The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund of all premiums paid. See the cover page for details.

**Scheduled Premium:** Scheduled Premium is the amount that you indicate on your application as the amount you intend to pay at fixed intervals over a certain period. You may specify the interval as monthly, quarterly, semiannually or annually.

**Stated Death Benefit:** The Stated Death Benefit is the amount of death benefit coverage provided under your policy as shown in your Schedule. The Stated Death Benefit changes when there is a decrease in coverage or a transaction that causes your policy to change.

**Surrender Value:** Surrender Value is the Account Value.

## **INSURANCE COVERAGE PROVISIONS**

### **POLICY DATES AND PERIODS**

#### **Policy Date**

We show the Policy Date in your Schedule. It is the date from which we measure policy years, policy months and policy anniversaries, and it determines the Monthly Processing Date. A policy anniversary occurs each year on the same month and day as the Policy Date.

The Policy Date is the effective date for all coverage provided under your policy. No coverage may take effect under your policy unless we have received the amount of premium required for coverage to begin under your policy, and there has been no change in the insurability of the person proposed for insurance from the date of your policy application to the date we receive this required premium.

#### **Monthly Processing Date**

The Monthly Processing Date is the date each month on which the Monthly Deduction from the Account Value is due. The first Monthly Processing Date is the Policy Date. Subsequent Monthly Processing Dates are the same calendar day of each month as the Policy Date.

#### **Right to Examine Period**

The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund of all premiums paid. For details, see the cover page.

### **DEATH BENEFIT**

#### **Stated Death Benefit**

The Stated Death Benefit is the amount of death benefit coverage provided under your policy as shown in your Schedule. The Stated Death Benefit changes when there is a decrease in coverage or a transaction that causes your policy to change. For example, a partial withdrawal under Death Benefit Option 1 will cause the Stated Death Benefit to change.

#### **Death Benefit Options**

Death benefit options are different methods of calculating the Base Death Benefit. The death benefit option you selected is shown in your Schedule.

#### **Base Death Benefit**

The Base Death Benefit is the death benefit provided by your policy. We calculate the Base Death Benefit according to one of the following death benefit options:

- a. Death Benefit Option 1: Under Death Benefit Option 1, the Base Death Benefit is equal to the Stated Death Benefit; or
- b. Death Benefit Option 2: Under Death Benefit Option 2, the Base Death Benefit is equal to the Stated Death Benefit plus the Account Value.

#### **Minimum Death Benefit**

The Minimum Death Benefit is the minimum amount of coverage required to issue your policy. We show the Minimum Death Benefit in your Schedule.

**DEFINITION OF LIFE INSURANCE**

While your policy provides life insurance coverage, it is designed not to qualify as a life insurance contract under the Internal Revenue Code of 1986, as amended, and its rules and regulations. This means that increases in your policy’s Account Value and the amount of the cost of insurance protection may be treated as ordinary income and may be taxable even though not distributed. There may be other tax consequences associated with purchasing and owning the policy. **You should consult a qualified tax advisor about the tax consequences associated with your policy not qualifying as a life insurance contract under the Internal Revenue Code.**

**DECREASES IN INSURANCE COVERAGE**

After the end of the first policy year and subject to the rights of any assignee or irrevocable beneficiary, you may give us notice requesting a decrease to the Stated Death Benefit. The following will apply to all decreases:

- a. The effective date of the decrease will be the Monthly Processing Date immediately following the date of our approval;
- b. The minimum amount of the decrease is \$1,000.00;
- c. We will limit the decrease such that, immediately after the requested decrease, the Stated Death Benefit is at least equal to the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule; and
- d. After the decrease, the Stated Death Benefit will remain level and equal to the amount in effect immediately following the decrease.

Requested increases in coverage are not allowed.

**DEATH BENEFIT OPTION CHANGES**

Beginning with the first Monthly Processing Date and ending at Attained Age 121 and subject to the rights of any assignee or irrevocable beneficiary, you may give us notice requesting a change to the death benefit option. This change will be effective as of the next Monthly Processing Date following approval. A death benefit option change applies to the entire Stated Death Benefit. We may not allow any change if it would reduce the Stated Death Benefit below the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule. After the effective date of the change, we will change the Stated Death Benefit according to the following table:

<b>DEATH BENEFIT OPTION CHANGE</b>		<b>STATED DEATH BENEFIT FOLLOWING THE CHANGE EQUALS THE:</b>
<b>FROM</b>	<b>TO</b>	
Death Benefit Option 1	Death Benefit Option 2	Stated Death Benefit prior to such change, minus the Account Value as of the effective date of the change.
Death Benefit Option 2	Death Benefit Option 1	Stated Death Benefit prior to such change, plus the Account Value as of the effective date of the change. Although requested increases to the Stated Death Benefit are not permitted under this policy, the Stated Death Benefit may increase due to a change from Death Benefit Option 2 to Death Benefit Option 1.

## **PAYMENT OF DEATH BENEFIT PROCEEDS**

Death Benefit Proceeds is the amount we will pay on the Insured's death and we compute the amount as of the date of the Insured's death.

Death Benefit Proceeds equals:

- a. The Base Death Benefit in effect on the date of the Insured's death; minus
- b. Any Loan Amount; minus
- c. Unpaid Monthly Deductions, if any, incurred prior to the date of the Insured's death.

We will pay the Death Benefit Proceeds within 7 days of when we receive due proof of the death claim. Due proof of the death claim means we have received:

- a. Due proof of the Insured's death;
- b. Sufficient information to determine our liability, the extent of the liability, and the identity of the legally entitled beneficiaries; and
- c. Sufficient evidence that any legal impediments to payment that depend on parties other than us are resolved. Such legal impediments include, but are not limited to, the establishment of guardianships and conservatorships, the appointment and qualification of trustees, executors and administrators and our receipt of information required to satisfy state and federal reporting requirements.

