

SERFF Tracking Number: FRCS-127095227 State: Arkansas
Filing Company: First Investors Life Insurance Company State Tracking Number: 48432
Company Tracking Number: 5472
TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ISWL (3.5% Rate)
Project Name/Number: Firstinv/87/87

Filing at a Glance

Company: First Investors Life Insurance Company

Product Name: ISWL (3.5% Rate)

SERFF Tr Num: FRCS-127095227 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 48432

Sub-TOI: L071.301 Current Assumption - Fixed Co Tr Num: 5472

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jana Finlay, Kevin Wiggs

Disposition Date: 04/12/2011

Date Submitted: 04/06/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Firstinv/87

Status of Filing in Domicile: Pending

Project Number: 87

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to the
domicile state on or about this same date (NY).

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/12/2011

Deemer Date:

State Status Changed: 04/12/2011

Submitted By: Kevin Wiggs

Created By: Kevin Wiggs

Filing Description:

Corresponding Filing Tracking Number:

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

Our fee of \$100 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.

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The enclosed policy will replace Interest Sensitive Whole Life Policy form ISWL-2 (07/06)(AR), which was approved by your Department on 10/19/2006 (SERFF tracking number SERT-6TYS7J111).

The basis for the changes is a reduction of the guaranteed interest rate from 4.00% to 3.50%. The only changes to the policy form to accommodate the interest rate change is the addition of the "Net Single Premium Interest Rate" line on page 4 of the Policy Schedule and the addition of the words "Net Single Premium Interest Rate" in the Net Amount at Risk and Basis of Computation provisions in the policy. Copies of the forms with changes marked are included for your convenience.

Conditional Receipt form ORD-CR (02/11)(AR), will replace form ORD-CR (05/09)(AR), which was previously approved by your Department on 11/13/2009 (SERFF tracking number FILI-126380144). The only change is in Part A (2) of the form, where the total amount of insurance applied for has changed from \$750,000 to \$1,000,000.

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)

First Investors Life Insurance Company CoCode: 63495 State of Domicile: New York
110 Wall Street Group Code: Company Type:
New York, NY 10005 Group Name: State ID Number:
(212) 858-8231 ext. [Phone] FEIN Number: 13-1968606

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00

SERFF Tracking Number: FRCS-127095227 *State:* Arkansas
Filing Company: First Investors Life Insurance Company *State Tracking Number:* 48432
Company Tracking Number: 5472
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.301 Current Assumption - Fixed Premium - Single Life

Product Name: ISWL (3.5% Rate)
Project Name/Number: Firstinv/87/87
Retaliatory? No
Fee Explanation: AR fee of \$50 per form = \$100
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Investors Life Insurance Company	\$100.00	04/06/2011	46337612

SERFF Tracking Number: FRCS-127095227 State: Arkansas
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Product Name: ISWL (3.5% Rate)
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/12/2011	04/12/2011

SERFF Tracking Number: FRCS-127095227 *State:* Arkansas
Filing Company: First Investors Life Insurance Company *State Tracking Number:* 48432
Company Tracking Number: 5472
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.301 Current Assumption - Fixed Premium -
Single Life

Product Name: ISWL (3.5% Rate)
Project Name/Number: Firstinv/87/87

Disposition

Disposition Date: 04/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FRCS-127095227* State: *Arkansas*
 Filing Company: *First Investors Life Insurance Company* State Tracking Number: *48432*
 Company Tracking Number: *5472*
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.301 Current Assumption - Fixed Premium - Single Life*
 Product Name: *ISWL (3.5% Rate)*
 Project Name/Number: *Firstinv/87/87*

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	Forms with Changes Marked		Yes
Form	Interest Sensitive Whole Life Insurance Policy		Yes
Form	Conditional Receipt		Yes

SERFF Tracking Number: FRCS-127095227 State: Arkansas
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
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Form Schedule

Lead Form Number: ISWL-2 (12/10)(AR)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ISWL-2 (12/10)(AR)	Policy/Cont	Interest Sensitive ract/Fratern al Policy Certificate	Revised	Replaced Form #: ISWL-2 (07/06)(AR) Previous Filing #: SERT-6TYS7J111	53.400	AR ISWL-2 Policy_FINAL. pdf
	ORD-CR (02/11)(AR)	Application/Conditional Receipt Enrollment Form		Revised	Replaced Form #: ORD-CR (05/09)(AR) Previous Filing #: FILI-126380144	50.400	ORD-CR (02-11)(AR).pdf



First Investors Life

First Investors Life Insurance Company

[95 Wall Street, New York, N.Y. 10005]

INTEREST SENSITIVE WHOLE LIFE INSURANCE POLICY

- **Fixed Premium Interest Sensitive Whole Life Insurance Policy**
- **Death Benefit Proceeds Payable at Death of Insured prior to Maturity Date**
- **Premiums payable during Lifetime of Insured to Age 100**
- **Net Surrender Value payable at Maturity Date.**
- **Options for Payment of Proceeds**
- **Non-Participating – No Annual Dividend**

First Investors Life agrees to (a) pay the Proceeds of this Policy to the Beneficiary upon receipt of due proof of the death of the Insured and to provide the other rights and benefits in accordance with the terms of this Policy and (b) pay the Net Surrender Value of this Policy to the Owner on the Maturity Date if the Insured is living on that date.

Signed for First Investors Life Insurance Company at its
Home Office in New York, New York

[Carol E. Springsteen, President]

[Carol L. Brown, Secretary]

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY:

If for any reason the Owner is dissatisfied with this Policy, upon return of the Policy to the Company or to the insurance agent through whom it was purchased within ten days after its receipt by the Owner, the premium paid will be returned to the Owner, whereupon the policy shall be void from the beginning and the Owner and the Company shall be in the same position as if no Policy had been issued.

This Policy is a contract between the Owner of the Policy and the Company.

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.

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ADDITIONAL BENEFITS

Additional benefits, if any, listed in the Policy Schedule are described in the additional benefits agreements that follow after the last page of this Policy.

POLICY SCHEDULE

Contract Data

Form Number	ISWL-2 (12/10)(AR)	Policy Number	[0000123456]
Insured	[John Doe]	Issue Date	[June 1, 2006]
Issue Age and Sex	[35 - Male]	Maturity Date	[June 1, 2092]
Premium Class	[Standard Non-Tobacco]		
Owner	[Insured]		
Beneficiary	As of the Issue Date your Beneficiary is as designated by you in the Application, which is a part of this Policy, unless you have since changed the designation in accordance with the Policy Provisions.		

Schedule of Benefits and Premiums

<u>Face Amount</u>	<u>Basic Benefit</u>	<u>Premium Amount</u>	<u>Premium Mode</u>	<u>Payable</u>
[\$25,000]	Base Policy	[\$388.00]	[Annual]	To Attained Age 100
<u>Benefit Amount</u>	<u>Additional Benefit Rider or Rating</u>	<u>Extra Premium Amount</u>	<u>Premium Mode</u>	<u>Payable</u>
[\$]	[]	[\$]	[]	[]
	<u>Total Premium</u>	[\$388.00]		

Premium Payment Options*

<u>Premium Mode</u>	<u>Modal Premium</u>
Annually	[\$388.00]
Semi-Annually	[\$196.45]
Quarterly	[\$ 99.20]
Monthly Electronic	[\$ 33.39]

*See Policy Section C – “Premiums – Amount and Frequency”

Policy Charges

Premium Charge Percentage: 5.00%

Policy Fee: There is a policy fee of [\$95.00] deducted from each [annual] premium payment.

POLICY SCHEDULE – Continued

Guaranteed Interest Rates and Factors

Your Policy refers to a number of different interest rates and factors. These are listed below with the sections of the Policy which describe them.

<u>DESCRIPTION</u>	<u>FACTOR</u>	<u>POLICY SECTION</u>
Guaranteed Annual Interest Rate	3.50%	“Interest Rates”
Net Single Premium Interest Rate	4.00%	“Net Amount at Risk” & “Basis of Computation”
Guaranteed Interest Rate on Policy Loans	4.0%	“Interest Rates”
Policy Loan Interest Rate	6.0%	“Interest on Policy Loans”
Proceeds Left At Interest Guaranteed Interest Rate	2.5%	“Payment Options-4”. “Proceed Left At Interest”
Monthly Interest Factor	1.0028709	“Net Amount at Risk”

MORTALITY TABLE

The mortality table, which is used in the calculation of the Guaranteed Maximum Monthly Cost of Insurance Rates, the Surrender Values and the Net Single Premiums is the 2001 CSO [Non-Smoker] Mortality Table for [Males], age last birthday. The use of this table is further described under the “Cost of Insurance Rates” and “Basis of Computation” sections of this Policy. The Guaranteed Maximum Monthly Cost of Insurance Rates are shown on the Policy Schedule.

IMPORTANT NOTE

CURRENT INTEREST AND COST OF INSURANCE RATES ARE NOT GUARANTEED. We may declare current interest rates for the Accumulation Value in excess of the Guaranteed Interest Rate and may charge current Cost of Insurance rates that are lower than the Guaranteed Maximum Monthly Cost of Insurance Rates. There is no guarantee that we will declare such current interest rates or charge such current Cost of Insurance rates.

ADMINISTRATIVE OFFICE

Correspondence and Notices should be addressed to us at:

First Investors Life Insurance Company
[In Force Services Department]
[Raritan Plaza 1, P.O. Box 7836]
[Edison, NJ 08818-7836]
[1-800-832-7783]

POLICY SCHEDULE – Continued

Table of Surrender Charges

Per \$1,000 of Face Amount Surrender
[Male] Issue Age [35] [Standard Non-Tobacco]

<u>Policy Month</u>	<u>Policy Year</u>									
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
1	[23.66	22.82	21.96	21.06	20.14	19.18	18.19	17.17	16.11	15.01
2	23.59	22.74	21.88	20.98	20.06	19.09	18.10	17.08	16.01	14.91
3	23.52	22.67	21.81	20.90	19.98	19.01	18.02	16.99	15.92	14.82
4	23.45	22.60	21.73	20.83	19.90	18.93	17.93	16.90	15.83	14.72
5	23.38	22.53	21.66	20.75	19.82	18.85	17.85	16.81	15.74	14.63
6	23.31	22.46	21.58	20.67	19.74	18.76	17.76	16.72	15.65	14.53
7	23.24	22.39	21.51	20.60	19.66	18.68	17.68	16.64	15.56	14.44
8	23.17	22.31	21.43	20.52	19.58	18.60	17.59	16.55	15.46	14.35
9	23.10	22.24	21.36	20.44	19.50	18.52	17.51	16.46	15.37	14.25
10	23.03	22.17	21.28	20.37	19.42	18.43	17.42	16.37	15.28	14.16
11	22.96	22.10	21.21	20.29	19.34	18.35	17.34	16.28	15.19	14.06
12	22.89	22.03	21.13	20.21	19.26	18.27	17.25	16.19	15.10	13.97]

<u>Policy Month</u>	<u>Policy Year</u>									
	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>
1	[13.88	12.70	11.49	10.23	8.93	7.57	6.17	4.71	3.20	1.63
2	13.78	12.59	11.38	10.12	8.81	7.45	6.04	4.58	3.06	1.49
3	13.68	12.49	11.28	10.01	8.70	7.33	5.92	4.45	2.93	1.35
4	13.58	12.39	11.17	9.90	8.59	7.22	5.80	4.33	2.80	1.22
5	13.48	12.29	11.07	9.79	8.47	7.10	5.68	4.20	2.67	1.08
6	13.38	12.19	10.96	9.68	8.36	6.98	5.56	4.08	2.54	0.95
7	13.29	12.09	10.86	9.58	8.25	6.87	5.44	3.95	2.41	0.81
8	13.19	11.99	10.75	9.47	8.13	6.75	5.31	3.82	2.28	0.67
9	13.09	11.89	10.65	9.36	8.02	6.63	5.19	3.70	2.15	0.54
10	12.99	11.79	10.54	9.25	7.91	6.52	5.07	3.57	2.02	0.40
11	12.89	11.69	10.44	9.14	7.79	6.40	4.95	3.45	1.89	0.27
12	12.79	11.59	10.33	9.03	7.68	6.28	4.83	3.32	1.76	0.13]

POLICY SCHEDULE – Continued

Guaranteed Maximum Monthly Cost of Insurance Rates (COI)

Per \$1,000 of Net Amount at Risk

[Male] [Standard Non-Tobacco]

<u>Attained Age</u>	<u>Cost of Insurance</u>						
0	[0.0600	31	[0.0842	62	[0.9860	93	[20.3457
1	0.0383	32	0.0850	63	1.1037	94	21.8706
2	0.0275	33	0.0875	64	1.2265	95	23.3852
3	0.0200	34	0.0892	65	1.3543	96	24.8684
4	0.0175	35	0.0933	66	1.4839	97	26.4534
5	0.0175	36	0.0975	67	1.6193	98	28.1490
6	0.0183	37	0.1033	68	1.7623	99	29.9642
7	0.0183	38	0.1108	69	1.9229	100	31.7043
8	0.0183	39	0.1175	70	2.1103	101	33.2527
9	0.0192	40	0.1267	71	2.3380	102	34.9047
10	0.0200	41	0.1375	72	2.6043	103	36.6669
11	0.0233	42	0.1509	73	2.8850	104	38.5357
12	0.0283	43	0.1667	74	3.1868	105	40.5114
13	0.0333	44	0.1842	75	3.5156	106	42.6170
14	0.0433	45	0.2034	76	3.8867	107	44.8602
15	0.0550	46	0.2225	77	4.3186	108	47.2511
16	0.0642	47	0.2384	78	4.8206	109	49.7971
17	0.0725	48	0.2509	79	5.3838	110	52.5069
18	0.0767	49	0.2667	80	6.0126	111	55.3932
19	0.0783	50	0.2876	81	6.6971	112	58.4652
20	0.0792	51	0.3143	82	7.4230	113	61.7355
21	0.0792	52	0.3468	83	8.2170	114	65.2132
22	0.0792	53	0.3843	84	9.1013	115	68.9119
23	0.0800	54	0.4319	85	10.0866	116	72.8424
24	0.0808	55	0.4852	86	11.1726	117	77.0185
25	0.0833	56	0.5403	87	12.3490	118	81.4513
26	0.0867	57	0.5937	88	13.6025	119	83.3333
27	0.0883	58	0.6471	89	14.9210	120	83.3333]
28	0.0867	59	0.7097	90	16.2378		
29	0.0858	60	0.7856	91	17.5373		
30	0.0850]	61	0.8783]	92	18.9023]		

POLICY SCHEDULE CONTINUED ON NEXT PAGE

POLICY SCHEDULE – Continued

Tabular Cash Value per \$1,000 of Face Amount

[Male] Issue Age [35] [Standard Non-Tobacco] [Annual] Premium Mode

<u>End of Year</u>	<u>Cash Value</u>	<u>Paid Up Insurance</u>	<u>Extended Term Insurance</u>	
			<u># of Years</u>	<u># of Days</u>
1	[\$ 0.00	\$ 0	0	0
2	\$ 0.00	\$ 0	0	0
3	\$ 11.11	\$ 48	7	219
4	\$ 23.38	\$ 98	13	28
5	\$ 36.04	\$145	16	214
6	\$ 49.04	\$191	19	145
7	\$ 62.40	\$235	21	99
8	\$ 76.09	\$277	22	228
9	\$ 90.12	\$317	23	249
10	\$104.48	\$355	24	198
11	\$119.17	\$392	25	83
12	\$134.20	\$427	25	270
13	\$149.63	\$460	26	41
14	\$165.52	\$493	26	138
15	\$181.87	\$524	26	203
16	\$198.63	\$553	26	239
17	\$215.79	\$582	26	249
18	\$233.30	\$609	26	235
19	\$251.17	\$635	26	202
20	\$269.31	\$660	26	152
Age 55	\$269.31	\$660	26	152
Age 60	\$355.36	\$749	24	261
Age 65	\$445.70	\$817	23	69]

Annual Non-Forfeiture Factor

Years 21-65: [11.134

Years 65+ : 0.0000]

END OF POLICY SCHEDULE

A. General Provisions

Definitions and Abbreviations

Frequently used terms you need to know to understand this Policy are defined below. The meaning of other terms in the Policy are defined in the context of the paragraph in which they first appear.

