

SERFF Tracking Number: APLE-127143557 State: Arkansas  
Filing Company: IA American Life Insurance Company State Tracking Number: 48709  
Company Tracking Number:  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Flexible Premium Adjustable Life Insurance Policy - 9817  
Project Name/Number: /

## Filing at a Glance

Company: IA American Life Insurance Company

Product Name: Flexible Premium Adjustable Life Insurance Policy - 9817 SERFF Tr Num: APLE-127143557 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved- Closed State Tr Num: 48709

Sub-TOI: L09I.001 Single Life Co Tr Num: State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird

Author: Traci Baty

Date Submitted: 05/06/2011

Disposition Date: 05/12/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed in Georgia, our State of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Deemer Date:

Created By: Traci Baty

Submitted By: Traci Baty

Corresponding Filing Tracking Number:

Filing Description:

Cover Letter Under Supporting Documentation.

## Company and Contact

### Filing Contact Information

Clara Keel, Product Filing Manager  
425 Austin Ave

ckeel@aatx.com  
254-297-2794 [Phone]

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 Adjustable Life  
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 Project Name/Number: /

Waco, TX 76701

**Filing Company Information**

IA American Life Insurance Company	CoCode: 91693	State of Domicile: Georgia
17550 N. Perimeter Dr.	Group Code: 315	Company Type: LAH
Suite 210	Group Name: Industrial Alliance Group	State ID Number:
Scottsdale, AZ 85255-0131	FEIN Number: 13-3036472	
(480) 473-5540 ext. [Phone]		

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$250.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
IA American Life Insurance Company	\$250.00	05/06/2011	47358143

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/12/2011	05/12/2011



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Compliance		Yes
Supporting Document	Consent to Submit Rates		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Accidental Death Benefit Agreement		Yes
Form	Waiver of Premium Disability Agreement		Yes
Form	Family Insurance Agreement		Yes
Form	Life Insurance Application		Yes

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 Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form No. IA09-AR-9817	Policy/Contract/Fraternal Insurance Policy Certificate Flexible Premium Adjustable Life	Initial		50.000	AR IA09-9817 Flexible Premium Adjustable Policy.pdf
	Form No. IA7160	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider Accidental Death Benefit Agreement	Initial		52.000	STD IA7160 Accidental Death Benefit Agreement.pdf
	Form No. IA7184-AR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider Waiver of Premium Disability Agreement	Initial		54.000	AR IA7184 Waiver of Premium Disability Agreement.pdf
	Form No. IA8374	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Family Insurance Agreement	Initial		54.000	STD IA8374 Family Insurance Agreement.pdf





Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
254-297-2774

**THIS POLICY IS A LEGAL CONTRACT – PLEASE READ IT CAREFULLY.**

We will pay the Death Benefit Proceeds provided in this Policy to the Beneficiary if the Insured dies prior to the Maturity Date and while this Policy is in force. Payment is subject to the Policy terms and conditions. Such payment may be reduced by any due and unpaid premium.

We will pay the Cash Surrender Value of this Policy to the Owner on the Maturity Date if the Insured is living.

**30 DAY RIGHT TO EXAMINE POLICY.** This life insurance Policy is a legal Contract between the Owner and Us. PLEASE READ IT CAREFULLY. It is important to Us that You are satisfied with this Policy. If You are not satisfied, You may return the Policy to Our Home Office or to Your agent within 30 days after You receive it. We will refund all the premiums You have paid. The Policy will be deemed void from the Issue Date.

