

SERFF Tracking Number: FRCS-127074810 State: Arkansas
Filing Company: AAA Life Insurance Company State Tracking Number: 48270
Company Tracking Number: 5471
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Term Life
Project Name/Number: AAA/83/83

Filing at a Glance

Company: AAA Life Insurance Company

Product Name: Term Life

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: FRCS-127074810 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 48270
Closed

Co Tr Num: 5471

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Jana Finlay, Kevin Wiggs Disposition Date: 03/23/2011

Date Submitted: 03/17/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AAA/83

Project Number: 83

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The domicile state
(MI) will be filed via the Interstate Compact at a
later date.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/23/2011

State Status Changed: 03/23/2011

Deemer Date:

Created By: Kevin Wiggs

Submitted By: Jana Finlay

Corresponding Filing Tracking Number:

Filing Description:

We have been retained by AAA Life Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$200 has been sent by EFT on this same date.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

<i>SERFF Tracking Number:</i>	<i>FRCS-127074810</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AAA Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48270</i>
<i>Company Tracking Number:</i>	<i>5471</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>AAA/83/83</i>		

On behalf of AAA Life Insurance Company, we are submitting the above forms for your review and approval. They are being submitted in final printed format; however, AAA Life reserves the right to change fonts, layouts, or company logo/address. AAA Life certifies that the font size will never be less than the minimum 10-point as required by state regulation. Once approved, these forms will be marketed on a general basis through both AAA Life's American Automobile Association Clubs and independent agents. No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

1. The Individual Term Life Policy form TL1201AR is a non-illustrated policy.
2. Form TL1205CTR is a Child Term Rider which is an optional rider, available for an additional premium charge.
3. Form TL1207IPE, the Intermediate Period Endowment Benefit Rider is an optional rider, available for an additional premium charge and only at issue, on the 15, 20, 25 & 30 –year term plans. It will not be available on the Company's 10-year term plan. This rider is not available on in force policies. If this rider is purchased, no other riders will be available with the base policy.

For your additional information, we are attaching under the Supporting Documents tab several versions of the Schedule of Benefits page, which reflect "John Doe" information when the base policy is issued with the IPE Rider at various ages and rate classes.

4. We are also submitting for your review and approval form TL1203DWP, a Disability Waiver of Premium Rider.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist	kevin.wiggs@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2736 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

Filing Company Information

(This filing was made by a third party - FC01)

SERFF Tracking Number: FRCS-127074810 State: Arkansas
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Product Name: Term Life
 Project Name/Number: AAA/83/83

AAA Life Insurance Company
 17250 Newburgh Road
 Livonia, MI 48152
 (734) 805-2958 ext. [Phone]

CoCode: 71854
 Group Code:
 Group Name:
 FEIN Number: 52-0891929

State of Domicile: Michigan
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: AR fee of \$50 per form (4) = \$200
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AAA Life Insurance Company	\$200.00	03/17/2011	45707438

SERFF Tracking Number: FRCS-127074810

State: Arkansas

Filing Company: AAA Life Insurance Company

State Tracking Number: 48270

Company Tracking Number: 5471

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Term Life

Project Name/Number: AAA/83/83

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/23/2011	03/23/2011

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State: Arkansas

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*Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: Term Life

Project Name/Number: AAA/83/83

Disposition

Disposition Date: 03/23/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRCS-127074810 State: Arkansas
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 Product Name: Term Life
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Sample Data Pages for IPE Rider		Yes
Form	Term Life Insurance Policy to Age 95		Yes
Form	Disability Waiver of Premium Rider		Yes
Form	Child Term Rider		Yes
Form	Intermediate Period Endowment Benefit Rider		Yes

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Form Schedule

Lead Form Number: TL1201AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL1201AR	Policy/Cont Term Life Insurance ract/Fratern Policy to Age 95 al Certificate	Initial		54.600	TL1201AR Term Life Insurance Policy to Age 95.pdf
	TL1203DW P	Policy/Cont Disability Waiver of ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.100	TL1203DWP Disability Waiver of Premium Rider.pdf
	TL1205CT R	Policy/Cont Child Term Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.100	TL1205CTR Child Term Rider.pdf
	TL1207IPE	Policy/Cont Intermediate Period ract/Fratern Endowment Benefit al Rider Certificate: Amendmen t, Insert Page,	Initial		59.000	TL1207IPE Intermediate Period Endowment Benefit Rider.pdf

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**Endorseme
nt or Rider**



Livonia, Michigan

Home Office:

AAA Life Insurance Company

17900 N. Laurel Park Drive

Livonia, MI 48152

(800) 624-1662

This is a term life insurance Policy. It is issued in return for Your Application and payment of the Initial Premium.

You may convert this Policy during the Conversion Period shown on the Schedule of Benefits and Premiums (called "the Schedule").

If the insured dies while this Policy is in force, We agree to pay the Proceeds Payable to the Beneficiary according to the provisions of this Policy.

This is a legal contract between You and Us. Please Read It Carefully.

31 DAY RIGHT TO EXAMINE: You have the right to examine this Policy for a period of 31 days after You receive it. If You are not satisfied, mail or deliver it

- to Our Home Office; or
- to the agent from whom You bought the Policy; or
- any of Our Agents

with a written request that the Policy be cancelled. We will void it as though it were never issued. We will refund all premiums, fees and charges You have paid.

As evidence of this agreement, this Policy has been signed by Officers of AAA Life Insurance Company at our Home Office.

A handwritten signature in black ink, appearing to read "Harold W. Huffstetler, Jr.".

Harold W. Huffstetler, Jr., President

A handwritten signature in black ink, appearing to read "Robert J. Dotson".

Robert J. Dotson, Secretary

TOLL FREE INFORMATION AND COMPLAINT NUMBER: (800) 624-1662

**TERM LIFE INSURANCE POLICY TO AGE 95
CONVERTIBLE**

Nonparticipating

This Policy does not participate in Our earnings or surplus.

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The Application, endorsements, riders, or related material follow the last page.

POLICY SCHEDULE PAGE

Policy Number:	[123456789]	Policy Effective Date:	[03/01/2011]
Policyowner:	[John Doe]	Issue Date:	[03/01/2011]
Insured:	[John Doe]	Issue State:	[MI]
Issue Age:	[35]	Gender:	[Male]
Face Amount:	[\$100,000]	Rate Class:	[Super Preferred]
Payment Method:	[Annual Direct]	Total Initial Modal Premium:	[\$ 255.45]

[State] Department of Insurance
Telephone Number: 800-xxx-xxxx

<u>Benefit Type</u>	<u>Initial Term Period</u>	<u>Initial Annual Premium •</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Term Life Insurance	[10]Years*	[\$102.00]	[03/01/2011]	[03/01/2071]

Additional Riders/Endorsements:

<u>Benefit Type</u>	<u>Benefit Amount</u>	<u>Initial Annual Premium</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Accelerated Death Benefit Endorsement	N/A	N/A	[03/01/2011]	[03/01/2071]
[Aviation Exclusion Endorsement (for Insured)]	N/A	N/A	03/01/2011	03/01/2071]
[Disability Waiver of Premium Rider	N/A	[\$ 20.45]	03/01/2011	03/01/2041]
[Travel Accident Rider	[\$100,000]	[\$ 53.00]	03/01/2011	03/01/2056]
[Child Term Rider	[\$ 10,000]	[\$ 80.00]	03/01/2011	03/01/2071]
[Lifetime Membership Benefit Endorsement	N/A	N/A	03/01/2011	03/01/2071]

Total Initial Annual Premium: [\$255.45]

ALTERNATIVE INITIAL MODAL PREMIUM OPTIONS:

PAYMENT METHOD:	MONTHLY	DIRECT BILL	DIRECT BILL	DIRECT BILL
	CREDIT CARD OR EFT	QUARTERLY	SEMI-ANNUAL	ANNUAL
TOTAL INITIAL MODAL PREMIUM:	[\$22.48]	[\$66.42]	[\$132.83]	[\$255.45]

Conversion Period: To the earliest of the end of the Initial Term Period or the Policy Anniversary after Insured's 65th birthday. No conversions will be allowed after Attained Age 65.

• Includes [\$75] Annual Fee

* Coverage is renewable annually thereafter, but not beyond the Expiration Date.

