

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474

## Filing at a Glance

Company: American General Life Insurance Company

Product Name: AG Choice Index GUL SERFF Tr Num: AMGN-127070493 State: Arkansas  
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 48642  
Adjustable Life Closed  
Sub-TOI: L09I.101 External Indexed - Single Life Co Tr Num: 11474 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Disposition Date: 05/09/2011  
Authors: Nancy Smith, Janice Hooey  
Date Submitted: 05/02/2011 Disposition Status: Approved-Closed  
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval  
State Filing Description:

## General Information

Project Name: AG Choice Index GUL  
Project Number: 11474  
Requested Filing Mode: Review & Approval

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

Deemer Date:  
Submitted By: Janice Hooey  
Filing Description:  
NAIC # 012-60488  
FEIN # 25-0598210

Status of Filing in Domicile: Authorized  
Date Approved in Domicile:  
Domicile Status Comments: File & Use in our domicile state of Texas.  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 05/09/2011  
State Status Changed: 05/09/2011  
Created By: Janice Hooey  
Corresponding Filing Tracking Number: 11474

RE: Form 11474 – Fixed Index Interest Flexible Premium Adjustable Life Insurance Policy  
Form 11220 – 1-Year Point-To-Point Fixed Index Interest Account with Index Cap Rider  
Form 11221 – 5-Year Point-To-Point Multiple Fixed Index Interest Account with Participation Rate Rider

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474

Dear Sir or Madam:

These forms are being submitted for your consideration and approval. They are new and do not replace any forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This policy will be sold with an illustration compliant with the NAIC Model Illustration Regulation.

This policy is an individual non-participating, fixed index interest flexible premium adjustable life insurance policy. A Premium Expense Charge will be deducted from the gross premium, and the net premium amount will be credited to the Accumulation Value. The Premium Expense Charge is calculated by multiplying the applicable Premium Expense Charge Percentage, not to exceed 10.00%, by the premium paid. Guaranteed interest is credited to the Accumulation Value monthly at the applicable minimum guaranteed interest rate. Deductions from the Accumulation Value are made monthly, and include a Monthly Administration Fee not to exceed \$20.00, cost of insurance provided by the base policy, cost of benefits provided by riders, and a Monthly Expense Charge during a defined number of years. The Monthly Expense Charge will also be applied to any increase in Specified Amount during a defined number of years following an increase.

Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance. They are the Cash Value Accumulation Test or the Guideline Premium Test. Once a policy is issued the test may not change.

This policy provides for two types of policy loans: standard loans and choice loans. Once an Owner elects to take out a specific type of loan all subsequent loans must be of the same type. However, after a loan has been taken and while the policy is in force the Owner may switch to the other type of loan, subject to the rules set forth in the policy.

The policy contains a "Continuation Guarantee". The Continuation Guarantee (CG) provides a benefit designed to continue insurance coverage within defined limits even if the policy's Cash Surrender Value is not large enough to cover the Monthly Deductions. The CG is an alternate policy value calculated in the same manner as the actual policy value, but using different charges and interest rates. The alternate policy value is not used to determine the actual policy values nor does it provide additional policy value or Death Benefit Proceeds. It is simply a reference value to determine whether or not the Continuation Guarantee is in effect.

The Owner may elect to receive declared fixed interest and/or index interest at the time of application. Declared fixed interest is credited monthly to the Accumulation Value based upon a declared interest rate set by the Company. Declared interest rates will never be less than the Minimum Guaranteed Interest Rate of 2%.

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474

Fixed Index Interest Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive index interest. These Index Accounts will be made a part of this policy in the form of a rider(s). Please be assured that a rider will not be made available until we have received your Department's approval. Subsequent Index Accounts may be established on each Allocation Day. Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive index interest will be placed in an Interim Account. The Interim Account will receive interest based upon a declared interest rate set by the Company. Interim Account declared interest rates will never be less than the Minimum Guaranteed Interest Rate of 2%.

Form 11220 is a 1-Year Point-to-Point Fixed Index Interest Account with Index Cap Rider. It is written so that it can be attached to other fixed index interest flexible premium adjustable life insurance policies approved by your Department. Index interest is calculated based on the annual changes in the S&P 500 Index. Index interest is not guaranteed, will vary from year to year and will depend on the declared Index Cap and changes in the S&P 500 Index, and may be zero. Each Index Account will have a duration of one year and is credited with index interest at the end of each year. Index interest is in addition to the guaranteed interest that is credited monthly during the year. The Account's minimum guaranteed interest rate is shown on the policy schedule. The Initial Index Cap is declared at issue and guaranteed for the Account established on the Date of Issue. New Index Caps may be declared at anytime and will apply to each new Account. Declared Index Caps will never be less than the minimum Index Cap shown on the Policy Schedule. Once an Account is created the Index Cap for that Account will not change.

Form 11221 is a 5-Year Point-to-Point Multiple Fixed Index Interest Account with Participation Rate Rider. It is written so that it can be attached to other fixed index interest flexible premium adjustable life insurance policies approved by your Department. Index interest is calculated based in part on the annual changes in three indices. Index interest is not guaranteed, will vary between Accounts and will depend on the declared Participation Rate and changes in the three indices, and may be zero. Each Index Account will have a duration of five years and is credited with index interest at the end of each 5-year period. Index interest is in addition to the guaranteed interest that is credited monthly during the 5-year period. The Account's minimum guaranteed interest rate is shown on the policy schedule. The Initial Participation Rate is declared at issue and guaranteed for the Account established on the Date of Issue. New Participation Rates may be declared at anytime and will apply to each new Account. Declared Participation Rates will never be less than the minimum Participation Rate shown on the Policy Schedule. Once an Account is created the Participation Rate for that Account will not change.

The policy will normally be issued on a sex distinct basis. However, it may be issued on a gender neutral basis if required by the Norris Decision. Please be assured that sex distinct policies will be issued with sex-distinct pages and gender neutral policies will be issued with gender neutral pages.

These forms have been written using simplified language. The Flesch Readability scores are as follows:

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474

Form	Score	Words	Syllables	Sentences
11474	53.318	11,450	18,562	710
11220	51.20	1,084	1,755	59
11221	51.80	1,444	2,304	73

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and type font, size and color.

If you have any questions or require additional assistance, please do not hesitate to call toll free at (800) 247-8837, extension 3194. You may also reach me via e-mail at the following address: Nancy.M.Smith@aglife.com.

Sincerely,

Nancy M. Smith  
Compliance Administrator

## Company and Contact

### Filing Contact Information

Nancy Smith, Manager	nancy.m.smith@aglife.com
2929 Allen Parkway	713-831-3194 [Phone]
Mail Stop A38-40	713-342-7550 [FAX]
Houston, TX 77019	

### Filing Company Information

American General Life Insurance Company	CoCode: 60488	State of Domicile: Texas
2727-A Allen Parkway	Group Code: 12	Company Type:
Houston, TX 77019	Group Name: AIG	State ID Number:
(713) 831-3508 ext. [Phone]	FEIN Number: 25-0598210	

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	Retaliatory fee \$100.00 per filing

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$100.00	05/02/2011	47139277
American General Life Insurance Company	\$50.00	05/04/2011	47255817

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
 Filing Company: American General Life Insurance Company State Tracking Number: 48642  
 Company Tracking Number: 11474  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
 Adjustable Life  
 Product Name: AG Choice Index GUL  
 Project Name/Number: AG Choice Index GUL/11474

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/09/2011	05/09/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/05/2011	05/05/2011	Janice Hooey	05/09/2011	05/09/2011
Pending Industry Response	Linda Bird	05/04/2011	05/04/2011	Janice Hooey	05/04/2011	05/04/2011



SERFF Tracking Number: AMGN-127070493 State: Arkansas  
 Filing Company: American General Life Insurance Company State Tracking Number: 48642  
 Company Tracking Number: 11474  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
 Adjustable Life  
 Product Name: AG Choice Index GUL  
 Project Name/Number: AG Choice Index GUL/11474

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Actuarial Memorandum	No	No
Supporting Document	Illustration Actuary's Certification of Compliance	No	No
Supporting Document	L 4339 Notice	Yes	Yes
Supporting Document	AR Indexed Product Certification	Yes	Yes
Form	Fixed Index Interest Flexible Premium Adjustable Life Insurance Policy	Yes	Yes
Form	1-Year Point-To-Point Fixed Index Interest Account with Index Cap Rider	Yes	Yes
Form	5-Year Point-To-Point Multiple Fixed Index Interest Account with Participation Rate Rider	Yes	Yes

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/05/2011  
Submitted Date 05/05/2011  
Respond By Date 06/06/2011

Dear Nancy Smith,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/09/2011  
Submitted Date 05/09/2011

Dear Linda Bird,

### Comments:

This letter is in response to your objection regarding the certification for External Indexed Guidelines.

### Response 1

Comments: The certification for External Indexed Guidelines has been attached under the Supporting Documentation tab.

### Related Objection 1

Comment:

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: AR Indexed Product Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank You,

Sincerely,

Janice Hooey, Nancy Smith



SERFF Tracking Number: AMGN-127070493 State: Arkansas  
Filing Company: American General Life Insurance Company State Tracking Number: 48642  
Company Tracking Number: 11474  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: AG Choice Index GUL  
Project Name/Number: AG Choice Index GUL/11474

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/04/2011  
Submitted Date 05/04/2011

Dear Linda Bird,

### Comments:

Hello,

This is in response to your objection letter regarding the filing fees.

### Response 1

Comments: I have attached an additional \$50.00 fee through EFT. There were 3 forms submitted times \$50.00 per form equals to \$150.00. The original fee that was sent was \$100.00, leaving us owing only \$50.00 not \$100.00.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you need additional information please contact me at 713 831-3244.

Sincerely,

Janice Hooey, Nancy Smith

SERFF Tracking Number: AMGN-127070493 State: Arkansas  
 Filing Company: American General Life Insurance Company State Tracking Number: 48642  
 Company Tracking Number: 11474  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
 Adjustable Life  
 Product Name: AG Choice Index GUL  
 Project Name/Number: AG Choice Index GUL/11474

## Form Schedule

Lead Form Number: 11474

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	11474	Policy/Cont Fixed Index Interest ract/Fratern Flexible Premium al Adjustable Life Certificate Insurance Policy	Initial		53.318	11474_CHOI CE_INDEX_G UL_AR.pdf
	11220	Policy/Cont 1-Year Point-To- ract/Fratern Point Fixed Index al Interest Account with Certificate: Index Cap Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.200	11220_1Y_P NT_TO_PNT _FIXED_IND EX_INTERST _RIDER.pdf
	11221	Policy/Cont 5-Year Point-To- ract/Fratern Point Multiple Fixed al Index Interest Certificate: Account with Amendmen Participation Rate t, Insert Rider Page, Endorseme nt or Rider	Initial		51.800	11221_5Y_P NT_TO_PNT _MULTIPLE_ FIXED_INDE X_INTERST_ RIDER.pdf

**AMERICAN GENERAL LIFE**  
**Insurance Company**  
A Stock Company

Home Office:  
Houston, Texas

**JOHN DOE**  
**POLICY NUMBER: 123456789**

2727-A Allen Parkway  
P.O. Box 1931  
Houston, Texas 77251

(713) 522-1111

**WE WILL PAY THE DEATH BENEFIT PROCEEDS** to the Beneficiary if the Insured dies prior to the Maturity Date and while this policy is in force. Payment will be made after We receive due proof of the Insured's death, and will be subject to the terms of this policy.

**WE WILL PAY THE CASH SURRENDER VALUE** of this policy to the Owner on the Maturity Date if the Insured is living on that date and if this policy is in force.

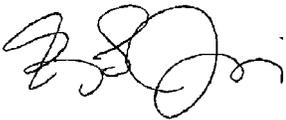
The consideration for this policy is the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is a **FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY**. An Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. **ACCUMULATION VALUES** and **CASH VALUES** are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. Index interest is not credited to the Death Benefit. **NONPARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS.**

**NOTICE OF TWENTY DAY RIGHT TO EXAMINE POLICY**

**You may return this policy within twenty days after delivery if You are not satisfied with it for any reason. The policy may be returned to Us or to the agent through whom it was purchased. Upon surrender of the policy within the twenty day period, it will be void from the beginning, and We will refund any premium paid.**

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

**FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE**  
**READ YOUR POLICY CAREFULLY**

## INDEX

Accumulation Value		Grace Period	11
On Each Monthly Deduction Day	8	Incontestability	20
On Other Than a Monthly Deduction Day	9	Interest Accounts	7-8
On the Date of Issue	8	Interest Rate - Accumulation Values	11
Annual Report	21	Maturity Date	3
Beneficiary and Proceeds	18	Monthly Administration Fee	3, 10
Calculations - How We Calculate		Net Premium	5
The Cost of Insurance - Base Policy	10	Owner	4
The Monthly Deduction	9	Payment Options	18-20
Cash Value	9	Policy Loans	16-17
Changing Your Insurance Policy		Policy Values Provisions	8-13
Change of Ownership or Beneficiary	18	Premium Payments	4-5
Changing the Death Benefit Option	7	Reinstatement	22
Changing the Specified Amount	6	Specified Amount	3
Continuation Guarantee Provisions	13-15	Suicide Exclusion	21
Contract	4	Surrender, Full or Partial	12
Cost of Insurance Rate Tables	3B, 3C, 26	Surrender Charge Provision	9
Date of Issue	3, 4	Surrender Charge Table	30-31
Death Benefit and Death Benefit Options	6	When This Policy Terminates	22

## DEFINITIONS

**Company Reference.** "We", "Our", "Us", or "Company" mean American General Life Insurance Company.

**"You", "Your."** The words "You" or "Your" mean the Owner of this policy.

**Home Office.** Our office at 2727-A Allen Parkway, Houston, Texas 77251; Mailing Address P.O. Box 1931, Houston, Texas 77251.

**Written, In Writing.** A written request or notice in acceptable form and content, which is signed and dated, and received at Our Home Office.

**Premium Class.** The Premium Class of this policy is shown on the Policy Schedule as one or a combination of the following terms:

**Preferred Plus.** The term "Preferred Plus" means the cost of insurance is based on the Insured being an exceptional mortality risk and a non-user of tobacco and/or other products that contain nicotine.

**Preferred.** The term "Preferred" means the cost of insurance is based on the Insured being a significantly better than average mortality risk.

**Standard Plus.** The term "Standard Plus" means the cost of insurance is based on the Insured being a better than average mortality risk.

**Standard.** The term "Standard" means the cost of insurance is based on the Insured being an average mortality risk.

## NOTICE

This Policy Is A Legal Contract Between  
The Policy Owner And The Company.

## DEFINITIONS (Cont'd)

**Tobacco.** The term "Tobacco" means the cost of insurance is based on the Insured being a user of tobacco and/or other products that contain nicotine.

**Non-Tobacco.** The term "Non-Tobacco" means the cost of insurance is based on the Insured being a non-user of tobacco and/or other products that contain nicotine.

**Juvenile.** The term "Juvenile" means the Insured's age, nearest birthday, was 17 or less on the Date of Issue. Cost of insurance rates stated in Juvenile policies for insurance ages 18 and above are the same as rates for users of tobacco and/or other products that contain

nicotine. (Rates are not classified on the basis of the Insured being a user or non-user of tobacco and/or other products that contain nicotine at ages 0 through 17.)

Prior to the policy anniversary nearest the Insured's 18th birthday, a request for Non-Tobacco rates may be submitted. (See "Rates on Policy Anniversary Nearest Insured's 18th Birthday".)

**Special.** The term "Special" means "Sub-standard" or "Rated". This means an extra amount is being charged due to the Insured's health, occupation or avocation.

## POLICY SCHEDULE

Insured:	John Doe	Policy Number:	000000000
Insurance Age:	35	Date of Issue:	March 12, 2011
[Sex:	Male]	Maturity Date:	March 12, 2097
Initial Specified Amount:	\$100,000.00	Death Benefit Option:	[1]

This Is A [Sex Distinct] Policy

Premium Class:	Preferred Plus	
Initial Premium:	\$1,944.30	
Planned Periodic Premium:	\$1,944.30 Payable Annually	
Monthly Deduction Day:	12 <sup>th</sup> Day of Each Month	
Target Premium:	[\$563.00]	
Minimum Death Benefit Amount (After A Decrease In Specified Amount):	[\$100,000.00]	
Allocation Restriction Period:	[3] Policy Years	
Choice Loan Waiting Period:	First [3] Policy Years	
Choice Loan Annual Interest Rate:	Payable in Advance [5.66%]	Annual Effective [6.00%]
Number of Times the Loan Type May Be Changed:	[2] Times	
Monthly Expense Charge:	[\$12.42]	
Monthly Expense Charge Duration:	First [5] Policy Years First [5] Years of An Increase	
Death Benefit Discount Factor:	1.001651	
Death Benefit Compliance Test:	[Guideline Premium]	
Minimum Guaranteed Interest Rates Used in Calculating Accumulation Values:	Annual Effective	Monthly
Declared Interest Account	2.00%	.1651%
Interim Account	2.00%	.1651%
Index Interest Accounts	See Page 3 (Cont'd)	
Mortality Table:	2001 Commissioners Standard Ordinary [Male or Female,] Smoker or Nonsmoker, Ultimate ANB Mortality Table	
	Guaranteed	Initial
Premium Expense Charge Percentages:		
For Amounts Less than or Equal to the Target Premium	10.00%	[7.00%]
For Amounts Greater than the Target Premium	10.00%	[7.00%]
Monthly Administration Fee:	\$20.00	[\$10.00]

Coverage may expire prior to the Maturity Date shown where either no premiums are paid following payment of the initial premium, or subsequent premiums are insufficient to continue coverage to such date, or the requirements of the Continuation Guarantee provisions have not been met.

This Is A [State Name] Policy

**Policy Schedule Continued – Policy Number 000000000**

Index Interest Accounts

1-Year Point-To-Point Fixed Index Interest Account With Index Cap Rider

Allocation Day:	[12th Day of Each Month]
Guaranteed Interest Rate:	[1.00%]
Eligible Value Factor:	[0.01]
Initial Index Cap:	[10.00%]
Minimum Index Cap:	[0.00%]
S&P 500® Index on the Date of Issue:	[1,000.00]
Maximum Partial Surrender Percentage:	[20.00%]

5-Year Point-To-Point Multiple Fixed Index Interest Account With Participation Rate Rider

Allocation Day:	[12th Day of Each Month]
Guaranteed Interest Rate:	[1.00%]
Eligible Value Factor:	[0.05101]
Initial Participation Rate:	[65.00%]
Minimum Participation Rate:	[15.00%]
S&P 500® Index on the Date of Issue:	[1,200.00]
Dow Jones Euro Stoxx 50 Index on the Date of Issue:	[3,000.00]
Hang Seng Index on the Date of Issue:	[14,000.00]
Factor 1:	[75.00%]
Factor 2:	[25.00%]
Factor 3:	[0.00%]
Maximum Partial Surrender Percentage:	[20.00%]

**Policy Schedule Continued – Policy Number 0000000000**

**The Following Items Apply To The Continuation Guarantee (CG) Only  
(See "Continuation Guarantee Provisions".)**

CG Account Interest Rates:

CG1	All Policy Years	[5.35%]
CG2	All Policy Years	[4.05%]
CG3	All Policy Years	[3.00%]

CG Death Benefit Discount Factor: 1.002466

CG Monthly Expense Charge: [\$12.42]

CG Monthly Expense Charge Duration: First [5] Policy Years  
First [5] Years of An Increase

CG Premium Expense Charge Percentage:  
For Amounts Less than or Equal to the Target Premium [6.50%]  
For Amounts Greater than the Target Premium [25.00%]

CG Monthly Administration Fee: [\$5.00]

**Policy Schedule Continued – Policy Number 000000000**

**TABLE A**  
**TABLE OF MONTHLY CONTINUATION GUARANTEE COST OF INSURANCE RATES**  
**PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK**

POLICY YEAR	RATE 1	RATE 2	RATE 3	POLICY YEAR	RATE 1	RATE 2	RATE 3
1	0.09088	0.09088	0.09088	44	1.26905	1.20803	1.14761
2	0.09589	0.09589	0.09589	45	1.40992	1.34053	1.27346
3	0.10006	0.10006	0.10006	46	1.55079	1.47303	1.39932
4	0.10757	0.10757	0.10757	47	1.79638	1.70622	1.62085
5	0.11425	0.11425	0.11425	48	2.04197	1.93941	1.84237
6	0.12176	0.12176	0.12176	48	2.28757	2.17260	2.06390
7	0.13177	0.13177	0.13177	50	2.53316	2.40579	2.28542
8	0.14430	0.14430	0.14430	51	2.77875	2.63898	2.50695
9	0.17519	0.15849	0.15849	52	2.93587	2.78910	2.64958
10	0.17519	0.17519	0.17095	53	3.09299	2.93922	2.79221
11	0.04500	0.04500	0.04388	54	3.25012	3.08934	2.93485
12	0.05008	0.05008	0.04884	55	3.40724	3.23946	3.07748
13	0.05178	0.05178	0.05048	56	3.56436	3.38958	3.22011
14	0.05342	0.05342	0.05212	57	3.52498	3.39566	3.22588
15	0.05511	0.05511	0.05369	58	3.48559	3.40174	3.23165
16	0.06860	0.06454	0.06296	59	3.44621	3.40782	3.23742
17	0.07030	0.06618	0.06449	60	3.40682	3.41390	3.24319
18	0.08469	0.08046	0.07843	61	3.36744	3.41998	3.24896
19	0.09096	0.08667	0.08452	62	3.06811	3.11598	2.96016
20	0.10378	0.09542	0.09068	63	2.76878	2.81198	2.67137
21	0.10378	0.09548	0.09068	64	2.46946	2.50799	2.38257
22	0.11620	0.10790	0.10254	65	2.17013	2.20399	2.09378
23	0.12868	0.12038	0.11435	66	1.87080	1.89999	1.80498
24	0.14116	0.13280	0.12620	67	1.87080	1.89999	1.80498
25	0.15775	0.14945	0.14195	68	1.87080	1.89999	1.80498
26	0.17017	0.16188	0.15375	69	1.87080	1.89999	1.80498
27	0.18266	0.17436	0.16560	70	1.87080	1.89999	1.80498
28	0.18869	0.18030	0.17129	71	1.87080	1.89999	1.80498
29	0.20545	0.19707	0.18726	72	1.87080	1.89999	1.80498
30	0.22223	0.20968	0.19918	73	1.87080	1.89999	1.80498
31	0.30699	0.29115	0.27657	74	1.87080	1.89999	1.80498
32	0.35003	0.33214	0.31550	75	1.87080	1.89999	1.80498
33	0.39307	0.37312	0.35444	76	1.87080	1.89999	1.80498
34	0.43610	0.41411	0.39337	77	1.87080	1.89999	1.80498
35	0.47914	0.45509	0.43231	78	1.87080	1.89999	1.80498
36	0.52218	0.49608	0.47124	79	1.87080	1.89999	1.80498
37	0.58703	0.55897	0.53100	80	1.87080	1.89999	1.80498
38	0.65189	0.62186	0.59076	81	1.87080	1.89999	1.80498
39	0.71674	0.68476	0.65052	82	1.87080	1.89999	1.80498
40	0.78160	0.74765	0.71028	83	1.87080	1.89999	1.80498
41	0.84645	0.81054	0.77004	84	1.87080	1.89999	1.80498
42	0.98732	0.94304	0.89590	85	1.87080	1.89999	1.80498
43	1.12819	1.07554	1.02175	86	1.87080	1.89999	1.80498

Rate 1 applies to the amount of CG Net Amount at Risk up to and including \$250,000

Rate 2 applies to the amount of CG Net Amount at Risk in excess of \$250,000 up to and including \$1,000,000

Rate 3 applies to the amount of CG Net Amount at Risk in excess of \$1,000,000

The rates shown above represent the monthly CG cost of insurance for each \$1,000 of CG Net Amount at Risk. If this policy has been issued in a special (rated) premium class, the CG monthly cost will be calculated as shown on the Policy Schedule.

**Policy Schedule Continued – Policy Number 000000000**

**TABLE B**

**TABLE OF MONTHLY CONTINUATION GUARANTEE COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>
18	\$0.07670	\$0.03500	70	\$2.03499	\$1.41458
19	0.07837	0.03750	71	2.23719	1.55051
20	0.07920	0.03750	72	2.50360	1.70286
21	0.07920	0.03834	73	2.78562	1.86832
22	0.07920	0.04001	74	3.08341	2.05040
23	0.08004	0.04001	75	3.41023	2.25263
24	0.08087	0.04167	76	3.76819	2.47520
25	0.08171	0.04167	77	4.18586	2.72084
26	0.08504	0.04417	78	4.67661	2.99326
27	0.08921	0.04751	79	5.24716	3.28838
28	0.08754	0.04834	80	5.87410	3.61957
29	0.08588	0.05168	81	6.59415	4.07157
30	0.08504	0.05335	82	7.35120	4.58457
31	0.08421	0.05668	83	8.17591	5.09923
32	0.08421	0.06002	84	9.09943	5.67203
33	0.08671	0.06335	85	10.14421	6.32232
34	0.08838	0.06836	86	11.31891	6.91704
35	0.09088	0.07420	87	12.62238	7.82099
36	0.09589	0.07920	88	14.04387	8.77667
37	0.10006	0.08588	89	15.57220	9.80858
38	0.10757	0.08921	90	17.19963	10.77196
39	0.11425	0.09422	91	18.76183	11.26394
40	0.12176	0.10006	92	20.42406	12.24075
41	0.13177	0.10590	93	22.21645	13.71292
42	0.14430	0.11258	94	24.15513	15.61194
43	0.15849	0.12092	95	26.24420	18.02150
44	0.17519	0.13094	96	28.20560	20.38072
45	0.19441	0.14263	97	30.35199	22.88571
46	0.21279	0.15599	98	32.70866	23.32307
47	0.23285	0.17269	99	35.30337	24.80448
48	0.24455	0.19107	100	38.17511	27.21527
49	0.25793	0.21112	101	40.53000	29.86914
50	0.27716	0.23452	102	43.11768	32.93819
51	0.29974	0.26044	103	45.96629	36.42323
52	0.33070	0.28971	104	49.11195	40.44484
53	0.36419	0.32150	105	52.54884	45.03306
54	0.40690	0.35498	106	56.37067	50.02474
55	0.45970	0.39099	107	60.64049	55.47971
56	0.51337	0.43288	108	65.43820	61.36385
57	0.57128	0.47647	109	70.86239	67.97906
58	0.62083	0.52344	110	77.04001	75.34512
59	0.67797	0.57044	111	77.63548	76.08958
60	0.74694	0.61915	112	78.23803	76.84528
61	0.83113	0.67209	113	78.84780	77.61249
62	0.93397	0.73011	114	79.46491	78.39150
63	1.04962	0.78987	115	80.08952	79.18259
64	1.17137	0.85472	116	80.72176	79.98606
65	1.30008	0.92638	117	81.36180	80.80223
66	1.43071	1.00571	118	82.00977	81.63142
67	1.56326	1.09272	119	82.66585	82.47396
68	1.70627	1.18998	120	83.33000	83.33000
69	1.85466	1.29669			

The rates shown above represent the monthly CG cost of insurance for each \$1,000 of CG Net Amount at Risk. If this policy has been issued in a special (rated) premium class, the CG monthly cost will be calculated as shown on the Policy Schedule.