**Flexible Premium Adjustable Life Insurance Policy  
Adjustable Death Benefit  
Cash Surrender Value Payable at Maturity  
Flexible Premium Payable during Lifetime of Insured Until Maturity Date  
Death Benefit Payable at Death of Insured Prior to Maturity  
Non-Participating**

SIGNED FOR THE COMPANY BY:

  
Secretary

  
President

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POLICY SPECIFICATIONS PAGE

DESCRIPTION OF BENEFITS	INITIAL ANNUAL PREMIUM
FLEXIBLE PREMIUM ADJUSTABLE	
LIFE INSURANCE	\$ [302.65]
\$[47,000]FAMILY INSURANCE AGREEMENT DECREASING TERM RIDER ON SPOUSE – \$[15,000] LEVEL TERM INSURANCE ON DEPENDENT CHILDREN	\$ [195.00] FOR [29] YEARS
\$[100,000] ACCIDENTAL DEATH BENEFIT EXPIRING IN 30 YEARS	\$ [96.00] FOR [30] YEARS
WAIVER OF \$[618.00] PREMIUM PER YEAR EXPIRING IN 25 YEARS	\$ [24.35] FOR [25] YEARS

PREMIUM CLASSIFICATION:	[NON-TOBACCO]
TOTAL INITIAL PREMIUM:	\$ [618.00] ANNUALLY
PLANNED PERIODIC PREMIUM:	\$ [618.00] ANNUALLY
MONTHLY EXPENSE :	\$ 5.00
PREMIUM EXPENSE CHARGE:	3% OF PREMIUM IN ALL YEARS
TOTAL MINIMUM MONTHLY PREMIUM:	\$ [894.36]
MINIMUM PREMIUM PERIOD:	180 MONTHS *
MINIMUM INCREASE AMOUNT:	\$ 5,000

SEE TABLE OF SURRENDER CHARGE FACTORS (PAGE 5) FOR SURRENDER CHARGES

GUARANTEED MINIMUM CASH SURRENDER VALUE INTEREST RATE: 3%

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.

\* THE POLICY VALUE AT THE END OF THE MINIMUM PREMIUM PERIOD MAY BE INSUFFICIENT TO KEEP THE POLICY IN FORCE UNLESS AN ADDITIONAL PAYMENT IS MADE AT THAT TIME.

INSURED: [JOHN DOE]	INITIAL SPECIFIED AMOUNT: \$[100,000.00]
ISSUE AGE: [35]	DEATH BENEFIT OPTION: [1]
SEX: [MALE]	ISSUE DATE: [APRIL 1, 2011]
POLICY NUMBER: [XXXXXXXXXXXX]	MATURITY DATE: [APRIL 1, 2097]

BENEFIT SCHEDULE FOR  
SPOUSE OF: [JANE DOE]

INITIAL  
FACE AMOUNT: \$[47,000]

POLICY NUMBER [XXXXXXXXXXXX]

AGREEMENT DATE: [APRIL 1, 2011]

SPOUSE'S AGE: 36

EXPIRY DATE: [APRIL 1, 2040]

SCHEDULE OF DEATH BENEFITS

FAMILY INSURANCE AGREEMENT – DECREASING TERM INSURANCE

BEGINNING OF YEAR	DEATH BENEFIT	BEGINNING OF YEAR	DEATH BENEFIT
1	47,000	21	12,000
2	45,250	22	10,250
3	43,500	23	8,500
4	41,750	24	6,750
5	40,000	25	5,000
6	38,250	26	5,000
7	36,500	27	5,000
8	34,750	28	5,000
9	33,000	29	5,000
10	31,250		
11	29,500		
12	27,750		
13	26,000		
14	24,250		
15	22,500		
16	20,750		
17	19,000		
18	17,250		
19	15,500		
20	13,750		