- (a) **Administrative Office** is the office indicated in the Policy Schedule to which Notices, correspondence requests and payments must be sent. We will notify you in writing and provide you with an address if we designate another office for policy administration and/or the receipt of Notices, correspondence, requests and payments.
- (b) **Application** is the application (including supplemental applications) for this Policy which are attached to and made a part of this Policy.
- (c) **Beneficiary** is the party(ies) named in the Application to receive the proceeds, unless changed later as provided in the Policy.
- (d) **Company** (also “we”, “us” or “our”) means First Investors Life Insurance Company
- (e) **Extra Premium** is the total of any premium(s) for supplemental benefits or riders attached to this policy and any non-standard extra premium(s) as shown on the Policy Schedule. The premium charged for any supplemental benefit or rider attached to this policy is determined in accordance with the provisions outlined in such supplemental benefit or rider.
- (f) **Face Amount** is the amount stated on the Policy Schedule, which is the Initial Death Benefit payable to the Beneficiary when the Insured dies.
- (g) **Insured** is the person named in the Policy Schedule upon whose death the Death Benefit Proceeds are paid.
- (h) **Issue Date** is the date this Policy was issued as shown on the Policy Schedule. It is the date from which certain policy provisions are measured. See *Not Contestable After Two Years* and *Suicide Within Two Years*.
- (i) **Maturity Date** is the date shown in the Policy Schedule on which this Policy terminates if the Insured is still living and if this Policy has not been surrendered or lapsed.

- (j) **Notice** is a signed, written communication providing information we need. We may authorize in advance another manner of communication at our discretion. All Notices to us must be sent to our Administrative Office and received in good order acceptable to us.
- (k) **Owner** (also “you” or “your”) is the person designated on the Policy Schedule who is entitled to the ownership rights under this Policy, unless changed in accordance with our policies set forth under *Ownership*. We will send the Owner all communications at the last address we have on record for the Owner.
- (l) **Policy Schedule** are the pages of this Policy so titled which show the Policy’s Owner, benefits, premiums and other information.

The Policy

The entire contract between you and us consists of this Policy, the Policy Schedule (and any supplements or changes thereto), the Application (and any supplemental applications), and any riders or endorsements attached to this Policy. Only the President, a Vice-President, the Secretary, or an Assistant Secretary of the Company has the power, on behalf of the Company, to change, modify or waive any provisions of this Policy. In case of conflict between any provision of this Policy and those of a rider or endorsement, the provisions of the rider or endorsement will control.

The Policy Schedule issued with the Policy reflects the initial specifications of the Policy, which are in effect on the Issue Date. Some of these specifications may change by an action you request or take or by a change you make. Any of these changes will be reflected in a written notice (“Supplemental Schedule”), which supplements or restates the Policy Schedule and shows the effective date of the change. We will send you this written notice along with a copy of any supplemental application and they will become part of the entire contract between you and us as of their effective date.

All Policy changes, modifications, waivers or reinstatements must be in writing. We will not be bound by any promises or representations made by any agent or other person except as specified above.

Change of Policy

We may change this Policy without your consent to meet the requirements of applicable federal or state laws or regulations. For you and the Beneficiary to receive

the tax treatment accorded to life insurance under Federal law, this Policy must qualify initially and continue to qualify as life insurance under the Internal Revenue Code of 1986 or any successor law. Therefore, we reserve the right to decline to allow any policy transaction that, in our opinion, would cause this Policy to fail to qualify as life insurance under applicable tax law. Further, we reserve the right to make changes in this Policy (for example, in the Net Single Premiums used in determining the Death Benefit), or to make distributions from this Policy to the extent we deem it necessary to continue to qualify this Policy as life insurance. Any such changes will apply uniformly to all policies that are affected in the same manner. You will be given written notice of any such change.

Elections, Designations, and Changes

You must request elections, designations and change requests by giving us Notice. We may require you to return this Policy to our Administrative Office for us to endorse your Policy to reflect any assignment, policy loan, and change of Beneficiary designation, amendment, or modification. We will process the changes, send you confirmation of our actions, and return your Policy if we had required it for endorsement.

Ownership

The Owner of this Policy is indicated on the Policy Schedule. You may request a change of Owner. A change in Ownership will take effect on the date the request is signed by the previous Owner, subject to any actions taken by us prior to receipt of this request by us. In the case of the Owner's death, Ownership of this Policy will be transferred to their estate.

Control

Consistent with the terms of any Beneficiary designation, any assignment, and any other provisions of this Policy, you may, during the lifetime of the Insured:

1. Assign or surrender this Policy;
2. Make or repay a Policy Loan;
3. Amend or modify this Policy with our consent; and
4. Exercise any right, receive any benefit, or enjoy any privilege in this Policy.

Assignment

You may assign your rights under this Policy. You must give us Notice of the assignment. No assignment of this Policy will be binding on us unless it is in writing and received by us in good order at our Administrative Office. We will not be responsible for the validity or sufficiency of any assignment.

Unless otherwise provided in the assignment, the interest of any revocable beneficiary shall be subordinate to the interest of any assignee, regardless of when the assignment was made, and the assignee shall receive any sum payable to the extent of his or her interest.

Not Contestable After Two Years

All statements made in the original application, or any supplemental application (such as in connection with a reinstatement of this Policy), by or on behalf of the Insured are representations and not warranties. We may use any misstatements or misrepresentations to contest a claim or the validity of this Policy only if they are material and contained in the original application, or any supplemental application, and a copy of such application is attached to this Policy when issued or subsequent to issue, as applicable.

Except in the case of non-payment of premium [or fraud], we will not contest the Policy's validity after it has been in force during the lifetime of the Insured for two years from the Issue Date or Reinstatement.

If this Policy has been issued as a Conversion Policy from another policy issued by the Company, then the Incontestable period is measured from the original policy's issue date.

Suicide Within Two Years

If the Insured dies by suicide within two years from the Issue Date, then this Policy will terminate, and our liability will be limited to the sum of all premiums paid, less any Policy Loan Balance.

If this Policy has been issued as a Conversion Policy from another policy issued by the Company, then the Suicide provision is measured from the original policy's issue date.

Age

The Insured's age is the Issue Age on the Policy Schedule plus the number of complete years elapsed since the Issue Date.

Policy Periods

1. **Policy Months, Policy Quarters, and Policy Years** are successive one-month, three-month, and twelve-month periods, respectively, measured from the Issue Date.
2. **Policy Anniversary** is the date of each one-year interval as measured from the Issue Date.
3. **Monthly Date** is the date of each one-month interval as measured from the Issue Date.

Misstatement of Age or Sex

If the age or sex of the Insured has been misstated, Policy benefits will be adjusted to those that the premiums paid would have purchased for the correct age and sex.

Claims of Creditors

This Policy and Proceeds paid under it will be exempt from the claims of creditors to the extent allowed by law.

Non-Participating

This Policy is non-participating. It will not share in our surplus earnings. We will determine any cost of insurance or excess interest rate changes prospectively.

Annual Report

We will send you a report each year within 30 days after the Policy Anniversary. The report will show the Death Benefit, Surrender Value, and Policy Loan Balance on the Policy Anniversary; any loan interest for the prior Policy Year and any other information required by law.

Illustration

Upon your written request, we will provide one illustration of future death benefits and surrender value in any policy year. The illustration will be based on necessary assumptions specified by us and/or you.

Deferment

We may defer for a period of up to six months the payment of a loan, or a Policy Surrender. If we postpone the payment of a loan, or a Policy Surrender by more than ten days, interest at the rate we are paying at that time under the *Proceeds Left at Interest Payment Option* will be paid on the deferred proceeds. The interest will be paid from the date of receipt of the request to the date payment is made. No interest will be paid if the amount of such interest is less than \$25.

B. Beneficiary

Designation

We will pay the Death Proceeds to the Beneficiary or Beneficiaries whom you have named in the Application unless you have since changed the Beneficiary as provided below.

Change

You may request a change in your Beneficiary designation(s) while the Insured is alive unless a previous designation provides otherwise. An irrevocable Beneficiary designation cannot be changed without the written consent of such Beneficiary. A change of Beneficiary designation will revoke any previous designation.

Any change in Beneficiary designation(s) will take effect on the date the request is signed by you subject to any actions we take prior to our receipt of your request.

Death of Beneficiary

Unless otherwise provided in the Beneficiary designation:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to the remaining Beneficiaries according to their respective interests; or
2. If no Beneficiary survives the Insured, the Death Proceeds will be paid in one sum to you, if you are still alive otherwise, to your estate.

C. Premiums

Where Payable

Premiums are payable to us at our Administrative Office. If you request a receipt, we will provide one to you.

Amount and Frequency

Premiums are payable in advance beginning on the Issue Date in the amount and at the interval shown in the Policy Schedule. Premiums may be paid on an annual, semiannual, quarterly, or monthly electronic mode. Semi-annual, quarterly and monthly electronic payments are subject to a service charge that is added to the premium as illustrated in the Policy Schedule under ***Premium Payment Options***. You may change the frequency of premium payments subject to our rules in effect at the time of the change. The change is made by giving us Notice.

Automatic Premium Loan Provision

Any premium not paid before the end of its Grace Period will be paid by charging the premium due as a Policy Loan against this Policy's Surrender Value if:

1. The Automatic Premium Loan has been elected in the Application for this Policy or an election in writing is received by us at our Administrative Office while no premium is in default; and
2. If the resulting Policy Loan and loan interest to the next premium due date do not exceed the Loan Value.

If an Automatic Premium Loan cannot be made, the provision entitled ***Surrender Value (Non-Forfeiture) Options*** will apply. Interest at the Policy Loan Interest Rate will be charged on the Automatic Premium Loan from the date the Grace Period ends.

You may revoke the Automatic Premium Loan Provision at any time by giving us Notice.

Grace Period

A Grace Period of 31 days will be allowed for payment of each premium after the first. Within 30 days after failure to pay a due premium or ***Loan Default***, we will notify you and any assignee of record of the amount required to prevent the Policy from terminating. This

Policy will continue in force during the Grace Period unless surrendered.

Default Due To Non-Payment of Premiums

Except as provided in the ***Option to Suspend Premiums*** provision, any premium due and not paid before the end of the Grace Period will result in default. The date of default is the date on which the unpaid premium was due. Default will terminate this Policy effective 31 days after the mailing of the Default notice, except as provided under ***Surrender Value (Non-Forfeiture) Options***.

Option to Suspend Premiums

You may, on any Policy Anniversary, elect to suspend premiums due for the next Policy Year if the Surrender Value, projected without further premium payments to maturity at the current interest and cost of insurance rates, exceeds the Tabular Cash Value by at least the amount of one years gross premium for all future policy anniversaries. We will notify you prior to the premium due date if the Option is available.

Election is made by completing and returning, within 31 days from the date of notification, the election form provided. If you do not elect this Option, the premium will remain due on the scheduled date. If the premium is not paid when due, the Grace Period provision will be in effect. Once elected, this Option will remain in effect for future premiums as long as the Policy qualifies. If the Policy no longer qualifies for the suspension of premiums, we will notify you that the next scheduled premium will be due. All notices will be sent to your last known address.

D. Policy Values

Accumulation Value

The Accumulation Value on the Issue Date will be the initial Premium, less any Extra Premium, less the Cost of Insurance for the first policy month, less the Policy Fee and the Premium Charge as indicated on the Policy Schedule.

The Accumulation Value on each Monthly Date after the Issue Date equals (a) + (b) + (c) – (d) – (e) where:

- (a) Is the Accumulation Value on the prior Monthly Date;
- (b) Is one months interest on (a);

- (c) Is all premiums credited since the last Monthly Date, less the Policy Fee and the Premium Charge, plus accrued interest from the due date;
- (d) Is the Cost of Insurance for the next policy month;
- (e) Is any applicable Extra Premium.

On any date other than a Monthly Date the Accumulation Value will be the Accumulation Value on the last Monthly Date plus all premiums credited since that date, less the Policy Fee and the Premium Charge, plus accrued interest.

Tabular Cash Value

The Tabular Cash Value per \$1,000 of Face Amount at the end of certain Policy Years is shown in the Policy Schedule. These values assume all Premiums have been paid to the end of that Policy Year and that there is no outstanding policy loan. The Tabular Cash Value per \$1,000 of Face Amount equals the Accumulation Value, calculated on a per \$1,000 of Face Amount basis assuming premium payments are made in all years and using guaranteed interest and guaranteed cost of insurance rates, less the surrender charge, if any, on a per \$1,000 of Face Amount basis. Values for other Policy Years will be furnished upon request.

E. Cost of Insurance and Charges

Cost of Insurance

Cost of Insurance Calculation

The Cost of Insurance for a policy month is calculated by multiplying the Net Amount at Risk by the monthly Cost of Insurance Rate.

Cost of Insurance Rates

The guaranteed maximum Cost of Insurance rates are shown in the Guaranteed Maximum Monthly Cost of Insurance Rates Table in the Policy Schedule, and are expressed per \$1,000 of Net Amount at Risk. These guaranteed rates are based on the mortality table indicated in the Policy Schedule.

We may charge monthly Cost of Insurance rates that are less than the Guaranteed Maximum Monthly Cost of Insurance rates. We may change Cost of Insurance rates based on expectations of future experience. If we make such a change, it will apply to all insureds who have the same age at issue, Issue Date, sex and Premium Class. We will not change the Cost of Insurance rates because

of any change in the Insured's health, occupation, or avocation. We will review cost of insurance rates at least once every five years to determine if any change is to be made. We will review rates for this Policy in any year in which rates are changed for new policies issued on this form.

Net Amount at Risk

The Net Amount at Risk is equal to:

$[(c) \div (b)] - (a)$ where:

- (a) is the Accumulation Value at the beginning of the Policy Month before the deduction of the Cost of Insurance;
- (b) is the monthly interest factor indicated in the Policy Schedule, and
- (c) is the greater of:
 - (1) the Face Amount or
 - (2) (a) divided by the Net Single Premium per Dollar.

For purposes of this calculation, the Net Single Premium per Dollar is the amount required to purchase one dollar of paid up whole life insurance at the Insured's then attained age using the guaranteed Cost of Insurance rates and the Net Single Premium interest rate shown in the Policy Schedule.

Premium Charge

We calculate the Premium Charge by multiplying the Premium, less any Extra Premium, less the Policy Fee, by the Premium Charge Percentage shown in the Policy Schedule. We deduct the Premium Charge from each premium payment when it is received.

Policy Fee

The Policy Fee is shown in the Policy Schedule. We deduct the Policy Fee from each Premium payment when it is received.

Policy Cost Factors

Cost of Insurance Rates, and excess interest rates are based on future expectations as to investment earnings, mortality, persistency, expenses, and taxes.

We can change Cost of Insurance rates and excess interest rates. Any such changes will be determined

according to the procedures and standards on file, if required, with the insurance department of the state in which this Policy is delivered. We will make changes by class and future expectations for such elements as investment earnings, mortality, persistency, expenses and taxes, as applicable.