Address and phone number for Premium payment, inquiries and notification of claim:

AAA Life Insurance Company
17900 N. Laurel Park Drive
Livonia, MI 48152-3985
(800) 624-1662

SCHEDULE OF BENEFITS AND PREMIUMS
(continued)

Policy Number: [123456789]

Insured: [John Doe]

Attained Age	Base Annual Premium*	Maximum Annual Premium **		Attained Age	Base Annual Premium*	Maximum Annual Premium **
35	102.00	255.45		65	4,716.00	4,849.00
36	102.00	255.45		66	5,178.00	5,311.00
37	102.00	255.45		67	5,646.00	5,779.00
38	102.00	255.45		68	6,150.00	6,283.00
39	102.00	255.45		69	6,672.00	6,805.00
40	102.00	255.45		70	7,305.00	7,438.00
41	102.00	255.45		71	8,278.00	8,411.00
42	102.00	255.45		72	9,534.00	9,667.00
43	102.00	255.45		73	10,909.00	11,042.00
44	102.00	255.45		74	12,407.00	12,540.00
45	183.00	353.60		75	14,086.00	14,219.00
46	193.00	375.55		76	15,962.00	16,095.00
47	204.00	398.00		77	18,164.00	18,297.00
48	210.00	413.32		78	20,766.00	20,899.00
49	218.00	429.62		79	23,814.00	23,947.00
50	313.00	553.49		80	27,223.00	27,303.00
51	423.00	698.34		81	30,411.00	30,491.00
52	560.00	880.80		82	33,731.00	33,811.00
53	719.00	1,093.97		83	37,311.00	37,391.00
54	918.00	1,364.20		84	41,275.00	41,355.00
55	1,167.00	1,701.70		85	45,703.00	45,783.00
56	1,450.00	2,072.15		86	50,611.00	50,691.00
57	1,777.00	2,500.19		87	55,971.00	56,051.00
58	2,113.00	2,940.01		88	61,715.00	61,795.00
59	2,505.00	3,453.14		89	67,775.00	67,855.00
60	2,751.00	3,633.84		90	74,099.00	74,179.00
61	3,051.00	3,852.64		91	80,047.00	80,127.00
62	3,417.00	4,121.55		92	86,247.00	86,327.00
63	3,828.00	4,400.67		93	92,787.00	92,867.00
64	4,260.00	4,665.37		94	95,075.00	95,155.00

* Includes [\$75] Annual Fee

** Includes Annual Premium for any Riders

Definitions

In this Policy, the following terms mean:

Absolute Assignment – The transfer of the Owner's rights and privileges to another person or entity. Actual ownership does not transfer.

Age - The Insured's age as of their nearest birthday.

Application – The document and any additional document used to provide Evidence of Insurability to apply for this insurance coverage or any reinstated coverage. It is a part of this Policy.

Attained Age – The Insured's Age, on any given date, at the most recent Policy Anniversary.

Base Policy – This Policy without any added benefits provided by Riders or Endorsements

Beneficiary - The person or entity named in the Application, or in the most recent change recorded by Us, to receive the death benefit.

Contingent Beneficiary – The person or entity named in the Application, or in the most recent change recorded by Us, to receive the death benefit if no primary Beneficiary is alive at the Insured's death.

Contingent Owner – The person or entity named in the Application, or in the most recent change recorded by Us, to become the Owner of this Policy if the Owner dies before the Insured.

Death Benefit- The amount payable upon the death of the Insured while this Policy is in force.

Endorsement – A form attached to this Policy that provides additional benefits without additional charges.

Evidence of Insurability - Proof satisfactory to Us that an Insured is an acceptable risk for insurance coverage.

Expiration Date - The date on which all coverage under this Policy, or any attached Rider, is no longer in force, as shown on the Schedule.

Face Amount – The amount of life insurance provided under this Policy. It is shown in the Schedule. This amount does not include benefits under any Riders or Endorsements.

Grace Period - The time period in which an overdue Premium will still be accepted. During this period the coverage remains in force.

Home Office –Our office located at 17900 N. Laurel Park Drive, Livonia, MI 48152.

Initial Premium – The first premium due in consideration for this Policy. We must receive the Initial Premium before the Policy becomes effective.

Insured - The person whose life is insured under this Policy as shown on the Schedule.

Irrevocable Beneficiary – A Beneficiary the Owner cannot change without the Irrevocable Beneficiary's written consent.

Issue Age – The Insured's Age on the Policy Effective Date. The Issue Age is shown on the Schedule.

Issue Date - The date shown on the Schedule. We will use this date to measure the time periods of the Suicide and Incontestability Provisions of this Policy.

Maximum Annual Premium - The highest annual Premium that We can charge for each Policy Year. It is shown in the Table of Annual Premiums. The Maximum Annual Premium includes Premiums payable for any benefit Riders attached to this Policy.

Owner - The person or entity that has full rights and privileges to the benefits of this Policy, while the Insured is living.

Payee – The person or entity to whom We make benefit payments.

Policy – The document that provides evidence of insurance coverage and benefits, on the Insured

Policy Anniversary - The same month and day as the Policy Effective Date for each year this Policy remains in force.

Policy Effective Date – Is the date insurance coverage begins. It is shown on the Schedule. We use the Policy Effective Date to determine Policy Anniversaries.

Premium - The amount required to be paid to Us to keep this Policy in force.

Rate Class - The mortality or morbidity classification assigned to the Insured under this Policy. It is used to determine the costs, charges and fees for the insurance coverage. The Rate Class of the Insured is shown on the Schedule.

Proofs of Loss – Documents that provide satisfactory evidence to Us, that the Insured or You have incurred a loss covered by the Policy, its Riders or Endorsements.

Reinstate - To restore coverage after this Policy has lapsed.

Reinstatement Date – The date we approve a reinstatement request and receive all overdue premiums.

Rider – A form attached to this Policy that provides added benefits for an additional charge.

Initial Term Period - The period of time shown on the Schedule for which insurance is issued under this Policy. It is the period We guarantee the Annual Premium will remain level.

Total Initial Modal Premium - The Premium for the chosen payment method for the life insurance Benefit Amount plus any added benefit Riders. This is shown on the Schedule.

We, Us, Our, Ours , and the Company mean AAA Life Insurance Company.

You , Your and Yours mean the Owner of this Policy.

General Provisions

Entire Contract

The Entire Contract between You and Us consists of this Policy, including any attached Riders, Endorsements or amendments, and the attached Applications.

Any application for:

1. Additional benefits provided by Rider;
2. A change in coverage, or
3. Reinstatement

becomes a part of this Policy on the effective date of the Rider, change or reinstatement.

Any change or waiver of any provision of this Policy must be in writing and signed by an Officer of the Company. No agent has the authority to change the contract in any way or extend the time for paying Premiums.

Misstatement of Age or Gender

If the Insured's Age or gender was misstated, their correct Age or gender at the date of application will be used to determine:

1. The Effective, Renewal, or Expiration Dates of benefits provided by this Policy;
2. The Death Benefit, and
3. Any other rights or benefits under this Policy.

If the Insured's Age or gender was misstated, We will adjust the Death Benefit to be the amount that would be purchased by the premium at the correct Age or gender.

Suicide

If the Insured commits suicide, while sane or insane, within 2 years from the Issue Date, proceeds payable will be limited to:

1. Total Premiums paid,
2. Less any Debt and
3. Less the cost of insurance for any other covered person insured by Rider.

The proceeds will be paid to the Beneficiary in one lump sum regardless of any policy settlement previously elected by You or the Beneficiary.

Incontestability

We will not contest the validity of this Policy after it has been in force during the Insured's lifetime for 2 years from

- the Issue date, or
- the last Reinstatement Date.

We will not use a statement made by You or the Insured on any Application to contest a claim unless:

1. The Insured dies within 2 years of the Issue Date or within 2 years of the last Reinstatement Date, and
2. any answer, representation or acknowledgement made by You or the Insured on the Application for Insurance or Reinstatement was not true and/or complete, and
3. if we had known the truth, We would not have issued the Policy.

We can contest this Policy at any time for nonpayment of premium, or fraud, where permitted by the state where this Policy is delivered or issued for delivery.

Protection Against Creditors (Beneficiary's Rights)

While the Insured is alive, the Beneficiary may not assign or borrow against the benefit amount. While the Insured is alive or upon death, a Beneficiary's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Protection Against Creditors (Owner's Rights)

While the Insured is alive, the Owner may not assign or borrow against the benefit amount, except as stated in the Assignment provision. While the Insured is alive, an Owner's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Statements

We consider all statements made in the Application to be representations and not warranties, unless they are fraudulent. No statement will be used to void coverage or reduce benefits unless:

1. it is in writing; and
2. a copy is attached to the Policy.

Clerical Errors

Clerical or system errors in this Policy, or any report concerning this Policy, will neither:

1. deprive You of the benefits You are entitled to under the Policy, nor
2. provide You with additional benefits to which You are not entitled.

Conformity with State Statutes

This Policy is subject to the laws of the state where the Application was signed. If part of this Policy does not comply with those laws, it will be treated as if it did. Any provision of this Policy, which, on its Effective Date, is in conflict with the statutes of the state in which the Policyowner is located on such date is hereby amended to conform to the minimum requirements of such statutes.

Termination

All coverage under this Policy will terminate when any of the following occurs:

1. the Insured dies;
2. the Policy is converted as specified herein;
3. the Grace Period ends without payment of the required premium;
4. the Expiration Date as shown on the Schedule.