**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES**

**PER \$1,000 OF NET RISK AMOUNT**

Attained Age		Attained Age		Attained Age	
0	0.08	41	0.13	81	6.36
1	0.05	42	0.14	82	7.06
2	0.03	43	0.16	83	7.82
3	0.02	44	0.18	84	8.66
4	0.02	45	0.19	85	9.60
5	0.02	46	0.21	86	10.64
6	0.02	47	0.23	87	11.78
7	0.02	48	0.24	88	13.01
8	0.02	49	0.26	89	14.31
9	0.02	50	0.28	90	15.66
10	0.02	51	0.30	91	16.94
11	0.02	52	0.33	92	18.28
12	0.03	53	0.36	93	19.70
13	0.03	54	0.41	94	21.19
14	0.04	55	0.46	95	22.77
15	0.05	56	0.51	96	24.22
16	0.06	57	0.57	97	25.77
17	0.07	58	0.62	98	27.43
18	0.08	59	0.68	99	29.21
19	0.08	60	0.74	100	31.11
20	0.08	61	0.83	101	32.63
21	0.08	62	0.93	102	34.25
22	0.08	63	1.04	103	35.99
23	0.08	64	1.16	104	37.84
24	0.08	65	1.29	105	39.78
25	0.08	66	1.42	106	41.86
26	0.09	67	1.55	107	44.08
27	0.09	68	1.69	108	46.45
28	0.09	69	1.84	109	48.97
29	0.09	70	2.01	110	51.67
30	0.09	71	2.21	111	54.55
31	0.08	72	2.47	112	57.62
32	0.08	73	2.74	113	60.91
33	0.09	74	3.03	114	64.41
34	0.09	75	3.35	115	68.15
35	0.09	76	3.69	116	72.16
36	0.10	77	4.09	117	76.43
37	0.10	78	4.56	118	81.01
38	0.11	79	5.10	119	85.90
39	0.11	80	5.69	120	90.91
40	0.12				

**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES**

**PER \$1,000 OF NET RISK AMOUNT**

Attained Age		Attained Age		Attained Age	
0	0.04	41	0.11	81	3.98
1	0.03	42	0.11	82	4.47
2	0.02	43	0.12	83	4.96
3	0.02	44	0.13	84	5.50
4	0.02	45	0.14	85	6.11
5	0.02	46	0.16	86	6.66
6	0.02	47	0.17	87	7.49
7	0.02	48	0.19	88	8.37
8	0.02	49	0.21	89	9.30
9	0.02	50	0.23	90	10.16
10	0.02	51	0.26	91	10.59
11	0.02	52	0.29	92	11.45
12	0.02	53	0.32	93	12.72
13	0.03	54	0.35	94	14.34
14	0.03	55	0.39	95	16.34
15	0.03	56	0.43	96	18.25
16	0.03	57	0.48	97	20.22
17	0.03	58	0.52	98	20.55
18	0.04	59	0.57	99	21.69
19	0.04	60	0.62	100	23.49
20	0.04	61	0.67	101	25.43
21	0.04	62	0.73	102	27.59
22	0.04	63	0.79	103	29.96
23	0.04	64	0.85	104	32.58
24	0.04	65	0.92	105	35.43
25	0.04	66	1.00	106	38.36
26	0.04	67	1.09	107	41.38
27	0.05	68	1.18	108	44.44
28	0.05	69	1.29	109	47.65
29	0.05	70	1.40	110	50.95
30	0.05	71	1.54	111	54.14
31	0.06	72	1.69	112	57.25
32	0.06	73	1.85	113	60.10
33	0.06	74	2.03	114	64.15
34	0.07	75	2.22	115	67.94
35	0.07	76	2.44	116	71.90
36	0.08	77	2.68	117	76.28
37	0.09	78	2.94	118	80.35
38	0.09	79	3.23	119	84.51
39	0.09	80	3.55	120	90.91
40	0.10				