F. Interest Rates

The guaranteed interest rate applicable to the Accumulation Value is shown in the Policy Schedule. We may declare excess interest on the Accumulation Value. If we declare excess interest, such amounts will be credited to the Policy at least monthly. Once credited, they are non-forfeitable, except in the case of surrender.

At our discretion, we may credit different excess rates to different portions Accumulation Value, based on the date of increases and decreases to the Accumulation Value, or based on any other method we may determine. A separate rate may be applied to the part of the Accumulation Value equal to any policy loan. Such rate will not be less than the rate shown in the policy schedule.

G. Basis of Computation

Minimum Surrender Values, Net Single Premiums used in calculating the period of and Surrender Values under the Extended Term Insurance Option, and Net Single Premiums used in calculating the amount of and Surrender Values under the Paid-Up Insurance Option, are based on the mortality table and Net Single Premium interest rate listed in the Policy Schedule.

A statement of the method of calculating Surrender Values and Paid-Up Non-Forfeiture Option benefits has been filed with the state in which this Policy is delivered. Surrender Values and Non-Forfeiture benefits under this Policy are not less than those required by the law of the state or jurisdiction in which this Policy is delivered. Any benefit provided by an attached rider will not increase these values unless so stated in that rider.

H. Policy Loans

Loan Value

Provided you meet the terms of this Policy and our procedures, you may borrow from the Accumulation

Value of your Policy. You will be permitted to borrow up to the Loan Value. The Loan Value of this Policy will be the Surrender Value of this Policy calculated as of the next Policy Anniversary or the next premium due date, whichever is earlier.

If this Policy is continuing in force as Extended Term Insurance, this Policy has no Loan Value. If this Policy is continuing in force as Reduced Paid-Up Insurance, the Loan Value will be the Surrender Value on the next Policy Anniversary.

Loan Amount Available

The Loan Amount Available will be the Loan Value less:

1. Any existing Policy Loan Balance; and
2. Any loan interest to the next Policy Anniversary or the next premium due date, whichever is earlier; and
3. Any due and unpaid premium.

Any due and unpaid premium used in arriving at the loan amount available will be considered a Policy Loan subject to loan interest.

Policy Loans and Loan Repayments

You may request and obtain all or part of the Loan Amount Available by giving us Notice. The security we require is the Policy.

A Policy Loan may be repaid in full or in part at our Administrative Office. The amount paid (the Loan Repayment) may not be less than \$50.00, or the Loan Balance, if less. If this Policy is continuing in force under a ***Surrender Value (Non-Forfeiture) Option***, the amount of a loan deducted in determining the Surrender Value may be repaid only if this Policy is reinstated.

We may defer Loan proceeds under conditions described under ***Deferment***. However, Policy Loans used to pay premiums on policies issued by us will not be deferred.

Policy Loan Balance

The Policy Loan Balance on any date is equal to the total of all outstanding Policy Loans, plus loan interest accrued at the Policy Loan Interest Rate to that date.

Loan Default

This Policy will go into Default on any Monthly Date on which the Policy Loan Balance exceeds the Surrender Value. This Policy will lapse, and thereby terminate without value, 31 days after the mailing of the default notice, subject to the Grace Period Provision. A Policy that has lapsed may later be Reinstated, see *Reinstatement*.

Interest on Policy Loans

Interest will be charged on a Policy Loan at the annual Policy Loan Interest Rate shown in the Policy Schedule

Interest is payable at the end of each Policy Year. Interest is also payable on the date the loan is repaid. If interest is not paid, the loan will be increased by that amount.

I. Surrenders

Surrender Value

If all premiums which have become due have been paid, the Surrender Value of this Policy will be the greater of:

1. The Tabular Cash Value of this Policy; or
2. The Accumulation Value of this Policy less the Surrender Charge.

The Surrender Value within 61 days after the due date of a Scheduled Premium in default will be calculated as of that due date.

Net Surrender Value

The Net Surrender Value is equal to:

1. The Surrender Value; less
2. Any Policy Loan Balance.

Surrender Charge

The Surrender Charge shown in the Table of Surrender Charges in the Policy Schedule for the Policy Month and Policy Year in which the surrender takes place will be deducted from the Accumulation Value of this Policy.

Surrender Value (Non-Forfeiture) Options

You may surrender your Policy for its Net Surrender Value. You may elect a Surrender Value (Non-Forfeiture) Option not later than 60 days after the due date of the first unpaid premium if the Insured is alive. An election to surrender may be made by giving us Notice.

When a Surrender Value Option becomes effective, all additional benefits attached to this Policy will terminate unless otherwise provided. We will refund the part of any premium, which applies to a period after surrender.

If you have made no other election, this Policy will be continued in force as Extended Term Insurance as provided below.

The Policy Schedule shows the Tabular Cash Value and the amount of Paid-Up Insurance that would be purchased by the Tabular Cash Value at the end of certain Policy Years. The coverage period of the Extended Term Insurance purchased by the Tabular Cash Value is shown if it is an available option. The actual amount of Paid-Up Insurance purchased or the coverage period of Extended Term Insurance is dependent upon the Net Surrender Value of this Policy, as described in the Paid-Up Insurance and Extended Term Insurance sections below. Values for times and/or Net Surrender Values not shown are available on request.

1. Paid in Cash

You may surrender this Policy for its Net Surrender Value. Upon surrender, this Policy terminates. The Net Surrender Value will be:

- (a) Paid to you in one sum; or
- (b) Applied under a *Payment Option* you elect.

Surrender will be effective on the date we have received both this Policy and Notice from you. We may defer surrender proceeds under conditions described under *Deferment*.

2. Paid-Up Insurance

This Policy may be continued in force as Paid-Up Insurance. No further premiums are payable. The amount of Paid-Up Insurance will be calculated using the Net Surrender Value of this Policy as a net single

premium as of the due date of the first unpaid premium at the then current age of the Insured.

3. Extended Term Insurance

This Policy may be continued in force as Extended Term Insurance and no further premiums will be payable. The amount of Extended Term Insurance will be the Face Amount of this Policy less any Policy Loan and loan interest. However, if this Policy is in a Non-Standard premium class, Extended Term Insurance is not available and Paid-Up Insurance will be the automatic option. The length of time the Extended Term Insurance continues will be calculated using the Net Surrender Value of this Policy as a net single premium as of the due date of the first unpaid premium at the then current age of the Insured.

If insurance in an equal or greater amount would be provided under the Paid-Up Insurance Option, coverage will be provided only under that option.

Surrender of Paid-up or Extended Term Insurance

You may surrender Paid-Up or Extended Term Insurance at any time for the then current value. Such current value is equal to a net single premium for the benefits provided based on the attained age of the Insured at the time of surrender.

If the Paid-Up or Extended Term Insurance is surrendered within 31 days after a policy anniversary, the Surrender Value used in determining the Net Surrender Value will not be less than the Surrender Value on that anniversary. Surrender will be effective on the date we have received both this Policy and Notice from you. Upon surrender, this Policy terminates. The Net Surrender Value will be:

1. Paid to you in one sum; or
2. Applied under a *Payment Option* you elect.

We may defer surrender proceeds under conditions described under *Deferment*.

J. Reinstatement

If this policy lapses due to Loan Default, or Default due to Non-Payment of Premiums, it may be reinstated at any time within three years after Default. You may request reinstatement by giving us Notice. A Policy that

has been surrendered for cash or for which the Extended Term Insurance Option has been in effect and has subsequently expired may not be reinstated.

To reinstate this Policy, we will require you to:

1. Present evidence acceptable to us that the Insured is insurable at the same Premium Class as this Policy was originally issued;
2. Pay all premiums from the date of default;
3. Pay or reinstate any Loan Balance;
4. Pay annually compounded interest from the date of default at a rate of 5% a year on all unpaid premiums; and
5. Pay annually compounded interest from the date of default at a rate of 5% a year on any Policy Loan and loan interest. In lieu of payment, an additional Policy Loan equal to that amount may be taken.

We will send you the necessary application and other requirements within 15 days after we receive your Reinstatement request. We may require that you return this Policy to us in order to put the Reinstatement into effect.

The Reinstatement date will be the Monthly Date that falls on or next follows the date we approve the Reinstatement application. On the date of Reinstatement, the Accumulation Value and Tabular Cash Value will each be the same amount as if no Default had occurred. The schedule of Surrender Charges which applies following the date of Reinstatement will be the schedule which would have been in effect had no Default occurred.

We will have two years from the effective date of Reinstatement to contest the truth of statements or representations in your Reinstatement Application, see *Not Contestable After Two Years*. The suicide period will continue to be that period which would have been in effect had no Default occurred, see *Suicide within Two Years*.

K. Amount of Proceeds

Maturity Proceeds

The Net Surrender Value of this Policy is payable on the Maturity Date if the Insured is still living and this Policy is in force. Upon maturity, this Policy terminates.

Death Proceeds

Death Proceeds are payable upon the death of the Insured prior to the Maturity Date while this Policy is in force. Death Proceeds will be the sum of:

1. The Death Benefit of this Policy;
2. Any insurance on the life of the Insured provided by benefit riders;
3. The part of any premium paid which applies to a period after the Insured's death; less:
4. Any Policy Loan and loan interest; and
5. The part of any premium due and unpaid which applies to a period before the Insured's death.

Death Benefit

This Policy's Death Benefit will be the greater of:

1. The Face Amount; or
2. An amount equal to the Accumulation Value or the Surrender Value, divided by the Net Single Premium per Dollar at the Insured's then attained age.

The Net Single Premium per Dollar is calculated as described under *Net Amount at Risk*.

L. Payment of Proceeds

Payment

Death Proceeds are payable upon receipt of due proof of death and/or other documentation in good order at the Administrative Office.

Any amount to be paid at the Insured's death or any other termination of this Policy ("Proceeds") will be paid in one sum unless otherwise provided. Proceeds of \$1,000 or more may be applied to any Payment Option. We will pay Proceeds of less than \$1,000 in a single payment.

If a Payment Option is elected, rather than taking a single payment of the Death Proceeds over \$1,000, the Beneficiaries may receive the Death Proceeds in a stream of payments or leave them to accumulate at interest.

If no Payment Option is elected and the Death Proceeds are not paid within 30 days of receipt of due proof of death and/or other documentation in good order, interest at the rate of 8% will be paid on the Proceeds to the date of payment.

Election of Payment Option

1. **By Owner:** While the Insured is alive, you may, by Notice to us, elect a Payment Option or change a previous election.
2. **By Beneficiary:** At the time Death Proceeds are payable, a Beneficiary may, by Notice to us, elect a Payment Option if you made no election prior to the Insured's death.

Payment Options

All or a portion of the Proceeds may be applied to one or more of the following Payment Options:

For Payment Options (1) through (3) below:

- a. Payments will begin on the date the Proceeds are applied; and
- b. We require that the Payment Option elected produce a payment of at least \$50.00 per period otherwise another Payment Option must be chosen.

In the future, we may offer other Payment Options or agree to pay the Proceeds in some other manner. We may be using higher guaranteed minimum payment amounts at the time Proceeds are payable. If so, the more favorable Payment Options will be available to the payee.

Settlement

Any payment by us under this Policy is payable at our Administrative Office.

1. Payment for a Designated Number of Years

We will pay the Proceeds over a period of years in either equal monthly, quarterly, semi-annual or annual payments. The period of years may not exceed 25 years. Payments include interest at 2.5% and may be increased by additional interest.

Guaranteed minimum monthly payment for each \$1,000 of proceeds applied.					
Years	Payment	Years	Payment	Years	Payment
1	\$84.28	8	11.47	15	6.64
2	42.66	9	10.32	16	6.30
3	28.79	10	9.39	17	6.00
4	21.86	11	8.64	18	5.73
5	17.70	12	8.02	19	5.49
6	14.93	13	7.49	20	5.27
7	12.95	14	7.03	25	4.46

2. Payment of Life Income

We will pay the Proceeds for as long as the payee is living in either equal monthly, quarterly, semi-annual or annual payments. The amount of payment will depend on the age and sex of the payee. If the payee is not an individual, the amount of payment will depend on the age and sex of a Designated Person chosen by the payee and agreed to by us. We will require acceptable proof of age for the payee or Designated Person.

We may require proof that the person on whose life the payments are based is alive when each payment is due. We may discontinue payments until we receive satisfactory proof of survival. Any of the following provisions may be chosen. If the amount of payments for different guaranteed periods is the same at any given age, we will deem the longer period to have been chosen.

- a. *Life Income with a 10 or 20 Year Guaranteed Period* - Payments are guaranteed for 10 or 20 years, as elected, and for the life of the payee or Designated Person thereafter. During the guaranteed period of 10 or 20 years, the payments may be increased by additional interest.
- b. *Life Income with a Guaranteed Return* - The sum of the payments made and any payments due at the death of the payee or Designated Person are guaranteed to never be less than the Proceeds applied.
- c. *Life Income Only* - Payments will be made only while the payee or Designated Person is alive.

The Payment of Life Income Table that follows is based upon the a2000 Individual Annuity Mortality Table and a guaranteed interest rate of 2.5%.

3. Payment of a Designated Amount

We will pay the Proceeds in equal monthly, quarterly, semi-annual, or annual payments. Payments will continue until the Proceeds applied and interest at 2.5% and any additional interest are exhausted.

4. Proceeds Left at Interest

For any period agreed on, the Proceeds may be left with us. Interest on the Proceeds will be paid at the guaranteed rate indicated in the Policy Schedule and may be increased by additional interest. The interest may be paid monthly, quarterly, semi-annually or annually, as elected, or may be left with us to accumulate.

Payment Contracts

When Proceeds become payable under a Payment Option, a Payment Contract will be issued to the payee in exchange for this Policy. The Payment Contract will contain the terms and conditions applicable to the payee and the payment of the Proceeds under the Payment Option elected.