Any Death Benefit Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections and any sale or assignment of the Account Value portion of the Base Death Benefit under Death Benefit Option 2 as provided in the Assignment section. We will pay the Death Benefit Proceeds in one lump sum unless you request an alternate method of payment. We describe other available payout methods in the Settlement Options Provisions section.

We will pay interest on the lump sum Death Benefit Proceeds from the date of the Insured's death to the date of payment. We will compute interest at a rate required by law from the date of death to the date the proceeds are paid.

## **CONTINUATION OF COVERAGE**

If your policy is in force at Attained Age 121, it will continue pursuant to the terms of your policy. On that date, if the death benefit option in force on your policy is Death Benefit Option 2, we will convert your policy to Death Benefit Option 1 in accordance with the procedures outlined in the Death Benefit Option Changes section of your policy. We will not allow further changes to the death benefit option.

After Attained Age 121:

- a. We calculate the Base Death Benefit as stated in your policy;
- b. No further premiums will be accepted except amounts required to keep your policy from lapsing;
- c. No further Monthly Deductions will be taken;
- d. Transaction charges will continue to be deducted at the time of the applicable transaction;
- e. Interest will continue to be credited to the Account Value;
- f. Partial withdrawals will continue to be available;
- g. Loans will continue to be available and any existing loan will continue. Loan interest will continue to accrue and if not paid may cause your policy to lapse. Repayments on loans will be accepted; and
- h. Your policy will enter the 61-day Grace Period if the Net Account Value is zero or less.

You may surrender your policy if you do not want coverage to continue past Attained Age 121.

## **PREMIUM PROVISIONS**

### **PREMIUMS**

#### **Scheduled Premium**

Scheduled Premium is the amount that you indicate on your application as the amount you intend to pay at fixed intervals over a certain period. You may specify the interval as monthly, quarterly, semiannually or annually. You are not required to pay the Scheduled Premium and you may change it at any time. You may pay more or less than the amount of the Scheduled Premium, subject to the limits described in the Premium Limitation section. Payment of the Scheduled Premium does not guarantee that the coverage will not lapse. The timing and amount of your premium payments will affect your Account Value and death benefit coverage.

You may pay the Scheduled Premium shown in your Schedule while your policy is in force prior to Attained Age 121. Under conditions provided in the Grace Period and Lapse section, you may be required to make additional premium payments to keep your policy in force. All premiums after the first will be payable in advance as provided in the ING Customer Service Center section. We will furnish a receipt signed by one of our officers upon your request.

#### **Unscheduled Premiums**

You may make unscheduled premium payments at any time your policy is in force prior to Attained Age 121, subject to the limits described in the Premium Limitation section. Unless you give us notice otherwise, we will first apply these premium payments to reduce or pay off any existing loan. We may limit the amount of any unscheduled premium payments.

### **PREMIUM LIMITATION**

We will reject or return any unscheduled or Scheduled Premium payment if the premium would not be allowed under our normal rules of underwriting.

You may not pay any premiums either after Attained Age 121, except any premiums necessary to keep your policy from lapsing, or after the Insured's death.

### **NET PREMIUM**

Net Premium equals the premium received, minus the premium expense charge. We deduct this charge from each premium, as applicable, before allocating the premium to the Account Value.

### **FAILURE TO PAY PREMIUM**

If you stop paying premiums prior to Attained Age 121, we will continue to deduct the Monthly Deduction to cover your policy charges. If the Net Account Value is insufficient to cover the Monthly Deduction, coverage may lapse. For details, see the Grace Period and Lapse section.

## ACCOUNT VALUE PROVISIONS

### ACCOUNT VALUE

The Account Value on the Policy Date will be the Net Premium paid on that date for your policy, minus the Monthly Deduction for the first policy month (not including the cost of insurance charge for the first policy month).

On any Monthly Processing Date other than the Policy Date, the Account Value is equal to:

- a. The Account Value on the first day of the previous policy month; plus
- b. One month's interest credited on both the loaned and unborrowed portion of item a.; plus
- c. Any Net Premium received since the most recent Monthly Processing Date with interest from the date of receipt to the date of calculation; minus
- d. The Monthly Deduction for the current month; minus
- e. The amount of any partial withdrawal on the Monthly Processing Date; minus
- f. Any policy transaction charges incurred since the most recent Monthly Processing Date, including interest on the transaction charge amount, from the effective date of the transaction to the date of calculation.

We calculate the Account Value on any other day in a manner consistent with the preceding formula.

### Net Account Value

The Net Account Value is the amount of the Account Value minus any Loan Amount.

### GUARANTEED MINIMUM INTEREST RATE

The interest rate applied in the calculation of the unborrowed portion of the Account Value will not be less than the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule. This rate is an effective annual interest rate. We guarantee that the interest rate in effect at each policy anniversary will not change for the next 12 policy months.

## CHARGES AND DEDUCTIONS

### PREMIUM EXPENSE CHARGE

We deduct the premium expense charge from each premium, as applicable, before allocating the premium to the Account Value. We determine the amount of the premium expense charge by multiplying the applicable premium expense charge percentage by the premium amount. The applicable percentage may be dependent on the policy year in which we receive the premium. The guaranteed maximum premium expense charge percentage is shown in your Guaranteed Maximum Policy Charges Schedule.

### MONTHLY DEDUCTION

The first Monthly Deduction is equal to the monthly charges shown in your Guaranteed Maximum Policy Charges Schedule, minus the cost of insurance for the first policy month. Thereafter, the Monthly Deduction is equal to the monthly cost of insurance charge for your policy and the other monthly charges shown in your Guaranteed Maximum Policy Charges Schedule.

We deduct the Monthly Deduction from the Account Value as of the Monthly Processing Date. We will show the Monthly Deductions in periodic reports that we send you at least once per policy year, and we show the guaranteed maximum monthly charges in your Guaranteed Maximum Policy Charges Schedule. After Attained Age 121 we will not deduct any further Monthly Deductions.