Any premium received after the date of Termination will not cause this Policy to continue in force. Any such premium will be refunded.

Ownership Provisions

Policy Owner

The Insured is the Owner of this Policy, unless otherwise stated in the application or in a Policy endorsement. Your rights as an Owner end at the Insured's death. While the Insured is living, You have the rights as Policy Owner to:

1. transfer ownership rights and privileges by Absolute Assignment or Collateral Assignment, or
2. designate, change, or revoke a Contingent Owner, or
3. change any Beneficiary during the Insured's lifetime, or
4. receive any benefit, exercise any right, and use any privilege granted to You by Your Policy, or
5. agree with Us to change or amend Your Policy.

If You have named an Irrevocable Beneficiary, We will require their consent before processing any of Your requests. If the Owner dies before the Insured, the Contingent Owner becomes the new Owner. If the Owner dies before the Insured and no other arrangements have been made with Us, ownership will transfer to the Owner's estate.

Change of Ownership

If a new Owner or Contingent Owner is named, then, unless otherwise stated, any prior designation of a Contingent Owner will be void. The ownership change must be made while the Insured is living by sending satisfactory written notice to Us at Our Home Office.

Assignment

Assignment of this Policy will be binding on Us only after a copy of the assignment is received at Our Home Office. We are not responsible for the validity of any assignment. If the assignment is absolute, all rights of the Owner and any revocable Beneficiary are transferred to the assignee. If the assignment is collateral, rights are transferred only to the extent of the assignee's interest.

Change of Beneficiary

The Owner may change the Beneficiary, except for an Irrevocable Beneficiary, at any time while the Insured is living by sending written notice to Us at Our Home Office.

Effective Date of Elections, Designations, Changes and Requests

All elections, designations, changes and requests must be in written form satisfactory to Us. They will become effective on the date the notice of change is signed, unless specified otherwise by the Owner. We will not be liable for payment made or action taken by Us before notice was received at Our Home Office and acknowledged in writing by Us.

Beneficiary

Beneficiary

The Beneficiary will receive the Death Benefit. A Beneficiary has no rights under this Policy until the death of the Insured.

There are two Beneficiary classes:

1. Primary Beneficiary, or
2. Contingent Beneficiary.

If there is more than one primary Beneficiary, each will share equally unless otherwise specified by You. If no primary Beneficiary survives the Insured, the Death Benefit will be paid to the Contingent Beneficiary. The share of any Beneficiary who dies before the Insured, or within fifteen (15) days after, will pass equally to any surviving Beneficiaries in that class, unless otherwise stated by You. If no Beneficiary survives the Insured, the Death Benefit will be paid to the Owner or the Owner's estate.

However, we may pay any Death Benefit up to \$10,000 to any person We consider justly entitled if:

1. the Beneficiary is not competent to give a valid release;
2. the Beneficiary is a minor, or
3. the benefit is payable to the Owner's estate.

If We make payment in good faith, We will not be liable to anyone for the amount paid.

Premiums

Payment

Each Premium is payable in advance of the period it applies. Due dates of later Premiums are measured from the Policy Effective Date. All Premiums after the first are payable to Us at Our Home Office. You may request a receipt signed by an officer of the Company.

The amount and frequency of Premium payments are shown on the Schedule. This Policy terminates on the due date of any Premium not paid on or before that date, subject to the Grace Period provision.

Renewal

This Policy is issued for the Term Period shown on the Schedule starting on the Policy Effective Date. This Policy may be renewed, without Evidence of Insurability, for successive annual periods until the Expiration Date shown on the Schedule. The Expiration Date is the day prior to the Policy Anniversary after the Insured's 95th birthday.

Grace Period

We allow a Grace Period of 31 days for payment of any Premium after the first. This Policy remains in force during the Grace Period. If death occurs during a Grace Period, any unpaid Premium up to the date of death will be deducted from the Death Benefit.

Reinstatement

During the life of the Insured, You may apply to have the Policy reinstated within three years after the due date of any unpaid premium. The Policy must not have been converted.

We require the following to reinstate the Policy:

1. satisfactory Evidence of Insurability, and
2. payment of all overdue premiums from date of Termination to the Reinstatement Date, and
3. payment of the first Modal Premium Due after the Reinstatement Date.

The Effective Date of Reinstatement is the date We approve the Reinstatement. We must have received all required premiums before we approve it.

Conversion Provision

Conversion Period – You may convert this policy within the time frame indicated on the Schedule. Insurance may be converted to any individual permanent life insurance policy that we make available for Conversion during this period. The Policy must be in force. The conversion period ends on the date shown on the Schedule.

Conditions for Conversion

Insurance, up to the Face Amount in force on this Policy, may be converted to a new policy during the conversion period. However, partial conversions will not be allowed when the Intermediate Period Endowment Benefit Rider is attached to this Policy. Conversion is subject to these conditions:

1. Premiums are not being waived due to total disability.
2. Premiums are current on this Policy.
3. The effective date of the new policy will be the date of conversion.
4. The suicide or contestability period does not start over with the new policy. The suicide and contestability period under the new Policy will be measured from the Issue Date of this Policy, or if later, the last Reinstatement Date.
5. Any Riders and/or Endorsements will be issued with the new policy only with Our consent. They will be subject to Our requirements.
6. You must submit a request for conversion form to Us and pay the first premium due.
7. The new policy will be issued at the Age of the Insured on the date of conversion, and on the forms in use by Us on that date.
8. The new policy will be issued in a similar Rate Class to this Policy, at the Premium for that Rate Class in use by Us on the date of conversion.
9. The new policy will be subject to Our minimum policy requirements in effect at the time of conversion. The annual Premium for the new policy cannot be less than the corresponding Premium for this Policy.

Claim Processing

Death Benefit

If the Insured dies while this Policy is in force, We will pay the Death Benefit to the Beneficiary. The Death Benefit will be calculated as:

1. the amount provided by the Face Amount; plus
2. any benefits provided by Rider or Endorsement which are payable upon the Insured's death; less
3. the amount needed to keep this Policy in force to the end of the Policy month of death, if the Insured dies within the Grace Period; less
4. the amount of any benefits paid under the Accelerated Death Benefit; plus
5. any Premium paid past the Policy month of death.

Filing a Death Claim

To claim the Death Benefit, We require a claim form and due proof of death. Due proof of death consists of:

- a certified copy of the Insured's death certificate;
- other lawful evidence providing equivalent information, and
- proof of the claimant's interest in the proceeds.

If You or Your Beneficiaries need help in the claim process, contact Your agent or Our Home Office.

Interest on Proceeds

Interest accrues and is payable from the date of death. It accrues at the rate applicable to the Policy for funds left on deposit with Us as of the date of death, plus 10% annually beginning 31 calendar days from the latest of:

- (i) The date We receive due proof of death, or
- (ii) The date We receive sufficient information to determine Our liability, the extent of Our liability and the appropriate payee legally entitled to the proceeds, or
- (iii) The date all legal impediments to payment of proceeds that are dependent on parties other than the Company are resolved and sufficient evidence of such resolution is provided to Us. Legal impediments include, but are not limited to:
 - a. The establishment of guardianships and conservatorships;
 - b. The appointment and qualification of trustees, executors and administrators, and
 - c. The submission of information required to satisfy state and federal reporting requirements.

Method of Payment

The Death Benefit can be paid in a lump sum or under any payment option mutually agreed upon.

If You wish to have any part of the benefit amount paid under a settlement option, You must make the election in writing during the Insured's lifetime. If a settlement option, other than lump sum, is chosen, each payment must be at least \$100. If an option has not been chosen when the Insured dies, the Beneficiary may choose one.

A Payee may not assign or borrow against the benefit amount. A Payee's creditors may not claim any of the benefit amount or interest, unless allowed by law.

At the death of the Payee, We will pay the present value of the unpaid benefit amount, including interest, in a lump sum to the Payee's designated beneficiary. If no Payee Beneficiary has been named or the Payee's Beneficiary predeceases the Payee, We will make a lump sum payment to the Payee's estate.

Physical Examination and Autopsy

We have the right to examine, at Our expense, the person for whom a claim is made under this Policy, as We may reasonably require while a claim is pending. We have the right to have an autopsy performed in the case of death, where the law does not forbid it.

Legal Actions

Legal Actions may not be taken to receive benefits until 60 days after the date Proof of Loss is submitted as described above. Legal action may not be taken after the applicable statute of limitations.



**TERM LIFE INSURANCE POLICY TO AGE 95
Nonparticipating**



17900 N. Laurel Park Drive, Livonia, MI 48152
(800) 624-1662
www.aalife.com

DISABILITY WAIVER OF PREMIUM RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions and definitions of the Policy unless stated otherwise in this Rider.

EFFECTIVE DATE: The Effective Date of this Rider is the Effective Date shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If we reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule page.