PAYMENT OF LIFE INCOME

Age of Payee Last Birthday When First Payment is Payable	Payment of Life Income Options Male			
	Monthly Payment for Each \$1,000 of Proceeds			
	Option 2a		Option 2b	Option 2c
	10 Years Guaranteed	20 Years Guaranteed	Guaranteed Return	Life Income Only
36	3.10	3.08	3.05	3.10
37	3.14	3.11	3.08	3.14
38	3.18	3.15	3.12	3.18
39	3.22	3.19	3.15	3.22
40	3.26	3.23	3.19	3.27
41	3.30	3.27	3.23	3.31
42	3.35	3.31	3.27	3.36
43	3.40	3.35	3.31	3.41
44	3.45	3.40	3.36	3.46
45	3.50	3.44	3.40	3.52
46	3.55	3.49	3.45	3.57
47	3.61	3.54	3.50	3.63
48	3.67	3.59	3.55	3.69
49	3.73	3.65	3.60	3.76
50	3.80	3.70	3.66	3.83
51	3.87	3.76	3.71	3.90
52	3.94	3.81	3.77	3.97
53	4.01	3.87	3.84	4.05
54	4.09	3.94	3.90	4.14
55	4.17	4.00	3.97	4.23
56	4.26	4.06	4.04	4.32
57	4.35	4.13	4.12	4.42
58	4.45	4.19	4.20	4.52
59	4.55	4.26	4.28	4.64
60	4.66	4.33	4.37	4.76
61	4.77	4.40	4.46	4.88
62	4.89	4.46	4.56	5.02
63	5.02	4.53	4.66	5.17
64	5.15	4.60	4.76	5.32
65	5.28	4.66	4.88	5.49
66	5.43	4.72	4.99	5.66
67	5.57	4.78	5.12	5.85
68	5.73	4.84	5.24	6.05
69	5.88	4.89	5.38	6.27
70	6.05	4.94	5.52	6.50
71	6.21	4.99	5.67	6.74
72	6.38	5.03	5.83	7.00
73	6.56	5.07	5.99	7.28
74	6.73	5.10	6.16	7.57
75	6.91	5.13	6.34	7.89
76	7.09	5.16	6.53	8.23
77	7.27	5.18	6.73	8.59
78	7.45	5.20	6.95	8.98
79	7.62	5.22	7.17	9.39
80	7.79	5.23	7.40	9.83
81	7.95	5.24	7.64	10.31
82	8.10	5.25	7.90	10.81
83	8.25	5.26	8.17	11.35
84	8.39	5.26	8.45	11.93
85*	8.52	5.27	8.74	12.54

*And Over

Age of Payee Last Birthday When First Payment is Payable	Payment of Life Income Options Female			
	Monthly Payment for Each \$1,000 of Proceeds			
	Option 2a		Option 2b	Option 2c
	10 Years Guaranteed	20 Years Guaranteed	Guaranteed Return	Life Income Only
36	2.96	2.95	2.93	2.96
37	2.99	2.98	2.96	3.00
38	3.03	3.01	2.99	3.03
39	3.06	3.05	3.02	3.06
40	3.10	3.08	3.06	3.10
41	3.13	3.12	3.09	3.14
42	3.17	3.15	3.13	3.18
43	3.21	3.19	3.16	3.22
44	3.26	3.23	3.20	3.26
45	3.30	3.27	3.24	3.31
46	3.35	3.32	3.28	3.36
47	3.40	3.36	3.33	3.41
48	3.45	3.41	3.37	3.46
49	3.50	3.46	3.42	3.51
50	3.56	3.51	3.47	3.57
51	3.62	3.56	3.52	3.63
52	3.68	3.61	3.58	3.70
53	3.74	3.67	3.63	3.76
54	3.81	3.73	3.69	3.84
55	3.89	3.79	3.76	3.91
56	3.96	3.85	3.82	3.99
57	4.04	3.92	3.89	4.08
58	4.13	3.98	3.96	4.17
59	4.22	4.05	4.04	4.26
60	4.31	4.12	4.12	4.36
61	4.41	4.20	4.20	4.47
62	4.52	4.27	4.29	4.58
63	4.63	4.34	4.38	4.70
64	4.74	4.42	4.48	4.83
65	4.87	4.49	4.58	4.97
66	5.00	4.56	4.69	5.12
67	5.14	4.63	4.80	5.28
68	5.28	4.70	4.93	5.45
69	5.43	4.77	5.05	5.63
70	5.60	4.84	5.19	5.83
71	5.76	4.90	5.33	6.05
72	5.94	4.95	5.48	6.28
73	6.12	5.00	5.64	6.53
74	6.31	5.05	5.81	6.80
75	6.51	5.09	5.99	7.09
76	6.71	5.12	6.18	7.40
77	6.91	5.15	6.39	7.74
78	7.11	5.18	6.60	8.11
79	7.32	5.20	6.82	8.51
80	7.52	5.22	7.06	8.95
81	7.71	5.23	7.31	9.42
82	7.90	5.24	7.58	9.93
83	8.07	5.25	7.85	10.48
84	8.24	5.26	8.15	11.08
85*	8.39	5.26	8.46	11.72

*And Over

INTEREST SENSITIVE WHOLE LIFE INSURANCE POLICY

- **Fixed Premium Interest Sensitive Whole Life Insurance Policy**
 - **Death Benefit Proceeds Payable at Death of Insured prior to Maturity Date**
 - **Premiums payable during Lifetime of Insured to Age 100**
 - **Net Surrender Value payable at Maturity Date**
 - **Options for Payment of Proceeds**
 - **Non-participating – No Annual Dividend**
-

If you have any questions concerning this Policy or if anyone suggests that you change or replace this Policy, please contact your First Investors Life agent or the Company.



First Investors Life Insurance Company
[95 Wall Street, New York, N.Y. 10005]
[(1-800-832-7783)]

Conditional Receipt

Under this Conditional Receipt ("Receipt"), First Investors Life Insurance Company ("Company") agrees to provide a limited amount of life insurance coverage for a limited period of time, subject to the terms and conditions set forth below. This Conditional Receipt does not create temporary or interim insurance. **UNLESS EACH AND EVERY CONDITION SPECIFIED IN PARAGRAPH "A" BELOW IS FULFILLED EXACTLY, NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY. NO AGENT IS AUTHORIZED TO ALTER OR WAIVE ANY OF THESE CONDITIONS.**

Received from _____ the sum of _____, the amount entered in item 8a of the Application to First Investors Life Insurance Company corresponding in date with this Receipt ("Application").

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO FIRST INVESTORS LIFE INSURANCE COMPANY.
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

A. CONDITIONS UNDER WHICH INSURANCE MAY BECOME EFFECTIVE.

If each and every one of the following conditions is fulfilled exactly:

- (1) The amount of premium taken with the Application is at least equal to one (1) modal premium for the amount of life insurance and risk class applied for. In the case of the monthly (Life Line) premium mode, an amount equal to two modal premiums is required, and
- (2) The total amount of insurance currently in force and applied for on the life of the Proposed Insured in all life insurance companies does not exceed \$1,000,000, and
- (3) The Proposed Insured is on the Effective Date, as defined below, insurable by the Company as a standard risk under its underwriting rules for the amount applied for without modification,

then insurance as provided by the terms and conditions of the policy applied for, but for an amount not exceeding that specified in Paragraph B, will become effective as of the Effective Date.

"**Effective Date**" as used on this Receipt means the latest of: (a) the date of Part One of the Application and (b) the date of Part Two (if required) of the Application, including

the medical examination (if any) required by the Company's underwriting rules.

B. MAXIMUM AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY.

The amount of insurance which may become effective prior to Policy issue and delivery shall be the lesser of:

1. the Face Amount (item 7) of the Application or
2. \$100,000, including any accidental death benefits applied for.

C. RETURN OF PREMIUM TAKEN. If any of the conditions in Paragraph A above have not been fulfilled exactly, there is no liability on the part of the Company except to return the premium paid with the Application.

D. LIMITATION. In no event shall the insurance under this Receipt continue in force for a period longer than that part of a year that the premium taken will cover on a pro-rata basis.

E. TERMINATION. This Conditional Receipt terminates on the earliest of the following dates:

1. On the date the Policy is delivered to the Proposed Owner, or
2. On the date the Proposed Owner receives notice that a policy cannot be issued as applied for.

Dated at _____ this _____ day of _____, 2_____

Signature of Agent

I acknowledge that I have read the terms of this Receipt, have had them explained to me by the Agent and understand that the insurance applied for shall not be effective unless and until the conditions of this Receipt have been complied with exactly.

Signature of Proposed Owner

NOTE: This Conditional Receipt must be filled in and signed as indicated above and given to the Proposed Owner only if payment is made in accordance with item A.(1) above. OTHERWISE IT MUST NOT BE PROVIDED TO THE PROPOSED OWNER.

<i>SERFF Tracking Number:</i>	<i>FRCS-127095227</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>First Investors Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48432</i>
<i>Company Tracking Number:</i>	<i>5472</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.301 Current Assumption - Fixed Premium - Single Life</i>
<i>Product Name:</i>	<i>ISWL (3.5% Rate)</i>		
<i>Project Name/Number:</i>	<i>Firstinv/87/87</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR CoC.pdf		
AR RDB.pdf		
Auth_1-11.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment:		
ORD-App_01-07_AR_.pdf		

	Item Status:	Status Date:
Satisfied - Item: Forms with Changes Marked		
Comments:		
Attachments:		
AR ISWL-2 Policy_FINAL_REDLINED.pdf		
ORD-CR (02-11)(AR)_REDLINED.pdf		

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: First Investors Life Insurance Company
Form Title(s): Interest Sensitive Whole Life Insurance Policy
Conditional Receipt
Form Number(s): ISWL-2 (12/10)(AR)
ORD-CR (02/11)(AR)

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.



William H. Drinkwater
Senior VP & Chief Actuary, FSA, MAAA

March 25, 2011

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: First Investors 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
ISWL-2 (12/10)(AR)	53.4
ORD-CR (02/11)(AR)	50.4



William H. Drinkwater
Senior VP & Chief Actuary, FSA, MAAA

March 25, 2011

Date

January 31, 2011

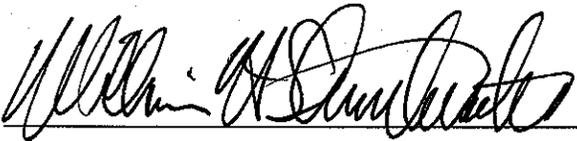
To: The Insurance Commissioner

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.

First Investors Life Insurance Company

By: 

Title: Senior VP & Chief Actuary, FSA, MAAA

APPLICATION FOR LIFE INSURANCE
FIRST INVESTORS LIFE INSURANCE COMPANY
 [95 Wall Street, New York, NY 10005]

PART I

<p>1. Full Legal Name of Proposed Insured</p> <p>First _____ Middle _____ Last _____</p> <p>2. Information on the Proposed Insured</p> <p>a) Date of Birth _____ b) Age Last Birthday _____ _____/_____/_____ Month Day Year</p> <p>c) State/Country of Birth _____</p> <p>d) U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, provide status information in "Remarks".)</i></p> <p>e) Social Security Number _____</p> <p>f) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female g) Marital Status _____</p> <p>3. Residence Address No. of Years _____</p> <p>Street and No. _____</p> <p>City _____ State _____ Zip _____</p> <p>4. Occupation _____</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired</p> <p>5. Business Address No. of Yrs. _____</p> <p>Employer _____</p> <p>Street and No. _____</p> <p>City _____ State _____ Zip Code _____</p> <p>6. Send Premium Notices to Owner at: <input type="checkbox"/> Residence <input type="checkbox"/> Business</p>	<p>7. Amount of Insurance</p> <p>\$ _____</p>	<p>8a. Premium Paid With Application \$ _____</p> <p>8b. Premiums Payable <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Lifeline (Monthly Electronic)</p> <p>9. Plan of Insurance</p> <p>a) Basic Benefits</p> <p><input type="checkbox"/> Level Term ____ Years <input type="checkbox"/> Interest Sensitive Whole Life <input type="checkbox"/> Other _____</p> <p>b) Additional Benefits <input type="checkbox"/> \$ _____ Accidental Death] <input type="checkbox"/> Waiver of Premium] <input type="checkbox"/> \$ _____ Term Number of Years _____] <input type="checkbox"/> \$ _____ Guaranteed Insurability Option] <input type="checkbox"/> Accelerated Death Benefit] <input type="checkbox"/> Limited Endowment Term Insurance Rider]</p> <p>10. Automatic Premium Loan Option, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. The Proposed Insured will be Owner of the Policy unless otherwise indicated below.</p> <p>Owner's Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Relationship _____</p> <p>Social Security Number _____</p>																																																
<p>12. Beneficiary Designation: Except as otherwise directed, the proceeds are to be divided equally among all persons who are named as Primary Beneficiary and who survive the Insured. If none survive, the proceeds will be divided equally among all persons named as Contingent Beneficiary and who survive the Insured.</p> <p>a) Primary Beneficiary(ies)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">First Name</th> <th style="width: 5%;">MI</th> <th style="width: 25%;">Last Name</th> <th style="width: 15%;">Social Security or Tax ID #</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">Share % (Total must equal 100%)</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>b) Contingent Beneficiary(ies)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">First Name</th> <th style="width: 5%;">MI</th> <th style="width: 25%;">Last Name</th> <th style="width: 15%;">Social Security or Tax ID #</th> <th style="width: 30%;">Relationship</th> <th style="width: 20%;">Share % (Total must equal 100%)</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2. _____</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3. _____</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>			First Name	MI	Last Name	Social Security or Tax ID #	Relationship	Share % (Total must equal 100%)	1. _____						2. _____						3. _____						First Name	MI	Last Name	Social Security or Tax ID #	Relationship	Share % (Total must equal 100%)	1. _____						2. _____						3. _____					
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3. _____																																																		

13. Life Insurance in Force

(If none, write "None")

Year Issued Company Amount Amount of Accidental
Death Benefit

(Attach additional sheet if necessary)

14. Is the policy applied for intended to replace any life insurance or annuity currently in force? Yes No

(If Yes, furnish policy numbers and company(ies) under "Remarks")

15. Has the Proposed Insured:

a) ever been limited, postponed, rated or rejected for life, accident or health insurance? Yes No

b) within the last five years been confined in a hospital or received any medical or surgical attention? Yes No

c) had, or consulted a physician or medical practitioner for heart trouble, high blood pressure, cancer, diabetes, lung, kidney or stomach disorder within the last ten (10) years? Yes No

d) used any form of tobacco or nicotine based products within the past 36 months? Yes No

e) Height _____ Weight _____

f) Drivers License No. and State of Issue _____

g) within the last three years;

(1) had their drivers license suspended or revoked? Yes No

(2) had any moving violations? Yes No

(3) been convicted for driving under the influence of either alcohol or drugs? Yes No

(4) had any automobile accidents? Yes No

(Provide details to any "Yes" answers in "Remarks")

16. a) Does the Proposed Insured contemplate flying, or have they flown during the past two years, other than as a passenger on a regularly scheduled airline? Yes No

(If Yes, complete Aviation Questionnaire)

b) Has the Proposed Insured engaged in any hazardous activities such as auto, motorcycle or power boat racing, skin or scuba diving, mountain climbing, parachuting or sky diving, snowmobile racing or any other hazardous sport or hobby within the last two (2) years, or plan to do so in the future? Yes No

(If Yes, please complete the appropriate questionnaire or submit complete details with this application)

17. Remarks

(Attach an additional sheet if necessary)

18. Does the Proposed Owner understand that:

a) Policy values, if any reflect certain deductions and charges? Yes No

b) Cash values, if any may be subject to a surrender charge upon policy surrender, lapse or face amount reduction? Yes No

c) Does the Proposed Owner believe that this policy will meet their insurance needs and financial objectives? Yes No

19. If the Proposed Insured is age 0-14, you must furnish amount of life insurance in force on the life of the Applicant/Owner.

Company

Amount

(Attach an additional sheet if necessary)

20. a) Has the Proposed Insured lived outside the U.S. or Canada in the last three years?

Yes No

If "Yes", please advise where, when, purpose and length of stay.

b) Does the Proposed Insured have any plans to live or travel outside the U.S. or Canada in the future?

Yes No

If "Yes", please advise where, when, purpose and length of stay.

(Attach additional sheet if necessary)

There shall be no contract of insurance unless a policy is issued based on this application. The full first modal premium must be paid during the lifetime of the Proposed Insured and while his (her) health is as stated in this application. If any premium is paid in advance to an agent of the Company at the time this application is signed and the Conditional Receipt is given to the Proposed Owner, the terms of the Conditional Receipt shall apply. All statements and answers contained in this application are full, complete, and true to the best of my/our knowledge and belief and I/we have not withheld any material information that may influence the assessment or acceptance of this application. I/we agree to inform First Investors Life in writing of any material change in circumstances between the date of this application and the issue date of the policy.

I understand that this application will be attached to and shall become part of any policy issued.

No agent or medical examiner is authorized to make or discharge a contract or waive any of the conditions or provisions of any application, policy, or receipt. Only the President, Vice President, Actuary, or Secretary of the Company may make, modify or discharge contracts or waive any of the Company's rights or requirement and then only in writing.