### **Cost of Insurance Charge**

Each month after the first we deduct the cost of insurance charge. The cost of insurance charge for your policy is the cost of insurance rate for the risk class of the Insured, multiplied by the net amount at risk. It is determined on a monthly basis.

We use the net amount at risk to determine the cost of insurance charges; it is equal to (a) divided by (b), minus (c), where:

- (a) Is the Base Death Benefit as of the Monthly Processing Date (after subtracting those Monthly Deductions that are deducted before calculating the Base Death Benefit cost of insurance);
- (b) Is the result of One plus the monthly equivalent of the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule; and
- (c) Is the Account Value as of the Monthly Processing Date (after subtracting those Monthly Deductions that are deducted before calculating the Base Death Benefit cost of insurance).

We will determine the cost of insurance rate from time to time. We will base the rates on the Age and gender of the Insured, the duration since the coverage began and the risk class of the Insured. The cost of insurance charge will never exceed the guaranteed maximum rates shown in your Table of Guaranteed Rates Schedule.

### **Administrative Charge**

Each month we deduct the administrative charge. The amount of the administrative charge is dependent on the policy year in which we deduct the charge and it will never exceed the guaranteed maximum administrative charge shown in your Guaranteed Maximum Policy Charges Schedule.

### **TRANSACTION CHARGES**

We may deduct transaction charges, as described in your Guaranteed Maximum Policy Charges Schedule, at the time of the applicable transaction.

### **ADJUSTMENT TO POLICY COST FACTORS**

We may periodically change the rates for the cost of insurance and other charges, or the interest rates we credit to the Account Value. We may base any changes on our expectations of the future cost factors, including, but not limited to, mortality, expenses including taxes, persistency, investment earnings and reinsurance. Any change will apply to all policies of the same Age, gender and risk class for the Insured that have been in force for the same period. The cost of insurance and other charges will never exceed the guaranteed maximum rates shown in your Guaranteed Maximum Policy Charges Schedule. The interest rate we credit to the Account Value will never be less than the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule. We will not change cost of insurance rates, other charges or the interest rates we credit to the Account Value to recover past losses.

## **POLICY LOAN PROVISIONS**

### **LOANS**

You may give us notice requesting a loan, secured only by your policy, on or after the first Monthly Processing Date. The minimum and maximum amounts you may borrow are shown in your Policy Features and Benefits Schedule.

The Loan Amount equals:

- a. Any outstanding loan plus accrued loan interest as of the beginning of the policy year; plus
- b. New loans; plus
- c. Accrued but unpaid loan interest; minus
- d. Loan repayments.

If the Loan Amount equals or exceeds the Account Value, you must pay a premium sufficient to keep your policy in force. For details, see the Grace Period and Lapse section. Loans may generate an income tax liability, reduce the available Surrender Value and Death Benefit Proceeds or cause your policy to lapse.

When you take a loan or if you do not pay the loan interest when due, an amount equal to the loan or loan interest due is added to the Loan Amount to secure the loan.

### **LOAN INTEREST**

We charge loan interest on the Loan Amount. The guaranteed maximum loan interest rate is shown in your Policy Features and Benefits Schedule. The current loan interest rate charged may be less than the maximum rate and may change from time to time. We will notify you of the current loan interest rate when you receive a loan and give you reasonable advance notice of any increase in the current loan interest rate. Loan interest is due and payable at the end of each policy year. If loan interest is not paid when due, it is added to the Loan Amount.

We credit loan interest on the Loan Amount. The guaranteed minimum loan interest rate credited on loans is shown in your Policy Features and Benefits Schedule. The current loan interest rate credited may be more than the minimum rate and may change from time to time. The portion of the Account Value subject to a loan may accumulate at a different rate of interest than the portion of the Account Value not subject to a loan, but it will not accumulate at a rate that is less than the guaranteed minimum interest rate credited on loans shown in your Policy Features and Benefits Schedule.

We will not terminate your policy in a policy year as the sole result of a change in the loan interest rate in that policy year; and will maintain coverage until your policy would have otherwise terminated without the change in loan interest rate in such policy year.

### **LOAN REPAYMENTS**

You may repay all or part of a loan at any time while your policy is in force. Unless you indicate otherwise, we will apply any payments other than Scheduled Premiums as loan repayments and not as premiums. When you make a loan repayment, the loan amount is decreased by the repayment amount.

## **PARTIAL WITHDRAWAL PROVISIONS**

### **PARTIAL WITHDRAWALS**

A partial withdrawal is a withdrawal of a portion of the Net Account Value. The amount of the partial withdrawal will reduce the Account Value, and taking a partial withdrawal will reduce your Death Benefit Proceeds. We may deduct a partial withdrawal service fee each time you take a partial withdrawal. The maximum amount of the partial withdrawal service fee is shown in your Guaranteed Maximum Policy Charges Schedule.

You may give us notice requesting a partial withdrawal at any time. The partial withdrawal will be effective as of the Monthly Processing Date after we approve your request. The minimum and maximum partial withdrawal amounts that we may impose are shown in your Policy Features and Benefits Schedule. We may limit the number of partial withdrawals in a policy year to the number shown in your Policy Features and Benefits Schedule. We will limit the amount of the partial withdrawal so that, immediately after the requested partial withdrawal, the Stated Death Benefit is at least equal to the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule.

### **PARTIAL WITHDRAWAL EFFECT ON DEATH BENEFIT**

A partial withdrawal may reduce the Stated Death Benefit, depending on the death benefit option in effect:

- a. For a policy with Death Benefit Option 1, a partial withdrawal reduces the Stated Death Benefit by the amount of the partial withdrawal.
- b. For a policy with Death Benefit Option 2, a partial withdrawal does not reduce the Stated Death Benefit.