Policy Schedule Continued – Policy Number 000000000

TABLE B

TABLE OF MONTHLY CONTINUATION GUARANTEE COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
0	\$0.08087	\$0.04001	60	\$1.36961	\$1.17306
1	0.04668	0.02917	61	1.50971	1.26704
2	0.03250	0.02166	62	1.67901	1.37300
3	0.02250	0.01666	63	1.86747	1.47912
4	0.01750	0.01583	64	2.06067	1.59133
5	0.01750	0.01500	65	2.25178	1.71394
6	0.01833	0.01500	66	2.43648	1.84442
7	0.01833	0.01750	67	2.61646	1.99137
8	0.01833	0.01750	68	2.80636	2.15316
9	0.01916	0.01750	69	2.99499	2.32904
10	0.01916	0.01833	70	3.22406	2.52598
11	0.02250	0.01916	71	3.47559	2.75106
12	0.02750	0.02250	72	3.81896	3.00019
13	0.03250	0.02500	73	4.16563	3.26925
14	0.03917	0.02750	74	4.51739	3.56544
15	0.05085	0.02917	75	4.92848	3.86451
16	0.06169	0.03250	76	5.36857	4.19202
17	0.07253	0.03417	77	5.88039	4.54567
18	0.09255	0.04167	78	6.47624	4.92848
19	0.10089	0.04501	79	7.15987	5.34445
20	0.10590	0.04834	80	7.89664	5.79500
21	0.11091	0.05085	81	8.73001	6.43366
22	0.11675	0.05418	82	9.57996	7.13336
23	0.12176	0.05585	83	10.48131	7.82099
24	0.12844	0.06002	84	11.47340	8.56690
25	0.13595	0.06419	85	12.65672	9.32569
26	0.14263	0.06752	86	13.97298	9.96389
27	0.15098	0.07253	87	15.41343	10.98682
28	0.15181	0.07670	88	16.95661	12.02143
29	0.15098	0.08254	89	18.58588	13.07590
30	0.15014	0.08588	90	20.28329	13.93905
31	0.15014	0.09338	91	21.84585	14.12783
32	0.15181	0.09923	92	23.47278	14.90372
33	0.15599	0.10674	93	25.19045	16.17044
34	0.16183	0.11592	94	27.01232	17.81679
35	0.16684	0.12760	95	29.07896	20.37422
36	0.17603	0.13762	96	30.94917	22.78736
37	0.18605	0.14931	97	32.96994	25.28839
38	0.20026	0.15682	98	35.16089	25.41070
39	0.21446	0.16684	99	37.54290	26.66310
40	0.23118	0.17686	100	40.13846	28.86393
41	0.25291	0.18856	101	42.16118	31.28428
42	0.27800	0.20276	102	44.35044	34.03663
43	0.30811	0.21947	103	46.71561	37.09877
44	0.34410	0.23870	104	49.28153	40.55794
45	0.38177	0.26127	105	52.71442	45.14543
46	0.41696	0.28636	106	56.53232	50.13484
47	0.45635	0.31815	107	60.80009	55.58907
48	0.47814	0.35749	108	65.59222	61.47237
49	0.50330	0.40188	109	71.01473	68.08690
50	0.53938	0.45048	110	77.18885	75.45232
51	0.58219	0.50330	111	77.77101	76.18750
52	0.64099	0.56120	112	78.35992	76.93363
53	0.70740	0.62251	113	78.95572	77.69097
54	0.79071	0.68974	114	79.55852	78.45980
55	0.88507	0.76041	115	80.16846	79.24039
56	0.98122	0.83619	116	80.78569	80.03303
57	1.08342	0.91711	117	81.41032	80.83801
58	1.16375	0.99557	118	82.04252	81.65565
59	1.25687	1.08257	119	82.68243	82.48627
			120	83.33000	83.33000

The rates shown above represent the monthly CG cost of insurance for each \$1,000 of CG Net Amount at Risk. If this policy has been issued in a special (rated) premium class, the CG monthly cost will be calculated as shown on the Policy Schedule.

**Policy Schedule Continued – Policy Number 000000000**

**TABLE B**

**TABLE OF MONTHLY CONTINUATION GUARANTEE COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>
18	\$0.06836	70	\$1.90504
19	0.07003	71	2.09234
20	0.07086	72	2.33419
21	0.07086	73	2.58973
22	0.07170	74	2.86082
23	0.07170	75	3.15804
24	0.07336	76	3.48344
25	0.07336	77	3.85838
26	0.07670	78	4.29504
27	0.08087	79	4.79623
28	0.08004	80	5.34445
29	0.07920	81	5.98839
30	0.07837	82	6.67043
31	0.07837	83	7.39887
32	0.07920	84	8.20834
33	0.08171	85	9.11818
34	0.08421	86	10.09482
35	0.08754	87	11.23310
36	0.09255	88	12.45482
37	0.09756	89	13.75172
38	0.10423	90	15.06752
39	0.11007	91	16.13554
40	0.11758	92	17.38187
41	0.12677	93	18.85739
42	0.13762	94	20.57377
43	0.15098	95	22.59882
44	0.16601	96	24.55392
45	0.18438	97	26.70183
46	0.20109	98	27.88682
47	0.22115	99	29.59716
48	0.23368	100	31.84721
49	0.24873	101	34.04178
50	0.26880	102	36.60255
51	0.29222	103	39.60096
52	0.32234	104	43.12057
53	0.35582	105	47.20894
54	0.39685	106	51.76130
55	0.44629	107	56.82753
56	0.49743	108	62.38781
57	0.55197	109	68.68355
58	0.60151	110	75.75322
59	0.65612	111	76.46225
60	0.72086	112	77.18143
61	0.79913	113	77.91101
62	0.89265	114	78.65122
63	0.99726	115	79.40231
64	1.10709	116	80.16453
65	1.22384	117	80.93815
66	1.34332	118	81.72344
67	1.46638	119	82.52069
68	1.59984	120	83.33000
69	1.73865		

The rates shown above represent the monthly CG cost of insurance for each \$1,000 of CG Net Amount at Risk. If this policy has been issued in a special (rated) premium class, the CG monthly cost will be calculated as shown on the Policy Schedule.

Policy Schedule Continued – Policy Number 000000000

TABLE B

TABLE OF MONTHLY CONTINUATION GUARANTEE COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	\$0.07253	60	\$1.32975
1	0.04334	61	1.46043
2	0.03000	62	1.61601
3	0.02166	63	1.78811
4	0.01750	64	1.96401
5	0.01666	65	2.14031
6	0.01750	66	2.31272
7	0.01833	67	2.48552
8	0.01833	68	2.66906
9	0.01916	69	2.85391
10	0.01916	70	3.07474
11	0.02166	71	3.31970
12	0.02667	72	3.64141
13	0.03083	73	3.96972
14	0.03667	74	4.30737
15	0.04668	75	4.69166
16	0.05585	76	5.10457
17	0.06502	77	5.57701
18	0.08254	78	6.11998
19	0.09005	79	6.73496
20	0.09422	80	7.39612
21	0.09923	81	8.17220
22	0.10423	82	8.97297
23	0.10840	83	9.80574
24	0.11508	84	10.71738
25	0.12176	85	11.76585
26	0.12760	86	12.86603
27	0.13511	87	14.14584
28	0.13678	88	15.48667
29	0.13762	89	16.87267
30	0.13762	90	18.21409
31	0.13929	91	19.18423
32	0.14096	92	20.32874
33	0.14597	93	21.66066
34	0.15265	94	23.17701
35	0.15933	95	25.22500
36	0.16851	96	27.13615
37	0.17854	97	29.20486
38	0.19190	98	30.13226
39	0.20527	99	31.60457
40	0.22031	100	33.62822
41	0.24037	101	35.54445
42	0.26294	102	37.78007
43	0.29054	103	40.33887
44	0.32317	104	43.29532
45	0.35749	105	47.37153
46	0.39099	106	51.91401
47	0.42869	107	56.96954
48	0.45383	108	62.52336
49	0.48318	109	68.81212
50	0.52176	110	75.87388
51	0.56624	111	76.57238
52	0.62503	112	77.28073
53	0.69058	113	77.99915
54	0.77051	114	78.72786
55	0.85978	115	79.46711
56	0.95169	116	80.21714
57	1.04962	117	80.97819
58	1.12992	118	81.75054
59	1.22130	119	82.53445
		120	83.33000

The rates shown above represent the monthly CG cost of insurance for each \$1,000 of CG Net Amount at Risk. If this policy has been issued in a special (rated) premium class, the CG monthly cost will be calculated as shown on the Policy Schedule.

**Contract.** Your policy is a legal contract that You have entered into with Us. You have paid the first premium and have submitted an application, a copy of which is attached. In return, We promise to provide the insurance coverage described in this policy.

The entire contract consists of:

1. The base policy; and
2. The attached riders that add benefits to the base policy, if any; and
3. The attached endorsements, if any; and
4. The attached copy of Your application, and any amendments or supplemental applications.

**Date of Issue.** The Date of Issue of this policy is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and Monthly Deduction dates are determined. The Date of Issue can be any day of the month We designate as an issue date except for the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup>. Within twenty calendar days of the date the initial premium was paid, the Owner may elect to have the Date of Issue reset to the first designated issue date after the initial premium was paid. In the event the Owner elects to have the Date of Issue reset and the date the initial premium was paid is either the

29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup>, the Date of Issue will be reset to the first designated issue date of the month following the month in which the initial premium was paid.

**Owner.** The Owner is as stated in the application unless later changed. During the Insured's lifetime the Owner may exercise every right the policy confers or We allow (subject to the rights of any assignee of record). You may have multiple Owners of the policy. In that case, the authorizations of all Owners are required In Writing for all policy changes. The Owner and the Insured may be the same person but do not have to be. If an Owner dies while the policy is in force and the Insured is living, ownership rights pass on to a successor Owner recorded in Our records, if any; otherwise ownership rights pass to the estate of the Owner.

**Types of Accounts.** There are three types of accounts available with this policy to which interest is credited to the Accumulation Value. They are:

1. The Fixed Index Interest Account(s);
2. The Declared Interest Account; and
3. The Interim Account.

Fixed Index Interest Accounts will be made a part of this policy in the form of a rider(s).

## PREMIUM PAYMENTS

All premiums after the first are payable in advance. Premium payments are flexible. This means You may choose the amount and frequency of payments.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. Please refer to the "Policy Values Provisions" for a detailed explanation.

**Planned Periodic Premiums.** The amount and frequency of the Planned Periodic Premiums You selected are shown on the Policy Schedule. You may request a change in the amount and frequency. We may limit the amount of any increase. (See "Maximum Premium".) Payment of the Planned Periodic Premium may not be sufficient to keep Your policy in force until maturity. You can choose a higher Planned Periodic Premium or an increase in the frequency of payments to keep Your policy in force. (See "Grace Period".)

## PREMIUM PAYMENTS (Cont'd)

**Unplanned Additional Premiums.** You may pay additional premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of additional premiums. (See "Maximum Premium" and "Maximum Net Amount at Risk".)

**Maximum Premium.** We reserve the right to refund any premium that would cause this policy to fail to qualify as life insurance under the Death Benefit Compliance Test and under applicable tax laws.

**Maximum Net Amount at Risk.** We reserve the right to refund any premium that would cause an immediate increase in the Net Amount at Risk unless the Insured is living and provides evidence of insurability satisfactory to Us. We may automatically effect a partial surrender or reduce the Death Benefit, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. (We determine the "Net Amount at Risk" as shown in the "How We Calculate the Cost of Insurance for the Base Policy" provision.)

**Where to Pay.** You may make Your payments to Us at Our Home Office or to an authorized agent. All premium checks must be made payable to the Company. A receipt signed by an officer of the Company will be furnished upon request.

**Premium Expense Charge.** The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage. Two percentages may apply when the premium paid is greater than the Target Premium. In this case one percentage will apply to the premium amount less than or equal to the Target Premium and another percentage will apply to any premium amount greater than the Target Premium. The Target Premium is shown on the Policy Schedule. The Premium Expense Charge Percentages are adjustable, but will never be more than the guaranteed Premium Expense Charge Percentages shown on the Policy Schedule. No Premium Expense Charge will be deducted if the source of the premium is Cash Surrender Values applied from another policy

issued by the Company. (We refer to this as an internal rollover.) This exception does not apply to the CG Account.

**Net Premium.** The term Net Premium as used in this policy means the premium paid, less the Premium Expense Charge, except as stated in the Premium Expense Charge provision.

**Allocation of Net Premiums and Premium Allocation Restrictions.** The initial allocation of Net Premiums is shown in the application for this policy and will remain in effect until changed by Written notice from the Owner. However, if any portion of a Standard Loan is deducted from an Index Account prior to the end of its Account Period, Net Premiums will be allocated to the Declared Interest Account during the Allocation Restriction Period following the date of such loan. At the end of the Allocation Restriction Period, assuming no new Standard Loans, the allocation of Net Premiums will be made according to the percentage allocation currently in effect. In the event there is a new Standard Loan where a portion of the loan is deducted from an Index Account prior to the end of its Account Period, a new Allocation Restriction Period will begin from the date of such new loan. The Allocation Restriction Period is shown on the Policy Schedule. The percentage allocation for future Net Premiums may be changed at any time. We must receive Your Written request that changes Your allocation instructions at least 30 days prior to an Allocation Day.

Changes in the allocation of Net Premiums will be effective on the date We receive the Owner's notice. The allocation may be 100% to Fixed Index Interest (Index Interest) or Declared Interest Accounts or may be divided between the accounts in whole percentage points totaling 100%.

Net Premiums received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in the Interim Account, subject to the restriction stated above. Such Account will receive interest as described in the "Interest Rates" provision.

## DEATH BENEFIT AND DEATH BENEFIT OPTIONS

**Death Benefit Proceeds.** If the Insured dies prior to the Maturity Date and while this policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to:

1. The Death Benefit Option in effect on the date of death; and
2. Any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown on the Policy Schedule.

Guidelines for changing the Death Benefit Option or the Specified Amount will be found in the "Changing Your Insurance Policy" section.

Net premiums received before the date of death will not be refunded but will be included in the Accumulation Value for purposes of calculating the Death Benefit Amount. Any premium received on or after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Amount.

The Death Benefit Proceeds will be the Death Benefit Amount, after reversing any premium received on or after the date of death, less any outstanding loan and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

**Death Benefit Compliance Test.** The Death Benefit Compliance Test is used to determine if a policy will qualify as life insurance under applicable tax laws. The test is shown on the Policy Schedule.

**Death Benefit Option.** The Death Benefit Option which You have chosen is shown on the Policy Schedule as either Option 1 or 2.

**Option 1.** If You have chosen Option 1, the Death Benefit Amount will be the greater of:

1. The Specified Amount on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

**Option 2.** If You have chosen Option 2, the Death Benefit Amount will be the greater of:

1. The Specified Amount plus the Accumulation Value on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Death Benefit Corridor Rates are shown in the Death Benefit Corridor Rates table.

## CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount or Death Benefit Option at any time except that a decrease in the Specified Amount may not become effective prior to the end of the first policy year. Your request must be submitted to Our Home Office In Writing.

**Increasing the Specified Amount.** We will require an application and evidence of insurability satisfactory to Us for any increase in the Specified Amount. An increase will be effective on the

Monthly Deduction Day on or next following the date the application for increase is approved by Us. The effective date will appear in an endorsement to this policy.

**Decreasing the Specified Amount.** Any decrease will go into effect on the Monthly Deduction Day following the day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

## CHANGING YOUR INSURANCE POLICY (Cont'd)

1. The Minimum Death Benefit Amount shown on the Policy Schedule; or
2. Any Death Benefit Amount required to qualify this policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

1. Against the Specified Amount provided by the most recent increase;
2. Against the next most recent increases successively;
3. Against the Specified Amount provided under the original application.

Any reduction in Specified Amount will be subject to any applicable pro-rata surrender charges. The pro-rata surrender charge is calculated by multiplying the number of thousands of Specified Amount being surrendered by the appropriate rate shown in the Table of Surrender Charges per \$1,000 of Specified Amount. The pro-rata surrender charge will be deducted from the Accumulation Value. The surrender charges for the remainder of the Surrender Charge Period will be reduced proportionally. However, if the pro-rata surrender charge is greater than the Accumulation Value, the Specified Amount decrease will not be allowed.

**Changing the Death Benefit Option.** You may request a change in the Death Benefit Option You have chosen.

1. If You request a change from Option 1 to Option 2: The new Specified Amount will be the Specified Amount, prior to change, less the Accumulation Value as of the effective date of the change, but not less than zero. Any such decrease in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision, except that such decrease will not be subject to a pro-rata surrender charge and the surrender charge will not change due to such decrease.
2. If You request a change from Option 2 to Option 1: The new Specified Amount will be the Specified Amount prior to the change plus the Accumulation Value as of the effective date of the change.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change.

**Changing the Terms of Your Policy.** Any change in Your policy must be approved by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of Your policy.

## INTEREST ACCOUNTS

**Declared Interest Account.** Net Premiums and loan repayments received that are not designated to receive Index Interest will be placed in the Declared Interest Account. The Declared Interest Account will receive interest as described in the "Interest Rates" provision.

**Interim Account.** Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in the Interim Account, subject to the restrictions stated in the "Allocation of Net Premiums and Premium Allocation Restrictions" provision. The Interim Account will receive interest as described in the "Interest Rates" provision.

## INTEREST ACCOUNTS (Cont'd)

**Fixed Index Interest Accounts.** Fixed Index Interest Accounts (Index Accounts) will be made a part of this policy in the form of a rider(s). Each rider will describe in detail how Index Interest is to be calculated and applied to an account.

Index Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive Index Interest. These Index Accounts are established in accordance with the premium allocation percentages in effect. Subsequent Index Accounts will be established on the Allocation Day shown on the Policy Schedule, as needed.

On each Allocation Day, the following will be placed in the appropriate Index Account, subject to the restrictions stated in the "Allocation of Net Premiums and Premium Allocation Restrictions" provision:

1. Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and

2. The Accumulation Value in the Interim Account; and
3. The Renewal Allocation Amount as described in each rider.

You may allocate all or a portion of the Accumulation Value in the Declared Interest Account to a new Index Account. Such value will be placed in the Interim Account until the next Allocation Day when a new Index Account is established. However, if any portion of a Standard Loan is deducted from an Index Account prior to the end of its Account Period, You may not make such allocation during the Allocation Restriction Period. This restriction will no longer apply at the end of the Allocation Restriction Period, assuming no new Standard Loans. In the event there is a new Standard Loan where a portion of the loan is deducted from an Index Account prior to the end of its Account Period, a new Allocation Restriction Period will begin from the date of such new loan.

## POLICY VALUES PROVISIONS

### Accumulation Value

**On the Date of Issue.** The Accumulation Value on the Date of Issue will be:

1. The Net Premium received; less
2. The Monthly Deduction for the first policy month. (See "How We Calculate a Monthly Deduction".)

The first Deduction Day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

**On Each Monthly Deduction Day.** On each Monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

1. We will take the Accumulation Value as of the last Monthly Deduction Day; and

2. Add all Net Premiums received since the last Monthly Deduction Day; and
3. Add the interest earned for the month:
  - A. Interest will be applied for the entire month on the excess of the Accumulation Value on the last Monthly Deduction Day over any partial surrenders made since the last Monthly Deduction Day;
  - B. If a Net Premium has been received since the last Monthly Deduction Day, including the Date of Issue, interest on such amount will be added on a pro-rata basis beginning with the date received through the last day of the policy month. No interest is applied until the initial premium is paid;

## POLICY VALUES PROVISIONS (Cont'd)

- C. If a partial surrender has been made since the last Monthly Deduction Day, interest on the amount of such partial surrender will be added on a pro-rata basis beginning with the last Monthly Deduction Day through the day of such partial surrender; and
4. Add Index Interest, if any; and
5. Subtract any partial surrender made, any pro-rata surrender charges and any charges for partial surrenders since the last Monthly Deduction Day; and
6. Subtract the Monthly Deduction for the policy month. (See "How We Calculate a Monthly Deduction".)

**On Any Day Other Than a Monthly Deduction Day.** The Accumulation Value on any day other than a Monthly Deduction Day will be:

1. The Accumulation Value as of the last Monthly Deduction Day;
2. Less any partial surrenders paid, any pro-rata surrender charges and any charges for partial surrenders since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day;
4. Plus interest earned since the last Monthly Deduction Day.

The Accumulation Value will never be less than zero.

**Cash Value.** The Cash Value of this policy will be equal to the Accumulation Value less the surrender charge, if any.

**Cash Surrender Value.** The Cash Surrender Value of this policy will be equal to the Cash Value less any indebtedness.

**Monthly Deductions May Be Made Only if There Is Sufficient Cash Surrender Value (Unless Policy Is Being Continued Under the Continuation Guarantee Provisions).** Unless this policy is being continued in force under the Continuation Guarantee provisions, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. The Accumulation Value will be reduced by the amount of each Monthly Deduction. If the Cash Surrender Value on a Monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this policy will be subject to the "Grace Period" and "Continuation Guarantee" provisions.

**Surrender Charge.** Surrender charges will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Surrender charges for any increases in Specified Amount will apply if such increases are surrendered or reduced during the Surrender Charge Period of each increase. The Surrender Charge Period will vary according to the age at issue (or age on the date of an increase) as shown in the Table of Surrender Charges per \$1,000 of Specified Amount.

You may make a request for full surrender at any time during the Insured's lifetime before the Maturity Date.

A reduction in Specified Amount due to a requested partial surrender, full surrender, or partial surrender will be calculated as of the day We receive Your request.

**How We Calculate a Monthly Deduction.** Each Monthly Deduction includes:

1. The cost of insurance for the base policy; and
2. The charges for benefits provided by riders; and
3. The Monthly Administration Fee; and
4. The Monthly Expense Charge, if any.

## POLICY VALUES PROVISIONS (Cont'd)

Monthly Deductions will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;
2. From the Declared Interest Account until it is reduced to zero;
3. From among the Index Accounts, as follows:
  - a. We will allocate the Monthly Deductions proportionally based on the total Accumulation Value of all Index Accounts attributable to each rider; then
  - b. For each rider, reduce the Accumulation Value of the most recently established Index Account until it is reduced to zero; then reduce the next most recently established Index Account until it is reduced to zero, successively.

**How We Calculate the Cost of Insurance for the Base Policy.** We calculate the cost of insurance at the beginning of each policy month. The cost of insurance is determined on the Monthly Deduction Day by multiplying the Net Amount at Risk by the cost of insurance rate per \$1,000 and dividing the result by 1000.

To determine the Net Amount at Risk, We:

1. Divide the Death Benefit Amount under the base policy by the Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the Accumulation Value:
  - a. Before the cost of insurance deduction is taken; and
  - b. After any applicable charges for benefits provided by riders, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted.

**Charges for Benefits Provided by Riders.** All charges for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy. Riders are not part of the base policy.

**Monthly Administration Fee.** An administration fee will be deducted monthly. The amount of the Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

**Monthly Expense Charge.** A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial Specified Amount and to any increase in Specified Amount. The Monthly Expense Charge for the Initial Specified Amount is shown on the Policy Schedule. The duration of the charge for the Initial Specified Amount and any increase in Specified Amount is also shown on the Policy Schedule. The Monthly Expense Charge for any increase in Specified Amount will be provided in an endorsement to this policy. Any decrease in Specified Amount will not change the Monthly Expense Charge then in effect.

**Cost of Insurance Rate.** The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

1. Gender (if issued on a Sex Distinct basis); and
2. Age nearest birthday on each policy anniversary; and
3. Premium class shown on the Policy Schedule associated with the Initial Specified Amount and Premium Class associated with each increase in the Specified Amount, if any, shown in subsequent endorsements.

## POLICY VALUES PROVISIONS (Cont'd)

We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy. The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year; and
2. The plan of insurance; and
3. The amount of insurance; and
4. The age, gender and premium class of the Insured if issued on a Sex Distinct basis or the age and premium class if issued on a Gender Neutral basis.

**Changes in Rates, Charges and Fees.** This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates, Premium Expense Charge Percentage, or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, expenses, average amount of benefits to be paid, investment earnings, reinsurance costs, option prices and any state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

**Interest Rates.** The minimum guaranteed interest rates used in calculating Accumulation Values are shown on the Policy Schedule.

For the Declared Interest Account and Interim Account: We can use interest rates greater than the Minimum Guaranteed Interest Rates to calculate the Accumulation Values. Interest will be credited monthly.

For each Fixed Index Interest Account: Guaranteed interest is calculated using the Index Account's Minimum Guaranteed Interest Rate and is credited monthly to each Index Account. Interest in addition to guaranteed interest, if any, will be credited at the end of each Account Period as Index Interest.

We will apply a different rate of interest to that portion of the Accumulation Value which equals the amount of a Standard Loan. The interest rate applied to amounts equal to Standard Loans will be credited monthly at an annual effective rate of 3%. The amounts equal to Standard Loans will not be eligible for Index Interest.

**Grace Period.** The Grace Period is the 61-day period that follows a Monthly Deduction Day or an annual loan interest due date if:

1. There is not enough Cash Surrender Value to pay the amount due; and
2. The requirements of the Continuation Guarantee Provisions have not been met.

There is no Grace Period for any Monthly Deduction Day that occurs before the initial premium is paid.

If the amount of premium required to keep Your policy in force is not paid by the end of the Grace Period, this policy will terminate without value. However, We will give You at least 31 days notice prior to termination that Your policy is in the Grace Period. We will determine the amount of premium that We require to keep Your policy in force and advise You of that amount. Such 31 days prior notice will be sent to You at Your last known address, and to the assignee of record, if any. If death occurs during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds, if any.

If a surrender request is received within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the Monthly Deduction Day the Grace Period commenced. The Monthly Deduction for the policy month following such Monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

## POLICY VALUES PROVISIONS (Cont'd)

**Full Surrender.** You may return Your policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date. The Cash Surrender Value will be calculated as of the day We receive Your request. If surrender takes place within 31 days after a policy anniversary, the Cash Value will not be less than on that anniversary. However, calculation of the Cash Surrender Value will take into account any partial surrender, loan and/or Monthly Deduction taken within those 31 days.