**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES**

**PER \$1,000 OF NET RISK AMOUNT**

Attained Age		Attained Age	
18	0.09	70	3.17
19	0.10	71	3.41
20	0.11	72	3.74
21	0.11	73	4.07
22	0.12	74	4.41
23	0.12	75	4.80
24	0.13	76	5.21
25	0.14	77	5.69
26	0.14	78	6.25
27	0.15	79	6.88
28	0.15	80	7.56
29	0.15	81	8.32
30	0.15	82	9.09
31	0.15	83	9.90
32	0.15	84	10.78
33	0.16	85	11.81
34	0.16	86	12.95
35	0.17	87	14.17
36	0.18	88	15.46
37	0.19	89	16.80
38	0.20	90	18.17
39	0.21	91	19.41
40	0.23	92	20.67
41	0.25	93	21.98
42	0.28	94	23.34
43	0.31	95	24.86
44	0.34	96	26.20
45	0.38	97	27.61
46	0.42	98	29.11
47	0.46	99	30.70
48	0.48	100	32.38
49	0.50	101	33.66
50	0.54	102	35.01
51	0.58	103	36.43
52	0.64	104	37.93
53	0.70	105	39.87
54	0.79	106	41.95
55	0.88	107	44.16
56	0.98	108	46.52
57	1.08	109	49.04
58	1.16	110	51.73
59	1.25	111	54.61
60	1.36	112	57.67
61	1.50	113	60.95
62	1.66	114	64.45
63	1.85	115	68.19
64	2.04	116	72.18
65	2.22	117	76.45
66	2.40	118	81.02
67	2.58	119	85.90
68	2.76	120	90.91
69	2.95		

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**PER \$1,000 OF NET RISK AMOUNT**

Attained Age		Attained Age	
18	0.04	70	2.49
19	0.05	71	2.71
20	0.05	72	2.95
21	0.05	73	3.21
22	0.05	74	3.50
23	0.06	75	3.78
24	0.06	76	4.10
25	0.06	77	4.43
26	0.07	78	4.80
27	0.07	79	5.19
28	0.08	80	5.61
29	0.08	81	6.21
30	0.09	82	6.86
31	0.09	83	7.49
32	0.10	84	8.17
33	0.11	85	8.86
34	0.12	86	9.44
35	0.13	87	10.35
36	0.14	88	11.26
37	0.15	89	12.18
38	0.16	90	12.92
39	0.17	91	13.08
40	0.18	92	13.74
41	0.19	93	14.81
42	0.20	94	16.17
43	0.22	95	18.24
44	0.24	96	20.14
45	0.26	97	22.06
46	0.29	98	22.15
47	0.32	99	23.09
48	0.36	100	24.70
49	0.40	101	26.43
50	0.45	102	28.35
51	0.50	103	30.41
52	0.56	104	32.65
53	0.62	105	35.49
54	0.69	106	38.42
55	0.76	107	41.44
56	0.83	108	44.50
57	0.91	109	47.70
58	0.99	110	51.00
59	1.08	111	54.18
60	1.17	112	57.29
61	1.26	113	60.14
62	1.36	114	64.18
63	1.47	115	67.96
64	1.58	116	71.92
65	1.70	117	76.29
66	1.83	118	80.36
67	1.97	119	84.52
68	2.13	120	90.91
69	2.30		