Any reduction in death benefit or Account Value will occur as of the Monthly Processing Date after we approve your partial withdrawal request. We will limit the amount of the partial withdrawal such that, immediately after the requested partial withdrawal, the Stated Death Benefit is at least equal to the minimum Stated Death Benefit we require to continue your policy, as shown in your Schedule. We will notify you if a partial withdrawal results in a change to the death benefit. We may ask you to return your policy to our Customer Service Center to make this change. The withdrawal and the reductions in death benefits, if any, will be effective as of the Monthly Processing Date after we approve your request.

## **SURRENDER PROVISIONS**

### **POLICY SURRENDERS**

You may give us notice requesting a surrender of your policy at any time after the Right to Examine Period and before the death of the Insured, and receive the Net Surrender Value. Notice should be given as provided in the Required Notice and Procedures section. Once we receive both your notice and your policy at our Customer Service Center, we will compute the Net Surrender Value as of the last Monthly Processing Date. We will cancel your policy as of the date we receive your notice, and you will not have any further benefits under your policy. You cannot reinstate your policy once you have surrendered it.

We will pay the Net Surrender Value in one lump sum unless you request an alternate method of payment. We describe other available payout methods in the Settlement Options Provisions section.

### **Surrender Value**

Surrender Value is the Account Value. The Surrender Value will not be less than the minimums required as of the Policy Date by the state in which your policy is delivered.

### **Net Surrender Value**

The Net Surrender Value on any date equals:

- a. The Surrender Value; minus
- b. Any Loan Amount.

### **BASIS OF COMPUTATION**

The Surrender Value under your policy is not less than the minimum required, as of the Policy Date, by the Standard Nonforfeiture Laws of the state in which your policy was delivered. We have filed a detailed statement of the method of computation of the policy values with the insurance department of the state in which your policy was delivered, if required.

## **GRACE PERIOD, TERMINATION AND REINSTATEMENT PROVISIONS**

### **GRACE PERIOD AND LAPSE**

On a Monthly Processing Date, if the Net Account Value is zero or less, your policy will enter into the Grace Period for 61 days.

Once your policy has entered the Grace Period, to keep it in force you must make a required premium payment. This required premium payment will be equal to the past due charges plus an amount we expect to be sufficient to keep your policy in force for 2 months following receipt of this required premium payment. We will mail notice of the amount of this required premium payment to you and any assignee at the last known address at least 30 days before the end of the Grace Period. If you send this required premium payment by U.S. mail, postmarked within the Grace Period, we will apply the Net Premium payment to your policy and deduct the past due amounts. We will consider any required premium payment received by us within 7 days of the end of the Grace Period as having been mailed within the Grace Period.

If we do not receive at least the required premium payment by the end of the Grace Period, your policy will lapse. Lapse means that your policy terminates without value.

If the death of the Insured occurs during the Grace Period, we will deduct any unpaid Monthly Deductions from the Death Benefit Proceeds of your policy. If you surrender your policy during the Grace Period, we will deduct any unpaid Monthly Deductions from the Account Value.

### **TERMINATION**

All coverage provided by your policy will end as of the earliest of:

- a. The date your policy is surrendered;
- b. The date of the Insured's death; or
- c. The date your policy lapses (when the Grace Period ends without payment of the required premium).

## REINSTATEMENT

Reinstatement means putting a lapsed policy back in force. If your policy has lapsed at the end of the Grace Period, we will reinstate your policy if you meet all of the conditions listed below. The effective date of reinstatement will be the Monthly Processing Date on or next following the date you meet all of the conditions. If you have met all of the conditions listed below, and the Insured's death occurs before the Monthly Processing Date on which we reinstate your policy, we will pay the Death Benefit Proceeds as of that Monthly Processing Date. We will allow reinstatement subject to all of the following conditions:

- a. You have not surrendered your policy for its Net Surrender Value;
- b. We receive your notice to reinstate your policy on or before the earlier of:
  1. 5 years after the date your policy lapses, or
  2. Attained Age 121;
- c. You submit evidence satisfactory to us that the Insured is still insurable according to our normal rules of underwriting applicable to the original risk class and rating of your policy;
- d. Payment of a premium at least equal to an amount projected to keep your policy in force from the beginning of the Grace Period to the end of the expired Grace Period and for an additional 2 months after the date of reinstatement. We will notify you of this required reinstatement premium amount in a reinstatement letter; and
- e. We receive any requested payment amounts within the period provided in the reinstatement letter.

Once we reinstate your policy:

- a. We will reinstate the Loan Amount, if any, calculated as of the end of the Grace Period; and
- b. The Account Value on the reinstatement date will equal:
  1. The Account Value at the end of the Grace Period; plus
  2. The Net Premium paid on reinstatement; minus
  3. Any unpaid Monthly Deductions through the end of the Grace Period.

## GENERAL POLICY PROVISIONS

### YOUR POLICY

Your initial policy, including a copy of your application and any amendments and endorsements, plus any subsequent applications for changes to your policy or reinstatement and any corresponding Schedules, amendments and endorsements, make up your entire policy between you and us. We will attach a copy of your original application to your policy at issue. If there is a change in coverage, we will send you a copy of any application and any applicable Schedules for you to attach to your policy. In the absence of fraud, we will consider all statements made in your initial application, and any application for reinstatement, as representations and not warranties. No statement will be used to deny a claim unless it is in an application that is made part of your policy.

Both our president, or an officer, and our secretary or assistant secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

## **EXCHANGE OPTION**

Subject to the conditions described below, your policy may be exchanged for a new policy that is acceptable to us at the time of the exchange. The tax status of the new policy may be different from the tax status of this policy, and you should consult a qualified tax advisor about the tax consequences associated with exchanging this policy for a new policy.