A. ACKNOWLEDGEMENTS

I hereby acknowledge receiving and reading the Notice, **ORD Notice (07/06)(AR)**, included with this application pertaining to the **Illustration of Benefits, Investigative Consumer Reports and the Medical Information Bureau** and authorize the Company to secure an **Investigative Consumer Report**.

For Level Term Life Insurance, Policy Form LTL-2 (09/05)(AR) including any supplemental coverage: I acknowledge, that the premium for the policy applied for is not guaranteed for the entire term of the policy and may change in accordance with the Premium Change provisions of Policy LTL-2 (09/05)(AR) and that the Company may charge the full maximum guaranteed premium.

B. AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any records or knowledge of me or my health, to give First Investors Life Insurance Company or its reinsurers any such information. A photographic copy of this Authorization shall be as valid as the original. This Authorization shall remain in effect for a period of 30 months from the date of this Application.

C. 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.

Dated at _____ this _____ day of _____, 2____
City & State day Month Year

Signature of Proposed Insured _____
or of Parent/Guardian if Proposed Insured is age 0-14

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

Signature of Licensed Agent _____

APPLICATION FOR INSURANCE
FIRST INVESTORS LIFE INSURANCE COMPANY
 [95 Wall Street, New York, NY 10005]
STATEMENTS MADE TO AUTHORIZED COMPANY AGENT

PART II

<p>1. Name of Proposed Insured (as it appears on Part I.)</p> <p>First _____ Middle _____ Last _____</p>	<p>10. Within the last ten (10) years has the Proposed Insured had or consulted a physician or practitioner for any ailment or disease of the</p> <p>a. brain or nervous system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. heart or blood vessels? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. lungs or other respiratory organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. stomach, intestines, liver or gallbladder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. kidneys or other genito-urinary organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. bones, glands, or skin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>2. Proposed Insured's Date of Birth</p> <p>Month _____ Day _____ Year _____</p>	<p>11. Within the last ten (10) years has the Proposed Insured</p> <p>a. had any illness, disease, or injury that is not included in your other answers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. consulted or been examined or treated by any physician or practitioner not named in connection with your other answers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If yes, include name of each doctor and reason for visit in Details below)</i></p>																													
<p>3. Proposed Insured's:</p> <p>a. Height (in shoes) _____ b. Weight (clothed) _____</p> <p>c. Has your weight significantly changed in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Gain _____ lbs. or Loss _____ lbs.</p> <p><i>(Include cause and number of months at present weight in "Details" below)</i></p>	<p>12. To the best of your knowledge and belief, is the Proposed Insured pregnant? <i>(If yes, include month of pregnancy)</i></p>																													
<p>4. Has the Proposed Insured lost any time from work (school) due to illness or injury during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Name & address of Proposed Insured's personal physician?</p>																													
<p>5a. Has the Proposed Insured ever been treated for alcoholism? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Has the Proposed Insured used habit-forming drugs in the past ten (10) years or been treated for any drug habit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>14. Have any of the Proposed Insured's parents, brothers or sisters, ever had heart disease, diabetes, mental illness or tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>6. Has the Proposed Insured ever been under observation in a hospital, sanitarium, or other similar institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>15. Family Record</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Living</th> <th colspan="2">Deceased</th> </tr> <tr> <th>Age</th> <th>State of Health (if poor, explain)</th> <th>Age At Death</th> <th>Cause</th> </tr> </thead> <tbody> <tr> <td>Father</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mother</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Brothers</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sisters</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Living		Deceased		Age	State of Health (if poor, explain)	Age At Death	Cause	Father					Mother					Brothers					Sisters				
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Father																														
Mother																														
Brothers																														
Sisters																														
<p>7a. Has the Proposed Insured ever had any surgical operation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Has the Proposed Insured ever been advised to have any surgical operation which has not been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>9. Within the last past (10) ten years has the Proposed Insured had, or consulted a physician or medical practitioner for: <i>(Circle applicable items)</i></p> <p>a. rheumatic fever, shortness of breath, chest pain, high or low blood pressure, epilepsy, depression, fainting, sleep apnea or dizzy spells? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. duodenal or gastric ulcer, chronic indigestion, bowel disorder disorder or albumin, sugar or blood in urine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. tuberculosis, asthma, allergic conditions, or blood spitting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. cancer, cysts, hernia, goiter or diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. arthritis, back or spine disorder or impaired vision or hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or positive test results indicating the presence of the AIDS virus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. any other illness, injury or impairment not mentioned above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																													
<p>8. Has the Proposed Insured had an electrocardiogram, x-ray or other diagnostic examination within the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																														



First Investors Life

First Investors Life Insurance Company

[95 Wall Street, New York, N.Y. 10005]

INTEREST SENSITIVE WHOLE LIFE INSURANCE POLICY

- **Fixed Premium Interest Sensitive Whole Life Insurance Policy**
- **Death Benefit Proceeds Payable at Death of Insured prior to Maturity Date**
- **Premiums payable during Lifetime of Insured to Age 100**
- **Net Surrender Value payable at Maturity Date.**
- **Options for Payment of Proceeds**
- **Non-Participating – No Annual Dividend**

First Investors Life agrees to (a) pay the Proceeds of this Policy to the Beneficiary upon receipt of due proof of the death of the Insured and to provide the other rights and benefits in accordance with the terms of this Policy and (b) pay the Net Surrender Value of this Policy to the Owner on the Maturity Date if the Insured is living on that date.

Signed for First Investors Life Insurance Company at its
Home Office in New York, New York

[Carol E. Springsteen, President]

[Carol L. Brown, Secretary]

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY:

If for any reason the Owner is dissatisfied with this Policy, upon return of the Policy to the Company or to the insurance agent through whom it was purchased within ten days after its receipt by the Owner, the premium paid will be returned to the Owner, whereupon the policy shall be void from the beginning and the Owner and the Company shall be in the same position as if no Policy had been issued.

This Policy is a contract between the Owner of the Policy and the Company.

IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.

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ADDITIONAL BENEFITS

Additional benefits, if any, listed in the Policy Schedule are described in the additional benefits agreements that follow after the last page of this Policy.

POLICY SCHEDULE

Contract Data

Form Number	ISWL-2 (07/06 12/10)(AR)	Policy Number	[0000123456]
Insured	[John Doe]	Issue Date	[June 1, 2006]
Issue Age and Sex	[35 - Male]	Maturity Date	[June 1, 2092]
Premium Class	[Standard Non-Tobacco]		
Owner	[Insured]		
Beneficiary	As of the Issue Date your Beneficiary is as designated by you in the Application, which is a part of this Policy, unless you have since changed the designation in accordance with the Policy Provisions.		

Schedule of Benefits and Premiums

<u>Face Amount</u>	<u>Basic Benefit</u>	<u>Premium Amount</u>	<u>Premium Mode</u>	<u>Payable</u>
[\$25,000]	Base Policy	[\$357.25] [\$388.00]	[Annually]	To Attained Age 100

<u>Benefit Amount</u>	<u>Additional Benefit Rider or Rating</u>	<u>Extra Premium Amount</u>	<u>Premium Mode</u>	<u>Payable</u>
[\$]	[]	[\$]	[]	[]

Total Premium ~~[\$357.25]~~[\$388.00]

Premium Payment Options*

<u>Premium Mode</u>	<u>Modal Premium</u>
Annually	[\$357.25] [\$388.00]
Semi-Annually	[\$182.20] [\$196.45]
Quarterly	[\$92.89] [\$99.20]
Monthly Electronic	[\$30.37] [\$33.39]

*See Policy Section C – “Premiums – Amount and Frequency”

Policy Charges

Premium Charge Percentage: 5.00%

Policy Fee: There is a policy fee of [\$95.00] deducted from each [annual] premium payment.

POLICY SCHEDULE CONTINUED ON NEXT PAGE

POLICY SCHEDULE – Continued

Guaranteed Interest Rates and Factors

Your Policy refers to a number of different interest rates and factors. These are listed below with the sections of the Policy which describe them.

<u>DESCRIPTION</u>	<u>FACTOR</u>	<u>POLICY SECTION</u>
Guaranteed <u>Annual</u> Interest Rate	4.03.50%	“Interest Rates”
<u>Net Single Premium Interest Rate</u>	4.00%	“Net Amount at Risk” & “Basis of Computation”
Guaranteed Interest Rate on Policy Loans	4.0%	“Interest Rates”
Policy Loan Interest Rate	6.0%	“Interest on Policy Loans”
Proceeds Left At Interest Guaranteed Interest Rate	2.5%	“Payment Options-4”. “Proceed Left At Interest”
Monthly Interest Factor	1.00327370028709	“Net Amount at Risk”

MORTALITY TABLE

The mortality table, which is used in the calculation of the Guaranteed Maximum Monthly Cost of Insurance Rates, the Surrender Values and the Net Single Premiums is the 2001 CSO [Non-Smoker] Mortality Table for [Males], age last birthday. The use of this table is further described under the “Cost of Insurance Rates” and “Basis of Computation” sections of this Policy. The Guaranteed Maximum Monthly Cost of Insurance Rates are shown on the Policy Schedule.

IMPORTANT NOTE

CURRENT INTEREST AND COST OF INSURANCE RATES ARE NOT GUARANTEED. We may declare current interest rates for the Accumulation Value in excess of the Guaranteed Interest Rate and may charge current Cost of Insurance rates that are lower than the Guaranteed Maximum Monthly Cost of Insurance Rates. There is no guarantee that we will declare such current interest rates or charge such current Cost of Insurance rates.

ADMINISTRATIVE OFFICE

Correspondence and Notices should be addressed to us at:

First Investors Life Insurance Company
[In Force Services Department]
[Raritan Plaza 1, P.O. Box 7836]
[Edison, NJ 08818-7836]

POLICY SCHEDULE CONTINUED ON NEXT PAGE

[1-800-832-7783]

POLICY SCHEDULE CONTINUED ON NEXT PAGE

POLICY SCHEDULE – Continued

Table of Surrender Charges

Per \$1,000 of Face Amount Surrender
[Male] Issue Age [35] [Standard Non-Tobacco]

Policy Month	<u>Policy Year</u>																		
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>									
1	<u>23.66</u>	<u>21.50</u>	<u>22.82</u>	<u>20.72</u>	<u>21.96</u>	<u>19.91</u>	<u>21.06</u>	<u>19.06</u>	<u>20.14</u>	<u>19.18</u>	<u>19.17</u>	<u>28.18</u>	<u>18.19</u>	<u>16.32</u>	<u>17.17</u>	<u>15.34</u>	<u>16.11</u>	<u>14.32</u>	<u>15.01</u>
2	<u>23.59</u>	<u>21.44</u>	<u>22.74</u>	<u>20.65</u>	<u>21.88</u>	<u>19.84</u>	<u>20.98</u>	<u>18.99</u>	<u>20.06</u>	<u>18.11</u>	<u>19.09</u>	<u>17.20</u>	<u>18.10</u>	<u>16.24</u>	<u>17.08</u>	<u>15.26</u>	<u>16.01</u>	<u>14.23</u>	<u>14.91</u>
3	<u>23.52</u>	<u>21.37</u>	<u>22.67</u>	<u>20.58</u>	<u>21.81</u>	<u>19.77</u>	<u>20.90</u>	<u>18.92</u>	<u>19.98</u>	<u>18.04</u>	<u>19.01</u>	<u>17.12</u>	<u>18.02</u>	<u>16.16</u>	<u>16.99</u>	<u>15.17</u>	<u>15.92</u>	<u>14.14</u>	<u>14.82</u>
4	<u>23.45</u>	<u>21.31</u>	<u>22.60</u>	<u>20.52</u>	<u>21.73</u>	<u>19.70</u>	<u>20.83</u>	<u>18.85</u>	<u>19.90</u>	<u>17.96</u>	<u>18.93</u>	<u>17.04</u>	<u>17.93</u>	<u>16.08</u>	<u>16.90</u>	<u>15.09</u>	<u>15.83</u>	<u>14.05</u>	<u>14.72</u>
5	<u>23.38</u>	<u>21.24</u>	<u>22.53</u>	<u>20.45</u>	<u>21.66</u>	<u>19.63</u>	<u>20.75</u>	<u>18.77</u>	<u>19.82</u>	<u>17.89</u>	<u>18.85</u>	<u>16.96</u>	<u>17.85</u>	<u>16.00</u>	<u>16.81</u>	<u>15.00</u>	<u>15.74</u>	<u>13.96</u>	<u>14.63</u>
6	<u>23.31</u>	<u>21.18</u>	<u>22.46</u>	<u>20.38</u>	<u>21.58</u>	<u>19.56</u>	<u>20.67</u>	<u>18.70</u>	<u>19.74</u>	<u>17.81</u>	<u>18.76</u>	<u>16.88</u>	<u>17.76</u>	<u>15.92</u>	<u>16.72</u>	<u>14.92</u>	<u>15.65</u>	<u>13.88</u>	<u>14.53</u>
7	<u>23.24</u>	<u>21.11</u>	<u>22.39</u>	<u>20.31</u>	<u>21.51</u>	<u>19.49</u>	<u>20.60</u>	<u>18.63</u>	<u>19.66</u>	<u>17.73</u>	<u>18.68</u>	<u>16.80</u>	<u>17.68</u>	<u>15.83</u>	<u>16.64</u>	<u>14.83</u>	<u>15.56</u>	<u>13.79</u>	<u>14.44</u>
8	<u>23.17</u>	<u>21.05</u>	<u>22.31</u>	<u>20.25</u>	<u>21.43</u>	<u>19.42</u>	<u>20.52</u>	<u>18.56</u>	<u>19.58</u>	<u>17.66</u>	<u>18.60</u>	<u>16.72</u>	<u>17.59</u>	<u>15.75</u>	<u>16.55</u>	<u>14.75</u>	<u>15.46</u>	<u>13.70</u>	<u>14.35</u>
9	<u>23.10</u>	<u>20.98</u>	<u>22.24</u>	<u>20.18</u>	<u>21.36</u>	<u>19.35</u>	<u>20.44</u>	<u>18.48</u>	<u>19.50</u>	<u>17.58</u>	<u>18.52</u>	<u>16.64</u>	<u>17.51</u>	<u>15.67</u>	<u>16.46</u>	<u>14.66</u>	<u>15.37</u>	<u>13.61</u>	<u>14.25</u>
10	<u>23.03</u>	<u>20.92</u>	<u>22.17</u>	<u>20.11</u>	<u>21.28</u>	<u>19.28</u>	<u>20.37</u>	<u>18.41</u>	<u>19.42</u>	<u>17.51</u>	<u>18.43</u>	<u>16.56</u>	<u>17.42</u>	<u>15.59</u>	<u>16.37</u>	<u>14.58</u>	<u>15.28</u>	<u>13.52</u>	<u>14.16</u>
11	<u>22.96</u>	<u>20.85</u>	<u>22.10</u>	<u>20.04</u>	<u>21.21</u>	<u>19.21</u>	<u>20.29</u>	<u>18.19</u>	<u>19.34</u>	<u>17.43</u>	<u>18.35</u>	<u>16.48</u>	<u>17.34</u>	<u>15.51</u>	<u>16.28</u>	<u>14.49</u>	<u>15.19</u>	<u>13.43</u>	<u>14.06</u>
12	<u>22.89</u>	<u>20.79</u>	<u>22.03</u>	<u>19.98</u>	<u>21.13</u>	<u>19.14</u>	<u>20.21</u>	<u>18.27</u>	<u>19.26</u>	<u>17.36</u>	<u>18.27</u>	<u>16.41</u>	<u>17.25</u>	<u>15.43</u>	<u>16.19</u>	<u>14.41</u>	<u>15.10</u>	<u>13.35</u>	<u>13.97</u>