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Nontobacco)**

**(Years 1 through 10)**

Issue Age	1	2	3	4	5	6	7	8	9	10
0	12.10	11.50	10.89	10.29	9.68	9.08	8.47	7.87	7.26	6.66
1	12.15	11.54	10.93	10.33	9.72	9.11	8.50	7.90	7.29	6.68
2	12.23	11.61	11.00	10.39	9.78	9.17	8.56	7.95	7.34	6.72
3	12.32	11.70	11.08	10.47	9.85	9.24	8.62	8.01	7.39	6.77
4	12.42	11.80	11.18	10.56	9.94	9.31	8.69	8.07	7.45	6.83
5	12.53	11.91	11.28	10.65	10.03	9.40	8.77	8.15	7.52	6.89
6	12.65	12.02	11.39	10.75	10.12	9.49	8.86	8.22	7.59	6.96
7	12.78	12.14	11.50	10.86	10.22	9.58	8.94	8.30	7.67	7.03
8	12.91	12.26	11.62	10.97	10.33	9.68	9.04	8.39	7.74	7.10
9	13.05	12.39	11.74	11.09	10.44	9.79	9.13	8.48	7.83	7.18
10	13.19	12.53	11.87	11.21	10.55	9.89	9.23	8.58	7.92	7.26
11	13.35	12.68	12.01	11.34	10.68	10.01	9.34	8.68	8.01	7.34
12	13.51	12.83	12.16	11.48	10.81	10.13	9.46	8.78	8.10	7.43
13	13.67	12.99	12.31	11.62	10.94	10.26	9.57	8.89	8.20	7.52
14	13.85	13.15	12.46	11.77	11.08	10.38	9.69	9.00	8.31	7.61
15	14.02	13.32	12.62	11.92	11.22	10.52	9.82	9.11	8.41	7.71
16	14.20	13.49	12.78	12.07	11.36	10.65	9.94	9.23	8.52	7.81
17	14.38	13.66	12.94	12.22	11.50	10.78	10.07	9.35	8.63	7.91
18	14.56	13.83	13.11	12.38	11.65	10.92	10.19	9.47	8.74	8.01
19	14.75	14.01	13.27	12.54	11.80	11.06	10.32	9.59	8.85	8.11
20	14.95	14.20	13.45	12.70	11.96	11.21	10.46	9.71	8.97	8.22
21	15.15	14.39	13.64	12.88	12.12	11.36	10.61	9.85	9.09	8.33
22	15.37	14.60	13.83	13.07	12.30	11.53	10.76	9.99	9.22	8.45
23	15.60	14.82	14.04	13.26	12.48	11.70	10.92	10.14	9.36	8.58
24	15.85	15.05	14.26	13.47	12.68	11.89	11.09	10.30	9.51	8.72
25	16.11	15.30	14.49	13.69	12.88	12.08	11.27	10.47	9.66	8.86
26	16.38	15.56	14.74	13.92	13.10	12.28	11.47	10.65	9.83	9.01
27	16.67	15.83	15.00	14.17	13.33	12.50	11.67	10.83	10.00	9.17
28	16.97	16.12	15.27	14.42	13.57	12.72	11.88	11.03	10.18	9.33
29	17.29	16.42	15.56	14.69	13.83	12.96	12.10	11.24	10.37	9.51
30	17.63	16.74	15.86	14.98	14.10	13.22	12.34	11.46	10.58	9.69
31	17.99	17.09	16.19	15.29	14.39	13.49	12.59	11.69	10.79	9.89
32	18.37	17.46	16.54	15.62	14.70	13.78	12.86	11.94	11.02	10.11
33	18.78	17.85	16.91	15.97	15.03	14.09	13.15	12.21	11.27	10.33
34	19.22	18.26	17.30	16.34	15.38	14.41	13.45	12.49	11.53	10.57
35	19.68	18.70	17.71	16.73	15.74	14.76	13.78	12.79	11.81	10.82
36	20.17	19.16	18.15	17.14	16.14	15.13	14.12	13.11	12.10	11.09
37	20.69	19.65	18.62	17.58	16.55	15.52	14.48	13.45	12.41	11.38
38	21.24	20.18	19.11	18.05	16.99	15.93	14.87	13.80	12.74	11.68
39	21.82	20.73	19.64	18.54	17.45	16.36	15.27	14.18	13.09	12.00
40	22.43	21.31	20.19	19.07	17.95	16.82	15.70	14.58	13.46	12.34
41	23.08	21.93	20.77	19.62	18.47	17.31	16.16	15.00	13.85	12.70
42	23.77	22.58	21.40	20.21	19.02	17.83	16.64	15.45	14.26	13.07
43	24.50	23.28	22.05	20.83	19.60	18.38	17.15	15.93	14.70	13.48
44	25.27	24.01	22.74	21.48	20.22	18.95	17.69	16.43	15.16	13.90
45	26.08	24.78	23.47	22.17	20.87	19.56	18.26	16.95	15.65	14.35
46	26.94	25.59	24.24	22.90	21.55	20.20	18.86	17.51	16.16	14.82
47	27.84	26.45	25.06	23.67	22.27	20.88	19.49	18.10	16.71	15.31
48	28.80	27.36	25.92	24.48	23.04	21.60	20.16	18.72	17.28	15.84
49	29.82	28.32	26.83	25.34	23.85	22.36	20.87	19.38	17.89	16.40
50	30.91	29.36	27.82	26.27	24.72	23.18	21.63	20.09	18.54	17.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Nontobacco)**