Evidence of insurability is not required to exercise this exchange option unless the new policy contains new benefits not contained in your policy at the time of the exchange. In this case, evidence of insurability may be required but it will be limited to evidence that relates to the new benefits not contained in your policy.

The conditions on which you may exercise this option are:

- a. Your policy may be exchanged on or before the date shown in your Schedule;
- b. The death benefit of the new policy may not exceed the Stated Death Benefit of your policy on the effective date of the exchange. The effective date of the exchange is the date we receive your application for exchange accompanied by the initial premium for the new policy;
- c. The death benefit of the new policy may not be less than the minimum required for the new policy;
- d. The new policy will be in the same risk class as your policy if available at the time of the exchange, otherwise, in the most comparable risk class available at the time. The premium will be based on rates in effect for the Age, gender and risk class of the Insured at the time of the exchange; and
- e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange.

The suicide and incontestability periods in any new policy that is issued pursuant to the exercise of this exchange option will be measured from the issue date of this policy, unless the new policy contains new benefits not contained in your policy. In this case, the suicide and incontestability provisions of the new policy applicable to the new benefits will be measured from the issue date of the new policy.

## **REQUIRED NOTICE AND PROCEDURES**

Unless we allow otherwise, you must send us notice of all selections, designations, assignments and requests in a written form acceptable to us. You should send any notice to our Customer Service Center at P.O. Box 5065, Minot, ND 58702-5065. For overnight delivery, the address is 2000 21<sup>st</sup> Ave. NW, Minot, ND 58703-0890. We may require a return of your policy or proof of your lost policy for the surrender of, or any change to, your policy. We are not liable for any action we take before we receive and record your written notification at our Customer Service Center.

Where applicable, all changes to your policy will be subject to our normal rules of underwriting, to include availability of reinsurance coverage, risk classifications and ratings.

In the event of the death of the Insured, please let us know as soon as possible. Once we receive notification of the Insured's death, we will promptly send claim filing instructions to you or the beneficiary. We may require proof of Age and a certified copy of the death certificate. We may require the beneficiary and next of kin to sign authorizations as part of due proof of the death claim. These authorization forms allow us to obtain information about the decedent, including, but not limited to, medical records of physicians and hospitals used by the decedent.

## **AGES**

### **Age**

Age is the age of the Insured on his or her birthday nearest the Policy Date. We issue your policy at the Age shown in your Schedule.

## **Attained Age**

Attained Age is the Insured's Age as of the Policy Date plus the number of completed policy years.

## **INSURED**

The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the owner of your policy.

## **OWNERS**

The original owner is the person or entity named as the owner in your application. You, as the owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the owner, beneficiaries and methods for the payment of Death Benefit Proceeds and the right to sell and assign the policy's Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights. All rights of the owner are subject to the rights of any purchaser, any assignee and any irrevocable beneficiary.

You may name a new owner or sell and assign the policy's Surrender Value and the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights by sending us notice. Unless you state otherwise, the new owner designation and any sale and assignment of the policy's Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights, will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center.

## **BENEFICIARIES**

Your beneficiary designation will be on file with us or at a location designated by us. Until the Insured's death, you may name a new beneficiary by sending us notice. An irrevocable beneficiary cannot be changed without the consent of the irrevocable beneficiary. Unless you state otherwise, the new beneficiary designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center. We will pay Death Benefit Proceeds to the beneficiaries listed on your most recent beneficiary designation and, as applicable, any assignee of the Account Value portion of the Base Death Benefit under Death Benefit Option 2, and we will not be subject to multiple payments.

We will pay the unassigned portion of the Death Benefit Proceeds to the primary beneficiary or beneficiaries surviving the Insured's death. If no primary beneficiaries survive the Insured's death, we will pay the unassigned portion of the Death Benefit Proceeds to the surviving contingent beneficiary or beneficiaries. If more than one beneficiary in a class survives the Insured's death, they will share the unassigned portion of the Death Benefit Proceeds equally, unless your beneficiary designation provides otherwise. We will pay the unassigned portion of the Death Benefit Proceeds to you or your estate if there is no surviving designated beneficiary.

## **ASSIGNMENT**

You may sell and/or assign all or part of your policy or interest therein, including the Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights, by giving us notice. Any such sale and/or assignment may be under a general assignment agreement between you and an assignee in exchange for payment on behalf of the owner of the initial premium required to issue the policy. Unless you state otherwise, the sale and/or assignment will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at our Customer Service Center. The rights of the owner and beneficiaries are subject to the sale and assignment and the rights of any purchaser and any assignee. We are not liable for the validity of any sale and/or assignment.

## **INCONTESTABILITY**

After your policy has been in force during the lifetime of the Insured for 2 years from the date of issue, we will not contest its validity, except for nonpayment of premiums. We will base any contest only on statements made in your application for your policy, and the statements must be material to the risk accepted or the hazard assumed by us. Notwithstanding the above, we may contest your policy at any time if it was procured by fraud, as permitted by the law of the state in which your policy was delivered.

## **MISSTATEMENT OF AGE OR GENDER**

We will adjust the stated death benefit if the Insured's Age or gender has been misstated. Notwithstanding the Incontestability section, the stated death benefit will be equal to the stated death benefit that would have been purchased at the Insured's correct Age and gender using the most recent cost of insurance charge and adjusting the net amount at risk by the ratio of the incorrect cost of insurance rate to the correct cost of insurance rate.

## **CHANGE IN TOBACCO USE**

If there is a change in the Insured's tobacco use habits during the time your policy is in force, you may apply for a change to the Insured's risk class by sending notice to us at our Customer Service Center. Your policy must have been in force for one year from the date of issue before you may make your request. We will base any change on our normal rules of underwriting.