**Partial Surrender.** At any time after the first policy year and prior to the Maturity Date, You may request a partial surrender. The amount available for a partial surrender is any amount up to the Cash Surrender Value at the time of Your request. To be processed on an Allocation Day, the partial surrender request must be received prior to the Maturity Date, In Writing, at least ten days prior to that Allocation Day.

Partial surrenders will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;
2. From the Declared Interest Account until it is reduced to zero;
3. From among the Index Accounts, as follows:
  - a. We will allocate the partial surrenders proportionally based on the Accumulation Value of all Index Accounts attributable to each rider; then
  - b. For each rider, reduce the Accumulation Value of the most recently established Index Account until it is reduced to zero; then reduce the next most recently established Index Account until it is reduced to zero, successively.

Partial surrenders from an Index Account are limited to 100% of the ending value in each Index Account that ends on the date the partial

surrender is made. If the partial surrender is not made on such date then the maximum amount is equal to the Maximum Partial Surrender Percentage of the beginning value in each Index Account. The Maximum Partial Surrender Percentage is shown on the Policy Schedule.

A partial surrender will result in a reduction of the Cash Value, Accumulation Value, CG Account value and the Death Benefit Amount. The Cash Value, Accumulation Value and CG Account value will be reduced by the amount of partial surrender. The reduced Death Benefit Amount will be determined in accordance with the "Death Benefit Option" provision. If Your Death Benefit Option is Option 1, the Specified Amount will be reduced by the amount of the partial surrender. The reduction in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision. (The Specified Amount after the reduction will not be less than zero.) The Death Benefit Amount remaining after this reduction must be no less than the Minimum Death Benefit Amount shown on the Policy Schedule. If You have selected Death Benefit Option 2, a partial surrender may not cause a reduction in Specified Amount. A requested partial surrender will not be allowed if it would cause a reduction in the Death Benefit Amount to where the policy would fail to qualify as life insurance under applicable tax laws.

There will be a charge not to exceed \$50.00 for each partial surrender in addition to the amounts shown in the Table of Surrender Charges. Any partial surrender that causes a reduction in Specified Amount will be subject to any applicable pro-rata surrender charges, and the remaining surrender charge will be reduced proportionally.

**Payment of Cash Value Benefit.** We can delay payment of Cash Surrender Values for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

## POLICY VALUES PROVISIONS (Cont'd)

**Continuation of Insurance Coverage if Amount or Frequency of Premium Payments Is Reduced or if Premium Payments Are Discontinued.** This policy will remain in force as long as the requirements of the Continuation Guarantee provisions are met or the Cash Surrender Value is greater than zero. If You reduce the amount or frequency of premium payments, or if You discontinue payment of premiums and do not surrender this policy, We will continue making Monthly Deductions (as long as there is sufficient Cash Surrender Value to

make such deductions) until the Maturity Date. This policy will remain in force until the earliest of the following dates:

1. The Maturity Date (if there is sufficient value to make Monthly Deductions to that date); or
2. Full surrender of the policy; or
3. The end of the Grace Period; or
4. Death of the Insured.

## CONTINUATION GUARANTEE PROVISIONS

The Continuation Guarantee (CG) provides a benefit designed to continue Your insurance coverage within defined limits even if Your Cash Surrender Value is not large enough to cover the Monthly Deductions. The CG is an alternate policy value that is not used in determining the actual policy values. The CG does not provide additional policy value or Death Benefit Proceeds. The CG is simply a reference value used to determine whether or not the CG benefit is in effect.

The CG policy value is calculated in the same manner as the actual policy value, but using different charges and interest rates. Except as stated in the Policy Changes provision, the tables of CG cost of insurance rates, CG interest rates, and all other CG charges used in this alternate policy value calculation are guaranteed not to change.

While the CG is in effect, this policy will not enter the Grace Period if there is not enough Cash Surrender Value to cover current Monthly Deductions. Even if the policy's Cash Surrender Value is zero, the CG will remain in effect as long as the value of the Continuation Guarantee Account ("CG Account") is greater than or equal to zero. The "CG Account" is the sum of the "CG1", "CG2", and "CG3" Accounts.

**Continuation Guarantee Specified Amount.** The CG Specified Amount is only used to determine the CG Account values. The CG Initial Specified Amount is the same as the Initial Specified Amount for the policy. However, Death Benefit Option changes may cause the CG Specified Amount to differ from the Specified Amount of the policy.

**Continuation Guarantee Premium Expense Charge Percentage.** The CG Premium Expense Charge Percentages are shown on the Policy Schedule. They are used to determine the Premium Expense Charge for the CG Account. Two percentages may apply when the premium paid is greater than the Target Premium. In this case one percentage will apply to the premium amount less than or equal to the Target Premium and another percentage will apply to any premium amount greater than the Target Premium.

**Continuation Guarantee Account Values.** Net Premiums will be allocated to the CG Account in accordance with the following rules:

1. During the first policy year:
  - a. The initial Net Premium will be allocated to CG1; and

## CONTINUATION GUARANTEE PROVISIONS (Cont'd)

- b. Additional Net Premiums will be allocated to CG1 if the value of the CG Account is greater than zero; and
  - c. Additional Net Premiums will be allocated to CG3 if the value of the CG Account is equal to or less than zero.
2. After the first policy year, the Net Premium will be allocated to CG2, unless:
    - a. The value of the CG Account is zero on the last policy anniversary, in which case all Net Premiums received until the following anniversary will be allocated to CG3; or
    - b. The value of the CG Account is less than or equal to zero on the date the Net Premium is received, in which case the Net Premium will be allocated to CG3.

The values of the CG1, CG2, and CG3 Accounts are determined on each Monthly Deduction Day by accumulating with interest:

1. The value for the prior month;
2. Plus Net Premiums credited to that account;
3. Less any partial surrenders paid, any pro-rata surrender charges and any charges for partial surrenders deducted from that account;
4. Less Monthly Deductions deducted from that account;
5. Less loans made since the last Monthly Deduction Day.

If the initial Net Premium is received within the 28 day period following the Date of Issue, it will be applied to CG1 as if it were received on the Date of Issue.

Net Premiums received within the 28 day period following any Monthly Deduction Day will be applied to each account as if the premium were received on the Monthly Deduction Day.

**External Rollovers Applied to the Continuation Guarantee Account.** If the source of any premium applied to the CG Account is Cash Surrender Value applied from a policy issued by another company (External Rollover that qualifies under Section 1035 of the Internal Revenue Code), and it is received on or before the Monthly Deduction Day of the 12<sup>th</sup> month after the Date of Issue of the policy, it will be applied to CG1 as if it were received on the Date of Issue of the policy.

**Continuation Guarantee Accounts - Monthly Deductions.** Each Monthly Deduction includes:

1. The cost of insurance provided by the CG; and
2. The charges for benefits provided by riders; and
3. The CG Monthly Administration Fee; and
4. The CG Monthly Expense Charge, if any.

Monthly Deductions will be taken from the accounts in the following order:

1. From CG3 until it is reduced to zero;
2. From CG2 until it is reduced to zero;
3. From CG1 until it is reduced to zero; and
4. Deductions will then be taken from CG3 which will result in a value that is less than zero.

**How We Calculate the Cost of Insurance for the Continuation Guarantee.** We calculate the CG cost of insurance at the beginning of each policy month. The CG cost of insurance is determined on the Monthly Deduction Day, including the Date of Issue if applicable, by multiplying the Continuation Guarantee Net Amount at Risk by the CG cost of insurance rate per \$1,000 and dividing the result by 1,000.

There are two tables of CG cost of insurance rates that will apply to the CG Account. Table A will apply on each Monthly Deduction Day that the value of CG3 is zero. Table B will apply on each Monthly Deduction Day that CG3 is not zero.

## CONTINUATION GUARANTEE PROVISIONS (Cont'd)

### **Continuation Guarantee Death Benefit Amount.**

The CG Death Benefit Amount described below is only used to determine CG Account values.

If You have chosen Option 1, the CG Death Benefit Amount will be the greater of:

1. The CG Specified Amount on the date of death; or
2. The CG Account value plus loans on the date of death multiplied by the applicable Death Benefit Corridor Rate.

If You have chosen Option 2, the CG Death Benefit Amount will be the greater of:

1. The CG Specified Amount plus the greater of: (1) zero; or (2) the sum of the CG Account value and loans on the date of death; or
2. The CG Account value plus loans on the date of death multiplied by the applicable Death Benefit Corridor Rate.

### **Continuation Guarantee Net Amount at Risk.**

To determine the CG Net Amount at Risk, We:

1. Divide the CG Death Benefit Amount by the CG Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the greater of: (1) zero; or (2) the sum of the CG Account value and loans:
  - a. Before the cost of insurance deduction is taken; and
  - b. After the applicable charges for benefits provided by riders, the CG Monthly Expense Charge, if any, and the CG Monthly Administration Fee are deducted.

**Continuation Guarantee Interest Rates.** CG interest rates for each CG Account are shown on the Policy Schedule. Interest will begin to

accumulate as of the date the Net Premium is credited. The initial Net Premium will be credited as of the Date of Issue if the initial premium is paid within the 28 day period following the Date of Issue. Net Premiums received within 28 days of any Monthly Deduction Day will be credited as of that Monthly Deduction Day.

**Partial Surrenders.** The gross amount of any partial surrender will be deducted from the CG Accounts in the same order as Monthly Deductions. (That is: From CG3 until it is reduced to zero; then from CG2 until it is reduced to zero; then from CG1 until it is reduced to zero; and finally, deductions causing a balance that is less than zero will be applied to CG3).

**Policy Changes.** The CG charges and CG interest rates shown on the Policy Schedule pages for the CG may change in the event of an increase in Specified Amount, a Death Benefit Option change or a change in Premium Class. We will send notice to Your last known address of any such changes in these Policy Schedule pages. A decrease in Specified Amount will be subject to any applicable pro-rata surrender charges. A decrease in Specified Amount will not change the CG Monthly Expense Charge then in effect.

**Continuation Guarantee Accounts - Policy Loans.** When a loan is made, the amount of the loan will be deducted from the CG Accounts in the following order:

1. From CG3 until it is reduced to zero; then
2. From CG2 until it is reduced to zero; then
3. From CG1 until it is reduced to zero; and then
4. Deductions will then be taken from CG3 which will result in a value that is less than zero.

Interest credited to amounts equal to Standard Loans, and loan repayments will be applied to CG1, CG2, and CG3 in the same order as premium payments.

## POLICY LOANS

You may borrow from Us at any time while this policy is in force, an amount which is equal to or less than the policy's loan value. The loan value will be the Cash Value less:

1. Any prior outstanding loan; and
2. Interest on the amount to be borrowed to the next policy anniversary; and
3. Interest on any prior outstanding loan to the next policy anniversary.

Except as provided in the "Grace Period" provision, this policy will lapse at any time the sum of Your outstanding loans exceeds the Cash Value. However, at least 31 days prior notice must be mailed by Us to Your last known address and to the assignee of record, if any.

There are two loan types: Standard Loans and Choice Loans. Only one type of loan may be in effect at any given time. You must elect one of the loan types the first time You request a loan. However, Choice Loans are only available after the Choice Loan Waiting Period shown on the Policy Schedule. If no election is made after the Choice Loan Waiting Period You will receive a Standard Loan.

**Standard Loans.** When a Standard Loan is made, the amount of the loan will be deducted proportionally based on the Accumulation Value in each Index Account, the Declared Interest Account and the Interim Account.

Except for Preferred Loans, the Annual Loan Interest Rate for Standard Loans is 3.85%, due in advance. (This is equivalent to an annual effective rate of 4.00%, paid at the end of the policy year.) On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

**Preferred Loans.** A "Preferred Loan" is a Standard Loan that is made at a net cost to the Owner that is less than the net cost of other Standard Loans. By "net cost" We mean the amount of interest charged for the loan less interest credited to the amount of the Accumulation Value equal to a loan. Starting on the tenth policy anniversary, this policy will be eligible for "Preferred Loans" subject to the following guidelines:

1. The maximum amount eligible for Preferred Loans during a policy year is restricted to the lesser of the following values on the first day of such year:
  - (a) The loan value; or
  - (b) 10% of the Accumulation Value.
2. When a Preferred Loan is made, loan interest to the next policy anniversary is due in advance at an annual effective rate of not less than 2.91% nor more than 3.15%. (This is equivalent to an annual effective rate of not less than 3.00% nor more than 3.25% respectively, paid at the end of the policy year.)

**Choice Loans.** When a Choice Loan is made, the amount of the loan will not be deducted on a pro-rata basis from each Index Account, the Declared Interest Account and the Interim Account. Interest will continue to be credited to these Accounts as stated in the "Interest Rates" provision.

The Choice Loan Annual Loan Interest Rate, due in advance is shown on the Policy Schedule. On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the Choice Loan.

## POLICY LOANS (Cont'd)

There is a risk associated with Choice Loans because an Index Account's actual credited rate could be less than the Choice Loan Annual Interest Rate. The use of Choice Loans could potentially result in policy lapse if poor index performance among the indices is sustained.

**Changing the Policy Loan Type.** You may request a change in the loan type (for instance from a Choice Loan to a Standard Loan), subject to the restrictions shown below. Changing the loan type does not change the amount of the outstanding loan.

1. If You request a change from Choice Loan to Standard Loan: An amount equal to the entire amount of the Choice Loan(s) will be changed to a Standard Loan. The amount of the Standard Loan will be deducted proportionally based on the Accumulation Value in each Index Account, the Declared Interest Account and the Interim Account. (See "Standard Loans".)
2. If You request a change from Standard Loan to Choice Loan: An amount equal to the entire amount of the Standard Loan(s) will be changed to a Choice Loan. Such amount will be allocated in accordance with the premium allocation percentages in effect, subject to the restriction stated in the "Allocation of Net Premiums and Premium Allocation Restrictions" provision. (See "Choice Loans".)

**Restrictions on Changing the Policy Loan Type.** You may request a change in the loan type subject to the following:

1. The number of times that You may change the loan type while the policy is in force is limited. This limitation is shown on the Policy Schedule.
2. A change from a Standard Loan to a Choice Loan will not be allowed during the Choice Loan Waiting Period.

3. If any portion of a Standard Loan is deducted from an Index Account prior to the end of its Account Period, You may not change the loan type until the end of the Allocation Restriction Period. The Allocation Restriction Period begins on the date of the last Standard Loan where a portion of the loan was deducted from an Index Account prior to the end of its Account Period. (See "Allocation of Net Premiums and Premium Allocation Restrictions".)

**Obtaining a Loan.** You may obtain a loan by Written request and assignment of the policy as sole security for the loan.

**We Can Delay Payment.** We can delay lending You money for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay lending You money if the amount is to be used to pay a premium to Us.

**How You May Repay a Policy Loan.** You may repay all or part of a loan at any time, except that:

1. Repayment may be made only while this policy is in force and prior to the death of the Insured; and
2. A partial repayment must be at least \$10.00; and
3. You must specify the payment is to repay all or part of the loan.

Loan repayments on a Standard Loan will be allocated in accordance with the premium allocation percentages in effect, subject to the restriction stated in the "Allocation of Net Premiums and Premium Allocation Restrictions" provision.

Loan repayments on a Choice Loan reduce the amount of the loan but do not affect the values in the Index Account, the Declared Interest Account and the Interim Account.

## BENEFICIARY AND PROCEEDS

**Beneficiary.** The Beneficiary as named in the application, or later changed by You, will receive the proceeds upon the death of the Insured. Unless You have stated otherwise, proceeds will be paid as follows:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other Beneficiaries according to their respective interests; or
2. If no Beneficiary survives the Insured, proceeds will be paid to You, as Owner, if You are then living; otherwise proceeds will be paid to Your estate.

**Common Disaster.** If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this policy provides otherwise.

**Proceeds.** Proceeds means the amount payable on:

1. The Maturity Date; or
2. Exercise of the full surrender benefit; or
3. The Insured's death.

The proceeds on the Maturity Date will be the Cash Surrender Value. Even if coverage continues to the Maturity Date, there may be little or no Cash Surrender Value. The proceeds on the Insured's death will be the Death Benefit Amount, after refunding any premium received on or after the date of death, less any outstanding loans and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

All proceeds and partial surrender benefits are subject to the provisions of the "Payment Options" section and the other provisions of this policy.

Full payment of policy proceeds to the person(s) designated as entitled discharges Us from all claims.

## CHANGE OF OWNERSHIP OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. To do so, send a Written request to Our Home Office. The change will go into effect when We have

recorded the change. However, after the change is recorded, it will be deemed effective as of the date of Your Written request for change. The change will be subject to any payment made or action taken by Us before the request is recorded.

## PAYMENT OPTIONS

Proceeds are payable in one sum. Instead of being paid in one sum, all or part of the proceeds may be applied under any of the Payment Options described below. In addition to these options, other methods of payment may be chosen with Our consent.

**Payment Contract.** When proceeds become payable under a Payment Option, a Payment Contract will be issued to each payee. The Payment Contract will state the rights and benefits of the payee. It will also name those who are to receive any balance unpaid at the death of the payee.

## PAYMENT OPTIONS (Cont'd)

**Election of Options.** The Owner may elect or change any Payment Option while the Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after the Insured's death, a payee entitled to proceeds in one sum may elect to receive proceeds under any option, subject to the limitations stated in the "Availability of Options" provision.

**Option 1. Payments for a Specified Period:** Equal monthly payments will be made for a specified period. The Option 1 Table in this policy shows the monthly income for each \$1,000 of proceeds applied.

**Option 2. Payments of a Specified Amount:** Equal monthly payments of a specified amount will be made. Each payment must be at least \$60 a year for each \$1,000 of proceeds applied. Payments will continue until the amount applied, with interest, has been paid in full.

**Option 3. Monthly Payments for Life with Period Certain:** Equal monthly payments will be made for a specified period, and will continue after that period for as long as the payee lives. The specified period may be 10, 15 or 20 years. The Option 3 Table in this policy shows the monthly income for each \$1,000 of proceeds applied. If issued on a Sex Distinct basis, tables are based on the Annuity 2000 Male or Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with interest at the rate of 2% per year. If issued on a Gender Neutral basis, tables are based on the Annuity 2000 Male and Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with Gender Neutral rates based on 60% female and 40% male, and interest at the rate of 2% per year.

At the time payments are to begin under this option, the payee may choose one of the following:

1. Monthly payments based on the Option 3 Table; or
2. Monthly payments equal to a monthly annuity based on Our single premium immediate annuity rates then in use.

**Option 4. Proceeds Left at Interest:** Proceeds may be left on deposit with Us for any period up to 30 years. Interest earned on the proceeds may be:

1. Left on deposit to accumulate at the rate of 2% compounded annually; or
2. Paid in installments at the rate for each \$1,000 of proceeds of \$20 annually, \$9.95 semiannually, \$4.96 quarterly or \$1.65 monthly.

Upon the death of the payee, or at the end of the specified period, any balance left on deposit will be paid in a lump sum or under Options 1, 2 or 3.

**Interest Rates.** The guaranteed rate of interest for proceeds held under Payment Options 1, 2, 3 and 4 is 2% compounded annually. We may credit interest at a higher rate. We determine the higher rate.

**Payments.** The first payment under Options 1, 2 and 3 will be made when the claim for settlement has been approved. Payments after the first will be made according to the manner of payment chosen. Interest under Option 4 will be credited from the date of death and paid or added to the proceeds as provided in the Payment Contract.

**Availability of Options.** If the proposed payee is not a natural person, payment options may be chosen only with Our consent.

If this policy is assigned, We will have the right to pay the assignee in one sum the amount to which the assignee is entitled. Any balance will be applied according to the option chosen.

## PAYMENT OPTIONS (Cont'd)

The amount to be applied under any one option must be at least \$2,000. The payment elected under any one option must be at least \$20. If the total policy proceeds are less than \$2,000 payment will be made in one lump sum.

**Evidence That Payee is Alive.** Before making any payment under a Payment Option, We may ask for proof that the payee is alive. If proof is requested, no payment will be made or considered due until We receive proof.

**Death of a Payee.** If a payee dies, any unpaid balance will be paid as stated in the Payment Contract. If there is no surviving payee named in the Payment Contract, We will pay the estate of the payee:

1. Under Options 1 and 3: The value of the remaining payments for the specified period as of the date We receive Written notification of death, discounted at the rate of interest used in determining the amount of the monthly payment.
2. Under Options 2 and 4, the balance of any proceeds remaining unpaid with accrued interest, if any.

**Withdrawal of Proceeds Under Options 1 and 2.** If provided in the Payment Contract, a payee will have the right to withdraw the entire unpaid

balance under Options 1 and 2. Under Option 1, the amount will be the value of the remaining payments for the specified period discounted at the rate of interest used in determining monthly income. Under Option 2, the amount will be the entire unpaid balance.

**Withdrawal of Proceeds Under Option 4.** A payee will have the right to withdraw proceeds left under Option 4 subject to the following rules:

1. The amount to be withdrawn must be \$500 or more; and
2. A partial withdrawal must leave a balance on deposit of \$1,000 or more.

**Withdrawals May Be Deferred.** We may defer payment of any withdrawal for up to 6 months from the date We receive a withdrawal request.

**Assignment.** Payment Contracts may not be assigned.

**Change in Payment.** The right to make any change in payment is available only if the Payment Contract provides for a change in payment.

**Claims of Creditors.** To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

## GENERAL PROVISIONS

**Assigning Your Policy.** During the lifetime of the Insured, You may assign this policy as security for an obligation. We will not be bound by an assignment unless it is received In Writing at Our Home Office. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

**Incontestability.** We rely on the statements made in the application for the policy and any amendments of applications, supplemental applications, and applications for any reinstatements or increases in Specified Amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under the policy unless it is in such applications.

## GENERAL PROVISIONS (Cont'd)

Except as stated below, We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions:

1. We cannot contest any claim related to an increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years.
2. If this policy is reinstated, We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount for a 2-year period following the date of an increase or reinstatement solely on the basis of the information furnished in the application for such reinstatement or increase.

This 2-year limitation does not apply to benefits provided by any Disability or Accidental Death Benefit rider, or to the nonpayment of premium.

**Suicide Exclusion.** If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any loans and less any partial cash surrenders paid.

If there are any increases in the Specified Amount a new 2-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance associated with each increase. (See "Changing Your Insurance Policy".)

When the laws of the state in which this policy is delivered require less than this 2-year period, the period will be as stated in such laws.

**Age or Gender Incorrectly Stated (Age Incorrectly Stated if Issued on a Gender Neutral Basis).** If the: (1) age or gender of the Insured (if this policy was issued on a Sex Distinct basis); or (2) age of the Insured (if this policy was issued on a Gender Neutral basis) has been misstated to Us, We will adjust the excess of the Death Benefit Amount over the Accumulation Value on the date of death to that which would have been purchased by the Monthly Deduction for the policy month of death at the correct cost of insurance rate. By age, We mean age nearest birthday as of the Date of Issue.

**Statutory Basis of Policy Values.** The Cash Values of the policy are not less than the minimum values required by the law of the state where this policy is delivered.

The calculation of minimum Cash Values, nonforfeiture benefits and Guaranteed Monthly Cost of Insurance Rates are based on the Mortality Table shown on the Policy Schedule for the appropriate gender (if this policy was issued on a Sex Distinct basis) and age nearest birthday.

A detailed statement of the method of computing values has been filed with the state insurance department where required.

**No Dividends.** This policy will not pay dividends. It will not participate in any of Our surplus or earnings.

**Annual Report.** We will send You at least once a year, without charge, an annual report which shows the following:

1. Premiums paid; and
2. Expense charges deducted; and
3. Interest added to the Declared, Interim, and Index Interest Accounts credited to Your Accumulation Value; and

## GENERAL PROVISIONS (Cont'd)

4. The cost of insurance deducted; and
  5. Partial surrender benefits paid to You; and
  6. The amount of any outstanding loan; and
  7. The current Cash Surrender and Accumulation Values; and
  8. The Death Benefit Amount.
2. Evidence of insurability satisfactory to Us; and
  3. Payment of enough premium to keep the policy in force for three months; and
  4. Payment or reinstatement of any indebtedness.

The reinstated policy will be in force from the Monthly Deduction Day on or following the date We approve the reinstatement application.

**Illustration Request.** At any time while this policy is in force, the Owner may request from Us an illustration of policy values for the future. The values will be based on both guaranteed and then current assumptions. A reasonable fee, not to exceed \$50.00, may be charged for additional illustrations requested in a policy year.

The original "Table of Surrender Charges per \$1,000 of Specified Amount" will apply to a reinstated policy. The Accumulation Value at the time of reinstatement will be:

**When This Policy Terminates.** This policy will terminate if:

1. You request that this policy be terminated; or
2. The Insured dies; or
3. The policy matures; or
4. The Grace Period ends; and
  - a) There is insufficient Cash Surrender Value to cover a Monthly Deduction; and
  - b) The CG Account value is less than zero.

1. The surrender charge deducted at the time of lapse (such charge not being greater than the Accumulation Value at the time of lapse before the surrender charge was applied); plus
2. The Net Premium paid at reinstatement; plus
3. Any loan repaid or reinstated; less
4. The Monthly Deduction for one month.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to that rider.

**Reinstatement.** "Reinstating" means placing Your policy in force after it has terminated at the end of the Grace Period. We will reinstate this policy if We receive:

1. Your Written request within five years after the end of the Grace Period and before the Maturity Date; and

**Reinstatement of the Continuation Guarantee Account.** The policy will only be eligible for reinstatement with the CG Account if:

1. The policy and the CG Account were in force until the date of lapse; and
2. The policy was not surrendered for its Cash Surrender Value; and
3. We receive application for reinstatement within 90 days following termination of the policy.

## GENERAL PROVISIONS (Cont'd)

**Index Accounts After Reinstatement.** Unless the effective date of reinstatement is an Allocation Day, an Index Account will not be established until the first Allocation Day following reinstatement.

**Rates on Policy Anniversary Nearest Insured's 18th Birthday (For Insured's age 17 or Less on Date of Issue).** If the Insured's age, nearest birthday, is 17 or less on the Date of Issue of this policy, Tobacco rates will be used starting on the policy anniversary nearest the Insured's 18th birthday, except as follows. Prior to the anniversary nearest the Insured's 18th birthday, a Written statement, signed by the Owner may be submitted to the Company requesting that Non-Tobacco rates be made effective. The statement must include the date the Insured last used tobacco and/or other products that contain nicotine, or state that the Insured has never used tobacco and/or other products that contain nicotine, whichever applies. If the request is approved, Non-Tobacco rates will be made effective on the policy anniversary nearest the Insured's 18th birthday. Otherwise, Tobacco rates will apply. We will send a notice to the Owner at least 30 days prior to the policy anniversary nearest the Insured's 18th birthday that a request for Non-Tobacco rates may be submitted.