CONSIDERATION: We issue this Rider in consideration of the Application for this Rider and payment of its first Premium. The premium for this Rider is shown in the Policy Schedule Page.

EXPIRY DATE: The date coverage ends under this Rider is shown in the Policy Schedule Page.

INSURED: The person named as the Insured in the Policy Schedule Page.

SICKNESS OR DISEASE: Sickness or Disease diagnosed and treated while this Rider is in force. Sickness also means medical conditions admitted in the Application.

INJURY: An accidental bodily injury sustained by the Insured as the direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while this Rider is in force.

TOTAL DISABILITY AND TOTALLY DISABLED: A disability which:

1. results solely from Injury, Sickness or Disease, and which first manifests itself while this Rider is in force;
 - (i) **During the first 24 months of Total Disability**, the Insured is unable to perform the substantial and material duties of their job due to Injury, Sickness or Disease, and
 - (ii) **After the first 24 months of Total Disability**, the Insured, due to Injury, Sickness or Disease, is unable to perform any of the substantial and material duties of their job, or any other job for which they become reasonably qualified by education, training or experience.
2. begins before Attained Age 65.

If the Insured is not gainfully employed on a full time basis away from his or her residence when Total Disability begins, Total Disability will mean the inability to engage in the normal activities of a person reasonably qualified by education, training, or experience.

BENEFIT: The premiums waived under this Rider will be the total annual Premium as shown on the Policy Schedule Page.

Loan interest due and accrued will not be waived. If at any time the Debt equals or exceeds the Cash Surrender Value, the Grace Period provision of the Policy will apply.

If the Total Disability starts while this Rider is in force and the Total Disability lasts for a period of six (6) consecutive months, We will then waive the premiums for Policy Months after the six (6) month period.

If the Insured's Total Disability begins before the Policy Anniversary of the Insured's Attained Age 60, We will waive all premiums under the Policy while the Insured remains Totally Disabled. If the period of Total Disability extends beyond the Insured's Attained Age 65, We will waive all further premiums while the Insured remains Totally Disabled.

If the Insured's Total Disability begins after the Policy Anniversary of the Insured's Attained Age 60, We will waive all premiums while the Insured remains Totally Disabled, but only up to the Policy Anniversary of the Insured's Attained Age 65.

Until the Insured's Total Disability has lasted six (6) months, premiums must be paid if required. We will return the premiums paid during such six (6) month period to the Policy if the Insured remains Totally Disabled.

Unless written notice of Total Disability is given to Us as soon as reasonably possible, We will not waive any premium received after one (1) year before We receive the Written notice at our Home Office.

This Waiver of Premium benefit does not apply to the Total Disability of any person other than the person named as the Insured in the Policy Schedule.

EXCLUSIONS: No benefit will be provided under this Rider if the Insured's Total Disability:

1. results from any attempt at suicide or intentionally self-inflicted injury while sane or insane;
2. results from voluntary intake or use by any means of:
 - (i) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, or
 - (ii) Poison, gas or fumes, unless a direct result of an occupational accident;
3. results from an act of war, declared or undeclared;
4. results from an accident which occurred before the Effective Date of this Rider;
5. results from a condition or disease that first manifested itself before the Effective Date of this Rider;
6. results directly or indirectly from active participation in a riot, insurrection, or terrorist activity. An exclusion for riot or insurrection is limited to instigators and does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense;
7. results from committing or attempting to commit a felony;
8. caused or contributed to by intoxication as defined by the jurisdiction where the total disability occurred;
9. caused or materially contributed to by participation in an illegal occupation or activity;
10. caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the Policy.
11. begins prior to the Policy Anniversary of the Insured's Attained Age 15, or
12. begins after the Policy Anniversary of the Insured's Attained Age 65.

INCONTESTABILITY: We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from the date of its issue, excluding any period when the Insured was totally disabled, except for fraud in the procurement of the form, when permitted by applicable law in the state where the Policy is delivered or issued for delivery. After this Rider has been in force for two years from the effective date of reinstatement, We will not contest a claim based on statements made in the application for reinstatement.

NOTICE OF CLAIM: We must receive written notice of claim at Our Home Office informing Us that the Insured is Totally Disabled. We must receive the written notice:

1. while the Insured is alive;
2. while the Insured is Totally Disabled; and
3. within 12 months of the start of the Insured's Total Disability.

If We do not receive such written notice, We will not waive premiums that are paid more than 12 months before We receive the written notice.

PROOF OF TOTAL DISABILITY: We must receive proof of Total Disability at Our Home Office within 6 months after written notice of Total Disability is given to Us. If it is not reasonably possible to give the proof within six 6 months, Your claim is not affected if the proof is sent as soon as reasonably possible. But, unless You are legally incapacitated, We must receive proof within 1 year of the time it is otherwise required.

PROOF OF CONTINUANCE OF TOTAL DISABILITY: During the first 2 years after We receive proof of the Insured's Total Disability, We may at reasonable intervals, but not more than once every 30 days, require proof that the Insured is still Totally Disabled. Thereafter, We may require proof once a year that the Insured is still Totally Disabled. As part of any proof, We may require the Insured to be examined, at Our expense, by a physician chosen by Us.

If We do not receive proof that the Insured is still Totally Disabled, or if the Insured is no longer Totally Disabled, We will stop waiving the premiums.

TOTAL DISABILITY STARTING DURING THE GRACE PERIOD: If Total Disability begins during a Grace Period, We require You to pay any overdue premiums to avoid a lapse of insurance before We approve the Waiver benefit claim.

CHANGE IN INSURANCE DURING TOTAL DISABILITY: You may not change the Insured's Policy benefits while the premiums are being waived.

NONFORFEITURE VALUES: This Rider does not have Cash Values or Loan Values.

TERMINATION: This Rider will terminate on the earliest of:

1. its Expiry Date as shown in the Policy Schedule Page;
2. the date the Policy this Rider is attached to terminates, or
3. when the Owner requests to Us in writing that We cancel it.

Termination of this Rider will not affect the payment of a claim submitted for a Total Disability that began while this Rider was in force.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary



17900 N. Laurel Park Drive, Livonia, MI 48152
(800) 624-1662
www.aaalife.com

CHILD TERM RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions, and definitions of the Policy unless stated otherwise in this Rider.

EFFECTIVE DATE: The Effective Date of this Rider is shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If we reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule Page.

CONSIDERATION: We issue this Rider in consideration of Your Application for this Rider and payment of its first Premium. The Premium for this Rider is shown on the Schedule Page.

ELIGIBLE CHILD: An Eligible Child includes all of the Insured's unmarried children, stepchildren, or legally adopted children who are at least 15 days old and under age 19 on the date coverage first becomes effective under this Rider. An Eligible Child must be dependent upon the Insured for support and living within the Insured's household or attending an educational institution as a full-time or part-time student.

In addition, the following children will automatically be covered under this Rider:

1. any child, at least 15 days old, born to the Insured after this Rider is in force; or
2. any child, between 15 days and age 19, who is legally adopted or becomes a stepchild of the Insured after this Rider is in force.

If the Insured no longer has any Eligible Insured Children, You must send us a written notice notifying Us of such. This Rider will remain in force and We will continue to charge Premium for this Rider, unless the Rider terminates as outlined under the Termination provision.

EXPIRATION OF BENEFIT: For each Insured child, coverage will cease at the earliest of:

1. the date he or she is no longer considered eligible as defined under the Eligible Child provision; or
2. the date the Insured Child marries; or
3. the date he or she turns age 25.

INSURED: The person named as the Insured in the Policy Schedule Page.

INSURED CHILD: An Eligible Child whose coverage has become effective under this Rider.

BENEFICIARY OF INSURED CHILD'S COVERAGE: On the Effective Date of this Rider, the Beneficiary is the Owner of the Policy unless otherwise stated in the Application. If the Owner predeceases the Insured and no other Beneficiary is designated, the Insured will become the Beneficiary.

BENEFIT: This Rider provides term life insurance coverage on the life of each Insured Child. We agree, subject to the conditions of this Rider, to pay the Beneficiary the amount for each Benefit Amount if:

1. an Insured Child's death occurs while the Policy and this Rider is in force; and
2. We receive due proof of death and eligibility for coverage for such Insured Child.

BENEFIT AMOUNT: The Benefit Amount payable under this Rider is the amount shown on the Policy Schedule Page.

BENEFITS AFTER THE INSURED'S DEATH: If the death of the Insured, except by suicide while sane or insane within 2 years from the Policy's Issue Date, occurs while this Rider is in force, the insurance on the Insured Child will become paid-up term life insurance and remain in force without further payment of Premium until the earlier of:

1. the Policy Anniversary following the Insured Child's age 25; or
2. the date the Insured Child marries.

The Owner of the Insured's Child paid-up insurance will be:

1. the Insured Child if he or she is of legal age; or
2. the Insured Child's guardian if he or she is not of legal age.