## **SUICIDE EXCLUSION**

If the Insured commits suicide, while sane or insane, within 2 policy years of the date of issue, we will make a limited payment to the assignee of the Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights or, if applicable, to the beneficiary. We will pay in one lump sum the amount of all premiums received by us during that time with interest from the date of receipt to the date of payment, minus any Loan Amount and partial withdrawals. The interest rate applied in the calculation of the amount payable under this provision will not be less than the rate being credited under the policy immediately prior to the death of the Insured. Coverage under your policy will then terminate.

If the Insured commits suicide, while sane or insane, within 2 policy years of the date of any reinstatement, we will make a limited payment to the assignee of the Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 and certain associated ownership rights or, if applicable, to the beneficiary. We will pay in one lump sum the amount of all premiums received by us during that time with interest from the date of receipt to the date of payment, minus any Loan Amount and partial withdrawals. Coverage under your policy will then terminate.

The interest rate applied in the calculation of the amount payable under this provision will not be less than the guaranteed minimum interest rate shown in your Policy Features and Benefits Schedule.

## **DEFERRAL OF PAYMENT**

We may defer payment of any partial withdrawal, surrender or loan, except for any loan used to pay premiums to us, for up to 6 months after receipt of your notice. We will not defer payment of Death Benefit Proceeds.

## **PERIODIC REPORTS**

We will send you without charge and at least once each year a report that shows the report period date, the Account Value, the Surrender Value, the amounts credited and debited to your policy, the death

benefit, any Loan Amount at the end of the reporting period and a notice if your policy will enter the Grace Period before the end of the next reporting period based on guaranteed charges and no additional premium payments. The report will include any other information that may be required by the insurance department of the state in which your policy is delivered.

Once each year we will send you Forms 1099-R, showing the increase in the Net Surrender Value for the year and the amount of the cost of insurance protection under the policy, in accordance with the requirements of section 7702(g) of the Internal Revenue Code of 1986, as amended, and its rules and regulations. For this purpose, the amount of the cost of insurance protection under the policy will be based on guidance provided by the Internal Revenue Service. If you have assigned the policy's Surrender Value and the Account Value portion of the Base Death Benefit under Death Benefit Option 2, we will send the Form 1099-R showing the increase in the Net Surrender Value for the year to the assignee.

You may request that all notices and reports related to your policy also be sent to any purchaser and/or assignee to which you have sold and/or assigned your Surrender Value, the Account Value portion of the Base Death Benefit under Death Benefit Option 2 or certain of your ownership rights. Such request must be in a written form acceptable to us and sent to our Customer Service Center.

### **ILLUSTRATION OF BENEFITS AND VALUES**

You may give us notice requesting a hypothetical illustration of future death benefits and Account Values. Notice should be given as provided in the Required Notice and Procedures section. This illustration will include the information required by the laws of the state where your policy is delivered. If you request more than one illustration during a policy year, we reserve the right to charge a reasonable fee for each additional illustration. The maximum amount of this fee is in your Guaranteed Maximum Policy Charges Schedule.

### **ING CUSTOMER SERVICE CENTER**

The ING Customer Service Center is located at P.O. Box 5065, Minot, ND 58702-5065. For overnight delivery, the address is 2000 21st Ave NW, Minot, ND 58703-0890. Unless we give you notice otherwise, you should send:

- a. All payments to the address on any provided premium notice or coupon and return envelope; and
- b. All other payments, notices and requests to the ING Customer Service Center as provided in the Required Notice and Procedures section.

## SETTLEMENT OPTIONS PROVISIONS

### SETTLEMENT OPTION SELECTION

A settlement option provides for payment of Death Benefit Proceeds or the Net Surrender Value in other than a lump sum. You may select a settlement option by giving us notice before the death of the Insured. If you have not selected a settlement option, the beneficiary may give us notice within 60 days after we receive due proof of the death claim or prior to our payment of the lump sum Death Benefit Proceeds, whichever is earlier. You may not name a payee that is not a natural person without our consent.

### SETTLEMENT OPTIONS

- a. **Settlement Option I:**  
**Payouts for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year for a designated period that may be 5 to 30 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payout for each \$1,000.00 of proceeds applied is in Settlement Table I.
- b. **Settlement Option II:**  
**Life Income with Payouts for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year throughout the payee's lifetime, or if longer, for a period of 5, 10, 15 or 20 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payout for each \$1,000.00 of proceeds applied is in Settlement Option Table II. This Settlement Option is available only for ages shown in the table. Payouts for Settlement Option II will be determined by using the 2000 Individual Annuity Mortality Table for the appropriate gender at 1.50% interest per year.
- c. **Settlement Option III:**  
**Hold at Interest.** You may leave amounts on deposit with us that we will pay on the death of the payee, or at any earlier date you select. Interest on any unpaid balance will be at the rate declared by us or at any higher rate required by law. You select whether interest will be left on deposit with us and accumulated or paid in monthly, quarterly, semi-annual or annual payments each year. You may not leave any amount on deposit for more than 30 years.
- d. **Settlement Option IV:**  
**Payouts of a Designated Amount.** Based on your selection, we will pay a designated amount in annual, semi-annual, quarterly or monthly equal installments per year until the proceeds, together with interest at the rate declared by us or at any higher rate required by law, are exhausted.
- e. **Settlement Option V:**  
**Other.** Settlement may be made in any other manner as agreed in writing between you (or the beneficiary) and us.

### SETTLEMENT OPTION CHANGES AND WITHDRAWALS

You may change any Settlement Option at any time before the Insured's death. If you have given the beneficiary the right to make changes or withdrawals, or if the beneficiary has selected the Settlement Option, the beneficiary (as primary payee) may take the following actions:

- a. Make a change from Settlement Options I, III, and IV to another Settlement Option;
- b. Take a full withdrawal under Settlement Option III or IV; and partial withdrawals of not less than \$300.00 under Settlement Option III;
- c. Commute and receive in one sum any remaining installments under Settlement Option I at 1.50% interest annually; and
- d. Change any contingent payee designation.