**Option to Extend Coverage.** You may elect to extend the Maturity Date stated on the Schedule Page (Maturity Date), as follows:

If the Insured is living on the Maturity Date, coverage will be continued until the date of death of the Insured.

To elect this option, You must submit a Written request to the Company on a form acceptable to Us, at least 30 days prior to the original Maturity Date.

Starting on the original Maturity Date:

1. The Death Benefit Amount for the base policy will be equal to the base policy Death Benefit Amount in effect on the day prior to the Maturity Date, and if based all, or in part, on the Accumulation Value, will be adjusted by future changes in the Accumulation Value. The Death Benefit Amount will never be less than the Accumulation Value;
2. Unless otherwise stated in a rider attached to this policy, coverage under any riders attached to this policy will not be extended;
3. No Monthly Deductions will be made;
4. New premium payments will not be accepted;
5. Interest on loans will continue to accrue in the same manner as stated in the "Policy Loans" provisions and You may repay all or part of a loan at any time as stated in the "Policy Loans" provisions; and
6. The Accumulation Value will continue to be determined as stated in this policy, subject to item 3 above.

After this option is selected, it may not be revoked.

**Changing or Discontinuing an Index.** If one of the indices is no longer published, or if the index cannot be used, We will adopt a published index that is similar. Our decision to discontinue the Index Interest option will apply to this policy only on an Allocation Day and will not affect Index Interest payable for any existing Index Account. We will notify You of any change.

## GENERAL PROVISIONS (Cont'd)

**Policy Changes and Extending Coverage.** We will not permit a change to Your policy that would result in the policy not meeting the definition of life insurance under Section 7702 of the Internal Revenue Code. The 2001 CSO Mortality Tables provide a stated termination date of age 121. The Option to Extend Coverage, described above, allows the policy to continue beyond age 121. The tax consequences of extending the Maturity Date beyond the age 121 termination date of the 2001 CSO Mortality Tables are unclear. You should consult Your personal tax advisor about the effect of any change to Your policy as it relates to Section 7702 and the termination date of the Mortality Tables.

**Rights Reserved By Us.** Upon notice to You, this policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this policy as life insurance.

When required by law, We will obtain Your approval of changes and We will obtain approval from any appropriate regulatory authority.

**Payment of Interest on Proceeds Not Paid Within 30 Days After Due Proof of Death is Furnished To The Company.** If proceeds under this policy, including the refund of any unearned premiums, are not paid within 30 days after due proof of death of the Insured has been furnished to the Company, We will pay interest on such proceeds at the rate of 8% per year from the date due proof of death is furnished to the date such proceeds are paid.

**THIS PAGE INTENTIONALLY LEFT BLANK**

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>
18	\$0.07670	\$0.03500	70	\$2.03499	\$1.41458
19	0.07837	0.03750	71	2.23719	1.55051
20	0.07920	0.03750	72	2.50360	1.70286
21	0.07920	0.03834	73	2.78562	1.86832
22	0.07920	0.04001	74	3.08341	2.05040
23	0.08004	0.04001	75	3.41023	2.25263
24	0.08087	0.04167	76	3.76819	2.47520
25	0.08171	0.04167	77	4.18586	2.72084
26	0.08504	0.04417	78	4.67661	2.99326
27	0.08921	0.04751	79	5.24716	3.28838
28	0.08754	0.04834	80	5.87410	3.61957
29	0.08588	0.05168	81	6.59415	4.07157
30	0.08504	0.05335	82	7.35120	4.58457
31	0.08421	0.05668	83	8.17591	5.09923
32	0.08421	0.06002	84	9.09943	5.67203
33	0.08671	0.06335	85	10.14421	6.32232
34	0.08838	0.06836	86	11.31891	6.91704
35	0.09088	0.07420	87	12.62238	7.82099
36	0.09589	0.07920	88	14.04387	8.77667
37	0.10006	0.08588	89	15.57220	9.80858
38	0.10757	0.08921	90	17.19963	10.77196
39	0.11425	0.09422	91	18.76183	11.26394
40	0.12176	0.10006	92	20.42406	12.24075
41	0.13177	0.10590	93	22.21645	13.71292
42	0.14430	0.11258	94	24.15513	15.61194
43	0.15849	0.12092	95	26.24420	18.02150
44	0.17519	0.13094	96	28.20560	20.38072
45	0.19441	0.14263	97	30.35199	22.88571
46	0.21279	0.15599	98	32.70866	23.32307
47	0.23285	0.17269	99	35.30337	24.80448
48	0.24455	0.19107	100	38.17511	27.21527
49	0.25793	0.21112	101	40.53000	29.86914
50	0.27716	0.23452	102	43.11768	32.93819
51	0.29974	0.26044	103	45.96629	36.42323
52	0.33070	0.28971	104	49.11195	40.44484
53	0.36419	0.32150	105	52.54884	45.03306
54	0.40690	0.35498	106	56.37067	50.02474
55	0.45970	0.39099	107	60.64049	55.47971
56	0.51337	0.43288	108	65.43820	61.36385
57	0.57128	0.47647	109	70.86239	67.97906
58	0.62083	0.52344	110	77.04001	75.34512
59	0.67797	0.57044	111	77.63548	76.08958
60	0.74694	0.61915	112	78.23803	76.84528
61	0.83113	0.67209	113	78.84780	77.61249
62	0.93397	0.73011	114	79.46491	78.39150
63	1.04962	0.78987	115	80.08952	79.18259
64	1.17137	0.85472	116	80.72176	79.98606
65	1.30008	0.92638	117	81.36180	80.80223
66	1.43071	1.00571	118	82.00977	81.63142
67	1.56326	1.09272	119	82.66585	82.47396
68	1.70627	1.18998	120	83.33000	83.33000
69	1.85466	1.29669			

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON CASH VALUE ACCUMULATION TEST**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
18	8.8382	10.2868	70	1.6687	1.8539
19	8.5573	9.9283	71	1.6289	1.8068
20	8.2845	9.5833	72	1.5907	1.7616
21	8.0190	9.2489	73	1.5546	1.7185
22	7.7601	8.9256	74	1.5204	1.6772
23	7.5078	8.6137	75	1.4877	1.6376
24	7.2624	8.3114	76	1.4567	1.5998
25	7.0239	8.0198	77	1.4270	1.5636
26	6.7921	7.7373	78	1.3989	1.5290
27	6.5679	7.4652	79	1.3724	1.4959
28	6.3515	7.2035	80	1.3475	1.4641
29	6.1402	6.9503	81	1.3242	1.4337
30	5.9340	6.7067	82	1.3025	1.4052
31	5.7333	6.4713	83	1.2821	1.3784
32	5.5381	6.2446	84	1.2630	1.3531
33	5.3485	6.0262	85	1.2450	1.3292
34	5.1650	5.8156	86	1.2283	1.3066
35	4.9874	5.6131	87	1.2129	1.2847
36	4.8155	5.4184	88	1.1986	1.2645
37	4.6497	5.2309	89	1.1854	1.2456
38	4.4896	5.0507	90	1.1732	1.2278
39	4.3355	4.8766	91	1.1619	1.2106
40	4.1869	4.7087	92	1.1509	1.1922
41	4.0438	4.5469	93	1.1401	1.1733
42	3.9061	4.3908	94	1.1290	1.1544
43	3.7739	4.2404	95	1.1173	1.1356
44	3.6470	4.0956	96	1.1042	1.1164
45	3.5253	3.9564	97	1.0883	1.0955
46	3.4088	3.8226	98	1.0679	1.0712
47	3.2969	3.6941	99	1.0400	1.0400
48	3.1894	3.5709	100	1.0000	1.0000
49	3.0855	3.4528	101	1.0000	1.0000
50	2.9850	3.3397	102	1.0000	1.0000
51	2.8882	3.2314	103	1.0000	1.0000
52	2.7950	3.1277	104	1.0000	1.0000
53	2.7057	3.0286	105	1.0000	1.0000
54	2.6200	2.9338	106	1.0000	1.0000
55	2.5381	2.8430	107	1.0000	1.0000
56	2.4601	2.7562	108	1.0000	1.0000
57	2.3856	2.6731	109	1.0000	1.0000
58	2.3144	2.5937	110	1.0000	1.0000
59	2.2460	2.5176	111	1.0000	1.0000
60	2.1802	2.4446	112	1.0000	1.0000
61	2.1173	2.3745	113	1.0000	1.0000
62	2.0572	2.3071	114	1.0000	1.0000
63	2.0001	2.2424	115	1.0000	1.0000
64	1.9459	2.1802	116	1.0000	1.0000
65	1.8944	2.1203	117	1.0000	1.0000
66	1.8454	2.0627	118	1.0000	1.0000
67	1.7985	2.0073	119	1.0000	1.0000
68	1.7535	1.9541	120	1.0000	1.0000
69	1.7103	1.9030			

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>
0	\$0.08087	\$0.04001	60	\$1.36961	\$1.17306
1	0.04668	0.02917	61	1.50971	1.26704
2	0.03250	0.02166	62	1.67901	1.37300
3	0.02250	0.01666	63	1.86747	1.47912
4	0.01750	0.01583	64	2.06067	1.59133
5	0.01750	0.01500	65	2.25178	1.71394
6	0.01833	0.01500	66	2.43648	1.84442
7	0.01833	0.01750	67	2.61646	1.99137
8	0.01833	0.01750	68	2.80636	2.15316
9	0.01916	0.01750	69	2.99499	2.32904
10	0.01916	0.01833	70	3.22406	2.52598
11	0.02250	0.01916	71	3.47559	2.75106
12	0.02750	0.02250	72	3.81896	3.00019
13	0.03250	0.02500	73	4.16563	3.26925
14	0.03917	0.02750	74	4.51739	3.56544
15	0.05085	0.02917	75	4.92848	3.86451
16	0.06169	0.03250	76	5.36857	4.19202
17	0.07253	0.03417	77	5.88039	4.54567
18	0.09255	0.04167	78	6.47624	4.92848
19	0.10089	0.04501	79	7.15987	5.34445
20	0.10590	0.04834	80	7.89664	5.79500
21	0.11091	0.05085	81	8.73001	6.43366
22	0.11675	0.05418	82	9.57996	7.13336
23	0.12176	0.05585	83	10.48131	7.82099
24	0.12844	0.06002	84	11.47340	8.56690
25	0.13595	0.06419	85	12.65672	9.32569
26	0.14263	0.06752	86	13.97298	9.96389
27	0.15098	0.07253	87	15.41343	10.98682
28	0.15181	0.07670	88	16.95661	12.02143
29	0.15098	0.08254	89	18.58588	13.07590
30	0.15014	0.08588	90	20.28329	13.93905
31	0.15014	0.09338	91	21.84585	14.12783
32	0.15181	0.09923	92	23.47278	14.90372
33	0.15599	0.10674	93	25.19045	16.17044
34	0.16183	0.11592	94	27.01232	17.81679
35	0.16684	0.12760	95	29.07896	20.37422
36	0.17603	0.13762	96	30.94917	22.78736
37	0.18605	0.14931	97	32.96994	25.28839
38	0.20026	0.15682	98	35.16089	25.41070
39	0.21446	0.16684	99	37.54290	26.66310
40	0.23118	0.17686	100	40.13846	28.86393
41	0.25291	0.18856	101	42.16118	31.28428
42	0.27800	0.20276	102	44.35044	34.03663
43	0.30811	0.21947	103	46.71561	37.09877
44	0.34410	0.23870	104	49.28153	40.55794
45	0.38177	0.26127	105	52.71442	45.14543
46	0.41696	0.28636	106	56.53232	50.13484
47	0.45635	0.31815	107	60.80009	55.58907
48	0.47814	0.35749	108	65.59222	61.47237
49	0.50330	0.40188	109	71.01473	68.08690
50	0.53938	0.45048	110	77.18885	75.45232
51	0.58219	0.50330	111	77.77101	76.18750
52	0.64099	0.56120	112	78.35992	76.93363
53	0.70740	0.62251	113	78.95572	77.69097
54	0.79071	0.68974	114	79.55852	78.45980
55	0.88507	0.76041	115	80.16846	79.24039
56	0.98122	0.83619	116	80.78569	80.03303
57	1.08342	0.91711	117	81.41032	80.83801
58	1.16375	0.99557	118	82.04252	81.65565
59	1.25687	1.08257	119	82.68243	82.48627
			120	83.33000	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON CASH VALUE ACCUMULATION TEST**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>
0	13.5012	15.7623	60	1.9296	2.0818
1	13.1347	15.2598	61	1.8821	2.0306
2	12.7124	14.7434	62	1.8369	1.9814
3	12.2772	14.2251	63	1.7942	1.9342
4	11.8395	13.7128	64	1.7540	1.8889
5	11.4091	13.2160	65	1.7160	1.8452
6	10.9933	12.7345	66	1.6798	1.8033
7	10.5928	12.2696	67	1.6452	1.7628
8	10.2060	11.8245	68	1.6118	1.7240
9	9.8325	11.3945	69	1.5795	1.6867
10	9.4728	10.9792	70	1.5481	1.6509
11	9.1254	10.5792	71	1.5178	1.6166
12	8.7929	10.1938	72	1.4885	1.5838
13	8.4756	9.8251	73	1.4607	1.5526
14	8.1724	9.4712	74	1.4342	1.5229
15	7.8835	9.1314	75	1.4087	1.4946
16	7.6109	8.8041	76	1.3844	1.4675
17	7.3525	8.4903	77	1.3610	1.4415
18	7.1073	8.1878	78	1.3388	1.4167
19	6.8785	7.9000	79	1.3178	1.3929
20	6.6593	7.6233	80	1.2981	1.3700
21	6.4475	7.3572	81	1.2796	1.3480
22	6.2427	7.1005	82	1.2624	1.3276
23	6.0450	6.8534	83	1.2461	1.3088
24	5.8537	6.6146	84	1.2307	1.2912
25	5.6690	6.3848	85	1.2161	1.2747
26	5.4909	6.1637	86	1.2025	1.2591
27	5.3187	5.9504	87	1.1899	1.2438
28	5.1526	5.7451	88	1.1784	1.2297
29	4.9904	5.5473	89	1.1678	1.2167
30	4.8317	5.3569	90	1.1580	1.2044
31	4.6766	5.1730	91	1.1490	1.1921
32	4.5253	4.9963	92	1.1402	1.1779
33	4.3780	4.8260	93	1.1314	1.1625
34	4.2351	4.6622	94	1.1221	1.1465
35	4.0966	4.5047	95	1.1121	1.1297
36	3.9624	4.3537	96	1.1006	1.1125
37	3.8328	4.2084	97	1.0863	1.0933
38	3.7076	4.0688	98	1.0671	1.0705
39	3.5872	3.9338	99	1.0400	1.0400
40	3.4711	3.8037	100	1.0000	1.0000
41	3.3594	3.6782	101	1.0000	1.0000
42	3.2522	3.5572	102	1.0000	1.0000
43	3.1495	3.4407	103	1.0000	1.0000
44	3.0513	3.3286	104	1.0000	1.0000
45	2.9576	3.2209	105	1.0000	1.0000
46	2.8682	3.1175	106	1.0000	1.0000
47	2.7824	3.0184	107	1.0000	1.0000
48	2.7002	2.9236	108	1.0000	1.0000
49	2.6204	2.8332	109	1.0000	1.0000
50	2.5430	2.7471	110	1.0000	1.0000
51	2.4684	2.6652	111	1.0000	1.0000
52	2.3965	2.5871	112	1.0000	1.0000
53	2.3278	2.5129	113	1.0000	1.0000
54	2.2621	2.4422	114	1.0000	1.0000
55	2.1997	2.3748	115	1.0000	1.0000
56	2.1406	2.3107	116	1.0000	1.0000
57	2.0844	2.2495	117	1.0000	1.0000
58	2.0309	2.1912	118	1.0000	1.0000
59	1.9793	2.1353	119	1.0000	1.0000
			120	1.0000	1.0000

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>
18	\$0.06836	70	\$1.90504
19	0.07003	71	2.09234
20	0.07086	72	2.33419
21	0.07086	73	2.58973
22	0.07170	74	2.86082
23	0.07170	75	3.15804
24	0.07336	76	3.48344
25	0.07336	77	3.85838
26	0.07670	78	4.29504
27	0.08087	79	4.79623
28	0.08004	80	5.34445
29	0.07920	81	5.98839
30	0.07837	82	6.67043
31	0.07837	83	7.39887
32	0.07920	84	8.20834
33	0.08171	85	9.11818
34	0.08421	86	10.09482
35	0.08754	87	11.23310
36	0.09255	88	12.45482
37	0.09756	89	13.75172
38	0.10423	90	15.06752
39	0.11007	91	16.13554
40	0.11758	92	17.38187
41	0.12677	93	18.85739
42	0.13762	94	20.57377
43	0.15098	95	22.59882
44	0.16601	96	24.55392
45	0.18438	97	26.70183
46	0.20109	98	27.88682
47	0.22115	99	29.59716
48	0.23368	100	31.84721
49	0.24873	101	34.04178
50	0.26880	102	36.60255
51	0.29222	103	39.60096
52	0.32234	104	43.12057
53	0.35582	105	47.20894
54	0.39685	106	51.76130
55	0.44629	107	56.82753
56	0.49743	108	62.38781
57	0.55197	109	68.68355
58	0.60151	110	75.75322
59	0.65612	111	76.46225
60	0.72086	112	77.18143
61	0.79913	113	77.91101
62	0.89265	114	78.65122
63	0.99726	115	79.40231
64	1.10709	116	80.16453
65	1.22384	117	80.93815
66	1.34332	118	81.72344
67	1.46638	119	82.52069
68	1.59984	120	83.33000
69	1.73865		

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON CASH VALUE ACCUMULATION TEST**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>
18	9.0929	70	1.7042
19	8.7990	71	1.6632
		72	1.6240
20	8.5140	73	1.5868
21	8.2369	74	1.5515
22	7.9670		
23	7.7048	75	1.5178
24	7.4495	76	1.4858
		77	1.4552
25	7.2021	78	1.4262
26	6.9614	79	1.3987
27	6.7289		
28	6.5047	80	1.3729
29	6.2863	81	1.3486
		82	1.3260
30	6.0736	83	1.3048
31	5.8667	84	1.2849
32	5.6658		
33	5.4710	85	1.2662
34	5.2827	86	1.2487
		87	1.2324
35	5.1006	88	1.2173
36	4.9246	89	1.2033
37	4.7549		
38	4.5912	90	1.1903
39	4.4336	91	1.1780
		92	1.1654
40	4.2816	93	1.1525
41	4.1351	94	1.1392
42	3.9941		
43	3.8586	95	1.1251
44	3.7285	96	1.1097
		97	1.0918
45	3.6037	98	1.0696
46	3.4841	99	1.0400
47	3.3693		
48	3.2591	100	1.0000
49	3.1526	101	1.0000
		102	1.0000
50	3.0499	103	1.0000
51	2.9510	104	1.0000
52	2.8559		
53	2.7648	105	1.0000
54	2.6774	106	1.0000
		107	1.0000
55	2.5940	108	1.0000
56	2.5144	109	1.0000
57	2.4383		
58	2.3657	110	1.0000
59	2.2959	111	1.0000
		112	1.0000
60	2.2289	113	1.0000
61	2.1646	114	1.0000
62	2.1033		
63	2.0449	115	1.0000
64	1.9894	116	1.0000
		117	1.0000
65	1.9365	118	1.0000
66	1.8860	119	1.0000
67	1.8378		
68	1.7915	120	1.0000
69	1.7470		

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>
0	\$0.07253	60	\$1.32975
1	0.04334	61	1.46043
2	0.03000	62	1.61601
3	0.02166	63	1.78811
4	0.01750	64	1.96401
5	0.01666	65	2.14031
6	0.01750	66	2.31272
7	0.01833	67	2.48552
8	0.01833	68	2.66906
9	0.01916	69	2.85391
10	0.01916	70	3.07474
11	0.02166	71	3.31970
12	0.02667	72	3.64141
13	0.03083	73	3.96972
14	0.03667	74	4.30737
15	0.04668	75	4.69166
16	0.05585	76	5.10457
17	0.06502	77	5.57701
18	0.08254	78	6.11998
19	0.09005	79	6.73496
20	0.09422	80	7.39612
21	0.09923	81	8.17220
22	0.10423	82	8.97297
23	0.10840	83	9.80574
24	0.11508	84	10.71738
25	0.12176	85	11.76585
26	0.12760	86	12.86603
27	0.13511	87	14.14584
28	0.13678	88	15.48667
29	0.13762	89	16.87267
30	0.13762	90	18.21409
31	0.13929	91	19.18423
32	0.14096	92	20.32874
33	0.14597	93	21.66066
34	0.15265	94	23.17701
35	0.15933	95	25.22500
36	0.16851	96	27.13615
37	0.17854	97	29.20486
38	0.19190	98	30.13226
39	0.20527	99	31.60457
40	0.22031	100	33.62822
41	0.24037	101	35.54445
42	0.26294	102	37.78007
43	0.29054	103	40.33887
44	0.32317	104	43.29532
45	0.35749	105	47.37153
46	0.39099	106	51.91401
47	0.42869	107	56.96954
48	0.45383	108	62.52336
49	0.48318	109	68.81212
50	0.52176	110	75.87388
51	0.56624	111	76.57238
52	0.62503	112	77.28073
53	0.69058	113	77.99915
54	0.77051	114	78.72786
55	0.85978	115	79.46711
56	0.95169	116	80.21714
57	1.04962	117	80.97819
58	1.12992	118	81.75054
59	1.22130	119	82.53445
		120	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON CASH VALUE ACCUMULATION TEST**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	13.8928	60	1.9588
1	13.5038	61	1.9106
2	13.0659	62	1.8647
3	12.6159	63	1.8212
4	12.1659	64	1.7801
5	11.7243	65	1.7412
6	11.2966	66	1.7041
7	10.8846	67	1.6685
8	10.4878	68	1.6342
9	10.1047	69	1.6010
10	9.7355	70	1.5689
11	9.3791	71	1.5379
12	9.0373	72	1.5081
13	8.7111	73	1.4797
14	8.3990	74	1.4527
15	8.1012	75	1.4268
16	7.8194	76	1.4021
17	7.5516	77	1.3784
18	7.2968	78	1.3558
19	7.0583	79	1.3345
20	6.8295	80	1.3144
21	6.6085	81	1.2954
22	6.3951	82	1.2778
23	6.1890	83	1.2613
24	5.9896	84	1.2457
25	5.7973	85	1.2310
26	5.6119	86	1.2173
27	5.4326	87	1.2045
28	5.2597	88	1.1929
29	5.0914	89	1.1822
30	4.9273	90	1.1724
31	4.7672	91	1.1631
32	4.6115	92	1.1533
33	4.4601	93	1.1429
34	4.3134	94	1.1318
35	4.1716	95	1.1196
36	4.0344	96	1.1060
37	3.9019	97	1.0896
38	3.7741	98	1.0688
39	3.6511	99	1.0400
40	3.5326	100	1.0000
41	3.4184	101	1.0000
42	3.3088	102	1.0000
43	3.2036	103	1.0000
44	3.1029	104	1.0000
45	3.0067	105	1.0000
46	2.9148	106	1.0000
47	2.8266	107	1.0000
48	2.7422	108	1.0000
49	2.6605	109	1.0000
50	2.5816	110	1.0000
51	2.5056	111	1.0000
52	2.4326	112	1.0000
53	2.3629	113	1.0000
54	2.2963	114	1.0000
55	2.2330	115	1.0000
56	2.1730	116	1.0000
57	2.1158	117	1.0000
58	2.0615	118	1.0000
59	2.0091	119	1.0000
		120	1.0000

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>
18	\$0.07670	\$0.03500	70	\$2.03499	\$1.41458
19	0.07837	0.03750	71	2.23719	1.55051
20	0.07920	0.03750	72	2.50360	1.70286
21	0.07920	0.03834	73	2.78562	1.86832
22	0.07920	0.04001	74	3.08341	2.05040
23	0.08004	0.04001	75	3.41023	2.25263
24	0.08087	0.04167	76	3.76819	2.47520
25	0.08171	0.04167	77	4.18586	2.72084
26	0.08504	0.04417	78	4.67661	2.99326
27	0.08921	0.04751	79	5.24716	3.28838
28	0.08754	0.04834	80	5.87410	3.61957
29	0.08588	0.05168	81	6.59415	4.07157
30	0.08504	0.05335	82	7.35120	4.58457
31	0.08421	0.05668	83	8.17591	5.09923
32	0.08421	0.06002	84	9.09943	5.67203
33	0.08671	0.06335	85	10.14421	6.32232
34	0.08838	0.06836	86	11.31891	6.91704
35	0.09088	0.07420	87	12.62238	7.82099
36	0.09589	0.07920	88	14.04387	8.77667
37	0.10006	0.08588	89	15.57220	9.80858
38	0.10757	0.08921	90	17.19963	10.77196
39	0.11425	0.09422	91	18.76183	11.26394
40	0.12176	0.10006	92	20.42406	12.24075
41	0.13177	0.10590	93	22.21645	13.71292
42	0.14430	0.11258	94	24.15513	15.61194
43	0.15849	0.12092	95	26.24420	18.02150
44	0.17519	0.13094	96	28.20560	20.38072
45	0.19441	0.14263	97	30.35199	22.88571
46	0.21279	0.15599	98	32.70866	23.32307
47	0.23285	0.17269	99	35.30337	24.80448
48	0.24455	0.19107	100	38.17511	27.21527
49	0.25793	0.21112	101	40.53000	29.86914
50	0.27716	0.23452	102	43.11768	32.93819
51	0.29974	0.26044	103	45.96629	36.42323
52	0.33070	0.28971	104	49.11195	40.44484
53	0.36419	0.32150	105	52.54884	45.03306
54	0.40690	0.35498	106	56.37067	50.02474
55	0.45970	0.39099	107	60.64049	55.47971
56	0.51337	0.43288	108	65.43820	61.36385
57	0.57128	0.47647	109	70.86239	67.97906
58	0.62083	0.52344	110	77.04001	75.34512
59	0.67797	0.57044	111	77.63548	76.08958
60	0.74694	0.61915	112	78.23803	76.84528
61	0.83113	0.67209	113	78.84780	77.61249
62	0.93397	0.73011	114	79.46491	78.39150
63	1.04962	0.78987	115	80.08952	79.18259
64	1.17137	0.85472	116	80.72176	79.98606
65	1.30008	0.92638	117	81.36180	80.80223
66	1.43071	1.00571	118	82.00977	81.63142
67	1.56326	1.09272	119	82.66585	82.47396
68	1.70627	1.18998	120	83.33000	83.33000
69	1.85466	1.29669			