The paid-up term insurance may be surrendered at any time for its cash value. If the paid up term insurance is surrendered within 30 days after the Policy Anniversary, the value available shall not be less than the anniversary value. The cash value above is based on Commissioner's 2001 Standard Ordinary Mortality table Age Nearest Birthday and 3% interest.

CONVERSION: Any Insured Child may convert his or her insurance, without evidence of insurability, to a New Policy within 31 days after the earlier of:

1. the Policy Anniversary following the Insured Child's age 25; or
2. the date the Insured Child marries.

The New Policy may be for any permanent insurance plan We offer at the time of Conversion. To convert the insurance on an Insured Child, send Us Your Application and the first Premium for the New Policy. If You need assistance with the Conversion process please contact Your Agent or Our Home Office.

Insurance will continue to be in force on the life of the Insured Child during the 31 days allowed for Conversion.

When the insurance for an Insured Child is converted, that child will no longer be insured under this Rider.

CONVERSION DATE: The date We issue the New Policy.

NEW POLICY: The Conversion Policy.

TERMS OF THE NEW POLICY: The New Policy will be issued subject to the following terms:

1. The New Policy will be issued on the life of the Insured Child when We receive the Application for the New Policy and the first Premium payment.
2. The death benefit will be:
 - a. no less than the amount of insurance then in force under this Rider, subject to Our minimum requirements; and
 - b. no more than 5 times that amount.
3. It will be issued on the form and at the Premium rate for the Age and gender, in use by Us on the Effective Date of the New Policy.
4. It will be a standard Premium class.
5. The Effective Date of the New Policy will be the Conversion Date.
6. The Incontestability and Suicide provisions of the New Policy will be measured from the Effective Date of this Rider.
7. Additional Rider benefits may be attached to the New Policy only with Our consent. Such additional benefits will require proof of insurability. If included in the New Policy, these Riders will be based on the forms and Premiums rates in effect on the Conversion Date.

NONFORFEITURE VALUES: This Rider does not have Cash Surrender Values or Loan Values.

TERMINATION: This Rider will terminate on the earliest date of when:

1. We receive Your written notice that the Insured no longer has any Children eligible for coverage as defined under the Eligible Child provision; or
2. the Policy this Rider is attached to terminates, or
3. We receive Your written request to cancel this Rider.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary



(A Stock Company)
17900 N. Laurel Park Drive, Livonia, MI 48152
(800) 624-1662
www.aaalife.com

INTERMEDIATE PERIOD ENDOWMENT BENEFIT RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions, terms, conditions and definitions of the Policy unless stated otherwise in this Rider.

EFFECTIVE DATE

This Rider is issued with the Policy; its effective date is the Issue Date as shown in the Schedule of Benefits and Premiums. This Rider will not become effective unless the Policy is in force.

DEFINITIONS

Intermediate Endowment Period - the equivalent of the Insured's initial Term Period as shown in the Schedule of Benefits and Premiums.

Cash Value – the value available when the Policy terminates before the end of the Intermediate Endowment Period.

Debt – the amount of any unpaid Policy Loan existing under this Policy, plus unpaid interest due and accrued.

Intermediate Endowment Benefit – the benefit that will be paid at the end of the Intermediate Endowment Period as shown on the Schedule of Benefits and Premiums. Debt will reduce the actual benefit paid.

Cash Surrender Value – the Cash Value of the Policy less Debt.

Percent Returned – the percentage applied to the premiums paid to arrive at the Cash Value available upon termination.

BENEFIT

While this Rider is in force, We will pay the Owner, in one lump sum, a Benefit equal to the Intermediate Endowment Benefit. This Benefit is equivalent to a return of all premiums paid during the Intermediate Endowment Period.

The Benefit amount will be the Cash Surrender Value as of the end of the Intermediate Endowment Period. The Policy to which this rider is attached may continue in force beyond the end of the Intermediate Endowment Period, provided the required premiums are paid.

The Benefit will be paid only if the Insured is living at the time the Benefit becomes payable. We may require proof that the Insured was alive on the date that the Benefit became payable.

A change in the premium mode will alter the Benefit.

POLICY LOAN

While the Policy is in force, the Owner may obtain a Policy Loan up to the Maximum Loan amount provided:

- a. a written loan agreement is executed; and
- b. a satisfactory Assignment of the Policy is made to Us.

The Policy will be the sole security for the loan. The Maximum Loan amount equals (a) less (b) less (c), where:

- (a) is the Cash Value as of the next Policy Anniversary;
- (b) is the premium to the next Policy Anniversary;
- (c) is Debt as of the next Policy Anniversary.

We reserve the right to defer a loan, other than to pay premiums on policies with Us, for the period permitted by law, but not for more than six (6) months.

If there is an existing loan at the time of death of the Insured, the Policy's Death Benefit will be reduced by the Debt. A loan may be repaid in full or in part at any time, while the Insured is alive and the Policy is in force.

We will not terminate a Policy if a loan or interest on a loan is not paid, unless the Debt exceeds the Cash Value. In that event, the Owner will have thirty-one (31) days to make a payment on the Policy Loan. The minimum amount of the payment will be the amount that creates a Maximum Loan amount equal to \$1. If payment is not received, the Policy will terminate thirty-one (31) days after We have mailed notice of the payment required to the Owner's last known address, and to that of any recorded assignee.

The interest rate on loans is 8.0% per annum, payable in arrears. Interest will accrue daily at the daily equivalent of the effective annual rate. Accrued interest will be due on each Policy Anniversary. Any interest not paid when due will be added to the loan and will bear interest at the same rate each Policy Anniversary after that until the loan is paid in full.

AUTOMATIC PREMIUM LOAN (APL)

Under the APL provision, We will pay any Premium not paid within the Grace Period by charging it as a loan against the Policy. Interest on the loan will be charged at the loan interest rate, from the due date of the Premium.

If the loan value is not large enough to pay the entire Premium due, plus interest, the loan will be for the next smaller mode of payment the loan value allows. If there is not sufficient loan value to cover the monthly Premium, the Policy will be subject to the terms of the Grace Period provision. An APL is subject to the Policy Loan provision.

You may cancel the APL provision at any time by written notice. A cancellation request will not affect any loan made before the cancellation took effect. We may require You to send us the Policy for endorsement of a request for APL cancellation.

NONFORFEITURE OPTIONS

If a Premium is not paid by the end of the Grace Period, the APL provision will apply, unless it is not available on Your Policy. If the APL provision is not available, the Cash Surrender option will apply. During the Grace Period, the Cash Surrender Value will stay the same as on the first day of the period. You may select another Option, below, by providing written request to Us.

1. **Cash Surrender:** The Policy may be surrendered for its Cash Surrender Value. Under this option, We may require that You return Your Policy to Us or provide a certification (on a form satisfactory to Us) stating that Your Policy has been lost or destroyed.
2. **Reduced Paid Up Insurance:** Subject to our minimum requirements, the Policy may be continued for a reduced amount of Paid-Up Insurance with no further Premiums due. The Paid-Up Insurance is determined by applying the Cash Surrender Value as a net single Premium based on the Insured's Attained Age on the date the Paid-Up Insurance coverage starts. Coverage will start from the unpaid Premium due date.
3. **Extended Term Life Insurance:** Under this option the Policy will remain in force from the due date of the unpaid premium as extended term life insurance for the Insured's initial Death Benefit amount as shown in the Schedule of Benefits and Premiums. Such coverage will remain in force for such period as the Cash Surrender Value of the Policy will purchase when applied as a net single premium at the Insured's Attained Age on that premium due date.

Any coverage provided by a rider and made a part of the Policy will terminate without value while the Policy is kept in force as Reduced Paid-Up Insurance or Extended Term Life Insurance.

No benefits will be provided under the above options if the Insured is not alive on the date that the option is to become effective.

DEFERRAL OF PAYMENT

We reserve the right to defer payment of the Cash Surrender Value for up to 6 months after We receive Your written request for cash surrender. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

ACCELERATED DEATH BENEFIT ENDORSEMENT

If a payment is made under the Accelerated Death Benefit Endorsement attached to this Policy, it will reduce the Cash Surrender Value and the Maximum Loan amount by a percentage equal to the ratio of the amount of the Accelerated Death Benefit payment to the Policy's base term insurance amount.

BASIS OF POLICY VALUES

Policy values equal or exceed those required by the National Association of Insurance Commissioners Standard Nonforfeiture Law for Life Insurance, model #808 and Actuarial Guideline XLV. Minimum policy values are based on the 2001 Commissioners Standard Ordinary (CSO) Mortality Table, Age Nearest Birthday, with distinction for the Insured's sex and smoking status with interest at 5.0%.

PREMIUMS

Premiums for this Rider are included in the premiums for the Policy and are shown in the Schedule of Benefits and Premiums.