Policy Month	<u>Policy Year</u>														
	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>					
1	<u>13.88</u>	<u>12.15</u>	<u>11.00</u>	<u>9.79</u>	<u>10.23</u>	<u>8.55</u>	<u>9.33</u>	<u>7.24</u>	<u>5.89</u>	<u>6.17</u>	<u>4.47</u>	<u>3.01</u>	<u>2.00</u>	<u>1.46</u>	<u>6.63</u>
2	<u>13.78</u>	<u>12.05</u>	<u>10.90</u>	<u>11.38</u>	<u>9.69</u>	<u>10.12</u>	<u>8.44</u>	<u>8.11</u>	<u>7.13</u>	<u>4.5</u>	<u>3.58</u>	<u>2.88</u>	<u>3.06</u>	<u>1.33</u>	<u>4.9</u>
3	<u>13.68</u>	<u>11.96</u>	<u>12.49</u>	<u>10.80</u>	<u>11.28</u>	<u>9.59</u>	<u>10.01</u>	<u>8.33</u>	<u>7.02</u>	<u>3.3</u>	<u>5.65</u>	<u>4.23</u>	<u>4.5</u>	<u>2.75</u>	<u>2.03</u>
4	<u>13.58</u>	<u>11.86</u>	<u>12.39</u>	<u>10.70</u>	<u>11.17</u>	<u>9.48</u>	<u>9.90</u>	<u>8.22</u>	<u>6.91</u>	<u>7.22</u>	<u>5.54</u>	<u>4.11</u>	<u>3.3</u>	<u>2.62</u>	<u>1.06</u>
5	<u>13.48</u>	<u>11.77</u>	<u>12.29</u>	<u>10.60</u>	<u>11.07</u>	<u>9.38</u>	<u>9.79</u>	<u>8.11</u>	<u>6.79</u>	<u>7.10</u>	<u>5.42</u>	<u>3.99</u>	<u>4.20</u>	<u>2.49</u>	<u>0.93</u>
6	<u>13.38</u>	<u>11.67</u>	<u>12.19</u>	<u>10.50</u>	<u>10.96</u>	<u>9.28</u>	<u>9.68</u>	<u>8.01</u>	<u>6.68</u>	<u>6.98</u>	<u>5.30</u>	<u>3.87</u>	<u>4.08</u>	<u>2.37</u>	<u>0.80</u>
7	<u>13.29</u>	<u>11.57</u>	<u>12.09</u>	<u>10.40</u>	<u>10.86</u>	<u>9.17</u>	<u>9.58</u>	<u>7.90</u>	<u>6.57</u>	<u>6.87</u>	<u>5.18</u>	<u>3.74</u>	<u>3.95</u>	<u>2.24</u>	<u>0.66</u>
8	<u>13.19</u>	<u>11.48</u>	<u>11.99</u>	<u>10.30</u>	<u>10.75</u>	<u>9.07</u>	<u>9.47</u>	<u>7.79</u>	<u>6.46</u>	<u>6.75</u>	<u>5.07</u>	<u>3.62</u>	<u>3.82</u>	<u>2.11</u>	<u>0.53</u>
9	<u>13.09</u>	<u>11.38</u>	<u>11.89</u>	<u>10.20</u>	<u>10.65</u>	<u>8.97</u>	<u>9.36</u>	<u>7.68</u>	<u>6.34</u>	<u>6.63</u>	<u>4.95</u>	<u>3.50</u>	<u>3.70</u>	<u>1.98</u>	<u>0.40</u>
10	<u>12.99</u>	<u>11.29</u>	<u>11.79</u>	<u>10.10</u>	<u>10.54</u>	<u>8.86</u>	<u>9.25</u>	<u>7.57</u>	<u>6.23</u>	<u>6.52</u>	<u>4.83</u>	<u>3.38</u>	<u>3.57</u>	<u>1.85</u>	<u>0.26</u>
11	<u>12.89</u>	<u>11.19</u>	<u>11.69</u>	<u>10.00</u>	<u>10.44</u>	<u>8.76</u>	<u>9.14</u>	<u>7.46</u>	<u>6.12</u>	<u>6.40</u>	<u>4.71</u>	<u>3.26</u>	<u>3.45</u>	<u>1.72</u>	<u>0.13</u>
12	<u>12.79</u>	<u>11.10</u>	<u>11.59</u>	<u>9.90</u>	<u>10.33</u>	<u>8.66</u>	<u>9.03</u>	<u>7.36</u>	<u>6.01</u>	<u>6.28</u>	<u>4.60</u>	<u>3.14</u>	<u>3.32</u>	<u>1.60</u>	<u>0.00</u>

POLICY SCHEDULE CONTINUED ON NEXT PAGE

POLICY SCHEDULE – Continued

Guaranteed Maximum Monthly Cost of Insurance Rates (COI)

Per \$1,000 of Net Amount at Risk

[Male]

<u>Attained Age</u>	<u>Cost of Insurance</u>						
0	[0.0600	31	[0.0842	62	[0.9860	93	[20.3457
1	0.0383	32	0.0850	63	1.1037	94	21.8706
2	0.0275	33	0.0875	64	1.2265	95	23.3852
3	0.0200	34	0.0892	65	1.3543	96	24.8684
4	0.0175	35	0.0933	66	1.4839	97	26.4534
5	0.0175	36	0.0975	67	1.6193	98	28.1490
6	0.0183	37	0.1033	68	1.7623	99	29.9642
7	0.0183	38	0.1108	69	1.9229	100	31.7043
8	0.0183	39	0.1175	70	2.1103	101	33.2527
9	0.0192	40	0.1267	71	2.3380	102	34.9047
10	0.0200	41	0.1375	72	2.6043	103	36.6669
11	0.0233	42	0.1509	73	2.8850	104	38.5357
12	0.0283	43	0.1667	74	3.1868	105	40.5114
13	0.0333	44	0.1842	75	3.5156	106	42.6170
14	0.0433	45	0.2034	76	3.8867	107	44.8602
15	0.0550	46	0.2225	77	4.3186	108	47.2511
16	0.0642	47	0.2384	78	4.8206	109	49.7971
17	0.0725	48	0.2509	79	5.3838	110	52.5069
18	0.0767	49	0.2667	80	6.0126	111	55.3932
19	0.0783	50	0.2876	81	6.6971	112	58.4652
20	0.0792	51	0.3143	82	7.4230	113	61.7355
21	0.0792	52	0.3468	83	8.2170	114	65.2132
22	0.0792	53	0.3843	84	9.1013	115	68.9119
23	0.0800	54	0.4319	85	10.0866	116	72.8424
24	0.0808	55	0.4852	86	11.1726	117	77.0185
25	0.0833	56	0.5403	87	12.3490	118	81.4513
26	0.0867	57	0.5937	88	13.6025	119	83.3333
27	0.0883	58	0.6471	89	14.9210	120	83.3333]
28	0.0867	59	0.7097	90	16.2378		
29	0.0858	60	0.7856	91	17.5373		
30	0.0850]	61	0.8783]	92	18.9023]		

[Standard Non-Tobacco]

POLICY SCHEDULE CONTINUED ON NEXT PAGE

POLICY SCHEDULE – Continued

Tabular Cash Value per \$1,000 of Face Amount

[Male] Issue Age [35] [Standard Non-Tobacco] [Annual] Premium Mode

<u>End of Year</u>	<u>Cash Value</u>	<u>Paid Up Insurance</u>	<u>Extended Term Insurance</u>	
			<u># of Years</u>	<u># of Days</u>
1	\$[0.00	\$ 0	0	0
2	\$ 0.00	\$ 0	0	0
3	\$ 8.71 11.11	\$ 3848	67	36219
4	\$ 19.76 23.38	\$ 8398	113	84 28
5	\$ 31.19 36.04	\$126145	1516	10214
6	\$ 42.98 49.04	\$168191	1719	207145
7	\$ 55.15 62.40	\$208235	1921	178 99
8	\$ 67.67 76.09	\$247277	2022	320228
9	\$ 80.53 90.12	\$284317	2123	330249
10	\$ 93.74 104.48	\$319355	2224	261198
11	\$ 107.30 119.17	\$353392	2325	135 83
12	\$ 121.23 134.20	\$386427	2325	325270
13	\$ 135.59 149.63	\$418460	2426	100 41
14	\$ 150.44 165.52	\$448493	2426	196138
15	\$ 165.76 181.87	\$478524	2426	258203
16	\$ 181.54 198.63	\$506553	2426	293239
17	\$ 197.75 215.79	\$534582	2426	303249
18	\$ 214.34 233.30	\$560609	2426	291235
19	\$ 231.33 251.17	\$586635	2426	259202
20	\$ 248.63 269.31	\$610660	2426	209152
Age 55	\$ 248.63 269.31	\$610660	2426	209152
Age 60	\$ 331.14 355.36	\$698749	2224	305261
Age 65	\$ 418.71 445.70	\$768817	2023	228 69]

Annual Non-Forfeiture Factor

Years 21-65:
9.9655[11.134
Years 65+ :
0.0000]

END OF POLICY SCHEDULE

A. General Provisions

Definitions and Abbreviations

Frequently used terms you need to know to understand this Policy are defined below. The meaning of other terms in the Policy are defined in the context of the paragraph in which they first appear.

- (a) **Administrative Office** is the office indicated in the Policy Schedule to which Notices, correspondence requests and payments must be sent. We will notify you in writing and provide you with an address if we designate another office for policy administration and/or the receipt of Notices, correspondence, requests and payments.
- (b) **Application** is the application (including supplemental applications) for this Policy which are attached to and made a part of this Policy.
- (c) **Beneficiary** is the party(ies) named in the Application to receive the proceeds, unless changed later as provided in the Policy.
- (d) **Company** (also “we”, “us” or “our”) means First Investors Life Insurance Company
- (e) **Extra Premium** is the total of any premium(s) for supplemental benefits or riders attached to this policy and any non-standard extra premium(s) as shown on the Policy Schedule. The premium charged for any supplemental benefit or rider attached to this policy is determined in accordance with the provisions outlined in such supplemental benefit or rider.
- (f) **Face Amount** is the amount stated on the Policy Schedule, which is the Initial Death Benefit payable to the Beneficiary when the Insured dies.
- (g) **Insured** is the person named in the Policy Schedule upon whose death the Death Benefit Proceeds are paid.
- (h) **Issue Date** is the date this Policy was issued as shown on the Policy Schedule. It is the date from which certain policy provisions are measured. See *Not Contestable After Two Years* and *Suicide Within Two Years*.
- (i) **Maturity Date** is the date shown in the Policy Schedule on which this Policy terminates if the Insured is still living and if this Policy has not been surrendered or lapsed.

- (j) **Notice** is a signed, written communication providing information we need. We may authorize in advance another manner of communication at our discretion. All Notices to us must be sent to our Administrative Office and received in good order acceptable to us.
- (k) **Owner** (also “you” or “your”) is the person designated on the Policy Schedule who is entitled to the ownership rights under this Policy, unless changed in accordance with our policies set forth under *Ownership*. We will send the Owner all communications at the last address we have on record for the Owner.
- (l) **Policy Schedule** are the pages of this Policy so titled which show the Policy’s Owner, benefits, premiums and other information.

The Policy

The entire contract between you and us consists of this Policy, the Policy Schedule (and any supplements or changes thereto), the Application (and any supplemental applications), and any riders or endorsements attached to this Policy. Only the President, a Vice-President, the Secretary, or an Assistant Secretary of the Company has the power, on behalf of the Company, to change, modify or waive any provisions of this Policy. In case of conflict between any provision of this Policy and those of a rider or endorsement, the provisions of the rider or endorsement will control.

The Policy Schedule issued with the Policy reflects the initial specifications of the Policy, which are in effect on the Issue Date. Some of these specifications may change by an action you request or take or by a change you make. Any of these changes will be reflected in a written notice (“Supplemental Schedule”), which supplements or restates the Policy Schedule and shows the effective date of the change. We will send you this written notice along with a copy of any supplemental application and they will become part of the entire contract between you and us as of their effective date.

All Policy changes, modifications, waivers or reinstatements must be in writing. We will not be bound by any promises or representations made by any agent or other person except as specified above.

Change of Policy

We may change this Policy without your consent to meet the requirements of applicable federal or state laws or regulations. For you and the Beneficiary to receive

the tax treatment accorded to life insurance under Federal law, this Policy must qualify initially and continue to qualify as life insurance under the Internal Revenue Code of 1986 or any successor law. Therefore, we reserve the right to decline to allow any policy transaction that, in our opinion, would cause this Policy to fail to qualify as life insurance under applicable tax law. Further, we reserve the right to make changes in this Policy (for example, in the Net Single Premiums used in determining the Death Benefit), or to make distributions from this Policy to the extent we deem it necessary to continue to qualify this Policy as life insurance. Any such changes will apply uniformly to all policies that are affected in the same manner. You will be given written notice of any such change.

Elections, Designations, and Changes

You must request elections, designations and change requests by giving us Notice. We may require you to return this Policy to our Administrative Office for us to endorse your Policy to reflect any assignment, policy loan, and change of Beneficiary designation, amendment, or modification. We will process the changes, send you confirmation of our actions, and return your Policy if we had required it for endorsement.

Ownership

The Owner of this Policy is indicated on the Policy Schedule. You may request a change of Owner. A change in Ownership will take effect on the date the request is signed by the previous Owner, subject to any actions taken by us prior to receipt of this request by us. In the case of the Owner's death, Ownership of this Policy will be transferred to their estate.

Control

Consistent with the terms of any Beneficiary designation, any assignment, and any other provisions of this Policy, you may, during the lifetime of the Insured:

1. Assign or surrender this Policy;
2. Make or repay a Policy Loan;
3. Amend or modify this Policy with our consent; and
4. Exercise any right, receive any benefit, or enjoy any privilege in this Policy.

Assignment

You may assign your rights under this Policy. You must give us Notice of the assignment. No assignment of this Policy will be binding on us unless it is in writing and received by us in good order at our Administrative Office. We will not be responsible for the validity or sufficiency of any assignment.

Unless otherwise provided in the assignment, the interest of any revocable beneficiary shall be subordinate to the interest of any assignee, regardless of when the assignment was made, and the assignee shall receive any sum payable to the extent of his or her interest.

Not Contestable After Two Years

All statements made in the original application, or any supplemental application (such as in connection with a reinstatement of this Policy), by or on behalf of the Insured are representations and not warranties. We may use any misstatements or misrepresentations to contest a claim or the validity of this Policy only if they are material and contained in the original application, or any supplemental application, and a copy of such application is attached to this Policy when issued or subsequent to issue, as applicable.

Except in the case of non-payment of premium [or fraud], we will not contest the Policy's validity after it has been in force during the lifetime of the Insured for two years from the Issue Date or Reinstatement.

If this Policy has been issued as a Conversion Policy from another policy issued by the Company, then the Incontestable period is measured from the original policy's issue date.

Suicide Within Two Years

If the Insured dies by suicide within two years from the Issue Date, then this Policy will terminate, and our liability will be limited to the sum of all premiums paid, less any Policy Loan Balance.

If this Policy has been issued as a Conversion Policy from another policy issued by the Company, then the Suicide provision is measured from the original policy's issue date.

Age

The Insured's age is the Issue Age on the Policy Schedule plus the number of complete years elapsed since the Issue Date.

Policy Periods

1. **Policy Months, Policy Quarters, and Policy Years** are successive one-month, three-month, and twelve-month periods, respectively, measured from the Issue Date.
2. **Policy Anniversary** is the date of each one-year interval as measured from the Issue Date.
3. **Monthly Date** is the date of each one-month interval as measured from the Issue Date.