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON GUIDELINE PREMIUM**

<b>ATTAINED AGE</b>	<b>RATE</b>	<b>ATTAINED AGE</b>	<b>RATE</b>
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>MALE</b>	<b>FEMALE</b>
0	\$0.08087	\$0.04001	60	\$1.36961	\$1.17306
1	0.04668	0.02917	61	1.50971	1.26704
2	0.03250	0.02166	62	1.67901	1.37300
3	0.02250	0.01666	63	1.86747	1.47912
4	0.01750	0.01583	64	2.06067	1.59133
5	0.01750	0.01500	65	2.25178	1.71394
6	0.01833	0.01500	66	2.43648	1.84442
7	0.01833	0.01750	67	2.61646	1.99137
8	0.01833	0.01750	68	2.80636	2.15316
9	0.01916	0.01750	69	2.99499	2.32904
10	0.01916	0.01833	70	3.22406	2.52598
11	0.02250	0.01916	71	3.47559	2.75106
12	0.02750	0.02250	72	3.81896	3.00019
13	0.03250	0.02500	73	4.16563	3.26925
14	0.03917	0.02750	74	4.51739	3.56544
15	0.05085	0.02917	75	4.92848	3.86451
16	0.06169	0.03250	76	5.36857	4.19202
17	0.07253	0.03417	77	5.88039	4.54567
18	0.09255	0.04167	78	6.47624	4.92848
19	0.10089	0.04501	79	7.15987	5.34445
20	0.10590	0.04834	80	7.89664	5.79500
21	0.11091	0.05085	81	8.73001	6.43366
22	0.11675	0.05418	82	9.57996	7.13336
23	0.12176	0.05585	83	10.48131	7.82099
24	0.12844	0.06002	84	11.47340	8.56690
25	0.13595	0.06419	85	12.65672	9.32569
26	0.14263	0.06752	86	13.97298	9.96389
27	0.15098	0.07253	87	15.41343	10.98682
28	0.15181	0.07670	88	16.95661	12.02143
29	0.15098	0.08254	89	18.58588	13.07590
30	0.15014	0.08588	90	20.28329	13.93905
31	0.15014	0.09338	91	21.84585	14.12783
32	0.15181	0.09923	92	23.47278	14.90372
33	0.15599	0.10674	93	25.19045	16.17044
34	0.16183	0.11592	94	27.01232	17.81679
35	0.16684	0.12760	95	29.07896	20.37422
36	0.17603	0.13762	96	30.94917	22.78736
37	0.18605	0.14931	97	32.96994	25.28839
38	0.20026	0.15682	98	35.16089	25.41070
39	0.21446	0.16684	99	37.54290	26.66310
40	0.23118	0.17686	100	40.13846	28.86393
41	0.25291	0.18856	101	42.16118	31.28428
42	0.27800	0.20276	102	44.35044	34.03663
43	0.30811	0.21947	103	46.71561	37.09877
44	0.34410	0.23870	104	49.28153	40.55794
45	0.38177	0.26127	105	52.71442	45.14543
46	0.41696	0.28636	106	56.53232	50.13484
47	0.45635	0.31815	107	60.80009	55.58907
48	0.47814	0.35749	108	65.59222	61.47237
49	0.50330	0.40188	109	71.01473	68.08690
50	0.53938	0.45048	110	77.18885	75.45232
51	0.58219	0.50330	111	77.77101	76.18750
52	0.64099	0.56120	112	78.35992	76.93363
53	0.70740	0.62251	113	78.95572	77.69097
54	0.79071	0.68974	114	79.55852	78.45980
55	0.88507	0.76041	115	80.16846	79.24039
56	0.98122	0.83619	116	80.78569	80.03303
57	1.08342	0.91711	117	81.41032	80.83801
58	1.16375	0.99557	118	82.04252	81.65565
59	1.25687	1.08257	119	82.68243	82.48627
			120	83.33000	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON GUIDELINE PREMIUM**

<b>ATTAINED AGE</b>	<b>RATE</b>	<b>ATTAINED AGE</b>	<b>RATE</b>
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>
18	\$0.06836	70	\$1.90504
19	0.07003	71	2.09234
20	0.07086	72	2.33419
21	0.07086	73	2.58973
22	0.07170	74	2.86082
23	0.07170	75	3.15804
24	0.07336	76	3.48344
25	0.07336	77	3.85838
26	0.07670	78	4.29504
27	0.08087	79	4.79623
28	0.08004	80	5.34445
29	0.07920	81	5.98839
30	0.07837	82	6.67043
31	0.07837	83	7.39887
32	0.07920	84	8.20834
33	0.08171	85	9.11818
34	0.08421	86	10.09482
35	0.08754	87	11.23310
36	0.09255	88	12.45482
37	0.09756	89	13.75172
38	0.10423	90	15.06752
39	0.11007	91	16.13554
40	0.11758	92	17.38187
41	0.12677	93	18.85739
42	0.13762	94	20.57377
43	0.15098	95	22.59882
44	0.16601	96	24.55392
45	0.18438	97	26.70183
46	0.20109	98	27.88682
47	0.22115	99	29.59716
48	0.23368	100	31.84721
49	0.24873	101	34.04178
50	0.26880	102	36.60255
51	0.29222	103	39.60096
52	0.32234	104	43.12057
53	0.35582	105	47.20894
54	0.39685	106	51.76130
55	0.44629	107	56.82753
56	0.49743	108	62.38781
57	0.55197	109	68.68355
58	0.60151	110	75.75322
59	0.65612	111	76.46225
60	0.72086	112	77.18143
61	0.79913	113	77.91101
62	0.89265	114	78.65122
63	0.99726	115	79.40231
64	1.10709	116	80.16453
65	1.22384	117	80.93815
66	1.34332	118	81.72344
67	1.46638	119	82.52069
68	1.59984	120	83.33000
69	1.73865		

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON GUIDELINE PREMIUM**

<b>ATTAINED AGE</b>	<b>RATE</b>	<b>ATTAINED AGE</b>	<b>RATE</b>
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>	<b>ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)</b>	<b>RATE</b>
0	\$0.07253	60	\$1.32975
1	0.04334	61	1.46043
2	0.03000	62	1.61601
3	0.02166	63	1.78811
4	0.01750	64	1.96401
5	0.01666	65	2.14031
6	0.01750	66	2.31272
7	0.01833	67	2.48552
8	0.01833	68	2.66906
9	0.01916	69	2.85391
10	0.01916	70	3.07474
11	0.02166	71	3.31970
12	0.02667	72	3.64141
13	0.03083	73	3.96972
14	0.03667	74	4.30737
15	0.04668	75	4.69166
16	0.05585	76	5.10457
17	0.06502	77	5.57701
18	0.08254	78	6.11998
19	0.09005	79	6.73496
20	0.09422	80	7.39612
21	0.09923	81	8.17220
22	0.10423	82	8.97297
23	0.10840	83	9.80574
24	0.11508	84	10.71738
25	0.12176	85	11.76585
26	0.12760	86	12.86603
27	0.13511	87	14.14584
28	0.13678	88	15.48667
29	0.13762	89	16.87267
30	0.13762	90	18.21409
31	0.13929	91	19.18423
32	0.14096	92	20.32874
33	0.14597	93	21.66066
34	0.15265	94	23.17701
35	0.15933	95	25.22500
36	0.16851	96	27.13615
37	0.17854	97	29.20486
38	0.19190	98	30.13226
39	0.20527	99	31.60457
40	0.22031	100	33.62822
41	0.24037	101	35.54445
42	0.26294	102	37.78007
43	0.29054	103	40.33887
44	0.32317	104	43.29532
45	0.35749	105	47.37153
46	0.39099	106	51.91401
47	0.42869	107	56.96954
48	0.45383	108	62.52336
49	0.48318	109	68.81212
50	0.52176	110	75.87388
51	0.56624	111	76.57238
52	0.62503	112	77.28073
53	0.69058	113	77.99915
54	0.77051	114	78.72786
55	0.85978	115	79.46711
56	0.95169	116	80.21714
57	1.04962	117	80.97819
58	1.12992	118	81.75054
59	1.22130	119	82.53445
		120	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES  
BASED ON GUIDELINE PREMIUM**

<b>ATTAINED AGE</b>	<b>RATE</b>	<b>ATTAINED AGE</b>	<b>RATE</b>
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

**TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS**

<b>OPTION 1 TABLE</b>							
<b>INSTALLMENTS FOR A SPECIFIED PERIOD</b>							
<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

<b>OPTION 3 TABLE</b>							
<b>INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD</b>							
<b>AGE OF PAYEE</b>	<b>GUARANTEED PERIOD</b>			<b>AGE OF PAYEE</b>	<b>GUARANTEED PERIOD</b>		
<b>Female</b>	<b>10 Years</b>	<b>15 Years</b>	<b>20 Years</b>	<b>Female</b>	<b>10 Years</b>	<b>15 Years</b>	<b>20 Years</b>

10	\$2.11	\$2.11	\$2.11	50	\$3.12	\$3.11	\$3.09
11	2.13	2.13	2.12	51	3.18	3.16	3.14
12	2.14	2.14	2.14	52	3.23	3.22	3.19
13	2.15	2.15	2.15	53	3.29	3.27	3.24
14	2.16	2.16	2.16	54	3.35	3.33	3.30
15	2.18	2.18	2.17	55	3.41	3.39	3.36
16	2.19	2.19	2.19	56	3.48	3.46	3.41
17	2.20	2.20	2.20	57	3.55	3.52	3.48
18	2.22	2.22	2.22	58	3.63	3.59	3.54
19	2.23	2.23	2.23	59	3.70	3.67	3.60
20	2.25	2.25	2.25	60	3.79	3.74	3.67
21	2.27	2.26	2.26	61	3.87	3.82	3.74
22	2.28	2.28	2.28	62	3.97	3.91	3.81
23	2.30	2.30	2.30	63	4.06	4.00	3.88
24	2.32	2.32	2.31	64	4.17	4.09	3.96
25	2.33	2.33	2.33	65	4.28	4.18	4.03
26	2.35	2.35	2.35	66	4.39	4.28	4.11
27	2.37	2.37	2.37	67	4.51	4.39	4.18
28	2.39	2.39	2.39	68	4.64	4.49	4.26
29	2.41	2.41	2.41	69	4.77	4.60	4.33
30	2.44	2.43	2.43	70	4.92	4.71	4.41
31	2.46	2.46	2.46	71	5.07	4.83	4.48
32	2.48	2.48	2.48	72	5.22	4.94	4.54
33	2.51	2.50	2.50	73	5.39	5.06	4.61
34	2.53	2.53	2.53	74	5.56	5.18	4.67
35	2.56	2.56	2.55	75	5.74	5.29	4.72
36	2.59	2.58	2.58	76	5.92	5.40	4.77
37	2.61	2.61	2.61	77	6.11	5.51	4.81
38	2.64	2.64	2.64	78	6.31	5.62	4.85
39	2.68	2.67	2.67	79	6.51	5.72	4.89
40	2.71	2.70	2.70	80	6.71	5.81	4.92
41	2.74	2.74	2.73	81	6.91	5.89	4.94
42	2.78	2.77	2.77	82	7.11	5.97	4.96
43	2.81	2.81	2.80	83	7.31	6.04	4.98
44	2.85	2.85	2.84	84	7.50	6.10	5.00
45	2.89	2.89	2.88	85	7.68	6.16	5.01
46	2.93	2.93	2.92	86	7.85	6.21	5.02
47	2.98	2.97	2.96	87	8.01	6.25	5.03
48	3.02	3.02	3.00	88	8.16	6.28	5.03
49	3.07	3.06	3.05	89	8.30	6.31	5.04
				90	8.42	6.34	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

**TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS**

<b>OPTION 1 TABLE</b>							
<b>INSTALLMENTS FOR A SPECIFIED PERIOD</b>							
<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

<b>OPTION 3 TABLE</b>							
<b>INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD</b>							
<b>AGE OF PAYEE</b>	<b>GUARANTEED PERIOD</b>			<b>AGE OF PAYEE</b>	<b>GUARANTEED PERIOD</b>		
<b>Male</b>	<b>10 Years</b>	<b>15 Years</b>	<b>20 Years</b>	<b>Male</b>	<b>10 Years</b>	<b>15 Years</b>	<b>20 Years</b>

10	\$2.17	\$2.17	\$2.16	50	\$3.31	\$3.29	\$3.25
11	2.18	2.18	2.18	51	3.37	3.35	3.31
12	2.19	2.19	2.19	52	3.43	3.41	3.36
13	2.21	2.21	2.20	53	3.50	3.47	3.42
14	2.22	2.22	2.22	54	3.57	3.53	3.47
15	2.24	2.23	2.23	55	3.64	3.60	3.53
16	2.25	2.25	2.25	56	3.72	3.67	3.60
17	2.27	2.26	2.26	57	3.80	3.74	3.66
18	2.28	2.28	2.28	58	3.88	3.82	3.72
19	2.30	2.30	2.29	59	3.97	3.90	3.79
20	2.32	2.31	2.31	60	4.06	3.98	3.86
21	2.33	2.33	2.33	61	4.16	4.07	3.92
22	2.35	2.35	2.35	62	4.26	4.16	3.99
23	2.37	2.37	2.37	63	4.37	4.25	4.06
24	2.39	2.39	2.39	64	4.49	4.34	4.13
25	2.41	2.41	2.41	65	4.61	4.44	4.20
26	2.43	2.43	2.43	66	4.73	4.54	4.27
27	2.45	2.45	2.45	67	4.86	4.64	4.34
28	2.48	2.47	2.47	68	5.00	4.75	4.40
29	2.50	2.50	2.49	69	5.14	4.85	4.47
30	2.52	2.52	2.52	70	5.29	4.95	4.53
31	2.55	2.55	2.54	71	5.44	5.06	4.59
32	2.58	2.57	2.57	72	5.60	5.16	4.64
33	2.60	2.60	2.60	73	5.76	5.27	4.69
34	2.63	2.63	2.62	74	5.92	5.37	4.74
35	2.66	2.66	2.65	75	6.09	5.47	4.78
36	2.69	2.69	2.68	76	6.27	5.56	4.82
37	2.73	2.72	2.72	77	6.44	5.66	4.86
38	2.76	2.76	2.75	78	6.62	5.74	4.89
39	2.80	2.79	2.78	79	6.80	5.82	4.92
40	2.84	2.83	2.82	80	6.98	5.90	4.94
41	2.87	2.87	2.86	81	7.16	5.97	4.96
42	2.92	2.91	2.89	82	7.34	6.04	4.98
43	2.96	2.95	2.93	83	7.51	6.10	5.00
44	3.00	2.99	2.97	84	7.67	6.15	5.01
45	3.05	3.04	3.02	85	7.83	6.20	5.02
46	3.10	3.08	3.06	86	7.98	6.24	5.02
47	3.15	3.13	3.11	87	8.12	6.27	5.03
48	3.20	3.18	3.15	88	8.26	6.30	5.03
49	3.25	3.23	3.20	89	8.38	6.33	5.04
				90	8.50	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

**TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS**

<b>OPTION 1 TABLE</b>							
<b>INSTALLMENTS FOR A SPECIFIED PERIOD</b>							
<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>	<b>Number of Years Payable</b>	<b>Amount of Monthly Installments</b>
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

<b>OPTION 3 TABLE</b>							
<b>INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD</b>							
	<b>GUARANTEED PERIOD</b>				<b>GUARANTEED PERIOD</b>		
<b>AGE OF PAYEE</b>	<b>10 Years</b>	<b>15 Years</b>	<b>20 Years</b>	<b>AGE OF PAYEE</b>	<b>10 Years</b>	<b>15 Years</b>	<b>20 Years</b>

10	\$2.14	\$2.13	\$2.13	50	\$3.20	\$3.18	\$3.16
11	2.15	2.15	2.15	51	3.25	3.24	3.21
12	2.16	2.16	2.16	52	3.31	3.29	3.26
13	2.17	2.17	2.17	53	3.37	3.35	3.32
14	2.19	2.19	2.18	54	3.44	3.41	3.37
15	2.20	2.20	2.20	55	3.51	3.48	3.43
16	2.21	2.21	2.21	56	3.58	3.54	3.49
17	2.23	2.23	2.23	57	3.65	3.61	3.55
18	2.24	2.24	2.24	58	3.73	3.69	3.61
19	2.26	2.26	2.26	59	3.81	3.76	3.68
20	2.28	2.28	2.27	60	3.90	3.84	3.75
21	2.29	2.29	2.29	61	3.99	3.92	3.82
22	2.31	2.31	2.31	62	4.09	4.01	3.89
23	2.33	2.33	2.32	63	4.19	4.10	3.96
24	2.35	2.34	2.34	64	4.30	4.19	4.03
25	2.37	2.36	2.36	65	4.41	4.29	4.10
26	2.39	2.38	2.38	66	4.53	4.39	4.18
27	2.41	2.40	2.40	67	4.65	4.49	4.25
28	2.43	2.43	2.42	68	4.78	4.60	4.32
29	2.45	2.45	2.44	69	4.92	4.70	4.39
30	2.47	2.47	2.47	70	5.07	4.81	4.46
31	2.50	2.49	2.49	71	5.22	4.92	4.52
32	2.52	2.52	2.52	72	5.37	5.03	4.58
33	2.56	2.54	2.54	73	5.54	5.14	4.64
34	2.57	2.57	2.57	74	5.71	5.26	4.70
35	2.60	2.60	2.59	75	5.88	5.36	4.75
36	2.63	2.63	2.62	76	6.06	5.47	4.79
37	2.66	2.66	2.65	77	6.25	5.57	4.83
38	2.69	2.69	2.68	78	6.44	5.67	4.87
39	2.73	2.72	2.71	79	6.63	5.76	4.90
40	2.76	2.76	2.75	80	6.82	5.85	4.93
41	2.80	2.79	2.78	81	7.02	5.93	4.95
42	2.83	2.83	2.82	82	7.21	6.00	4.97
43	2.87	2.87	2.86	83	7.39	6.06	4.99
44	2.91	2.91	2.89	84	7.57	6.12	5.00
45	2.96	2.95	2.93	85	7.74	6.17	5.01
46	3.00	2.99	2.98	86	7.90	6.22	5.02
47	3.05	3.04	3.02	87	8.06	6.26	5.03
48	3.10	3.08	3.06	88	8.20	6.29	5.03
49	3.15	3.13	3.11	89	8.33	6.32	5.04
				90	8.45	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

**THIS PAGE INTENTIONALLY LEFT BLANK**

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue	Year	Year	Year	Year	Year										
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+
Female															
18	10.00	10.00	10.00	9.00	7.00	7.00	7.00	7.00	7.00	7.00	6.00	4.00	3.00	1.00	0.00
19	11.00	11.00	11.00	10.00	7.00	7.00	7.00	7.00	7.00	7.00	6.00	4.00	3.00	1.00	0.00
20	12.00	12.00	12.00	10.00	8.00	8.00	8.00	8.00	8.00	8.00	6.00	5.00	3.00	1.00	0.00
21	12.00	12.00	12.00	11.00	8.00	8.00	8.00	8.00	8.00	8.00	6.00	5.00	3.00	1.00	0.00
22	13.00	13.00	13.00	12.00	9.00	9.00	9.00	9.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00
23	13.00	13.00	13.00	12.00	9.00	9.00	9.00	9.00	9.00	9.00	7.00	5.00	3.00	1.00	0.00
24	13.00	13.00	13.00	13.00	10.00	10.00	10.00	10.00	9.00	9.00	7.00	5.00	3.00	1.00	0.00
25	13.00	13.00	13.00	13.00	10.00	10.00	10.00	10.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
26	14.00	14.00	14.00	13.00	10.00	10.00	10.00	10.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
27	14.00	14.00	14.00	13.00	11.00	11.00	11.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
28	14.00	14.00	14.00	14.00	11.00	11.00	11.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
29	14.00	14.00	14.00	14.00	11.00	11.00	11.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
30	15.00	14.00	14.00	14.00	12.00	12.00	12.00	11.00	10.00	10.00	8.00	6.00	3.00	1.00	0.00
31	15.00	15.00	15.00	14.00	12.00	12.00	12.00	11.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
32	15.00	15.00	15.00	15.00	12.00	12.00	12.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
33	15.00	15.00	15.00	15.00	13.00	13.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
34	16.00	16.00	15.00	15.00	13.00	13.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
35	16.00	16.00	16.00	15.00	13.00	13.00	13.00	12.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
36	16.00	16.00	16.00	16.00	15.00	14.00	13.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
37	17.00	17.00	16.00	16.00	15.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
38	17.00	17.00	17.00	16.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
39	17.00	17.00	17.00	17.00	16.00	15.00	14.00	13.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
40	18.00	18.00	17.00	17.00	16.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
41	18.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
42	19.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
43	19.00	19.00	19.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
44	20.00	19.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
45	20.00	20.00	20.00	19.00	19.00	18.00	17.00	16.00	15.00	13.00	10.00	7.00	4.00	1.00	0.00
46	21.00	20.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
47	21.00	21.00	21.00	21.00	20.00	19.00	18.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
48	22.00	22.00	21.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
49	23.00	22.00	22.00	22.00	21.00	20.00	19.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Issue Age Female	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
50	23.00	23.00	23.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
51	24.00	24.00	23.00	23.00	22.00	21.00	20.00	19.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
52	25.00	24.00	24.00	24.00	23.00	22.00	20.00	19.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00
53	26.00	25.00	25.00	24.00	23.00	22.00	21.00	20.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00
54	26.00	26.00	26.00	25.00	24.00	23.00	22.00	20.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
55	27.00	27.00	26.00	26.00	25.00	24.00	22.00	21.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
56	28.00	28.00	27.00	27.00	26.00	24.00	23.00	21.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
57	29.00	29.00	28.00	28.00	27.00	25.00	24.00	22.00	20.00	18.00	14.00	10.00	5.00	1.00	0.00
58	30.00	30.00	29.00	29.00	28.00	26.00	25.00	22.00	20.00	19.00	15.00	10.00	6.00	1.00	0.00
59	31.00	31.00	30.00	30.00	28.00	27.00	25.00	23.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
60	33.00	32.00	31.00	31.00	30.00	28.00	26.00	24.00	21.00	20.00	15.00	11.00	6.00	1.00	0.00
61	34.00	33.00	33.00	32.00	31.00	29.00	28.00	25.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
62	35.00	35.00	34.00	33.00	32.00	30.00	29.00	26.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
63	37.00	36.00	35.00	34.00	33.00	31.00	30.00	28.00	25.00	22.00	17.00	12.00	6.00	1.00	0.00
64	38.00	37.00	37.00	35.00	34.00	32.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
65	40.00	38.00	37.00	35.00	33.00	32.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
66	39.00	38.00	36.00	34.00	33.00	31.00	29.00	27.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
67	39.00	37.00	35.00	34.00	32.00	30.00	29.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
68	38.00	36.00	35.00	33.00	31.00	30.00	28.00	26.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
69	37.00	36.00	34.00	32.00	31.00	29.00	28.00	26.00	24.00	23.00	18.00	12.00	7.00	1.00	0.00
70	37.00	35.00	34.00	32.00	30.00	29.00	27.00	25.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
71	36.00	35.00	33.00	31.00	30.00	28.00	26.00	25.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
72	36.00	34.00	32.00	31.00	29.00	28.00	26.00	24.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
73	35.00	33.00	32.00	30.00	29.00	27.00	25.00	24.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
74	35.00	33.00	31.00	30.00	28.00	26.00	25.00	23.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
75	34.00	32.00	31.00	29.00	27.00	26.00	24.00	23.00	21.00	20.00	15.00	11.00	6.00	1.00	0.00
76	33.00	32.00	30.00	28.00	27.00	25.00	24.00	22.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
77	32.00	31.00	29.00	28.00	26.00	25.00	23.00	22.00	20.00	18.00	14.00	10.00	5.00	1.00	0.00
78	31.00	30.00	29.00	27.00	25.00	24.00	22.00	21.00	19.00	17.00	13.00	9.00	5.00	1.00	0.00
79	30.00	29.00	28.00	26.00	25.00	23.00	21.00	19.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
80	28.00	28.00	27.00	25.00	24.00	22.00	20.00	18.00	16.00	15.00	11.00	8.00	5.00	1.00	0.00
81	28.00	28.00	26.00	25.00	23.00	22.00	20.00	18.00	16.00	15.00	11.00	8.00	5.00	1.00	0.00
82	28.00	27.00	25.00	24.00	22.00	21.00	20.00	18.00	16.00	15.00	11.00	8.00	5.00	1.00	0.00
83	28.00	26.00	25.00	23.00	22.00	20.00	19.00	18.00	16.00	15.00	11.00	8.00	5.00	1.00	0.00
84	27.00	25.00	24.00	22.00	21.00	20.00	18.00	17.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
85	26.00	25.00	23.00	22.00	20.00	19.00	17.00	16.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
86	25.00	24.00	22.00	21.00	19.00	18.00	16.00	15.00	13.00	11.00	9.00	6.00	4.00	1.00	0.00
87	24.00	23.00	21.00	20.00	18.00	17.00	15.00	13.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
88	23.00	22.00	20.00	19.00	17.00	16.00	14.00	12.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
89	23.00	21.00	19.00	18.00	16.00	14.00	12.00	10.00	8.00	6.00	5.00	4.00	2.00	1.00	0.00
90	22.00	20.00	19.00	17.00	15.00	13.00	11.00	8.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age Female	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+	
0	10.00	10.00	10.00	10.00	10.00	9.00	9.00	8.00	7.00	7.00	6.00	4.00	3.00	1.00	0.00	
1	10.00	10.00	10.00	10.00	10.00	9.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
2	10.00	10.00	10.00	10.00	10.00	9.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
3	10.00	10.00	10.00	10.00	10.00	9.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
4	10.00	10.00	10.00	10.00	10.00	9.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
5	10.00	10.00	10.00	10.00	10.00	10.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
6	10.00	10.00	10.00	10.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
7	10.00	10.00	10.00	10.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
8	11.00	11.00	11.00	11.00	11.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
9	11.00	11.00	11.00	11.00	11.00	10.00	10.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
10	11.00	11.00	11.00	11.00	11.00	10.00	10.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00	
11	11.00	11.00	11.00	11.00	11.00	10.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
12	11.00	11.00	11.00	11.00	11.00	11.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
13	12.00	12.00	12.00	12.00	11.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
14	12.00	12.00	12.00	12.00	12.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
15	12.00	12.00	12.00	12.00	12.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
16	12.00	12.00	12.00	12.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
17	12.00	12.00	12.00	12.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
18	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00	
19	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00	
20	13.00	13.00	13.00	13.00	13.00	12.00	11.00	11.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00	
21	13.00	13.00	13.00	13.00	13.00	12.00	11.00	11.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00	
22	13.00	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00	
23	14.00	14.00	14.00	14.00	13.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00	
24	14.00	14.00	14.00	14.00	14.00	13.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
25	14.00	14.00	14.00	14.00	14.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00	
26	14.00	14.00	14.00	14.00	14.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00	
27	14.00	14.00	14.00	14.00	14.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00	
28	15.00	15.00	15.00	15.00	15.00	13.00	12.00	11.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00	
29	15.00	15.00	15.00	15.00	15.00	14.00	12.00	11.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00	
30	15.00	15.00	15.00	15.00	15.00	14.00	13.00	11.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00	
31	16.00	16.00	16.00	16.00	15.00	14.00	13.00	11.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00	
32	16.00	16.00	16.00	16.00	15.00	14.00	13.00	12.00	11.00	11.00	9.00	6.00	4.00	1.00	0.00	
33	16.00	16.00	16.00	16.00	16.00	14.00	13.00	12.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00	
34	17.00	17.00	17.00	17.00	16.00	15.00	14.00	12.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00	
35	17.00	17.00	17.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00	
36	18.00	18.00	18.00	18.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00	
37	18.00	18.00	18.00	18.00	17.00	15.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00	
38	19.00	19.00	19.00	19.00	17.00	16.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00	
39	19.00	19.00	19.00	19.00	18.00	16.00	15.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00	

**TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT**

Issue Age Female	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
40	20.00	20.00	20.00	20.00	18.00	17.00	15.00	13.00	12.00	10.00	8.00	6.00	3.00	1.00	0.00
41	21.00	21.00	21.00	21.00	19.00	17.00	15.00	14.00	12.00	10.00	8.00	6.00	3.00	1.00	0.00
42	22.00	22.00	22.00	21.00	20.00	18.00	16.00	14.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
43	22.00	22.00	22.00	22.00	20.00	18.00	17.00	15.00	13.00	11.00	9.00	6.00	4.00	1.00	0.00
44	23.00	23.00	23.00	22.00	21.00	19.00	17.00	15.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
45	24.00	24.00	24.00	23.00	22.00	20.00	18.00	16.00	14.00	12.00	9.00	7.00	4.00	1.00	0.00
46	25.00	25.00	24.00	24.00	23.00	21.00	19.00	17.00	15.00	13.00	10.00	7.00	4.00	1.00	0.00
47	26.00	26.00	25.00	25.00	24.00	22.00	20.00	18.00	16.00	13.00	10.00	7.00	4.00	1.00	0.00
48	27.00	26.00	26.00	25.00	24.00	23.00	20.00	18.00	16.00	14.00	11.00	8.00	4.00	1.00	0.00
49	28.00	27.00	27.00	26.00	25.00	23.00	21.00	19.00	17.00	15.00	12.00	8.00	5.00	1.00	0.00
50	29.00	28.00	28.00	27.00	26.00	24.00	22.00	20.00	18.00	15.00	12.00	8.00	5.00	1.00	0.00
51	29.00	29.00	29.00	28.00	27.00	25.00	23.00	21.00	19.00	16.00	12.00	9.00	5.00	1.00	0.00
52	30.00	30.00	30.00	29.00	28.00	26.00	24.00	22.00	20.00	17.00	13.00	9.00	5.00	1.00	0.00
53	31.00	31.00	31.00	30.00	29.00	27.00	25.00	23.00	21.00	18.00	14.00	10.00	5.00	1.00	0.00
54	32.00	32.00	32.00	31.00	30.00	28.00	26.00	24.00	22.00	19.00	15.00	10.00	6.00	1.00	0.00
55	33.00	33.00	33.00	33.00	31.00	29.00	27.00	25.00	23.00	20.00	15.00	11.00	6.00	1.00	0.00
56	34.00	34.00	34.00	34.00	32.00	30.00	28.00	26.00	24.00	21.00	16.00	11.00	6.00	1.00	0.00
57	35.00	35.00	35.00	35.00	33.00	31.00	29.00	27.00	25.00	22.00	17.00	12.00	6.00	1.00	0.00
58	35.00	35.00	35.00	35.00	34.00	32.00	30.00	28.00	26.00	23.00	18.00	12.00	7.00	1.00	0.00
59	36.00	36.00	36.00	36.00	34.00	32.00	30.00	28.00	27.00	24.00	18.00	13.00	7.00	1.00	0.00
60	37.00	37.00	37.00	35.00	34.00	32.00	30.00	29.00	27.00	25.00	19.00	13.00	7.00	1.00	0.00
61	38.00	38.00	36.00	35.00	33.00	32.00	30.00	28.00	26.00	25.00	19.00	13.00	7.00	1.00	0.00
62	38.00	38.00	36.00	35.00	33.00	31.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
63	39.00	37.00	36.00	34.00	33.00	31.00	29.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
64	38.00	37.00	35.00	34.00	32.00	30.00	29.00	27.00	25.00	24.00	18.00	13.00	7.00	1.00	0.00
65	38.00	36.00	35.00	33.00	32.00	30.00	28.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
66	37.00	36.00	34.00	33.00	31.00	29.00	28.00	26.00	24.00	23.00	18.00	12.00	7.00	1.00	0.00
67	36.00	35.00	33.00	32.00	30.00	29.00	27.00	26.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
68	36.00	34.00	33.00	31.00	29.00	27.00	25.00	23.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
69	34.00	33.00	31.00	29.00	26.00	24.00	22.00	21.00	20.00	20.00	15.00	11.00	6.00	1.00	0.00
70	33.00	31.00	29.00	27.00	24.00	22.00	20.00	19.00	18.00	18.00	14.00	10.00	5.00	1.00	0.00
71	32.00	30.00	28.00	25.00	22.00	20.00	18.00	17.00	16.00	16.00	12.00	9.00	5.00	1.00	0.00
72	32.00	29.00	27.00	23.00	20.00	18.00	16.00	15.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
73	31.00	28.00	25.00	22.00	19.00	17.00	15.00	14.00	13.00	13.00	10.00	7.00	4.00	1.00	0.00
74	30.00	28.00	25.00	21.00	18.00	16.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
75	30.00	27.00	24.00	20.00	17.00	15.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
76	29.00	27.00	24.00	20.00	17.00	15.00	13.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
77	28.00	26.00	24.00	20.00	17.00	15.00	13.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
78	26.00	25.00	24.00	20.00	17.00	15.00	13.00	11.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00
79	25.00	24.00	22.00	20.00	17.00	15.00	13.00	11.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
80	23.00	22.00	21.00	20.00	17.00	15.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
81	22.00	21.00	20.00	18.00	17.00	15.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
82	21.00	19.00	18.00	17.00	16.00	15.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
83	19.00	18.00	17.00	16.00	15.00	14.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
84	18.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
85	16.00	15.00	14.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
86	15.00	14.00	13.00	12.00	11.00	11.00	10.00	9.00	8.00	7.00	5.00	4.00	3.00	1.00	0.00
87	14.00	13.00	12.00	11.00	10.00	9.00	9.00	8.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
88	12.00	12.00	11.00	10.00	9.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	0.00
89	11.00	10.00	10.00	9.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	1.00	0.00
90	10.00	9.00	8.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	1.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age Male	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
18	13.00	13.00	13.00	12.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
19	13.00	13.00	13.00	13.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
20	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
21	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	7.00	6.00	4.00	3.00	1.00	0.00
22	14.00	14.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
23	14.00	14.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
24	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
25	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
26	14.00	14.00	14.00	14.00	13.00	13.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
27	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
28	15.00	15.00	15.00	14.00	14.00	13.00	12.00	12.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
29	15.00	15.00	15.00	15.00	14.00	13.00	13.00	12.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
30	15.00	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
31	16.00	16.00	15.00	15.00	15.00	14.00	13.00	12.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
32	16.00	16.00	16.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
33	16.00	16.00	16.00	16.00	15.00	14.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
34	17.00	17.00	16.00	16.00	15.00	15.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
35	17.00	17.00	17.00	17.00	16.00	15.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
36	17.00	17.00	17.00	17.00	16.00	15.00	14.00	14.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
37	18.00	18.00	17.00	17.00	16.00	16.00	15.00	14.00	13.00	11.00	9.00	6.00	4.00	1.00	0.00
38	18.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
39	19.00	19.00	18.00	18.00	17.00	16.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
40	19.00	19.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
41	20.00	20.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
42	20.00	20.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
43	21.00	21.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
44	21.00	21.00	21.00	21.00	20.00	19.00	18.00	17.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
45	22.00	22.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
46	23.00	22.00	22.00	22.00	21.00	20.00	19.00	18.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
47	23.00	23.00	23.00	22.00	22.00	20.00	19.00	18.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
48	24.00	24.00	23.00	23.00	22.00	21.00	20.00	19.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
49	25.00	25.00	24.00	24.00	23.00	22.00	20.00	19.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00

**TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT**

Issue Age Male	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
50	26.00	25.00	25.00	25.00	24.00	22.00	21.00	20.00	19.00	17.00	13.00	9.00	5.00	1.00	0.00
51	27.00	26.00	26.00	25.00	24.00	23.00	22.00	21.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
52	28.00	27.00	27.00	26.00	25.00	24.00	23.00	21.00	20.00	18.00	14.00	10.00	5.00	1.00	0.00
53	29.00	28.00	28.00	27.00	26.00	25.00	23.00	22.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
54	30.00	29.00	29.00	28.00	27.00	26.00	24.00	23.00	21.00	20.00	15.00	11.00	6.00	1.00	0.00
55	31.00	30.00	30.00	29.00	28.00	27.00	25.00	24.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
56	32.00	31.00	31.00	30.00	29.00	28.00	26.00	25.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
57	33.00	33.00	32.00	31.00	30.00	29.00	27.00	26.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
58	35.00	34.00	33.00	32.00	31.00	30.00	28.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
59	36.00	36.00	35.00	34.00	33.00	31.00	29.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
60	38.00	37.00	36.00	35.00	33.00	32.00	30.00	28.00	26.00	25.00	19.00	13.00	7.00	1.00	0.00
61	39.00	38.00	36.00	35.00	33.00	31.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
62	39.00	37.00	36.00	34.00	33.00	31.00	29.00	27.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
63	38.00	37.00	35.00	34.00	32.00	30.00	29.00	27.00	25.00	24.00	18.00	13.00	7.00	1.00	0.00
64	38.00	36.00	35.00	33.00	32.00	30.00	28.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
65	37.00	36.00	34.00	33.00	31.00	30.00	28.00	26.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
66	37.00	35.00	34.00	32.00	31.00	29.00	27.00	26.00	24.00	23.00	18.00	12.00	7.00	1.00	0.00
67	36.00	35.00	33.00	32.00	30.00	28.00	27.00	25.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
68	36.00	34.00	32.00	31.00	29.00	28.00	26.00	25.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
69	35.00	33.00	32.00	30.00	29.00	27.00	26.00	24.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
70	34.00	33.00	31.00	30.00	28.00	27.00	25.00	24.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
71	34.00	32.00	31.00	29.00	28.00	26.00	25.00	24.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
72	33.00	32.00	30.00	27.00	26.00	26.00	24.00	23.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
73	33.00	31.00	30.00	26.00	25.00	24.00	23.00	21.00	19.00	17.00	13.00	9.00	5.00	1.00	0.00
74	32.00	31.00	29.00	25.00	24.00	23.00	22.00	20.00	18.00	16.00	12.00	9.00	5.00	1.00	0.00
75	32.00	30.00	29.00	24.00	23.00	22.00	21.00	19.00	17.00	15.00	12.00	8.00	5.00	1.00	0.00
76	31.00	29.00	28.00	24.00	22.00	21.00	20.00	18.00	16.00	14.00	11.00	8.00	4.00	1.00	0.00
77	30.00	28.00	27.00	24.00	22.00	21.00	19.00	17.00	15.00	13.00	10.00	7.00	4.00	1.00	0.00
78	29.00	27.00	26.00	24.00	22.00	20.00	19.00	17.00	15.00	12.00	9.00	7.00	4.00	1.00	0.00
79	28.00	26.00	25.00	24.00	22.00	20.00	18.00	16.00	14.00	12.00	9.00	7.00	4.00	1.00	0.00
80	27.00	25.00	24.00	23.00	21.00	20.00	18.00	16.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
81	25.00	24.00	23.00	21.00	20.00	19.00	18.00	16.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
82	24.00	23.00	22.00	20.00	19.00	18.00	17.00	16.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
83	23.00	22.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
84	21.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	11.00	8.00	6.00	4.00	1.00	0.00
85	20.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	8.00	6.00	4.00	1.00	0.00
86	20.00	19.00	18.00	17.00	16.00	15.00	14.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
87	20.00	19.00	18.00	17.00	16.00	14.00	13.00	12.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
88	20.00	19.00	18.00	16.00	15.00	14.00	12.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
89	20.00	18.00	17.00	16.00	15.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	2.00	1.00	0.00
90	19.00	18.00	17.00	15.00	14.00	12.00	10.00	8.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age Male	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
0	11.00	11.00	11.00	11.00	10.00	10.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
1	11.00	11.00	11.00	11.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
2	11.00	11.00	11.00	11.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
3	12.00	12.00	11.00	11.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
4	12.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
5	12.00	12.00	12.00	11.00	11.00	10.00	10.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
6	12.00	12.00	12.00	11.00	11.00	10.00	10.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
7	12.00	12.00	12.00	12.00	11.00	10.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
8	12.00	12.00	12.00	12.00	11.00	10.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
9	12.00	12.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
10	13.00	12.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
11	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
12	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
13	13.00	13.00	13.00	12.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
14	13.00	13.00	13.00	13.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
15	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
16	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
17	13.00	13.00	13.00	13.00	13.00	12.00	11.00	11.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00
18	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
19	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
20	14.00	14.00	14.00	14.00	13.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
21	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
22	15.00	15.00	15.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
23	15.00	15.00	15.00	15.00	14.00	13.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
24	15.00	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
25	16.00	16.00	16.00	15.00	14.00	14.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
26	16.00	16.00	16.00	15.00	15.00	14.00	13.00	12.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
27	16.00	16.00	16.00	16.00	15.00	14.00	13.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
28	17.00	16.00	16.00	16.00	15.00	14.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
29	17.00	17.00	17.00	16.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
30	17.00	17.00	17.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
31	18.00	17.00	17.00	17.00	16.00	15.00	14.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
32	18.00	18.00	18.00	17.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
33	18.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
34	19.00	19.00	18.00	18.00	17.00	16.00	15.00	15.00	14.00	12.00	9.00	7.00	4.00	1.00	0.00
35	19.00	19.00	19.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
36	20.00	19.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
37	20.00	20.00	20.00	19.00	18.00	18.00	17.00	16.00	15.00	13.00	10.00	7.00	4.00	1.00	0.00
38	21.00	20.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
39	21.00	21.00	21.00	20.00	19.00	19.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Issue Age Male	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
40	22.00	22.00	21.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
41	22.00	22.00	22.00	22.00	21.00	20.00	19.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
42	23.00	23.00	23.00	22.00	21.00	20.00	19.00	18.00	17.00	15.00	12.00	8.00	5.00	1.00	0.00
43	24.00	24.00	23.00	23.00	22.00	21.00	20.00	18.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
44	25.00	24.00	24.00	24.00	23.00	21.00	20.00	19.00	18.00	16.00	12.00	9.00	5.00	1.00	0.00
45	26.00	25.00	25.00	24.00	23.00	22.00	21.00	20.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00
46	26.00	26.00	26.00	25.00	24.00	23.00	22.00	20.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
47	27.00	27.00	26.00	26.00	25.00	24.00	22.00	21.00	20.00	18.00	14.00	10.00	5.00	1.00	0.00
48	28.00	28.00	27.00	27.00	26.00	24.00	23.00	22.00	20.00	19.00	15.00	10.00	6.00	1.00	0.00
49	29.00	29.00	28.00	28.00	26.00	25.00	24.00	22.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
50	30.00	30.00	29.00	29.00	27.00	26.00	25.00	23.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
51	32.00	31.00	30.00	30.00	28.00	27.00	26.00	24.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
52	33.00	32.00	32.00	31.00	30.00	28.00	27.00	25.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
53	34.00	33.00	33.00	32.00	31.00	29.00	28.00	26.00	24.00	23.00	18.00	12.00	7.00	1.00	0.00
54	36.00	35.00	34.00	33.00	32.00	30.00	29.00	27.00	25.00	24.00	18.00	13.00	7.00	1.00	0.00
55	37.00	36.00	36.00	35.00	33.00	32.00	30.00	28.00	26.00	25.00	19.00	13.00	7.00	1.00	0.00
56	39.00	37.00	36.00	34.00	33.00	31.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
57	39.00	37.00	36.00	34.00	32.00	31.00	29.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
58	38.00	37.00	35.00	34.00	32.00	31.00	29.00	27.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
59	38.00	36.00	35.00	33.00	32.00	30.00	29.00	27.00	25.00	24.00	18.00	13.00	7.00	1.00	0.00
60	37.00	36.00	34.00	33.00	31.00	30.00	28.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
61	37.00	35.00	34.00	32.00	31.00	29.00	28.00	26.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
62	36.00	35.00	33.00	32.00	30.00	29.00	27.00	26.00	24.00	23.00	18.00	12.00	7.00	1.00	0.00
63	35.00	34.00	33.00	31.00	30.00	28.00	27.00	25.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
64	35.00	33.00	32.00	31.00	29.00	28.00	26.00	25.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
65	34.00	33.00	31.00	30.00	29.00	27.00	26.00	25.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
66	34.00	32.00	31.00	29.00	28.00	27.00	25.00	24.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
67	33.00	31.00	30.00	29.00	27.00	26.00	25.00	23.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
68	32.00	31.00	29.00	28.00	27.00	25.00	24.00	23.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
69	31.00	30.00	29.00	27.00	26.00	25.00	24.00	22.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
70	30.00	29.00	28.00	26.00	25.00	24.00	23.00	21.00	20.00	19.00	15.00	10.00	6.00	1.00	0.00
71	29.00	28.00	27.00	26.00	24.00	23.00	22.00	21.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
72	28.00	27.00	26.00	25.00	23.00	22.00	21.00	20.00	19.00	17.00	13.00	9.00	5.00	1.00	0.00
73	27.00	26.00	25.00	24.00	22.00	21.00	20.00	19.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00
74	26.00	25.00	24.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
75	25.00	24.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
76	23.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
77	22.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
78	20.00	19.00	18.00	17.00	16.00	15.00	14.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
79	18.00	17.00	16.00	16.00	15.00	14.00	13.00	12.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
80	16.00	16.00	15.00	14.00	13.00	12.00	12.00	11.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
81	15.00	15.00	14.00	13.00	12.00	12.00	11.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
82	14.00	14.00	13.00	12.00	11.00	11.00	10.00	10.00	9.00	9.00	7.00	5.00	3.00	1.00	0.00
83	13.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00
84	12.00	12.00	11.00	10.00	10.00	9.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
85	11.00	11.00	10.00	10.00	9.00	9.00	8.00	8.00	7.00	6.00	5.00	4.00	2.00	1.00	0.00
86	10.00	10.00	9.00	9.00	9.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
87	9.00	9.00	9.00	8.00	8.00	7.00	6.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	0.00
88	9.00	9.00	8.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	1.00	0.00
89	8.00	8.00	7.00	7.00	6.00	5.00	5.00	4.00	3.00	2.00	1.00	1.00	1.00	1.00	0.00
90	7.00	7.00	6.00	6.00	5.00	4.00	4.00	3.00	2.00	1.00	1.00	1.00	1.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
18	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
19	13.00	13.00	13.00	12.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
20	13.00	13.00	13.00	13.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
21	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	7.00	6.00	4.00	3.00	1.00	0.00
22	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
23	14.00	14.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
24	14.00	14.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
25	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
26	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
27	15.00	14.00	14.00	14.00	13.00	13.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
28	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
29	15.00	15.00	15.00	15.00	14.00	13.00	12.00	12.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
30	15.00	15.00	15.00	15.00	14.00	13.00	13.00	12.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
31	16.00	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
32	16.00	16.00	16.00	15.00	15.00	14.00	13.00	12.00	11.00	9.00	7.00	5.00	3.00	1.00	0.00
33	16.00	16.00	16.00	16.00	15.00	14.00	13.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
34	16.00	16.00	16.00	16.00	15.00	14.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
35	17.00	17.00	17.00	16.00	16.00	15.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
36	17.00	17.00	17.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
37	18.00	17.00	17.00	17.00	16.00	15.00	15.00	14.00	13.00	11.00	9.00	6.00	4.00	1.00	0.00
38	18.00	18.00	18.00	17.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
39	18.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
40	19.00	19.00	19.00	18.00	17.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
41	19.00	19.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
42	20.00	20.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
43	20.00	20.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
44	21.00	21.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
45	22.00	21.00	21.00	21.00	20.00	19.00	18.00	17.00	16.00	14.00	11.00	8.00	4.00	1.00	0.00
46	22.00	22.00	22.00	21.00	21.00	19.00	18.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
47	23.00	23.00	22.00	22.00	21.00	20.00	19.00	18.00	17.00	15.00	12.00	8.00	5.00	1.00	0.00
48	24.00	23.00	23.00	23.00	22.00	21.00	19.00	18.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
49	24.00	24.00	24.00	23.00	22.00	21.00	20.00	19.00	18.00	16.00	12.00	9.00	5.00	1.00	0.00

**TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT**

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
50	25.00	25.00	24.00	24.00	23.00	22.00	21.00	19.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00
51	26.00	26.00	25.00	25.00	24.00	23.00	21.00	20.00	19.00	17.00	13.00	9.00	5.00	1.00	0.00
52	27.00	27.00	26.00	26.00	25.00	23.00	22.00	21.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
53	28.00	28.00	27.00	27.00	26.00	24.00	23.00	22.00	20.00	19.00	15.00	10.00	6.00	1.00	0.00
54	29.00	29.00	28.00	27.00	26.00	25.00	24.00	22.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
55	30.00	30.00	29.00	28.00	27.00	26.00	25.00	23.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
56	31.00	31.00	30.00	29.00	28.00	27.00	25.00	24.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
57	33.00	32.00	31.00	31.00	29.00	28.00	26.00	25.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
58	34.00	33.00	32.00	32.00	31.00	29.00	27.00	26.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
59	35.00	35.00	34.00	33.00	32.00	30.00	29.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
60	37.00	36.00	35.00	34.00	33.00	31.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
61	39.00	38.00	36.00	35.00	33.00	32.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
62	39.00	38.00	36.00	34.00	33.00	31.00	29.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
63	39.00	37.00	36.00	34.00	32.00	31.00	29.00	27.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
64	38.00	37.00	35.00	34.00	32.00	30.00	29.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
65	38.00	36.00	35.00	33.00	31.00	30.00	28.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
66	37.00	36.00	34.00	32.00	31.00	29.00	28.00	26.00	24.00	23.00	18.00	12.00	7.00	1.00	0.00
67	36.00	35.00	33.00	32.00	30.00	29.00	27.00	26.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
68	36.00	34.00	33.00	31.00	30.00	28.00	27.00	25.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
69	35.00	34.00	32.00	31.00	29.00	28.00	26.00	25.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
70	35.00	33.00	32.00	30.00	29.00	27.00	26.00	24.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
71	34.00	33.00	31.00	30.00	28.00	27.00	25.00	24.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
72	34.00	32.00	31.00	28.00	27.00	26.00	25.00	23.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
73	33.00	31.00	30.00	27.00	26.00	25.00	24.00	22.00	20.00	18.00	14.00	10.00	5.00	1.00	0.00
74	32.00	31.00	30.00	26.00	25.00	24.00	23.00	21.00	19.00	17.00	13.00	9.00	5.00	1.00	0.00
75	32.00	31.00	29.00	25.00	24.00	23.00	22.00	20.00	18.00	16.00	12.00	9.00	5.00	1.00	0.00
76	31.00	30.00	28.00	25.00	23.00	22.00	21.00	19.00	17.00	15.00	12.00	8.00	5.00	1.00	0.00
77	30.00	29.00	27.00	25.00	23.00	22.00	20.00	18.00	16.00	14.00	11.00	8.00	4.00	1.00	0.00
78	29.00	28.00	26.00	25.00	23.00	21.00	19.00	17.00	15.00	13.00	10.00	7.00	4.00	1.00	0.00
79	28.00	27.00	25.00	24.00	23.00	20.00	18.00	16.00	14.00	12.00	9.00	7.00	4.00	1.00	0.00
80	27.00	26.00	24.00	23.00	22.00	20.00	18.00	16.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
81	26.00	24.00	23.00	22.00	21.00	20.00	18.00	16.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
82	25.00	23.00	22.00	21.00	20.00	19.00	18.00	16.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
83	23.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	14.00	11.00	8.00	6.00	4.00	1.00	0.00
84	22.00	21.00	20.00	19.00	18.00	17.00	15.00	14.00	13.00	11.00	8.00	6.00	4.00	1.00	0.00
85	21.00	20.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	11.00	8.00	6.00	4.00	1.00	0.00
86	21.00	20.00	19.00	18.00	16.00	15.00	14.00	13.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
87	21.00	20.00	18.00	17.00	16.00	15.00	13.00	12.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
88	20.00	19.00	18.00	17.00	15.00	14.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	1.00	0.00
89	20.00	19.00	18.00	16.00	15.00	13.00	11.00	9.00	7.00	5.00	4.00	3.00	2.00	1.00	0.00
90	16.00	14.00	13.00	12.00	11.00	9.00	8.00	6.00	4.00	3.00	2.00	1.00	1.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the Surrender Charge Period of each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of any increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
0	11.00	11.00	11.00	10.00	10.00	9.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
1	11.00	11.00	11.00	11.00	10.00	10.00	9.00	8.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
2	11.00	11.00	11.00	11.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
3	11.00	11.00	11.00	11.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
4	12.00	12.00	11.00	11.00	10.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
5	12.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
6	12.00	12.00	12.00	11.00	11.00	10.00	10.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
7	12.00	12.00	12.00	11.00	11.00	10.00	10.00	9.00	8.00	7.00	6.00	4.00	3.00	1.00	0.00
8	12.00	12.00	12.00	12.00	11.00	10.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
9	12.00	12.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
10	12.00	12.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
11	13.00	13.00	13.00	12.00	11.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
12	13.00	13.00	13.00	12.00	12.00	11.00	10.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
13	13.00	13.00	13.00	12.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
14	13.00	13.00	13.00	13.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
15	13.00	13.00	13.00	13.00	12.00	11.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
16	13.00	13.00	13.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	6.00	4.00	3.00	1.00	0.00
17	13.00	13.00	13.00	13.00	13.00	12.00	11.00	11.00	9.00	8.00	6.00	5.00	3.00	1.00	0.00
18	14.00	14.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
19	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	5.00	3.00	1.00	0.00
20	14.00	14.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
21	15.00	15.00	14.00	14.00	13.00	13.00	12.00	11.00	10.00	9.00	7.00	5.00	3.00	1.00	0.00
22	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
23	15.00	15.00	15.00	15.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
24	15.00	15.00	15.00	15.00	14.00	13.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
25	16.00	15.00	15.00	15.00	14.00	14.00	13.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
26	16.00	16.00	16.00	15.00	15.00	14.00	13.00	12.00	11.00	11.00	9.00	6.00	4.00	1.00	0.00
27	16.00	16.00	16.00	16.00	15.00	14.00	13.00	12.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
28	16.00	16.00	16.00	16.00	15.00	14.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
29	17.00	17.00	16.00	16.00	15.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
30	17.00	17.00	17.00	16.00	16.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
31	17.00	17.00	17.00	17.00	16.00	15.00	14.00	13.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
32	18.00	18.00	17.00	17.00	16.00	15.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
33	18.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
34	18.00	18.00	18.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
35	19.00	19.00	19.00	18.00	17.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
36	19.00	19.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
37	20.00	20.00	19.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	10.00	7.00	4.00	1.00	0.00
38	20.00	20.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
39	21.00	21.00	20.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00

## TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
40	22.00	21.00	21.00	21.00	20.00	19.00	18.00	17.00	16.00	14.00	11.00	8.00	4.00	1.00	0.00
41	22.00	22.00	22.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
42	23.00	23.00	22.00	22.00	21.00	20.00	19.00	18.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
43	24.00	23.00	23.00	23.00	22.00	20.00	19.00	18.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
44	24.00	24.00	24.00	23.00	22.00	21.00	20.00	19.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
45	25.00	25.00	24.00	24.00	23.00	22.00	21.00	19.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00
46	26.00	26.00	25.00	25.00	24.00	22.00	21.00	20.00	19.00	17.00	13.00	9.00	5.00	1.00	0.00
47	27.00	26.00	26.00	26.00	24.00	23.00	22.00	21.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
48	28.00	27.00	27.00	26.00	25.00	24.00	23.00	21.00	20.00	18.00	14.00	10.00	5.00	1.00	0.00
49	29.00	28.00	28.00	27.00	26.00	25.00	23.00	22.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
50	30.00	29.00	29.00	28.00	27.00	26.00	24.00	23.00	21.00	20.00	15.00	11.00	6.00	1.00	0.00
51	31.00	30.00	30.00	29.00	28.00	27.00	25.00	24.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
52	32.00	32.00	31.00	30.00	29.00	28.00	26.00	25.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
53	34.00	33.00	32.00	32.00	30.00	29.00	27.00	26.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
54	35.00	34.00	34.00	33.00	31.00	30.00	28.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
55	36.00	36.00	35.00	34.00	33.00	31.00	29.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
56	38.00	37.00	36.00	35.00	33.00	31.00	30.00	28.00	26.00	25.00	19.00	13.00	7.00	1.00	0.00
57	39.00	37.00	36.00	34.00	33.00	31.00	30.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
58	38.00	37.00	35.00	34.00	32.00	31.00	29.00	28.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
59	38.00	37.00	35.00	34.00	32.00	30.00	29.00	27.00	26.00	24.00	18.00	13.00	7.00	1.00	0.00
60	37.00	36.00	35.00	33.00	32.00	30.00	29.00	27.00	25.00	24.00	18.00	13.00	7.00	1.00	0.00
61	37.00	36.00	34.00	33.00	31.00	30.00	28.00	27.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
62	36.00	35.00	34.00	32.00	31.00	29.00	28.00	26.00	25.00	23.00	18.00	12.00	7.00	1.00	0.00
63	36.00	34.00	33.00	32.00	30.00	29.00	27.00	26.00	24.00	23.00	18.00	12.00	7.00	1.00	0.00
64	35.00	34.00	33.00	31.00	30.00	28.00	27.00	25.00	24.00	22.00	17.00	12.00	6.00	1.00	0.00
65	35.00	33.00	32.00	31.00	29.00	28.00	26.00	25.00	23.00	22.00	17.00	12.00	6.00	1.00	0.00
66	34.00	33.00	31.00	30.00	29.00	27.00	26.00	24.00	23.00	21.00	16.00	11.00	6.00	1.00	0.00
67	33.00	32.00	31.00	29.00	28.00	27.00	25.00	24.00	22.00	21.00	16.00	11.00	6.00	1.00	0.00
68	32.00	31.00	30.00	29.00	27.00	26.00	25.00	23.00	22.00	20.00	15.00	11.00	6.00	1.00	0.00
69	32.00	30.00	29.00	28.00	26.00	25.00	24.00	23.00	21.00	20.00	15.00	11.00	6.00	1.00	0.00
70	31.00	29.00	28.00	27.00	26.00	24.00	23.00	22.00	21.00	19.00	15.00	10.00	6.00	1.00	0.00
71	30.00	29.00	27.00	26.00	25.00	24.00	22.00	21.00	20.00	19.00	15.00	10.00	6.00	1.00	0.00
72	29.00	28.00	26.00	25.00	24.00	23.00	21.00	20.00	19.00	18.00	14.00	10.00	5.00	1.00	0.00
73	28.00	26.00	25.00	24.00	23.00	22.00	21.00	19.00	18.00	17.00	13.00	9.00	5.00	1.00	0.00
74	27.00	25.00	24.00	23.00	22.00	21.00	20.00	19.00	17.00	16.00	12.00	9.00	5.00	1.00	0.00
75	25.00	24.00	23.00	22.00	21.00	20.00	19.00	18.00	16.00	15.00	12.00	8.00	5.00	1.00	0.00
76	24.00	23.00	22.00	21.00	20.00	19.00	18.00	17.00	15.00	14.00	11.00	8.00	4.00	1.00	0.00
77	22.00	21.00	20.00	19.00	18.00	17.00	16.00	15.00	15.00	13.00	10.00	7.00	4.00	1.00	0.00
78	21.00	20.00	19.00	18.00	17.00	16.00	15.00	14.00	13.00	12.00	9.00	7.00	4.00	1.00	0.00
79	19.00	18.00	17.00	16.00	15.00	15.00	14.00	13.00	12.00	11.00	9.00	6.00	4.00	1.00	0.00
80	18.00	17.00	16.00	15.00	14.00	14.00	13.00	12.00	12.00	10.00	8.00	6.00	3.00	1.00	0.00
81	17.00	16.00	15.00	14.00	14.00	13.00	12.00	12.00	11.00	10.00	8.00	6.00	3.00	1.00	0.00
82	16.00	15.00	14.00	13.00	13.00	12.00	11.00	11.00	10.00	10.00	8.00	6.00	3.00	1.00	0.00
83	14.00	14.00	13.00	12.00	12.00	11.00	11.00	10.00	9.00	9.00	7.00	5.00	3.00	1.00	0.00
84	13.00	13.00	12.00	11.00	11.00	10.00	10.00	9.00	8.00	8.00	6.00	5.00	3.00	1.00	0.00
85	12.00	12.00	11.00	11.00	10.00	9.00	9.00	8.00	7.00	6.00	5.00	4.00	2.00	1.00	0.00
86	11.00	11.00	10.00	10.00	9.00	8.00	8.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	0.00
87	10.00	10.00	9.00	9.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	0.00
88	10.00	9.00	9.00	8.00	7.00	7.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	1.00	0.00
89	9.00	8.00	8.00	7.00	6.00	6.00	5.00	4.00	3.00	2.00	1.00	1.00	1.00	1.00	0.00
90	8.00	7.00	7.00	6.00	5.00	4.00	4.00	3.00	2.00	1.00	1.00	1.00	1.00	1.00	0.00

**AMERICAN GENERAL LIFE**  
**Insurance Company**  
A Stock Company

This is a FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. An Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. Index interest is not credited to the Death Benefit. NONPARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our Policyowner Service Department

**2727-A Allen Parkway**  
**P.O. Box 1931**  
**Houston, Texas 77251**  
**1-800-231-3655**

**AMERICAN GENERAL LIFE INSURANCE COMPANY**  
**1-YEAR POINT-TO-POINT FIXED INDEX INTEREST ACCOUNT**  
**WITH INDEX CAP RIDER**

This rider has been added to and made a part of the policy to which it is attached.

This rider allows the addition of Fixed Index Interest Accounts to the policy to which it is attached. Index Cap Accounts (Account) will each have a duration of one year (Account Period). Each Account Period begins on the Allocation Day and ends on an Allocation Day of the same month one year later. The initial Account Period begins on an Allocation Day shown on the Policy Schedule. (For example, an Account with an Account Period beginning on January 5, 2011 will end on January 5, 2012. The subsequent Account Period will begin on January 5, 2012.) Fixed Index Interest (Index Interest) may be credited to the policy's Accumulation Value as described in this rider. This rider will remain in force if the Owner elects to extend coverage past the Maturity Date stated on the Policy Schedule. However, premium payments will not be accepted after the Maturity Date.

Index Interest, if any, will be credited at the end of each Account Period. Index Interest is calculated based in part on the 1-year point-to-point percentage change in the S&P 500® Index. Index Interest will vary among the various Accounts and will depend upon the Index Caps and changes in the S&P 500 Index, among each Account, and may be zero. Index interest will never be less than zero. The index does not reflect dividends. Since Index Interest is determined at the end of each Account Period, no Index Interest will be added: 1) as a result of a full surrender; 2) to the amount paid as a partial surrender; or 3) upon the death of the Insured (or the Last Surviving Contingent Insured, if applicable) occurring prior to the end of an Account Period.

Accounts are credited with guaranteed interest monthly during the Account Period. Each Account's Guaranteed Interest Rate is shown on the Policy Schedule. Index Interest is in addition to guaranteed interest and is credited at the end of the Account Period. Interest credited on an Account will be added to that Account.

**S&P 500 Index.** References in this rider to the S&P 500 Index mean the Standard and Poor's 500 Composite Stock Price Index. It is an index of the stock of 500 publicly traded companies. The S&P 500 Index value on the Date of Issue is shown on the Policy Schedule.

**Eligible Value.** The Eligible Value at the end of each Account Period will be calculated as follows:

1. We will take the total dollar amount of the guaranteed interest credited to the Account's Accumulation Value in the preceding 12 months; and
2. Divide that total by the Eligible Value Factor shown on the Policy Schedule.

**Index Cap.** The Index Cap limits the amount of interest that may be credited to the Account. The Initial Index Cap is shown on the Policy Schedule and is guaranteed for the Account established on the Date of Issue. From time to time We may declare a new Index Cap that will apply to each new Account. The new Index Cap may be higher or lower than the Initial Index Cap. The new Index Cap will never be lower than the Minimum Index Cap shown on the Policy Schedule. Once an Account is created the Index Cap will not change for that Account.

Any new Index Cap will be based on Our future expectations as to: mortality; persistency; expenses; investment earnings; reinsurance costs; option prices; and any state and federal taxes. We will not change these rates in order to recoup any prior losses.

**Renewal Allocation Percentage.** This is the percentage of each Account's Accumulation Value that will be allocated to a new Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Account until changed by the Owner. We must receive Your Written request to change the Renewal Allocation Percentage at least 30 days prior to the end of the Account Period for which the change is to be made.

**Renewal Allocation Amount.** This amount on any Allocation Day is equal to the Renewal Allocation Percentage times the Accumulation Value of the Account ending on the day immediately preceding the Allocation Day, including any Index Interest credited to such Account.

**Calculation of Index Interest Percentage.** At the end of each Account Period, We will calculate the Index Interest Percentage used for crediting Index Interest to each Account by comparing the S&P 500 Index value at the end of the Account Period to the S&P 500 Index value at the beginning of the same Account Period to determine the percentage change in the S&P 500 Index over that one year period. That percentage change will then be adjusted for the Index Cap to determine the annual interest rate used to calculate Index Interest credited to the Account for that Account Period. Annual changes can be positive or negative, but the Index Interest Percentage used to determine Index Interest cannot be less than zero.

If an Allocation Day is not a market day for the S&P 500 Index, the Index Interest Percentage will be calculated using the S&P 500 Index value that was published on the last market day before such Allocation Day. Such use of an earlier market day does not change an Account Period's beginning and ending dates. The value of the index on a market day will be the value as of the close of business on such market day. The term "market day" means a day the S&P 500 Index is determined and published.

The Index Interest Percentage calculation will be performed as follows:

- (a) Equals the ending S&P 500 Index value minus the beginning S&P 500 Index value;
- (b) Equals (a) divided by the beginning S&P 500 Index value;
- (c) Equals the lesser of (b) or the Index Cap;
- (d) Equals (c) minus the Account's Guaranteed Interest Rate;
- (e) Equals the greater of (d) or zero percent (Index Interest Percentage).

**Calculation of Index Interest.** To calculate the amount of Index Interest to be credited to the Account, We will multiply the Account's Eligible Value by the Index Interest Percentage calculated for that Account Period.

**Example 1.** Assume that \$10,000 is the Account's Eligible Value and there is a positive change in the S&P 500 Index value.

In this example, assume the following:

- The ending S&P 500 Index value is 1,100
  - The beginning S&P 500 Index value is 1,000
  - The Index Cap is 7.00%
  - The Guaranteed Interest Rate is 1.00%
- (a)  $1,100 - 1,000 = 100$
- (b)  $100/1,000 = 10.00\%$
- (c) Lesser of 10.00% or the Index Cap of 7.00% = 7.00%
- (d)  $7.00\% - 1.00\% = 6.00\%$
- (e) Greater of 6.00% or 0.00% = 6.00%

Index Interest Credited to Account:  $\$10,000 \times 6.00\% = \$600.00$

**Example 2.** Assume that \$10,000 is the Account's Eligible Value and there is a negative change in the S&P 500 Index value.

In this example, assume the following:

- The ending S&P 500 Index value is 900
  - The beginning S&P 500 Index value is 1,000
  - The Index Cap is 7.00%
  - The Guaranteed Interest Rate is 1.00%
- (a)  $900 - 1,000 = -100$
- (b)  $-100/1,000 = -10.00\%$
- (c) Lesser of -10.00% or the Index Cap of 7.00% = -10.00%
- (d)  $-10.00\% - 1.00\% = -11.00\%$
- (e) Greater of -11.00% or 0.00% = 0.00%

Index Interest Credited to Account:  $\$10,000 \times 0.00\% = \$0.00$

**Policy Provisions Applicable.** This rider is subject to the provisions of the policy to which it is attached except as provided in this rider.

The effective date of this rider is the Date of Issue of the policy.



President

### **DISCLAIMER**

The AG Choice Index GUL<sup>SM</sup> is not sponsored, endorsed, sold or promoted by Standard & Poor's ("S&P") or its third party licensors. Neither S&P nor its third party licensors makes any representation or warranty, express or implied, to the owners of AG Choice Index GUL<sup>SM</sup> or any member of the public regarding the advisability of investing in securities generally or in the AG Choice Index GUL<sup>SM</sup> particularly or the ability of the S&P 500 Index (the "Index") to track general stock market performance. S&P's and its third party licensor's only relationship to American General Life Companies and affiliates is the licensing of certain trademarks and trade names of S&P and the third party licensors and of the Index which is determined, composed and calculated by S&P or its third party licensors without regard to American General Life Companies and affiliates or AG Choice Index GUL<sup>SM</sup>. S&P and its third party licensors have no obligation to take the needs of American General Life Companies and affiliates or the owners of the AG Choice Index GUL<sup>SM</sup> into consideration in determining, composing or calculating the Index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the AG Choice Index GUL<sup>SM</sup> or the timing of the issuance or sale of the AG Choice Index GUL<sup>SM</sup> or in the determination or calculation of the equation by which the AG Choice Index GUL<sup>SM</sup> is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the AG Choice Index GUL<sup>SM</sup>.

NEITHER S&P, ITS AFFILIATES NOR THEIR THIRD PARTY LICENSORS GUARANTEE ADEQUACY, ACCURACY, TIMELINESS OR COMPLETENESS OF THE INDEX OR ANY DATA INCLUDED THEREIN OR ANY COMMUNICATIONS, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATION (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P, ITS AFFILIATES AND THEIR THIRD PARTY LICENSORS SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS OR DELAYS THEREIN. S&P MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE WITH RESPECT TO THE MARKS, THE INDEX OR ANY DATA INCLUDED THEREIN. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P, ITS AFFILIATES OR THEIR THIRD PARTY LICENSORS BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE.

*The Standard & Poor's®; S&P 500®; Standard & Poor's 500; S&P® are trademarks of Standard & Poor's and have been licensed for use by American General Life Companies and affiliates.*

## AMERICAN GENERAL LIFE INSURANCE COMPANY

### 5-YEAR POINT-TO-POINT MULTIPLE FIXED INDEX INTEREST ACCOUNT WITH PARTICIPATION RATE RIDER

This rider has been added to and made a part of the policy to which it is attached.

This rider allows the addition of Fixed Index Interest Accounts to the policy to which it is attached. Each 5-Year Account (Account) will have a duration of five years (Account Period). Each Account Period begins on an Allocation Day and ends on an Allocation Day of the same month five years later. The initial Account Period begins on the Allocation Day shown on the Policy Schedule. (For example, an Account with an Account Period beginning on January 5, 2011 will end on January 5, 2016. The subsequent Account Period will begin on January 5, 2016.) Fixed Index Interest (Index Interest) may be credited to the policy's Accumulation Value as described in this rider. This rider will remain in force if the Owner elects to extend coverage past the Maturity Date stated on the Policy Schedule. However, premium payments will not be accepted after the Maturity Date.

Index Interest, if any, will be credited at the end of each Account Period. Index Interest is calculated based in part on the 5-year point-to-point percentage change in three indices. Index Interest will vary among the various Accounts and will depend upon the Participation Rates and changes in the indices among each Account, and may be zero. Index interest will never be less than zero. The indices do not reflect dividends. Since Index Interest is determined at the end of each Account Period, no Index Interest will be added: 1) as a result of a full surrender; 2) to the amount paid as a partial surrender; or 3) upon the death of the Insured (or the Last Surviving Contingent Insured, if applicable) occurring prior to the end of an Account Period.

Accounts are credited with guaranteed interest monthly during the Account Period. Each Account's Guaranteed Interest Rate is shown on the Policy Schedule. Index Interest is in addition to guaranteed interest and is credited at the end of the Account Period. Interest credited on an Account will be added to that Account.

**S&P 500 Index.** References in this rider to the S&P 500 Index mean the Standard and Poor's 500 Composite Stock Price Index. It is an index of the stock of 500 publicly traded companies. The S&P 500 Index value on the Date of Issue is shown on the Policy Schedule.

**EURO STOXX 50® Index.** The EURO STOXX 50® Index is an index of blue-chip stocks which are represented by 50 stocks covering the largest Sector leaders in the Dow Jones EURO STOXX 50 Index. The EURO STOXX 50 Index value on the Date of Issue is shown on the Schedule Page.

**Hang Seng® Index.** Hang Seng means the Hang Seng Index (HSI). It is an index of the largest and most liquid stocks listed on the Stock Exchange of Hong Kong (SEHK). The index does not reflect dividends. The Hang Seng Index value on the Date of Issue is shown on the Policy Schedule.

**Eligible Value.** The Eligible Value at the end of each Account Period will be calculated as follows:

1. We will take the total dollar amount of the guaranteed interest credited to the Account's Accumulation Value in the preceding 60 months; and
2. Divide that total by the Eligible Value Factor shown on the Policy Schedule.

**Index Return and Adjusted Index Return.** We will compare each indice's index value at the end of the Account Period to such indice's index value at the beginning of the same Account Period to determine the percentage change in that indice's index value over that Account Period. The Index Return for an index is the percentage change in the index value during that Account Period.

If an Allocation Day is not a market day for an index, the Index Return will be calculated using the index value that was published on the last market day before such Allocation Day. Such use of an earlier market day does not change an Account Period's beginning and ending dates. The value of an index on a market day will be the value as of the close of business on such market day. The term "market day" means a day an index is determined and published.

The Adjusted Index Return for an Account will be:

1. Index Factor 1 times the highest Index Return of the three indices; plus
2. Index Factor 2 times the next highest Index Return of the three indices; plus
3. Index Factor 3 times the lowest Index Return of the three indices.

The three factors are shown on the Policy Schedule. They are guaranteed and will not change while the policy is in force.

**Participation Rate.** The Participation Rate is the percentage of the Adjusted Index Return that will be used to calculate Index Interest, if any. The Initial Participation Rate is shown on the Policy Schedule and is guaranteed for the Account established on the Date of Issue. From time to time We may declare a new Participation Rate that will apply to each new Account. The new Participation Rate may be higher or lower than the Initial Participation Rate. The new Participation Rate will never be lower than the Minimum Participation Rate shown on the Policy Schedule. Once an Account is created the Participation Rate will not change for that Account.

Any new Participation Rate will be based on Our future expectations as to: mortality; persistency; expenses; investment earnings; reinsurance costs; option prices; and any state and federal taxes. We will not change these rates in order to recoup any prior losses.

**Renewal Allocation Percentage.** This is the percentage of each Account's Accumulation Value that will be allocated to a new Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Account until changed by the Owner. We must receive Your Written request to change the Renewal Allocation Percentage at least 30 days prior to the end of the Account Period for which the change is to be made.

**Renewal Allocation Amount.** This amount on any Allocation Day is equal to the Renewal Allocation Percentage times the Accumulation Value of the Account ending on the day immediately preceding the Allocation Day, including any Index Interest credited to such Account.

**Calculation of Index Interest Percentage.** The Index Interest Percentage for each Account will be calculated at the end of each Account Period as follows:

1. At the end of the Account Period, We will take the Adjusted Index Return applicable for such Account; and

2. Multiply it by the Participation Rate applicable to such Account; and
3. Subtract the Eligible Value Factor shown on the Policy Schedule.

The Index Interest Percentage for any Account will never be less than zero.

**Calculation of Index Interest.** To calculate the amount of Index Interest to be credited to each Account, We will multiply the Account's Eligible Value by its Index Interest Percentage calculated for that Account Period.

The Index Interest calculation for each Account will be performed as follows:

- (a) Index Return: Equals the ending S&P 500 Index value during the Account Period divided by the beginning S&P 500 Index value minus 1;
- (b) Index Return: Equals the ending EURO STOXX 50 Index value during the Account Period divided by the beginning EURO STOXX 50 Index value minus 1;
- (c) Index Return: Equals the ending Hang Seng Index value during the Account Period divided by the beginning Hang Seng Index value minus 1;
- (d) Adjusted Index Return: Equals Factor 1 multiplied by the largest of (a), (b) and (c); plus Factor 2 multiplied by the next largest of (a), (b) and (c); plus Factor 3 multiplied by the smallest of (a), (b) and (c);
- (e) Index Interest Percentage: Adjusted Index Return (d) multiplied by Participation Rate less the Eligible Value Factor;
- (f) Eligible Value: The total dollar amount of guaranteed interest credited to the Account's Accumulation Value in the preceding 60 months divided by the Eligible Value Factor;
- (g) Index Interest: Eligible Value (f) multiplied by the Index Interest Percentage (e).

**Example 1.** Assume there are positive changes in all three index values.

In this example, assume the following:

- The ending S&P 500 Index value is 1,100
- The beginning S&P 500 Index value is 1,000
- The ending EURO STOXX 50 Index value is 50
- The beginning EURO STOXX 50 Index value is 40
- The ending Hang Seng Index value is 14,700
- The beginning Hang Seng Index value is 14,000

- Factor 1 – 75.00%
  - Factor 2 – 25.00%
  - Factor 3 – 0.00%
  - The Participation Rate is 55.00%
  - Total Amount of Guaranteed Interest \$5,000
  - Eligible Value Factor is 0.05101
- (a)  $1,100/1,000 - 1 = .10$
- (b)  $50/40 - 1 = .25$
- (c)  $14,700/14,000 - 1 = .05$
- (d)  $(.25 \times 75.00\%) + (.10 \times 25.00\%) + (.05 \times 0.00\%) = 21.25\%$
- (e)  $21.25\% \times 55\% - 0.05101 = 6.58\%$
- (f)  $\$5,000 / 0.05101 = \$98,020$
- (g)  $\$98,020 \times 6.58\% = \$6,449.72$

Index Interest Credited to Account: \$6,449.72

**Example 2.** Assume there are negative changes in all three index values.

In this example, assume the following:

- The ending S&P 500 Index value is 800
- The beginning S&P 500 Index value is 1,000
- The ending EURO STOXX 50 Index value is 20
- The beginning EURO STOXX 50 Index value is 40
- The ending Hang Seng Index value is 12,000
- The beginning Hang Seng Index value is 14,000
- Factor 1 – 75.00%
- Factor 2 – 25.00%
- Factor 3 – 0.00%
- The Participation Rate is 55.00%
- Total Amount of Guaranteed Interest \$5,000
- Eligible Value Factor is 0.05101

- (a)  $800/1,000 - 1 = -.20$
- (b)  $20/40 - 1 = -.50$
- (c)  $12,000/14,000 - 1 = -.1429$
- (d)  $(-.1429 \times 75.00\%) + (-.20 \times 25.00\%) + (-.50 \times 0.00\%) = -15.72\%$
- (e)  $-15.72\% \times 55\% - 0.05101 = *0.0\%$
- (f)  $\$5,000 / 0.05101 = \$98,020$
- (g)  $\$98,020 \times 0.0\% = \$0.00$

\*The Index Interest Percentage will never be less than zero.

Index Interest Credited to Account: \$0.00

**Policy Provisions Applicable.** This rider is subject to the provisions of the policy to which it is attached except as provided in this rider.

The effective date of this rider is the Date of Issue of the policy.



President

## DISCLAIMERS

The AG Choice Index GUL<sup>SM</sup> is not sponsored, endorsed, sold or promoted by Standard & Poor's ("S&P") or its third party licensors. Neither S&P nor its third party licensors makes any representation or warranty, express or implied, to the owners of AG Choice Index GUL<sup>SM</sup> or any member of the public regarding the advisability of investing in securities generally or in the AG Choice Index GUL<sup>SM</sup> particularly or the ability of the S&P 500 Index (the "Index") to track general stock market performance. S&P's and its third party licensor's only relationship to American General Life Companies and affiliates is the licensing of certain trademarks and trade names of S&P and the third party licensors and of the Index which is determined, composed and calculated by S&P or its third party licensors without regard to American General Life Companies and affiliates or AG Choice Index GUL<sup>SM</sup>. S&P and its third party licensors have no obligation to take the needs of American General Life Companies and affiliates or the owners of the AG Choice Index GUL<sup>SM</sup> into consideration in determining, composing or calculating the Index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the AG Choice Index GUL<sup>SM</sup> or the timing of the issuance or sale of the AG Choice Index GUL<sup>SM</sup> or in the determination or calculation of the equation by which the AG Choice Index GUL<sup>SM</sup> is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the AG Choice Index GUL<sup>SM</sup>.