CONVERSION

If You convert the Policy, the Cash Surrender Value, if any, at the time of the conversion will be applied to the converted policy.

REINSTATEMENT

This Rider can only be reinstated if:

- a. the Policy terminates due to non-payment of premium, in accordance with the Grace Period provision;
- b. the Policy is reinstated; and
- c. the Policy has not been surrendered for its Cash Surrender Value.

TERMINATION

This Rider will terminate on the earliest of:

- 1. the Expiration Date of this Rider as shown in the Schedule of Benefits and Premiums;
- 2. the date the Policy terminates;
- 3. the date the Grace Period Ends;
- 4. the date the Policy is converted;
- 5. the date of death of the Insured.

Our acceptance of a premium, for any period after the date of termination of this Rider, will not:

- a. create a liability for Us; or
- b. constitute a waiver of this Rider's termination.

Any such premium, which has been accepted by Us, will be refunded.

This Rider may only be terminated prior to the end of the Intermediate Endowment Period if the Policy to which it is attached is terminated.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Robert J. Dotson, Secretary

SERFF Tracking Number: FRCS-127074810

State: Arkansas

Filing Company: AAA Life Insurance Company

State Tracking Number: 48270

Company Tracking Number: 5471

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Term Life

Project Name/Number: AAA/83/83

Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR RDB.pdf

AR CoC.pdf

Auth_AAA_2011.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Application

Comments:

Attachments:

LF80201APP AR Non-Compact Part 1.pdf

LF80202APP AR Non-Compact Part 2.pdf

LF80200 TIA Non-Compact.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Sample Data Pages for IPE Rider

Comments:

Attachment:

Schedule Page 30 year.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: AAA Life Insurance Company

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

Form Number	Score
TL1201AR	54.6
TL1203DWP	52.1
TL1205CTR	59.1
TL1207IPE	59.0



Robert J. Dotson
Vice President, Secretary and General Counsel

March 8, 2011
Date

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: AAA Life Insurance Company

Form Title(s): Term Life Insurance Policy to Age 95
Disability Waiver of Premium Rider
Child Term Rider
Intermediate Period Endowment Benefit Rider

Form Number(s): TL1201AR
TL1203DWP
TL1205CTR
TL1207IPE

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Robert J. Dotson
Vice President, Secretary and General Counsel

March 8, 2011
Date



Robert J. Dotson
Vice President
General Counsel & Secretary
Chief Compliance Officer

17900 N. Laurel Park Drive
Livonia, Michigan 48152
Phone: 734-779-2606
Fax: 734-805-6254
rdotson@aaalife.com

January 12, 2011

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

AAA Life Insurance Company

By: _____

Title: Vice President, General Counsel
and Secretary



Application for Life Insurance

Part 1

[App I.D.]
 17900 N Laurel Park Dr.
 Livonia, MI 48152
 (800) 624-1662

PROPOSED INSURED INFORMATION				
Full Legal Name (First, Middle, Last)				
Street Address			City	State Zip
Home Phone	Work Phone	Cell Phone	Email address	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Driver's License or Government ID No.	State Issued
Occupation		Membership Number	Club Code	Nicotine Use <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Earned Income			Net Worth	

INSURANCE REQUESTED	
Plan/Duration	Face Amount \$
Risk Class Quoted	Death Benefit Option <i>(For Universal Life Only)</i> <input type="checkbox"/> A -Level <input type="checkbox"/> B-Increasing <input type="checkbox"/> C-Premium Recovery

RIDERS REQUESTED <i>(not all riders are available with all plans)</i>		
<input type="checkbox"/> Return of Premium / IPE	<input type="checkbox"/> Disability Waiver of Premium	<input type="checkbox"/> Waiver of Monthly Deductions
<input type="checkbox"/> Primary Insured _____	<input type="checkbox"/> Child Term _____	<input type="checkbox"/> Guaranteed Purchase Option _____
<input type="checkbox"/> Additional Insured _____	<input type="checkbox"/> Travel Accident _____	<input type="checkbox"/> Accidental Death Benefit _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

ADDITIONAL INSURED INFORMATION				
Full Legal Name (First, Middle, Last)				
Street Address			City	State Zip
Home Phone	Work Phone	Cell Phone	Email address	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Driver's License or Government ID No.	State Issued
Occupation		Membership Number	Club Code	Nicotine Use <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Earned Income			Net Worth	
Plan/Duration	Face Amount \$	Risk Class Quoted		

PREMIUM AND BILLING INFORMATION		
Initial Premium for this Application	Future Premium Billing <i>(Select Only One Mode and One Payment Type)</i>	Send Premium Notices To <i>(Select Only One)</i>
Initial Premium Amount \$ _____	MODE	<input type="checkbox"/> Proposed Insured <input type="checkbox"/> Owner
<input type="checkbox"/> EFT <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	<input type="checkbox"/> Annually (A)	<input type="checkbox"/> Other (Full Name & Address)
Process Upon:	<input type="checkbox"/> Semi Annually (S-A)	_____
	<input type="checkbox"/> Quarterly (Q)	_____
<input type="checkbox"/> Receipt at Home Office <input type="checkbox"/> Issue	<input type="checkbox"/> Monthly (M)	Secondary Addressee (Full Name & Address)
1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No		_____
Lump Sum Payment \$ _____ <i>(For Universal Life Only)</i>		_____



Application for Life Insurance

Part 1

[App I.D.]
 17900 N Laurel Park Dr.
 Livonia, MI 48152
 (800) 624-1662

OWNER INFORMATION (If Not Proposed Insured)

Full Legal Name (First, Middle, Last)					
Street Address			City	State	Zip
Relationship to Insured	SSN/TIN	Home Phone	Work Phone	Cell Phone	

BENEFICIARY INFORMATION—PROPOSED INSURED

PRIMARY Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)
CONTINGENT Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)

BENEFICIARY INFORMATION—ADDITIONAL INSURED

PRIMARY Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)
CONTINGENT Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)

EXISTING INSURANCE—PROPOSED INSURED (Including Life Insurance With AAA Life)

Are there any life insurance policies or annuity contracts inforce or any applications pending on the life of the Proposed Insured?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the coverage applied for replace or change any existing or applied for life insurance policies?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company Name	Policy Number	Type of Insurance	Issue Year	Amount	Accidental Death	To Be Replaced
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

EXISTING LIFE INSURANCE—ADDITIONAL INSURED (Including Life Insurance With AAA Life)

Are there any life insurance policies or annuity contracts inforce or any applications pending on the life of the Additional Insured?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the coverage applied for replace or change any existing or applied for life insurance policies?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company Name	Policy Number	Type of Insurance	Issue Year	Amount	Accidental Death	To Be Replaced
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No



Application for Life Insurance

Part 1

[App I.D.]
 17900 N Laurel Park Dr.
 Livonia, MI 48152
 (800) 624-1662

RELATED APPLICATIONS

The following Proposed Insured applications should be kept together.

Name	Date of Birth	Name	Date of Birth

UNDERWRITING INFORMATION

Has the **Proposed Insured** ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Alzheimer's, Amyotrophic Lateral Sclerosis (ALS), Schizophrenia, Cirrhosis, or Dementia? Yes No

Has the **Additional Insured** ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Alzheimer's, Amyotrophic Lateral Sclerosis (ALS), Schizophrenia, Cirrhosis, or Dementia? Yes No N/A

Will the premiums for this policy be loaned or otherwise financed by any individual(s) or entity(ies) other than the **Proposed Insured**, employer(s) of the **Proposed Insured**, or family members of the **Proposed Insured**, or will the **Proposed Insured** be compensated in any way in exchange for any portion of the policy's death benefit? Yes No

Does the **Proposed Insured** or **Owner** plan to sell or permanently assign the policy to another person or entity, life settlement provider or an investor, or will it replace any policy that has already been sold to another life settlement company or investor? Yes No

FRAUD WARNING

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

REPRESENTATION, ACKNOWLEDGEMENT, AND AUTHORIZATION

I declare that all answers in this application and any attached questionnaires are, to the best of my knowledge and belief true, and complete. The answers given are the basis for any policy issued by the Company, and will be made part of the Policy.

Except for coverage provided under a Temporary Insurance Agreement, the coverage will take effect when:

- (i) A policy is issued on this application and delivered to and accepted by the Owner, and
- (ii) The first premium due is paid in full while each Proposed Insured is alive, and
- (iii) Provided there has been no change in the Proposed Insured's health, habits or occupation since the date the application was signed.

In order to determine insurability, **I authorize** any licensed medical practitioner, hospital, clinic, or other medical facility, insurance company, pharmacy benefit manager, MIB, Inc., other organization, institution, or person having any records of the Proposed Insured's medical or prescription history, to give such information to the Company, it's reinsurers, or any agency employed by the Company to collect and transmit such information. I understand that medical records are protected by certain federal regulations. The Company will not use or disclose medical information for any purpose other than stated above, except as may be required by law. This authorization is valid for 24 months from the date signed. A copy of this authorization will be as valid as the original. I have the right to revoke this authorization in writing to the Company; however if I do, the Company may decline my application.