You may give us notice requesting a change or withdrawal. We may require that you send in the supplementary policy or provide proof of your lost policy. We may defer payment of a commuted payment and any withdrawals for a period up to 6 months.

## **SETTLEMENT OPTION EXCESS INTEREST**

We may declare an interest rate above the guaranteed rate on Settlement Options I, II, III and IV. The crediting of excess interest for one period does not guarantee the higher rate for other periods.

## **SETTLEMENT OPTION MINIMUM AMOUNTS**

The minimum amount you may apply under any Settlement Option is \$2,000.00. If the payments to the payee are ever less than \$20.00, we may change the frequency of payments to result in payments of at least that amount.

## **SUPPLEMENTARY POLICY**

When a Settlement Option becomes effective, we will surrender your policy in exchange for a supplementary policy. It will provide for the manner of settlement and rights of the payees. The supplementary policy's effective date will be the date of Insured's death or the date of surrender. The first payment under Settlement Options I, II, and IV will be payable as of the effective date. The first interest payment under Settlement Option III will be made as of the end of the interest payment period selected. We will make subsequent payments in accordance with the frequency of payment selected. You may not assign the supplementary policy or payments without our consent.

## **INCOME PROTECTION**

Unless otherwise provided in the selection, a payee does not have the right to commute, transfer or encumber amounts held or installments to become payable. To the extent provided by law, the proceeds, retained amounts and installments are not subject to any payee's debts, policies or engagements.

## **DEATH OF PRIMARY PAYEE**

On the primary payee's death, we will continue any payments certain under Settlement Option I or II, interest payments under Settlement Option III, or payments under Settlement Option IV to the contingent payee, or release any amounts in one lump sum, if permitted by your policy. The final payee will be the estate of the last to die of the primary payee and any contingent payee.

## **PAYMENTS OTHER THAN MONTHLY**

The tables that follow show monthly installments for Settlement Options I and II. To arrive at annual, semi-annual or quarterly payments, multiply the appropriate figures by 11.813, 5.957 or 2.991 respectively. We will provide factors for other periods certain, or for other options provided by mutual agreement, on reasonable request.

## SETTLEMENT OPTION TABLES

### SETTLEMENT OPTION TABLE I

(Per \$1,000.00 of proceeds)

No. of Years Payable	Monthly Installment	No. of Years Payable	Monthly Installment
5	\$17.28	18	\$5.27
6	\$14.51	19	\$5.03
7	\$12.53	20	\$4.81
8	\$11.04	21	\$4.62
9	\$9.89	22	\$4.44
10	\$8.96	23	\$4.28
11	\$8.21	24	\$4.13
12	\$7.58	25	\$3.99
13	\$7.05	26	\$3.86
14	\$6.59	27	\$3.75
15	\$6.20	28	\$3.64
16	\$5.85	29	\$3.54
17	\$5.55	30	\$3.44

We base these monthly installments on an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II**

**Female**

(Per \$1,000.00 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain		Life With 20 Years Certain	Female	Life With 5 Years Certain	Life With 10 Years Certain
15	1.92	1.92	1.92	1.92	41	2.57	2.56	2.56	2.55
16	1.94	1.94	1.94	1.94	42	2.61	2.60	2.60	2.59
17	1.95	1.95	1.95	1.95	43	2.65	2.64	2.64	2.63
18	1.97	1.97	1.97	1.97	44	2.69	2.69	2.68	2.67
19	1.99	1.99	1.99	1.99	45	2.74	2.73	2.73	2.71
20	2.01	2.01	2.01	2.00	46	2.79	2.78	2.77	2.76
21	2.02	2.02	2.02	2.02	47	2.84	2.83	2.82	2.80
22	2.04	2.04	2.04	2.04	48	2.89	2.88	2.87	2.85
23	2.06	2.06	2.06	2.06	49	2.94	2.94	2.92	2.90
24	2.08	2.08	2.08	2.08	50	3.00	2.99	2.98	2.95
25	2.10	2.10	2.10	2.10	51	3.06	3.05	3.03	3.00
26	2.13	2.12	2.12	2.12	52	3.12	3.11	3.09	3.06
27	2.15	2.15	2.15	2.14	53	3.19	3.18	3.16	3.12
28	2.17	2.17	2.17	2.17	54	3.26	3.25	3.22	3.18
29	2.19	2.19	2.19	2.19	55	3.33	3.32	3.29	3.24
30	2.22	2.22	2.22	2.21	56	3.41	3.39	3.36	3.30
31	2.25	2.24	2.24	2.24	57	3.49	3.47	3.43	3.37
32	2.27	2.27	2.27	2.27	58	3.58	3.56	3.51	3.44
33	2.30	2.30	2.30	2.29	59	3.67	3.65	3.59	3.51
34	2.33	2.33	2.32	2.32	60	3.77	3.74	3.68	3.58
35	2.36	2.36	2.35	2.35	61	3.87	3.84	3.77	3.66
36	2.39	2.39	2.39	2.38	62	3.98	3.94	3.86	3.73
37	2.42	2.42	2.42	2.41	63	4.10	4.05	3.96	3.81
38	2.46	2.45	2.45	2.44	64	4.22	4.16	4.06	3.88
39	2.49	2.49	2.49	2.48	65	4.35	4.29	4.16	3.96
40	2.53	2.53	2.52	2.51	66	4.49	4.42	4.27	4.04

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II  
Female (Continued)  
(Per \$1,000.00 of proceeds)**