NEITHER S&P, ITS AFFILIATES NOR THEIR THIRD PARTY LICENSORS GUARANTEE ADEQUACY, ACCURACY, TIMELINESS OR COMPLETENESS OF THE INDEX OR ANY DATA INCLUDED THEREIN OR ANY COMMUNICATIONS, INCLUDING BUT NOT LIMITED TO, ORAL OR WRITTEN COMMUNICATION (INCLUDING ELECTRONIC COMMUNICATIONS) WITH RESPECT THERETO. S&P, ITS AFFILIATES AND THEIR THIRD PARTY LICENSORS SHALL NOT BE SUBJECT TO ANY DAMAGES OR LIABILITY FOR ANY ERRORS, OMISSIONS OR DELAYS THEREIN. S&P MAKES NO EXPRESS OR IMPLIED WARRANTIES, AND EXPRESSLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE WITH RESPECT TO THE MARKS, THE INDEX OR ANY DATA INCLUDED THEREIN. WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P, ITS AFFILIATES OR THEIR THIRD PARTY LICENSORS BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE.

*The Standard & Poor's®; S&P 500®; Standard & Poor's 500; S&P® are trademarks of Standard & Poor's and have been licensed for use by American General Life Companies and affiliates.*

The STOXX® Indices and the data comprised therein (the "Index Data") are the intellectual property (including registered trademarks) of STOXX Limited, Zurich, Switzerland ("STOXX") and/or its licensors (the "STOXX Licensors"). The use of the Index Data requires a license from STOXX. STOXX and the STOXX Licensors do not make any warranties or representations, express or implied with respect to the timeliness, sequence, accuracy, completeness, currentness, merchantability, quality or fitness for any particular purpose of the Index Data. In particular, the inclusion or deletion of a company in a STOXX® Index does not in any way reflect an opinion of STOXX or the STOXX Licensors on the merits of that company. STOXX and the STOXX Licensors are not providing investment, tax or other professional advice through the publication of the STOXX® Indices or in connection therewith.

The Hang Seng Index (the "Index") is published and compiled by Hang Seng Indexes Company Limited pursuant to a license from Hang Seng Data Services Limited. The mark and name "Hang Seng Index" are proprietary to Hang Seng Data Services Limited. Hang Seng Indexes Company Limited and Hang Seng Data Services Limited have agreed to the use of, and reference to, the Index by American General Life Insurance Company (American General Life) in connection with AG Choice Index GUL<sup>SM</sup> (the "Product"), BUT NEITHER HANG SENG INDEXES COMPANY LIMITED NOR HANG SENG DATA SERVICES LIMITED WARRANTS OR REPRESENTS OR GUARANTEES TO ANY BROKER OR HOLDER OF THE PRODUCT OR ANY OTHER PERSON (i) THE ACCURACY OR COMPLETENESS OF ANY OF THE INDEX(ES) AND ITS COMPUTATION OR ANY INFORMATION RELATED THERETO; OR (ii) THE FITNESS OR SUITABILITY FOR ANY PURPOSE OF ANY OF THE INDEX(ES) OR ANY COMPONENT OR DATA COMPRISED IN IT; OR (iii) THE RESULTS WHICH MAY BE OBTAINED BY ANY PERSON FROM THE USE OF ANY OF THE INDEX(ES) OR ANY COMPONENT OR DATA COMPRISED IN IT FOR ANY PURPOSE, AND NO WARRANTY OR REPRESENTATION OR GUARANTEE OF ANY KIND WHATSOEVER

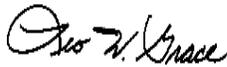
RELATING TO ANY OF THE INDEX(ES) IS GIVEN OR MAY BE IMPLIED. The process and basis of computation and compilation of any of the Index(es) and any of the related formula or formulae, constituent stocks and factors may at any time be changed or altered by Hang Seng Indexes Company Limited without notice. TO THE EXTENT PERMITTED BY APPLICABLE LAW, NO RESPONSIBILITY OR LIABILITY IS ACCEPTED BY HANG SENG INDEXES COMPANY LIMITED OR HANG SENG DATA SERVICES LIMITED (i) IN RESPECT OF THE USE OF AND/OR REFERENCE TO ANY OF THE INDEX(ES) BY AMERICAN GENERAL LIFE IN CONNECTION WITH THE PRODUCT; OR (ii) FOR ANY INACCURACIES, OMISSIONS, MISTAKES OR ERRORS OF HANG SENG INDEXES COMPANY LIMITED IN THE COMPUTATION OF ANY OF THE INDEX(ES); OR (iii) FOR ANY INACCURACIES, OMISSIONS, MISTAKES, ERRORS OR INCOMPLETENESS OF ANY INFORMATION USED IN CONNECTION WITH THE COMPUTATION OF ANY OF THE INDEX(ES) WHICH IS SUPPLIED BY ANY OTHER PERSON; OR (iv) FOR ANY ECONOMIC OR OTHER LOSS WHICH MAY BE DIRECTLY OR INDIRECTLY SUSTAINED BY ANY BROKER OR HOLDER OF THE PRODUCT OR ANY OTHER PERSON DEALING WITH THE PRODUCT AS A RESULT OF ANY OF THE AFORESAID, AND NO CLAIMS, ACTIONS OR LEGAL PROCEEDINGS MAY BE BROUGHT AGAINST HANG SENG INDEXES COMPANY LIMITED AND/OR HANG SENG DATA SERVICES LIMITED in connection with the Product in any manner whatsoever by any broker, holder or other person dealing with the Product. Any broker, holder or other person dealing with the Product does so therefore in full knowledge of this disclaimer and can place no reliance whatsoever on Hang Seng Indexes Company Limited and Hang Seng Data Services Limited. For the avoidance of doubt, this disclaimer does not create any contractual or quasi-contractual relationship between any broker, holder or other person and Hang Seng Indexes Company Limited and/or Hang Seng Data Services Limited and must not be construed to have created such relationship.



AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS FLESCH CERTIFICATION

This is to certify that the attached Form No(s). **11474, 11220, and 11221** (has) achieved Flesch Reading Score of **53.318, 51.20, and 51.80** and comply (ies) with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



---

Leo W. Grace, FLMI  
Vice President

April 1, 2011  
Date

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: American General Life Insurance Company

Form Number(s): 11474 - Fixed Index Interest Flexible Premium Adjustable Life Ins Policy  
11220 - 1-Year Point-To-Point Fixed Index Interest Account with Index Cap Rider  
11221 - 5-Year Point-To-Point Multiple Fixed Index Interest Account with  
Participation Rate Rider

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

Leo W. Grace, FLMI

\_\_\_\_\_  
Name

Vice President

\_\_\_\_\_  
Title

05/02/11

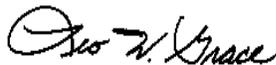
\_\_\_\_\_  
Date

**AMERICAN GENERAL LIFE INSURANCE COMPANY**

**ARKANSAS CERTIFICATION OF COMPLIANCE**

		<b>Y/N</b>	<b>NA</b>
<b>Arkansas Code 23-79-138</b>	<b>Required Policy Information</b> (AGL Form L-4339)	Y	
<b>Rule and Regulation 49</b>	<b>Life And Disability Insurance Guaranty Fund Notices</b>	Y	
<b>Rule and Regulation 19</b>	<b>Unfair Sex Discrimination in the Sale of Insurance</b>	Y	
<b>Rule and Regulation 33</b>	<b>Variable Life Insurance</b>		N/A
	Licensing and approval to do business		N/A
	Qualification of Insurer to Issue Variable Life Insurance		N/A
	Article IV. Insurance Policy Requirements		N/A
	Article V. Reserve Liabilities for Variable Life Insurance		N/A
	Article VI. Separate Accounts		N/A
	Article VII. Information Furnished to Applicants		N/A
	Article VIII. Applications		N/A
	Article IX. Reports to Policyholders		N/A
	Article X. Foreign Companies		N/A
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance		N/A
	Article XII. Separability Article		N/A
	Article XIII. Supersession of Conflicting Regulations		N/A
<b>Rule and Regulation 34</b>	<b>Universal Life Insurance (Sections 1-12)</b>	Y	
	Valuation	Y	
	Nonforfeiture	Y	
	Mandatory Policy Provisions	Y	
	Disclosure Requirements	Y	
	Periodic Disclosure to Policyowner	Y	
	Interest Indexed Universal Life Policies	Y	
	Severability	Y	
<b>Arkansas Bulletin 11-83</b>	<b>Guidelines for non-guaranteed costs on participating and non-participating life insurance</b>		N/A
	<b>Current and Guaranteed Cost Of Insurance Rates</b>	Y	
	<b>Minimum/Maximum Interest Rate Range</b> Minimum Rate: Maximum Rate:	2% 10%	

I hereby certify that form(s) **11474** is in compliance with those relevant Arkansas laws and regulations sited above.



\_\_\_\_\_  
Leo W. Grace  
Director, Product Development



3. Owner

A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section)

First Name MI Last Name Sex M F
Social Security or Tax ID # Date of Birth
U.S. Citizen yes no If no, Country of Citizenship Date of Entry Visa Type Exp. Date
Address City, State ZIP
Home Phone Relationship to Primary Proposed Insured
Email

B. Complete if Owner is a trust (If trustee is a premium payor, also complete section 13 D)

Exact Name of Trust Trust Tax ID #
Address City, State ZIP
Email
Current Trustee(s) Date of Trust

4. Product Name (Complete appropriate supplemental application if applicable) Elite Universal Life

Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$
Death Benefit Compliance Test Used (If applicable): Guideline Premium Cash Value Accumulation
Automatic Premium Loan (If applicable): yes no Premium Class Quoted
Reason for Insurance family protection

5. Premium Allocation (For Index UL only) (Complete line A, line B or line C based on the selected product)

Indicate how each premium received is to be allocated. Total allocations must equal 100%. Use whole percentage only.
A. 1-Year Index Interest Account % 5-Year Index Interest Account % Declared Interest Account %
B. 1-Year Index Cap Account % Annual Participation Rate Account % Declared Interest Account %
C. 1-Year Index Cap Account % 5-Year Index Interest Account % Declared Interest Account %
Other:

6. Death Benefit Options (For UL & VUL only) Option 1 - Level Option 2 - Increasing Option 3 - Level Plus Return of Premium

7. Riders/Benefits

Child Rider Amount \$ (Complete Child Rider Attachment) or No current children
Waiver of Premium Waiver of Monthly Deduction Waiver of Monthly Guarantee Premium
Maturity Extension Rider - Accumulation Value Maturity Extension Rider - Death Benefit
Terminal Illness Rider
Accidental Death Benefit Amount \$ Other Insured/Spouse Rider Amount \$
Select Income Rider (Complete the following if SI Rider selected) Benefit Duration Monthly Benefit Amt \$
Disability Income Rider (Complete the following if DI Rider selected)
Number of Units (1 unit = \$100): Occupational Class (Please check): 1 2
Other Riders/Benefits #1 Amount/Unit(s)
Other Riders/Benefits #2 Amount/Unit(s)

8. Primary Beneficiary

Name Jane Doe Relationship wife Share 100 % DOB SSN
Name Relationship Share % DOB SSN
Name Relationship Share % DOB SSN
Name Relationship Share % DOB SSN

9. Contingent Beneficiary

Name Relationship Share % DOB SSN
Name Relationship Share % DOB SSN

10. Trust Information (if Beneficiary) Exact Name of Trust

Trust Tax ID # Current Trustee(s) Date of Trust

11. Rider Beneficiaries (Complete if other than Primary Proposed Insured)

Other Insured/Spouse Rider Relationship

**12. Business Insurance Details** (Complete only if applying for business coverage)

Does any Proposed Insured have an ownership interest in the business?  yes  no  
 If yes, what is the percentage of ownership for the: Primary Proposed Insured \_\_\_\_\_% Other Proposed Insured \_\_\_\_\_%  
 Net Profit of Business \$ \_\_\_\_\_ Fair Market Value of Business \$ \_\_\_\_\_  
 If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered?  yes  no  
 If no, provide the reason why all partners are not covered \_\_\_\_\_  
 Describe any special circumstances \_\_\_\_\_

**13. Premium Payment**  Modal \$ 600  Single \$ \_\_\_\_\_  Additional Initial \$ \_\_\_\_\_

**A. Frequency of modal premium:**  Annual  Semi-annual  Quarterly  Monthly (Bank Draft only)  
**B. Method:**  Direct Billing  Bank Draft (Complete Bank Draft Authorization)  List Bill: Number \_\_\_\_\_  
 Credit Card - Initial Premium Only (Complete Credit Card Authorization) (Not available for VUL products)  
 Other (Please explain) \_\_\_\_\_

**C. Amount submitted with application \$** 600

**D. Premium Payor** (Complete if other than Owner or if Owner is Trustee)  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Sex  M  F  
 Social Security or Tax ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Relationship to Primary Proposed Insured \_\_\_\_\_  
 U.S. Citizen  yes  no If no, Country of Citizenship \_\_\_\_\_ Date of Entry \_\_\_\_\_ Visa Type \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ ZIP \_\_\_\_\_

**14. Existing Coverage and Replacements**

**A. Does any Proposed Insured have any existing or pending annuities or life insurance policies?\***  yes  no  
**B. If question 14A is answered "yes", please provide the following information:**

Name of Proposed Insured	Type (see below)	Year of Issue	Face Amount	Insurance Company	Contract or Policy #	Is Coverage being Replaced?***	1035 Exchange
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes

**Type:** i= individual, b= business, g= group, p= pending life insurance or annuity  
 \*If 14A is answered "yes", certain states require completion of replacement-related forms even when existing or pending life insurance or annuities are not being replaced by the life insurance policy being applied for.  
 \*\*\*"Replace" means that the life insurance policy being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract. If the transaction is a replacement, also complete the replacement-related form for the state where the application is signed.

**C. Disability Coverage** (Complete only if Disability Income Rider coverage requested)

Does any Proposed Insured have any existing or pending Disability insurance policies?  yes  no  
 (If yes, complete the following regarding existing and pending disability insurance)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**15. Background Information** (Complete questions A through J. If yes answer applies to any Proposed Insured, provide details specified after each question)

- A.** Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years?  yes  no  
(If yes, list country(ies), city(ies), date, length of stay(s), and purpose or complete the Foreign Travel and Residence Questionnaire) \_\_\_\_\_
- B.** In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities?  yes  no  
(If yes, complete the Aviation and/or Avocation Questionnaire)
- C.** Has any Proposed Insured:
- 1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application?  yes  no  
(If yes, list company name, amount applied for, purpose of insurance, and if application will be placed) \_\_\_\_\_
- 2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal?  yes  no  
(If yes, list date and reason) \_\_\_\_\_
- D.** Has any Proposed Insured ever filed for bankruptcy?  yes  no  
(If yes, list chapter filed, date, reason, and discharge date) \_\_\_\_\_
- E.** In the past five years, has any Proposed Insured been charged with or convicted of any driving violations to include driving under the influence of alcohol or drugs?  yes  no  
(If yes, list date, state, license #, and specific violation) \_\_\_\_\_
- F.** Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending?  yes  no  
(If yes, list date, county, state, charge, and current status) \_\_\_\_\_
- G.** Is any Proposed Insured an active duty service member of the US Armed Forces, a member of the National Guard or an active reservist of the US Armed Forces, or a dependent of an active duty service member of the US Armed Forces?  yes  no  
(If yes, provide Pay Grade, Rank and any known foreign assignments. Complete the applicable Military Disclosure)
- H.** Is there an intention that any party, other than the Owner, will obtain any right, title, or interest in any policy issued on the life of any Proposed Insured as a result of this application?  yes  no
- I.** Does the Owner or any Proposed Insured intend to finance any of the premium required to pay for this policy through a financing or loan agreement?  yes  no
- J.** Is the Owner, any Proposed Insured, or any person or entity, being paid (cash, services, etc) as an incentive to enter into this transaction?  yes  no  
(If yes, describe the incentive) \_\_\_\_\_

**Remarks**

**16. Details and Explanations**

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

**Agreement, Authorization to Obtain and Disclose Information and Signatures**

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the questions regarding any Proposed Insured's health and age in section 3 of the LTLIA; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report.  Check if you wish to be interviewed.

**IRS Certification:** Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Owner signed at (city, state) Anytown, USA On (date) 3/17/2011

Owner Signature X John Doe Title (If Corporate Officer or Trustee)

Primary Proposed Insured Signature (if other than Owner) X \_\_\_\_\_  
(If under age 15, signature of parent or guardian)

Other Proposed Insured Signature (if other than Owner) X \_\_\_\_\_  
(If under age 15, signature of parent or guardian)

**Agent(s) Signature(s)**

I certify that the information supplied has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature X John Smith Countersigned \_\_\_\_\_  
(Licensed resident agent if state required)

**Agent's Report**

**1. Statements**

- A.** Does any Proposed Insured have any existing or pending annuities or life insurance policies?  yes  no  
*(If yes, certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for - please attach such forms)*
- B.** If yes to question 1 A., do you have any information that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity in connection with the policy being applied for?  yes  no  
*(If yes, please provide details in the Remarks section below and attach replacement-related forms)*
- C.** Number of years you have known Primary Proposed Insured: 10 years  
Other Proposed Insured: \_\_\_\_\_
- D.** Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance)*  yes  no
- E.** Did you provide the Owner with a Limited Temporary Life Insurance Agreement?  yes  no

**2. Remarks, Details and Explanations** *(Please include information on any collateral assignment, etc)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Commission, Agent/Agency Information** *(Please list servicing agent first)*

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

**4. Agent Agreement and Signature**

I understand and agree that if I am made aware of any changes to any of the answers contained in any of the forms I will notify the company of the changes.

Writing Agent Name *(Please print)* John Smith Date 3/17/2011

Writing Agent Signature **X** John Smith

State License # \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

**For Home Office use**

Processing Center \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Servicing Agent (if other than writing agent) send policy/delivery requirements to \_\_\_\_\_



**5. Personal Health History**

**A.** Has the Proposed Insured **ever** been diagnosed as having, been treated for, or consulted a licensed health care provider for:

- 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart?  yes  no
- 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins?  yes  no
- 3) cancer, tumors, masses, cysts or other such abnormalities?  yes  no
- 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system?  yes  no
- 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine?  yes  no
- 6) a disorder of the kidneys, bladder, prostate or reproductive organs or protein in the urine?  yes  no
- 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder?  yes  no
- 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including anxiety, depression or other psychiatric conditions?  yes  no
- 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders?  yes  no

*(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)*

**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.** Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation?  yes  no

*(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)*

**Details** \_\_\_\_\_  
\_\_\_\_\_

**C.** Has the Proposed Insured in the **past three years** had but NOT sought treatment for:

- 1) fainting spells, nervous disorder, headaches, convulsions or paralysis?  yes  no
- 2) any pain or discomfort in the chest or shortness of breath?  yes  no
- 3) disorders of the stomach, intestines or rectum, or blood in the urine?  yes  no

*(If yes, list condition such as: date of first occurrence; symptoms; and how treated)*

**Details** \_\_\_\_\_  
\_\_\_\_\_

**D.** Has the Proposed Insured **ever**:

- 1) sought or received medical advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs?  yes  no
- 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician?  yes  no

*(If yes answered to D1 or D2, please provide details below)*

Type of drug(s)/alcohol product(s) \_\_\_\_\_ Date last used \_\_\_\_\_

Frequency of use:  Daily  Weekly  Monthly Amount usually used: \_\_\_\_\_

Name(s) of doctor/facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Treatment Dates \_\_\_\_\_

Support group(s) \_\_\_\_\_ Last date attended \_\_\_\_\_

Was treatment or support group attendance court ordered?  yes  no

Details of any drug or alcohol related arrests \_\_\_\_\_

**5. Personal Health History (continued)**

E. Has the Proposed Insured **ever** been diagnosed as having or been treated by any member of the medical profession for AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS)?  yes  no  
*(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)*  
**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Other than previously stated, in the **past 10 years**, has the Proposed Insured:  
1) been hospitalized, consulted a health care provider or had any illness, injury or surgery?  yes  no  
*(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)*  
**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) been advised to have any diagnostic test, hospitalization or treatment that was NOT completed?  yes  no  
*(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; recommended tests, medications or treatment)*  
**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) received or claimed disability or hospital indemnity benefits or a pension for any injury, sickness, disability or impaired condition?  yes  no  
*(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)*  
**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Has the Proposed Insured had any emergency room or emergency clinic visits during the **past 5 years**?  yes  no  
*(If yes, provide name and address of hospital or emergency clinic, reason for visit(s), and resolution of condition)*  
**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Does the Proposed Insured have any symptoms or knowledge of any other condition that is NOT disclosed above?  yes  no  
*(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)*  
**Details** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agreement and Signatures**

I, the Proposed Insured signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of the Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

**Fraud**

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.

**SIGNATURE OF PROPOSED INSURED**

Signed at (city, state) Anytown, USA On (date) 3/17/2011

John Doe  
Proposed Insured (If under age 15, signature of parent or guardian)

**SIGNATURE(S) OF INTERVIEWER(S) – TO BE SIGNED BY ALL INTERVIEWERS, AS APPLICABLE**

I certify that the information supplied by the Proposed Insured has been truthfully and accurately recorded on the Part B application.

**If Agent recorded information**

John Agent 223344 3/17/2011  
Writing Agent Name (Please print) Writing Agent # Date

John Agent   
Writing Agent Signature Countersigned (Licensed resident agent if state required)

**If Tele-interviewer recorded information**

\_\_\_\_\_  
Name (Please print) Company Date

**If Paramedical Examiner/Medical Doctor recorded information**

Examiner Address \_\_\_\_\_ **Paramed: Use company stamp below.**

Examiner Phone # ( ) \_\_\_\_\_

Examiner Name \_\_\_\_\_

Examiner Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Physical Measurements**

**1. Proposed Insured**

- A. Name \_\_\_\_\_
- B. Build: Measured Height (*in shoes*) \_\_\_\_\_ ft \_\_\_\_\_ in Weight (*clothed*) \_\_\_\_\_ lbs (*Please weigh insured*)  
 If unable to obtain accurate weight, please provide reason \_\_\_\_\_
- C. Blood Pressure (*three readings required*): If blood pressure exceeds 140/90, repeat reading at end of examination.\*  
 Select cuff size:  Standard BP cuff  Large BP cuff

	<b>1st Reading</b>	<b>2nd Reading</b>	<b>3rd Reading</b>	<b>*Repeat Reading</b>
Systolic BP				
Diastolic 5th Phase BP				
Pulse Rate				
Irregularities Per Min.				

- D. Did you weigh Proposed Insured?  yes  no
- E. Have any of the following been completed in conjunction with this exam?  
 Blood  Urine  EKG  Stress Test
- F. Is appearance unhealthy or older than stated age?  yes  no
- G. Do you have any pertinent information not disclosed previously?  yes  no  
*(Details of yes answers to questions F and G)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- H. Are you related to the Proposed Insured by blood or marriage or do you have any business or professional relationship with the Proposed Insured? (*If yes, explain*)  yes  no

\_\_\_\_\_

\_\_\_\_\_

**Report By Examining Medical Doctor**

**Instructions to doctor:**

To be completed in private by doctor only. Examination of heart and lungs must be with stethoscope against bare skin.

1) Heart

- a. Is there any cyanosis, edema, or evidence of peripheral vascular disease, arteriosclerosis or other cardiovascular disorder? \_\_\_\_\_  yes  no
- b. Is heart enlarged? (*If yes, describe*) \_\_\_\_\_  yes  no
- c. Is murmur present? (*If yes, complete 1d*) \_\_\_\_\_  yes  no
- d. Before exercise, murmur is:  
 Constant Transmitted to where? \_\_\_\_\_  
 Inconstant Localized at:  Apex  Base  Elsewhere  
 Systolic (*Give details*) \_\_\_\_\_  
 Diastolic Murmur grade: (*Please circle*) 1/6 2/6 3/6 4/6 5/6 6/6  
 After valsalva, murmur is:  
 Unchanged  Decreased  Increased  Absent

Your impression \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Report by Examining Medical Doctor (continued)**

2) Has this examination revealed any abnormality of the following: *(Provide details to yes answers below)*

a) Eyes, ears, nose, mouth and throat? *(If vision or hearing is markedly impaired, indicate degree and correction)*  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

b) Endocrine system *(including thyroid)?*  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

c) Nervous system *(including reflexes, gait, paralysis)?*  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

d) Respiratory system?  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

e) Abdomen *(including scars)?*  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

f) Genito-urinary system?  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

g) Skin *(including scars), lymph nodes, blood vessels (including varicose veins)?*  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

h) Musculoskeletal system *(including spine, joints, amputations, deformities)?*  yes  no

**Details** \_\_\_\_\_  
\_\_\_\_\_

**Signature**

**Paramedical Examiner/Medical Doctor Signature**

I certify that this exam was conducted the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_  am  pm

Location of Exam \_\_\_\_\_ **Paramed: Use company stamp below.**

Examiner Address \_\_\_\_\_

Examiner Phone # ( ) \_\_\_\_\_

Examiner Name \_\_\_\_\_

Examiner Signature **X** \_\_\_\_\_

*(Agent should inform Paramedical Examiner/Medical Doctor of proper location to send form upon completion)*

**American General Life Insurance Company**

The following addresses and telephone numbers are furnished for your information:

The name, address, and phone number of your agent is:

---

Name

---

Address

---

---

Phone Number

The name, address, and phone number of the company is:

American General Life Insurance Company  
P.O. Box 1931  
Houston, Texas 77251  
(713) 522-1111

You may contact the State Insurance Department, Consumer Services Division, at 1200 West Third Street, Little Rock, Arkansas 72201-1904, or call them at (501) 371-2640 or toll free at (800) 852-5494.

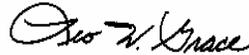
The notice is for information only and does not become a part or condition of your policy or contract.

AMERICAN GENERAL LIFE INSURANCE COMPANY

FORMS – 11474, 11220, 11221

We are in compliance with the Arkansas' External-Indexed Contract Guidelines and further certify the following:

1. The contract summary disclosure has been reviewed and complies with the Disclosure and Advertising requirements;
2. The contract will not be solicited by any person who is not trained and qualified;
3. The company will address external-indexed contracts separately in the annual (Section 8) actuarial opinion and memorandum addressing each year the amount and type of assets held and the level of reserves and how developed.
4. The company will establish and maintain a detailed file defining the system for hedging.



---

Leo W. Grace, FLMI  
Assistant Secretary

May 9, 2011  
Date