I acknowledge receipt of the Company's Investigative Consumer Report Notice, MIB, Inc. Disclosure Notice, and Notice of Insurance Information Practices. **Temporary Insurance Agreement Received:** Yes No

Signed at (City and State)	Date
Signature of Proposed Insured	Signature of Additional Insured
Signature of Parent or Legal Guardian <i>(If Proposed or Additional Insured is a Minor)</i>	Signature of Owner <i>(If Other Than Proposed Insured)</i>



Application for Life Insurance

Part 1

[App I.D.]
 17900 N Laurel Park Dr.
 Livonia, MI 48152
 (800) 624-1662

AGENT NOTES

Agent's Statement: I represent that I have have not personally seen the person(s) proposed for insurance. To the best of my knowledge and belief there is nothing adversely affecting the insurability of the person(s) proposed for insurance other than as indicated on this application; and where required, the Company's Investigative Consumer Report Notice, MIB, Inc. Disclosure Notice, and Notice of Insurance Information Practices was given to the applicant on or before the date the application was signed. To the best of my knowledge, the Proposed Insured does does not have any insurance inforce or applications pending and the Proposed Insured does does not intend to replace or change existing insurance or annuities.

Temporary Insurance Agreement Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Illustration Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Insured Understands English: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Writing Agent	Date	Agent Phone Number	Agent Email Address
Printed Agent Name	Agent Number		License Number
Printed Agent Name	Agent Number		Split %



Application for Life Insurance

Part 2

[App ID:]

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

PROPOSED INSURED INFORMATION

Full Legal Name		Social Security Number	
State/Country of Birth		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No
Visa Type	Visa Number	OR	Alien Registration (Green Card) Number
Employer Name		Employer Address	
Is this business coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, list Partners' Total Insurance Coverage		

IF PROPOSED INSURED HAS NO EARNED INCOME (OR IS A MINOR):

Spouse's/Parent's Annual Income \$	Total Life Insurance Coverage on Spouse/Parent \$
---------------------------------------	--

IF PROPOSED INSURED IS A MINOR OR CHILD:

Does Father Have Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Total Coverage
Does Mother Have Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Total Coverage
Do All Siblings Have Life Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Total Coverage for Each Sibling

MEDICAL AND UNDERWRITING INFORMATION FOR PROPOSED INSURED

Primary Care Physician Name, Address and Phone Number			
Height ft in	Weight lbs	In the last 12 months, have you lost more than 20 pounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
Have you <u>ever</u> been diagnosed, treated or advised to seek treatment by a member of the medical profession for:			
1. Heart disorder, circulatory disorder, chest pain, high blood pressure, or elevated lipids (cholesterol or triglycerides)?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
2. Stroke, Transient Ischemic Attack (TIA or mini-stroke) or seizure?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
3. Diabetes, thyroid disorder, pancreatic disorder, liver disorder including, but not limited to, hepatitis, or kidney disorder?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
4. Lung or chronic respiratory disorder including, but not limited to, sleep apnea or asthma?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
5. Cancer or tumor, cyst, or growth?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
6. Rheumatoid Arthritis, Lupus, Multiple Sclerosis, or other autoimmune or connective tissue disorder?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
7. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or HIV (Human Immunodeficiency Virus) infection?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
Have you <u>ever</u>:			
8. Had a parent or sibling diagnosed or treated by a member of the medical profession for heart disease, cancer, or diabetes?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
9. Had a parent or sibling diagnosed or treated by a member of the medical profession for Polycystic Kidney disease or Huntington's disease?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
10. Been denied coverage or rated an extra premium for life insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
11. Been arrested, charged, or convicted of a felony or misdemeanor other than a traffic violation?			<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]



Application for Life Insurance

Part 2

[App ID:]

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Livonia, MI 48152
(800) 624-1662

12. Used any illicit drugs not prescribed by a physician, or have been advised to, or received treatment or counseling for drug or alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
13. Used any tobacco or nicotine product in any form including hookahs or bidis?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
Have you in the <u>past 10 years</u> been diagnosed, treated, or advised to seek treatment by a member of the medical profession for:	
14. Mental or emotional disorders, including, but not limited to, anxiety, depression, bipolar, schizophrenia, dementia, eating disorders, or attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
15. Any central nervous system disorder including, but not limited to, Amyotrophic Lateral Sclerosis (ALS), Parkinson's, Alzheimer's, Huntington's disease, or Cerebral Palsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
16. Digestive system, intestinal or stomach disorder, ulcer, or colitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
17. Chronic pain or fibromyalgia?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
Have you in the <u>past 10 years</u>:	
18. Participated in sky diving or hang gliding, scuba or skin diving, automobile, motorcycle, boat or hydroplane racing, mountain or rock climbing, or do you plan to participate in these activities within the next two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
19. Consumed more than 3 alcoholic beverages in one day?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
Have you in the <u>past 7 years</u>:	
20. Filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
21. Been convicted of driving under the influence of alcohol or drugs, reckless driving, had your license denied, suspended or revoked, or been ticketed for a moving violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
22. Piloted an aircraft, planned to pilot an aircraft, or studied to pilot an aircraft as a Student Pilot?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
Have you in the <u>past 5 years</u> been treated by a member of the medical profession and:	
23. Applied for or received income benefits for injury, sickness, or disability, or are you currently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
24. Been advised to have surgery, testing, hospital care, or medical investigations not already mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
25. Taken prescribed medications or are you currently taking any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
Additional Information:	
26. Have you seen a doctor or consulted a member of the medical profession or been advised to seek treatment in the last 2 years for any condition or reason not already mentioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
27. Have you in the <u>past 12 months</u> or do you in the <u>next 2 years</u> intend to reside outside of the U.S. or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]
28. Are you <u>currently</u> employed and actively working?	<input type="checkbox"/> Yes <input type="checkbox"/> No [<input type="checkbox"/> N/A]

REMARKS



Application for Life Insurance

Part 2

[App ID:]

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

REMARKS CONTINUED

Large empty rectangular area for entering remarks.

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

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be used to determine if coverage will be issued and will be attached to and made a part of the insurance policy issued.

Signed at (City and State)	Date
Signature of Proposed Insured	Signature of Owner <i>(If Other Than Proposed Insured)</i>
Signature of Parent or Legal Guardian <i>(If Proposed Insured is a Minor)</i>	



Temporary Insurance Agreement (TIA)

[App I.D.]

17900 N. Laurel Park Dr.
Livonia MI 48152
(800) 624-1662

IMPORTANT: THIS TEMPORARY INSURANCE AGREEMENT PROVIDES A LIMITED COVERAGE AMOUNT FOR A LIMITED PERIOD OF TIME. IT IS PROVIDED IN CONJUNCTION WITH THE SIGNED AND DATED APPLICATION FOR THE SAME PROPOSED INSUREDS, AND IS SUBJECT TO THE TERMS SET FORTH BELOW.

**DO NOT MAKE ANY CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.
ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO "AAA LIFE INSURANCE COMPANY".**

TEMPORARY INSURANCE AGREEMENT – QUALIFICATION QUESTIONS

1. Does the total amount of insurance on the Proposed Insured's life in force with the AAA Life Insurance Company under any policies, conditional receipts, or temporary insurance agreements exceed \$1,000,000? Yes No

Has any Proposed Insured:

2. Within the past 90 days, been admitted to or advised by a member of the medical profession to be admitted to a hospital or other licensed health care facility, or had surgery recommended or performed, or been medically advised to have any diagnostic test? Yes No

3. Within the past 5 years been diagnosed, treated, or advised by a member of the medical profession to seek treatment for: heart disease, chest pain, stroke, diabetes, cancer, lung disorder other than asthma, hepatitis C, cirrhosis or kidney disorder? Yes No

4. Within the past 5 years been diagnosed, treated, or advised by a member of the medical profession to seek treatment for: lupus, schizophrenia, bipolar disorder, dementia, Amyotrophic Lateral Sclerosis (ALS) or Alzheimer's? Yes No

5. Been diagnosed with or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV (Human Immunodeficiency Virus)? Yes No

6. Within the past 2 years, been declined for life insurance or offered a rated policy? Yes No

TEMPORARY INSURANCE AGREEMENT

Agreement: This agreement is between the Applicant (Proposed Owner) and AAA Life Insurance Company ("We", "Us" or "Our"). Subject to the terms of the policy applied for and this TIA, We agree to pay the Limited Coverage Amount to the beneficiaries named in the Application upon receipt of due proof that a Proposed Insured died while this TIA is in effect. Coverage under this TIA takes effect when: (1) both the Temporary Insurance Agreement and Application are signed and dated with the same date, and (2) We receive payment equal to the first monthly modal premium for the coverage applied for.