Misstatement of Age or Sex

If the age or sex of the Insured has been misstated, Policy benefits will be adjusted to those that the premiums paid would have purchased for the correct age and sex.

Claims of Creditors

This Policy and Proceeds paid under it will be exempt from the claims of creditors to the extent allowed by law.

Non-Participating

This Policy is non-participating. It will not share in our surplus earnings. We will determine any cost of insurance or excess interest rate changes prospectively.

Annual Report

We will send you a report each year within 30 days after the Policy Anniversary. The report will show the Death Benefit, Surrender Value, and Policy Loan Balance on the Policy Anniversary; any loan interest for the prior Policy Year and any other information required by law.

Illustration

Upon your written request, we will provide one illustration of future death benefits and surrender value in any policy year. The illustration will be based on necessary assumptions specified by us and/or you.

Deferment

We may defer for a period of up to six months the payment of a loan, or a Policy Surrender. If we postpone the payment of a loan, or a Policy Surrender by more than ten days, interest at the rate we are paying at that time under the *Proceeds Left at Interest Payment Option* will be paid on the deferred proceeds. The interest will be paid from the date of receipt of the request to the date payment is made. No interest will be paid if the amount of such interest is less than \$25.

B. Beneficiary

Designation

We will pay the Death Proceeds to the Beneficiary or Beneficiaries whom you have named in the Application unless you have since changed the Beneficiary as provided below.

Change

You may request a change in your Beneficiary designation(s) while the Insured is alive unless a previous designation provides otherwise. An irrevocable Beneficiary designation cannot be changed without the written consent of such Beneficiary. A change of Beneficiary designation will revoke any previous designation.

Any change in Beneficiary designation(s) will take effect on the date the request is signed by you subject to any actions we take prior to our receipt of your request.

Death of Beneficiary

Unless otherwise provided in the Beneficiary designation:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to the remaining Beneficiaries according to their respective interests; or
2. If no Beneficiary survives the Insured, the Death Proceeds will be paid in one sum to you, if you are still alive otherwise, to your estate.

C. Premiums

Where Payable

Premiums are payable to us at our Administrative Office. If you request a receipt, we will provide one to you.

Amount and Frequency

Premiums are payable in advance beginning on the Issue Date in the amount and at the interval shown in the Policy Schedule. Premiums may be paid on an annual, semiannual, quarterly, or monthly electronic mode. Semi-annual, quarterly and monthly electronic payments are subject to a service charge that is added to the premium as illustrated in the Policy Schedule under **Premium Payment Options**. You may change the frequency of premium payments subject to our rules in effect at the time of the change. The change is made by giving us Notice.

Automatic Premium Loan Provision

Any premium not paid before the end of its Grace Period will be paid by charging the premium due as a Policy Loan against this Policy's Surrender Value if:

1. The Automatic Premium Loan has been elected in the Application for this Policy or an election in writing is received by us at our Administrative Office while no premium is in default; and
2. If the resulting Policy Loan and loan interest to the next premium due date do not exceed the Loan Value.

If an Automatic Premium Loan cannot be made, the provision entitled **Surrender Value (Non-Forfeiture) Options** will apply. Interest at the Policy Loan Interest Rate will be charged on the Automatic Premium Loan from the date the Grace Period ends.

You may revoke the Automatic Premium Loan Provision at any time by giving us Notice.

Grace Period

A Grace Period of 31 days will be allowed for payment of each premium after the first. Within 30 days after failure to pay a due premium or **Loan Default**, we will notify you and any assignee of record of the amount required to prevent the Policy from terminating. This

Policy will continue in force during the Grace Period unless surrendered.

Default Due To Non-Payment of Premiums

Except as provided in the **Option to Suspend Premiums** provision, any premium due and not paid before the end of the Grace Period will result in default. The date of default is the date on which the unpaid premium was due. Default will terminate this Policy effective 31 days after the mailing of the Default notice, except as provided under **Surrender Value (Non-Forfeiture) Options**.

Option to Suspend Premiums

You may, on any Policy Anniversary, elect to suspend premiums due for the next Policy Year if the Surrender Value, projected without further premium payments to maturity at the current interest and cost of insurance rates, exceeds the Tabular Cash Value by at least the amount of one years gross premium for all future policy anniversaries. We will notify you prior to the premium due date if the Option is available.

Election is made by completing and returning, within 31 days from the date of notification, the election form provided. If you do not elect this Option, the premium will remain due on the scheduled date. If the premium is not paid when due, the Grace Period provision will be in effect. Once elected, this Option will remain in effect for future premiums as long as the Policy qualifies. If the Policy no longer qualifies for the suspension of premiums, we will notify you that the next scheduled premium will be due. All notices will be sent to your last known address.

D. Policy Values

Accumulation Value

The Accumulation Value on the Issue Date will be the initial Premium, less any Extra Premium, less the Cost of Insurance for the first policy month, less the Policy Fee and the Premium Charge as indicated on the Policy Schedule.

The Accumulation Value on each Monthly Date after the Issue Date equals (a) + (b) + (c) – (d) – (e) where:

- (a) Is the Accumulation Value on the prior Monthly Date;
- (b) Is one months interest on (a);

- (c) Is all premiums credited since the last Monthly Date, less the Policy Fee and the Premium Charge, plus accrued interest from the due date;
- (d) Is the Cost of Insurance for the next policy month;
- (e) Is any applicable Extra Premium.

On any date other than a Monthly Date the Accumulation Value will be the Accumulation Value on the last Monthly Date plus all premiums credited since that date, less the Policy Fee and the Premium Charge, plus accrued interest.

Tabular Cash Value

The Tabular Cash Value per \$1,000 of Face Amount at the end of certain Policy Years is shown in the Policy Schedule. These values assume all Premiums have been paid to the end of that Policy Year and that there is no outstanding policy loan. The Tabular Cash Value per \$1,000 of Face Amount equals the Accumulation Value, calculated on a per \$1,000 of Face Amount basis assuming premium payments are made in all years and using guaranteed interest and guaranteed cost of insurance rates, less the surrender charge, if any, on a per \$1,000 of Face Amount basis. Values for other Policy Years will be furnished upon request.

E. Cost of Insurance and Charges

Cost of Insurance

Cost of Insurance Calculation

The Cost of Insurance for a policy month is calculated by multiplying the Net Amount at Risk by the monthly Cost of Insurance Rate.

Cost of Insurance Rates

The guaranteed maximum Cost of Insurance rates are shown in the Guaranteed Maximum Monthly Cost of Insurance Rates Table in the Policy Schedule, and are expressed per \$1,000 of Net Amount at Risk. These guaranteed rates are based on the mortality table indicated in the Policy Schedule.

We may charge monthly Cost of Insurance rates that are less than the Guaranteed Maximum Monthly Cost of Insurance rates. We may change Cost of Insurance rates based on expectations of future experience. If we make such a change, it will apply to all insureds who have the same age at issue, Issue Date, sex and Premium Class. We will not change the Cost of Insurance rates because

of any change in the Insured's health, occupation, or avocation. We will review cost of insurance rates at least once every five years to determine if any change is to be made. We will review rates for this Policy in any year in which rates are changed for new policies issued on this form.

Net Amount at Risk

The Net Amount at Risk is equal to:

$[(c) \div (b)] - (a)$ where:

- (a) is the Accumulation Value at the beginning of the Policy Month before the deduction of the Cost of Insurance;
- (b) is the monthly interest factor indicated in the Policy Schedule, and
- (c) is the greater of:
 - (1) the Face Amount or
 - (2) (a) divided by the Net Single Premium per Dollar.

For purposes of this calculation, the Net Single Premium per Dollar is the amount required to purchase one dollar of paid up whole life insurance at the Insured's then attained age using the guaranteed Cost of Insurance rates and [guaranteed—the Net Single Premium](#) interest rate shown in the Policy Schedule.

Premium Charge

We calculate the Premium Charge by multiplying the Premium, less any Extra Premium, less the Policy Fee, by the Premium Charge Percentage shown in the Policy Schedule. We deduct the Premium Charge from each premium payment when it is received.

Policy Fee

The Policy Fee is shown in the Policy Schedule. We deduct the Policy Fee from each Premium payment when it is received.

Policy Cost Factors

Cost of Insurance Rates, and excess interest rates are based on future expectations as to investment earnings, mortality, persistency, expenses, and taxes.

We can change Cost of Insurance rates and excess interest rates. Any such changes will be determined

according to the procedures and standards on file, if required, with the insurance department of the state in which this Policy is delivered. We will make changes by class and future expectations for such elements as investment earnings, mortality, persistency, expenses and taxes, as applicable.

F. Interest Rates

The guaranteed interest rate applicable to the Accumulation Value is shown in the Policy Schedule. We may declare excess interest on the Accumulation Value. If we declare excess interest, such amounts will be credited to the Policy at least monthly. Once credited, they are non-forfeitable, except in the case of surrender.

At our discretion, we may credit different excess rates to different portions Accumulation Value, based on the date of increases and decreases to the Accumulation Value, or based on any other method we may determine. A separate rate may be applied to the part of the Accumulation Value equal to any policy loan. Such rate will not be less than the rate shown in the policy schedule.

G. Basis of Computation

Minimum Surrender Values, Net Single Premiums used in calculating the period of and Surrender Values under the Extended Term Insurance Option, and Net Single Premiums used in calculating the amount of and Surrender Values under the Paid-Up Insurance Option, are based on the mortality table and [Net Single Premium](#) interest rate listed in the Policy Schedule.

A statement of the method of calculating Surrender Values and Paid-Up Non-Forfeiture Option benefits has been filed with the state in which this Policy is delivered. Surrender Values and Non-Forfeiture benefits under this Policy are not less than those required by the law of the state or jurisdiction in which this Policy is delivered. Any benefit provided by an attached rider will not increase these values unless so stated in that rider.

H. Policy Loans

Loan Value

Provided you meet the terms of this Policy and our procedures, you may borrow from the Accumulation

Value of your Policy. You will be permitted to borrow up to the Loan Value. The Loan Value of this Policy will be the Surrender Value of this Policy calculated as of the next Policy Anniversary or the next premium due date, whichever is earlier.

If this Policy is continuing in force as Extended Term Insurance, this Policy has no Loan Value. If this Policy is continuing in force as Reduced Paid-Up Insurance, the Loan Value will be the Surrender Value on the next Policy Anniversary.

Loan Amount Available

The Loan Amount Available will be the Loan Value less:

1. Any existing Policy Loan Balance; and
2. Any loan interest to the next Policy Anniversary or the next premium due date, whichever is earlier; and
3. Any due and unpaid premium.

Any due and unpaid premium used in arriving at the loan amount available will be considered a Policy Loan subject to loan interest.

Policy Loans and Loan Repayments

You may request and obtain all or part of the Loan Amount Available by giving us Notice. The security we require is the Policy.

A Policy Loan may be repaid in full or in part at our Administrative Office. The amount paid (the Loan Repayment) may not be less than \$50.00, or the Loan Balance, if less. If this Policy is continuing in force under a ***Surrender Value (Non-Forfeiture) Option***, the amount of a loan deducted in determining the Surrender Value may be repaid only if this Policy is reinstated.

We may defer Loan proceeds under conditions described under ***Deferment***. However, Policy Loans used to pay premiums on policies issued by us will not be deferred.

Policy Loan Balance

The Policy Loan Balance on any date is equal to the total of all outstanding Policy Loans, plus loan interest accrued at the Policy Loan Interest Rate to that date.

Loan Default

This Policy will go into Default on any Monthly Date on which the Policy Loan Balance exceeds the Surrender Value. This Policy will lapse, and thereby terminate without value, 31 days after the mailing of the default notice, subject to the Grace Period Provision. A Policy that has lapsed may later be Reinstated, see *Reinstatement*.

Interest on Policy Loans

Interest will be charged on a Policy Loan at the annual Policy Loan Interest Rate shown in the Policy Schedule

Interest is payable at the end of each Policy Year. Interest is also payable on the date the loan is repaid. If interest is not paid, the loan will be increased by that amount.

I. Surrenders

Surrender Value

If all premiums which have become due have been paid, the Surrender Value of this Policy will be the greater of:

1. The Tabular Cash Value of this Policy; or
2. The Accumulation Value of this Policy less the Surrender Charge.

The Surrender Value within 61 days after the due date of a Scheduled Premium in default will be calculated as of that due date.

Net Surrender Value

The Net Surrender Value is equal to:

1. The Surrender Value; less
2. Any Policy Loan Balance.

Surrender Charge

The Surrender Charge shown in the Table of Surrender Charges in the Policy Schedule for the Policy Month and Policy Year in which the surrender takes place will be deducted from the Accumulation Value of this Policy.

Surrender Value (Non-Forfeiture) Options

You may surrender your Policy for its Net Surrender Value. You may elect a Surrender Value (Non-Forfeiture) Option not later than 60 days after the due date of the first unpaid premium if the Insured is alive. An election to surrender may be made by giving us Notice.

When a Surrender Value Option becomes effective, all additional benefits attached to this Policy will terminate unless otherwise provided. We will refund the part of any premium, which applies to a period after surrender.

If you have made no other election, this Policy will be continued in force as Extended Term Insurance as provided below.

The Policy Schedule shows the Tabular Cash Value and the amount of Paid-Up Insurance that would be purchased by the Tabular Cash Value at the end of certain Policy Years. The coverage period of the Extended Term Insurance purchased by the Tabular Cash Value is shown if it is an available option. The actual amount of Paid-Up Insurance purchased or the coverage period of Extended Term Insurance is dependent upon the Net Surrender Value of this Policy, as described in the Paid-Up Insurance and Extended Term Insurance sections below. Values for times and/or Net Surrender Values not shown are available on request.

1. Paid in Cash

You may surrender this Policy for its Net Surrender Value. Upon surrender, this Policy terminates. The Net Surrender Value will be:

- (a) Paid to you in one sum; or
- (b) Applied under a *Payment Option* you elect.

Surrender will be effective on the date we have received both this Policy and Notice from you. We may defer surrender proceeds under conditions described under *Deferment*.

2. Paid-Up Insurance

This Policy may be continued in force as Paid-Up Insurance. No further premiums are payable. The amount of Paid-Up Insurance will be calculated using the Net Surrender Value of this Policy as a net single

premium as of the due date of the first unpaid premium at the then current age of the Insured.

3. Extended Term Insurance

This Policy may be continued in force as Extended Term Insurance and no further premiums will be payable. The amount of Extended Term Insurance will be the Face Amount of this Policy less any Policy Loan and loan interest. However, if this Policy is in a Non-Standard premium class, Extended Term Insurance is not available and Paid-Up Insurance will be the automatic option. The length of time the Extended Term Insurance continues will be calculated using the Net Surrender Value of this Policy as a net single premium as of the due date of the first unpaid premium at the then current age of the Insured.

If insurance in an equal or greater amount would be provided under the Paid-Up Insurance Option, coverage will be provided only under that option.

Surrender of Paid-up or Extended Term Insurance

You may surrender Paid-Up or Extended Term Insurance at any time for the then current value. Such current value is equal to a net single premium for the benefits provided based on the attained age of the Insured at the time of surrender.

If the Paid-Up or Extended Term Insurance is surrendered within 31 days after a policy anniversary, the Surrender Value used in determining the Net Surrender Value will not be less than the Surrender Value on that anniversary. Surrender will be effective on the date we have received both this Policy and Notice from you. Upon surrender, this Policy terminates. The Net Surrender Value will be:

1. Paid to you in one sum; or
2. Applied under a *Payment Option* you elect.

We may defer surrender proceeds under conditions described under *Deferment*.