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain
67	4.64	4.55	4.38	4.11
68	4.80	4.69	4.49	4.19
69	4.97	4.85	4.61	4.26
70	5.15	5.00	4.73	4.33
71	5.35	5.17	4.85	4.39
72	5.56	5.35	4.97	4.45
73	5.78	5.53	5.09	4.51
74	6.03	5.72	5.20	4.56
75	6.28	5.92	5.31	4.60
76	6.56	6.12	5.42	4.64
77	6.85	6.32	5.52	4.68
78	7.17	6.53	5.62	4.70
79	7.50	6.74	5.70	4.73
80	7.86	6.95	5.78	4.75
81	8.23	7.15	5.85	4.76
82	8.63	7.35	5.91	4.78
83	9.04	7.54	5.97	4.79
84	9.47	7.71	6.01	4.80
85	9.91	7.88	6.05	4.80
86	10.36	8.03	6.08	4.81
87	10.82	8.17	6.11	4.81
88	11.28	8.29	6.13	4.81
89	11.73	8.40	6.15	4.81
90	12.17	8.50	6.16	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II**

**Male**

(Per \$1,000.00 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain		Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain
15	1.99	1.99	1.99	1.99	41	2.73	2.73	2.72	2.70
16	2.01	2.01	2.01	2.01	42	2.78	2.78	2.76	2.74
17	2.03	2.03	2.03	2.03	43	2.83	2.82	2.81	2.79
18	2.05	2.05	2.05	2.04	44	2.88	2.87	2.86	2.83
19	2.07	2.07	2.07	2.06	45	2.94	2.93	2.91	2.88
20	2.09	2.09	2.09	2.08	46	2.99	2.98	2.96	2.93
21	2.11	2.11	2.11	2.10	47	3.05	3.04	3.02	2.98
22	2.13	2.13	2.13	2.12	48	3.11	3.10	3.07	3.03
23	2.15	2.15	2.15	2.15	49	3.18	3.16	3.13	3.09
24	2.17	2.17	2.17	2.17	50	3.24	3.22	3.19	3.14
25	2.20	2.20	2.19	2.19	51	3.31	3.29	3.26	3.20
26	2.22	2.22	2.22	2.22	52	3.39	3.36	3.32	3.26
27	2.25	2.25	2.24	2.24	53	3.47	3.44	3.39	3.32
28	2.27	2.27	2.27	2.27	54	3.55	3.52	3.47	3.39
29	2.30	2.30	2.30	2.29	55	3.63	3.60	3.54	3.45
30	2.33	2.33	2.33	2.32	56	3.73	3.68	3.62	3.52
31	2.36	2.36	2.35	2.35	57	3.82	3.77	3.70	3.58
32	2.39	2.39	2.38	2.38	58	3.92	3.87	3.79	3.65
33	2.42	2.42	2.42	2.41	59	4.03	3.97	3.87	3.72
34	2.46	2.45	2.45	2.44	60	4.15	4.08	3.97	3.79
35	2.49	2.49	2.48	2.47	61	4.27	4.19	4.06	3.86
36	2.53	2.52	2.52	2.51	62	4.40	4.30	4.16	3.93
37	2.56	2.56	2.56	2.54	63	4.54	4.43	4.26	4.01
38	2.60	2.60	2.59	2.58	64	4.69	4.56	4.36	4.07
39	2.65	2.64	2.63	2.62	65	4.85	4.69	4.46	4.14
40	2.69	2.68	2.68	2.66					

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**SETTLEMENT OPTION TABLES (CONTINUED)**

**SETTLEMENT OPTION TABLE II**  
**Male (Continued)**  
 (Per \$1,000.00 of proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain	Life With 20 Years Certain
66	4.98	4.83	4.57	4.21
67	5.15	4.98	4.68	4.27
68	5.34	5.13	4.78	4.33
69	5.53	5.29	4.89	4.39
70	5.74	5.45	5.00	4.45
71	5.95	5.62	5.10	4.50
72	6.18	5.80	5.21	4.54
73	6.42	5.97	5.31	4.58
74	6.68	6.15	5.40	4.62
75	6.95	6.33	5.49	4.66
76	7.23	6.52	5.58	4.68
77	7.53	6.70	5.66	4.71
78	7.85	6.88	5.73	4.73
79	8.17	7.06	5.80	4.75
80	8.52	7.24	5.86	4.76
81	8.87	7.41	5.92	4.78
82	9.24	7.57	5.97	4.79
83	9.62	7.73	6.01	4.80
84	10.01	7.88	6.05	4.80
85	10.41	8.02	6.08	4.81
86	10.81	8.14	6.10	4.81
87	11.22	8.26	6.13	4.81
88	11.63	8.37	6.14	4.81
89	12.04	8.47	6.16	4.81
90	12.45	8.55	6.17	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**THIS POLICY IS A FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY.**

The Death Benefit Proceeds are payable on the Insured's death.  
Flexible premiums are payable by you until Attained Age 121.  
This policy is nonparticipating and is not eligible for dividends.  
There is no maturity date.

WHILE YOUR POLICY PROVIDES LIFE INSURANCE COVERAGE, IT IS DESIGNED NOT TO QUALIFY AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND ITS RULES AND REGULATIONS. THIS MEANS THAT INCREASES IN YOUR POLICY'S ACCOUNT VALUE AND THE AMOUNT OF THE COST OF INSURANCE PROTECTION MAY BE TREATED AS ORDINARY INCOME AND MAY BE TAXABLE EVEN THOUGH NOT DISTRIBUTED. THERE MAY BE OTHER TAX CONSEQUENCES ASSOCIATED WITH PURCHASING AND OWNING THE POLICY. **YOU SHOULD CONSULT A QUALIFIED TAX ADVISOR ABOUT THE TAX CONSEQUENCES ASSOCIATED WITH YOUR POLICY NOT QUALIFYING AS A LIFE INSURANCE CONTRACT UNDER THE INTERNAL REVENUE CODE.**

To obtain information or make a complaint, contact Security Life of Denver Insurance Company

**[ING Customer Service Center  
P.O. Box 5065  
Minot, ND 58702-5065  
Toll Free Number: 1-877-253-5050]**

**SECURITY LIFE OF DENVER INSURANCE COMPANY  
A STOCK COMPANY**