Limited Coverage Amount: The lesser of: (1) the Amount of Insurance applied for in the Application, or (2) up to \$1,000,000 minus any amount of insurance on the Proposed Insured's life under concurrent Temporary Insurance Agreements in force with Us.

Effective Date: The date all of the following requirements have been met: (1) the Application and TIA are signed by the Proposed Insured(s) and Applicant, and (2) the TIA Health Questions, numbered 2 through 6 above, are answered "No" for all Proposed Insured lives, and (3) the premium has been collected for the amount at least equal to the first monthly modal premium for the coverage applied for.

Termination Date: The earliest of the following: (1) the date the Applicant withdraws the Application; (2) the date the policy is issued; (3) the date a policy offer other than applied for has been made to the Applicant; (4) the date We send notice to the Applicant at the address on the Application that We have declined to issue insurance; (5) the date the check, bank draft or credit card transaction submitted as payment is not honored by the financial institution, or (6) 60 days after the Effective Date.

Other Limitations: Our liability is limited to a return of the Amount Received if: (1) any part of the life insurance Application or this TIA contains a material misrepresentation, or (2) the Proposed Insured dies by suicide.



Temporary Insurance Agreement (TIA)

[App I.D.]

17900 N. Laurel Park Dr.
Livonia MI 48152
(800) 624-1662

SIGNATURES

I represent that I have read and received a copy of this TIA. I agree to all of its terms and conditions. I declare all statements and answers in this Agreement are, to the best of my knowledge and belief, true, complete, and correctly recorded. I understand that any fraudulent or material misrepresentations in the Application or this TIA will invalidate this Agreement. I understand that completing this TIA does not guarantee that AAA Life Insurance Company will issue a policy on the Proposed Insured's life. I understand that no one is authorized to modify or waive any of the terms of this TIA.

Signed at: _____
(City and State) (Date)

Signature of Proposed Insured

Signature of Applicant, if other than Proposed Insured

Name of Proposed Insured (printed)

Signature of Additional Proposed Insured

LICENSED INSURANCE AGENT'S STATEMENT

Amount Received: \$ _____ On the date of this TIA, I received the Amount Received listed. This TIA bears the same date as the Application. I agree that I am not authorized to change or waive the terms of this TIA and represent that I have not attempted to do so. I have read and explained the terms of this TIA to the Proposed Insured and Applicant. I have left a copy of this TIA with the Applicant.

Signature(s) of Licensed Insurance Agent(s)

Date

Licensed Insurance Agent Number(s)

SCHEDULE OF BENEFITS AND PREMIUMS

Policy Number:	[123456789]	Policy Effective Date:	[03/01/2011]
Policyowner:	[John Doe]	Issue Date:	[03/01/2011]
Insured:	[John Doe]	Issue State:	[MI]
Issue Age:	[35]	Gender:	[Male]
Face Amount:	[\$100,000]	Rate Class:	[Super Preferred]
Payment Method:	[Annual Direct]	Total Initial Modal Premium:	[\$294.00]

[State] Department of Insurance
Telephone Number: 800-xxx-xxxx

<u>Benefit Type</u>	<u>Initial Term Period</u>	<u>Initial Annual Premium •</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Term Life Insurance	[30]Years*	[\$175.00]	[03/01/2011]	[03/01/2071]

Additional Riders/Endorsements:

<u>Benefit Type</u>	<u>Benefit Amount</u>	<u>Initial Annual Premium</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Accelerated Death Benefit Endorsement	N/A	N/A	[03/01/2011]	[03/01/2071]
[Intermediate Period Endowment Benefit Rider	See page 3IPE	\$119.00	03/01/2011	03/01/2071]
[Aviation Exclusion Endorsement (for Insured)	N/A	<u>N/A</u>	03/01/2011	03/01/2071]
Total Initial Annual Premium:		[\$294.00]		

ALTERNATIVE INITIAL MODAL PREMIUM OPTIONS:

PAYMENT METHOD:	MONTHLY CREDIT CARD OR EFT	DIRECT BILL QUARTERLY	DIRECT BILL SEMI-ANNUAL	DIRECT BILL ANNUAL
TOTAL INITIAL MODAL PREMIUM:	[\$25.87]	[\$76.44]	[\$152.88]	[\$294.00]

Conversion Period: To the earliest of the end of the Initial Term Period or the Policy Anniversary after Insured's 65th birthday. No conversions will be allowed after Attained Age 65.

- Includes [\$75] Annual Fee
- * Coverage is renewable annually thereafter, but not beyond the Expiration Date.

Address and phone number for Premium payment, inquiries and notification of claim:

AAA Life Insurance Company
17900 N. Laurel Park Drive
Livonia, MI 48152-3985
(800) 624-1662

SCHEDULE OF BENEFITS AND PREMIUMS
(continued)

Policy Number: [123456789]

Insured: [John Doe]

Attained Age	Base Annual Premium*	Maximum Annual Premium **		Attained Age	Base Annual Premium*	Maximum Annual Premium **
35	175.00	294.00		65	1,474.00	1,474.00
36	175.00	294.00		66	1,613.00	1,613.00
37	175.00	294.00		67	1,754.00	1,754.00
38	175.00	294.00		68	1,906.00	1,906.00
39	175.00	294.00		69	2,064.00	2,064.00
40	175.00	294.00		70	2,759.00	2,759.00
41	175.00	294.00		71	3,694.00	3,694.00
42	175.00	294.00		72	4,909.00	4,909.00
43	175.00	294.00		73	6,368.00	6,368.00
44	175.00	294.00		74	8,100.00	8,100.00
45	175.00	294.00		75	10,171.00	10,171.00
46	175.00	294.00		76	12,632.00	12,632.00
47	175.00	294.00		77	15,637.00	15,637.00
48	175.00	294.00		78	19,321.00	19,321.00
49	175.00	294.00		79	23,814.00	23,814.00
50	175.00	294.00		80	27,223.00	27,223.00
51	175.00	294.00		81	30,411.00	30,411.00
52	175.00	294.00		82	33,731.00	33,731.00
53	175.00	294.00		83	37,311.00	37,311.00
54	175.00	294.00		84	41,275.00	41,275.00
55	175.00	294.00		85	45,703.00	45,703.00
56	175.00	294.00		86	50,611.00	50,611.00
57	175.00	294.00		87	55,971.00	55,971.00
58	175.00	294.00		88	61,715.00	61,715.00
59	175.00	294.00		89	67,775.00	67,775.00
60	175.00	294.00		90	74,099.00	74,099.00
61	175.00	294.00		91	80,047.00	80,047.00
62	175.00	294.00		92	86,247.00	86,247.00
63	175.00	294.00		93	92,787.00	92,787.00
64	175.00	294.00		94	95,075.00	95,075.00

* Includes [\$75] Annual Fee

** Includes Annual Premium for any Riders

Schedule of Benefits and Premiums
(continued)

Intermediate Endowment Period: [30] Years

Intermediate Endowment Benefit: [\$8,820.00]

TABLE OF INTERMEDIATE PERIOD ENDOWMENT BENEFIT RIDER VALUES

Policy Number: [12-3456789-0]

Insured: [John Doe]

END OF POLICY YEAR	Percent Returned	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	INSURANCE DAYS
1	0.0%	0.00	0.00	0	0
2	0.0%	0.00	0.00	0	0
3	0.0%	0.00	0.00	0	0
4	0.0%	0.00	0.00	0	0
5	0.0%	0.00	0.00	0	0
6	0.0%	0.00	0.00	0	0
7	0.0%	0.00	0.00	0	0
8	7.2%	169.34	853.00	0	342
9	14.0%	370.44	1789.00	1	295
10	19.9%	585.06	2711.00	2	202
11	25.1%	811.73	3611.00	3	94
12	29.8%	1,051.34	4491.00	3	345
13	34.0%	1,299.48	5332.00	4	195
14	38.0%	1,564.08	6165.00	5	3
15	41.8%	1,843.38	6979.00	5	121
16	45.4%	2,135.62	7768.00	5	198
17	49.0%	2,449.02	8560.00	5	252
18	52.4%	2,773.01	9317.00	5	289
19	55.9%	3,122.57	10089.00	5	322
20	59.4%	3,492.72	10858.00	5	349
21	62.8%	3,877.27	11605.00	5	365
22	66.4%	4,294.75	12384.00	6	8
23	70.0%	4,733.40	13157.00	6	3
24	73.8%	5,207.33	13957.00	5	353
25	77.6%	5,703.60	14746.00	5	326
26	81.7%	6,245.15	15582.00	5	300
27	85.9%	6,818.74	16430.00	5	275
28	90.3%	7,433.50	17311.00	5	256
29	95.0%	8,099.70	18245.00	5	247
30	100.0%	8,820.00	19233.00	5	243

Values shown assume an annual premium payment mode. Values will differ with other premium payment modes.