J. Reinstatement

If this policy lapses due to Loan Default, or Default due to Non-Payment of Premiums, it may be reinstated at any time within three years after Default. You may request reinstatement by giving us Notice. A Policy that

has been surrendered for cash or for which the Extended Term Insurance Option has been in effect and has subsequently expired may not be reinstated.

To reinstate this Policy, we will require you to:

1. Present evidence acceptable to us that the Insured is insurable at the same Premium Class as this Policy was originally issued;
2. Pay all premiums from the date of default;
3. Pay or reinstate any Loan Balance;
4. Pay annually compounded interest from the date of default at a rate of 5% a year on all unpaid premiums; and
5. Pay annually compounded interest from the date of default at a rate of 5% a year on any Policy Loan and loan interest. In lieu of payment, an additional Policy Loan equal to that amount may be taken.

We will send you the necessary application and other requirements within 15 days after we receive your Reinstatement request. We may require that you return this Policy to us in order to put the Reinstatement into effect.

The Reinstatement date will be the Monthly Date that falls on or next follows the date we approve the Reinstatement application. On the date of Reinstatement, the Accumulation Value and Tabular Cash Value will each be the same amount as if no Default had occurred. The schedule of Surrender Charges which applies following the date of Reinstatement will be the schedule which would have been in effect had no Default occurred.

We will have two years from the effective date of Reinstatement to contest the truth of statements or representations in your Reinstatement Application, see *Not Contestable After Two Years*. The suicide period will continue to be that period which would have been in effect had no Default occurred, see *Suicide within Two Years*.

K. Amount of Proceeds

Maturity Proceeds

The Net Surrender Value of this Policy is payable on the Maturity Date if the Insured is still living and this Policy is in force. Upon maturity, this Policy terminates.

Death Proceeds

Death Proceeds are payable upon the death of the Insured prior to the Maturity Date while this Policy is in force. Death Proceeds will be the sum of:

1. The Death Benefit of this Policy;
2. Any insurance on the life of the Insured provided by benefit riders;
3. The part of any premium paid which applies to a period after the Insured's death; less:
4. Any Policy Loan and loan interest; and
5. The part of any premium due and unpaid which applies to a period before the Insured's death.

Death Benefit

This Policy's Death Benefit will be the greater of:

1. The Face Amount; or
2. An amount equal to the Accumulation Value or the Surrender Value, divided by the Net Single Premium per Dollar at the Insured's then attained age.

The Net Single Premium per Dollar is calculated as described under *Net Amount at Risk*.

L. Payment of Proceeds

Payment

Death Proceeds are payable upon receipt of due proof of death and/or other documentation in good order at the Administrative Office.

Any amount to be paid at the Insured's death or any other termination of this Policy ("Proceeds") will be paid in one sum unless otherwise provided. Proceeds of \$1,000 or more may be applied to any Payment Option. We will pay Proceeds of less than \$1,000 in a single payment.

If a Payment Option is elected, rather than taking a single payment of the Death Proceeds over \$1,000, the Beneficiaries may receive the Death Proceeds in a stream of payments or leave them to accumulate at interest.

If no Payment Option is elected and the Death Proceeds are not paid within 30 days of receipt of due proof of death and/or other documentation in good order, interest at the rate of 8% will be paid on the Proceeds to the date of payment.

Election of Payment Option

1. **By Owner:** While the Insured is alive, you may, by Notice to us, elect a Payment Option or change a previous election.
2. **By Beneficiary:** At the time Death Proceeds are payable, a Beneficiary may, by Notice to us, elect a Payment Option if you made no election prior to the Insured's death.

Payment Options

All or a portion of the Proceeds may be applied to one or more of the following Payment Options:

For Payment Options (1) through (3) below:

- a. Payments will begin on the date the Proceeds are applied; and
- b. We require that the Payment Option elected produce a payment of at least \$50.00 per period otherwise another Payment Option must be chosen.

In the future, we may offer other Payment Options or agree to pay the Proceeds in some other manner. We may be using higher guaranteed minimum payment amounts at the time Proceeds are payable. If so, the more favorable Payment Options will be available to the payee.

Settlement

Any payment by us under this Policy is payable at our Administrative Office.

1. Payment for a Designated Number of Years

We will pay the Proceeds over a period of years in either equal monthly, quarterly, semi-annual or annual payments. The period of years may not exceed 25 years. Payments include interest at 2.5% and may be increased by additional interest.

Guaranteed minimum monthly payment for each \$1,000 of proceeds applied.					
Years	Payment	Years	Payment	Years	Payment
1	\$84.28	8	11.47	15	6.64
2	42.66	9	10.32	16	6.30
3	28.79	10	9.39	17	6.00
4	21.86	11	8.64	18	5.73
5	17.70	12	8.02	19	5.49
6	14.93	13	7.49	20	5.27
7	12.95	14	7.03	25	4.46

2. Payment of Life Income

We will pay the Proceeds for as long as the payee is living in either equal monthly, quarterly, semi-annual or annual payments. The amount of payment will depend on the age and sex of the payee. If the payee is not an individual, the amount of payment will depend on the age and sex of a Designated Person chosen by the payee and agreed to by us. We will require acceptable proof of age for the payee or Designated Person.

We may require proof that the person on whose life the payments are based is alive when each payment is due. We may discontinue payments until we receive satisfactory proof of survival. Any of the following provisions may be chosen. If the amount of payments for different guaranteed periods is the same at any given age, we will deem the longer period to have been chosen.

- a. *Life Income with a 10 or 20 Year Guaranteed Period* - Payments are guaranteed for 10 or 20 years, as elected, and for the life of the payee or Designated Person thereafter. During the guaranteed period of 10 or 20 years, the payments may be increased by additional interest.
- b. *Life Income with a Guaranteed Return* - The sum of the payments made and any payments due at the death of the payee or Designated Person are guaranteed to never be less than the Proceeds applied.
- c. *Life Income Only* - Payments will be made only while the payee or Designated Person is alive.

The Payment of Life Income Table that follows is based upon the a2000 Individual Annuity Mortality Table and a guaranteed interest rate of 2.5%.

3. Payment of a Designated Amount

We will pay the Proceeds in equal monthly, quarterly, semi-annual, or annual payments. Payments will continue until the Proceeds applied and interest at 2.5% and any additional interest are exhausted.

4. Proceeds Left at Interest

For any period agreed on, the Proceeds may be left with us. Interest on the Proceeds will be paid at the guaranteed rate indicated in the Policy Schedule and may be increased by additional interest. The interest may be paid monthly, quarterly, semi-annually or annually, as elected, or may be left with us to accumulate.

Payment Contracts

When Proceeds become payable under a Payment Option, a Payment Contract will be issued to the payee in exchange for this Policy. The Payment Contract will contain the terms and conditions applicable to the payee and the payment of the Proceeds under the Payment Option elected.

PAYMENT OF LIFE INCOME

Age of Payee Last Birthday When First Payment is Payable	Payment of Life Income Options Male				Age of Payee Last Birthday When First Payment is Payable	Payment of Life Income Options Female			
	Monthly Payment for Each \$1,000 of Proceeds					Monthly Payment for Each \$1,000 of Proceeds			
	Option 2a		Option 2b	Option 2c		Option 2a		Option 2b	Option 2c
	10 Years Guaranteed	20 Years Guaranteed	Guaranteed Return	Life Income Only		10 Years Guaranteed	20 Years Guaranteed	Guaranteed Return	Life Income Only
36	3.10	3.08	3.05	3.10	36	2.96	2.95	2.93	2.96
37	3.14	3.11	3.08	3.14	37	2.99	2.98	2.96	3.00
38	3.18	3.15	3.12	3.18	38	3.03	3.01	2.99	3.03
39	3.22	3.19	3.15	3.22	39	3.06	3.05	3.02	3.06
40	3.26	3.23	3.19	3.27	40	3.10	3.08	3.06	3.10
41	3.30	3.27	3.23	3.31	41	3.13	3.12	3.09	3.14
42	3.35	3.31	3.27	3.36	42	3.17	3.15	3.13	3.18
43	3.40	3.35	3.31	3.41	43	3.21	3.19	3.16	3.22
44	3.45	3.40	3.36	3.46	44	3.26	3.23	3.20	3.26
45	3.50	3.44	3.40	3.52	45	3.30	3.27	3.24	3.31
46	3.55	3.49	3.45	3.57	46	3.35	3.32	3.28	3.36
47	3.61	3.54	3.50	3.63	47	3.40	3.36	3.33	3.41
48	3.67	3.59	3.55	3.69	48	3.45	3.41	3.37	3.46
49	3.73	3.65	3.60	3.76	49	3.50	3.46	3.42	3.51
50	3.80	3.70	3.66	3.83	50	3.56	3.51	3.47	3.57
51	3.87	3.76	3.71	3.90	51	3.62	3.56	3.52	3.63
52	3.94	3.81	3.77	3.97	52	3.68	3.61	3.58	3.70
53	4.01	3.87	3.84	4.05	53	3.74	3.67	3.63	3.76
54	4.09	3.94	3.90	4.14	54	3.81	3.73	3.69	3.84
55	4.17	4.00	3.97	4.23	55	3.89	3.79	3.76	3.91
56	4.26	4.06	4.04	4.32	56	3.96	3.85	3.82	3.99
57	4.35	4.13	4.12	4.42	57	4.04	3.92	3.89	4.08
58	4.45	4.19	4.20	4.52	58	4.13	3.98	3.96	4.17
59	4.55	4.26	4.28	4.64	59	4.22	4.05	4.04	4.26
60	4.66	4.33	4.37	4.76	60	4.31	4.12	4.12	4.36
61	4.77	4.40	4.46	4.88	61	4.41	4.20	4.20	4.47
62	4.89	4.46	4.56	5.02	62	4.52	4.27	4.29	4.58
63	5.02	4.53	4.66	5.17	63	4.63	4.34	4.38	4.70
64	5.15	4.60	4.76	5.32	64	4.74	4.42	4.48	4.83
65	5.28	4.66	4.88	5.49	65	4.87	4.49	4.58	4.97
66	5.43	4.72	4.99	5.66	66	5.00	4.56	4.69	5.12
67	5.57	4.78	5.12	5.85	67	5.14	4.63	4.80	5.28
68	5.73	4.84	5.24	6.05	68	5.28	4.70	4.93	5.45
69	5.88	4.89	5.38	6.27	69	5.43	4.77	5.05	5.63
70	6.05	4.94	5.52	6.50	70	5.60	4.84	5.19	5.83
71	6.21	4.99	5.67	6.74	71	5.76	4.90	5.33	6.05
72	6.38	5.03	5.83	7.00	72	5.94	4.95	5.48	6.28
73	6.56	5.07	5.99	7.28	73	6.12	5.00	5.64	6.53
74	6.73	5.10	6.16	7.57	74	6.31	5.05	5.81	6.80
75	6.91	5.13	6.34	7.89	75	6.51	5.09	5.99	7.09
76	7.09	5.16	6.53	8.23	76	6.71	5.12	6.18	7.40
77	7.27	5.18	6.73	8.59	77	6.91	5.15	6.39	7.74
78	7.45	5.20	6.95	8.98	78	7.11	5.18	6.60	8.11
79	7.62	5.22	7.17	9.39	79	7.32	5.20	6.82	8.51
80	7.79	5.23	7.40	9.83	80	7.52	5.22	7.06	8.95
81	7.95	5.24	7.64	10.31	81	7.71	5.23	7.31	9.42
82	8.10	5.25	7.90	10.81	82	7.90	5.24	7.58	9.93
83	8.25	5.26	8.17	11.35	83	8.07	5.25	7.85	10.48
84	8.39	5.26	8.45	11.93	84	8.24	5.26	8.15	11.08
85*	8.52	5.27	8.74	12.54	85*	8.39	5.26	8.46	11.72

*And Over

*And Over

INTEREST SENSITIVE WHOLE LIFE INSURANCE POLICY

- **Fixed Premium Interest Sensitive Whole Life Insurance Policy**
 - **Death Benefit Proceeds Payable at Death of Insured prior to Maturity Date**
 - **Premiums payable during Lifetime of Insured to Age 100**
 - **Net Surrender Value payable at Maturity Date**
 - **Options for Payment of Proceeds**
 - **Non-participating – No Annual Dividend**
-

If you have any questions concerning this Policy or if anyone suggests that you change or replace this Policy, please contact your First Investors Life agent or the Company.



First Investors Life Insurance Company
[95 Wall Street, New York, N.Y. 10005]
[(1-800-832-7783)]

Conditional Receipt

Under this Conditional Receipt ("Receipt"), First Investors Life Insurance Company ("Company") agrees to provide a limited amount of life insurance coverage for a limited period of time, subject to the terms and conditions set forth below. This Conditional Receipt does not create temporary or interim insurance. **UNLESS EACH AND EVERY CONDITION SPECIFIED IN PARAGRAPH "A" BELOW IS FULFILLED EXACTLY, NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY. NO AGENT IS AUTHORIZED TO ALTER OR WAIVE ANY OF THESE CONDITIONS.**

Received from _____ the sum of _____, the amount entered in item 8a of the Application to First Investors Life Insurance Company corresponding in date with this Receipt ("Application").

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO FIRST INVESTORS LIFE INSURANCE COMPANY.
DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

A. CONDITIONS UNDER WHICH INSURANCE MAY BECOME EFFECTIVE.

If each and every one of the following conditions is fulfilled exactly:

- (1) The amount of premium taken with the Application is at least equal to one (1) modal premium for the amount of life insurance and risk class applied for. In the case of the monthly (Life Line) premium mode, an amount equal to two modal premiums is required, and
- (2) The total amount of insurance currently in force and applied for on the life of the Proposed Insured in all life insurance companies does not exceed \$7591,000,000, and
- (3) The Proposed Insured is on the Effective Date, as defined below, insurable by the Company as a standard risk under its underwriting rules for the amount applied for without modification,

then insurance as provided by the terms and conditions of the policy applied for, but for an amount not exceeding that specified in Paragraph B, will become effective as of the Effective Date.

"Effective Date" as used on this Receipt means the latest of: (a) the date of Part One of the Application and (b) the date of Part Two (if required) of the Application, including

the medical examination (if any) required by the Company's underwriting rules.

B. MAXIMUM AMOUNT OF INSURANCE WHICH MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY.

The amount of insurance which may become effective prior to Policy issue and delivery shall be the lesser of:

1. the Face Amount (item 7) of the Application or
2. \$100,000, including any accidental death benefits applied for.

C. RETURN OF PREMIUM TAKEN. If any of the conditions in Paragraph A above have not been fulfilled exactly, there is no liability on the part of the Company except to return the premium paid with the Application.

D. LIMITATION. In no event shall the insurance under this Receipt continue in force for a period longer than that part of a year that the premium taken will cover on a pro-rata basis.

E. TERMINATION. This Conditional Receipt terminates on the earliest of the following dates:

1. On the date the Policy is delivered to the Proposed Owner, or
2. On the date the Proposed Owner receives notice that a policy cannot be issued as applied for.

Dated at _____ this _____ day of _____, 2_____

Signature of Agent

I acknowledge that I have read the terms of this Receipt, have had them explained to me by the Agent and understand that the insurance applied for shall not be effective unless and until the conditions of this Receipt have been complied with exactly.

Signature of Proposed Owner

NOTE: This Conditional Receipt must be filled in and signed as indicated above and given to the Proposed Owner only if payment is made in accordance with item A.(1) above. OTHERWISE IT MUST NOT BE PROVIDED TO THE PROPOSED OWNER.