**(Years 1 through 10) – (Continued from Front)**

Issue Age	1	2	3	4	5	6	7	8	9	10
51	32.07	30.47	28.86	27.26	25.65	24.05	22.45	20.84	19.24	17.64
52	33.31	31.64	29.98	28.31	26.65	24.98	23.32	21.65	19.99	18.32
53	34.63	32.90	31.17	29.44	27.70	25.97	24.24	22.51	20.78	19.05
54	36.04	34.23	32.43	30.63	28.83	27.03	25.22	23.42	21.62	19.82
55	37.53	35.65	33.78	31.90	30.02	28.15	26.27	24.39	22.52	20.64
56	39.11	37.15	35.20	33.24	31.29	29.33	27.37	25.42	23.46	21.51
57	40.78	38.74	36.70	34.66	32.62	30.58	28.54	26.51	24.47	22.43
58	42.54	40.42	38.29	36.16	34.04	31.91	29.78	27.65	25.53	23.40
59	44.44	42.21	39.99	37.77	35.55	33.33	31.10	28.88	26.66	24.44
60	46.46	44.14	41.82	39.49	37.17	34.85	32.52	30.20	27.88	25.55
61	48.63	46.20	43.77	41.34	38.90	36.47	34.04	31.61	29.18	26.75
62	50.95	48.40	45.85	43.30	40.76	38.21	35.66	33.12	30.57	28.02
63	53.41	50.73	48.06	45.39	42.72	40.05	37.38	34.71	32.04	29.37
64	56.01	53.21	50.41	47.61	44.81	42.01	39.21	36.40	33.60	30.80
65	58.36	55.44	52.53	49.61	46.69	43.77	40.85	37.94	35.02	32.10
66	58.29	55.38	52.47	49.55	46.64	43.72	40.81	37.89	34.98	32.06
67	58.22	55.31	52.40	49.49	46.57	43.66	40.75	37.84	34.93	32.02
68	58.13	55.23	52.32	49.41	46.51	43.60	40.69	37.79	34.88	31.97
69	58.04	55.14	52.24	49.33	46.43	43.53	40.63	37.73	34.82	31.92
70	57.95	55.05	52.15	49.26	46.36	43.46	40.56	37.67	34.77	31.87
71	57.86	54.96	52.07	49.18	46.28	43.39	40.50	37.61	34.71	31.82
72	57.79	54.90	52.01	49.12	46.23	43.34	40.45	37.56	34.67	31.78
73	57.71	54.82	51.94	49.05	46.17	43.28	40.39	37.51	34.62	31.74
74	57.62	54.74	51.85	48.97	46.09	43.21	40.33	37.45	34.57	31.69
75	57.52	54.64	51.77	48.89	46.02	43.14	40.26	37.39	34.51	31.64
76	57.41	54.54	51.67	48.80	45.93	43.06	40.19	37.32	34.45	31.58
77	57.32	54.45	51.59	48.72	45.85	42.99	40.12	37.26	34.39	31.52
78	57.24	54.37	51.51	48.65	45.79	42.93	40.06	37.20	34.34	31.48
79	57.17	54.31	51.45	48.59	45.74	42.88	40.02	37.16	34.30	31.44
80	57.10	54.25	51.39	48.54	45.68	42.83	39.97	37.12	34.26	31.41
81	57.06	54.21	51.35	48.50	45.65	42.80	39.94	37.09	34.24	31.38
82	57.00	53.01	49.59	48.45	45.60	42.75	39.90	37.05	34.20	31.35
83	56.94	52.95	49.53	48.40	45.55	42.70	39.86	37.01	34.16	31.32
84	56.88	52.90	49.49	48.35	45.51	42.66	39.82	36.97	34.13	31.29
85	56.85	52.87	49.46	48.33	45.48	42.64	39.80	36.96	34.11	31.27

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Nontobacco)**

**(Years 11 through 20)**

Issue Age	11	12	13	14	15	16	17	18	19	20
0	6.05	5.45	4.84	4.24	3.63	3.03	2.42	1.51	0.61	0.00
1	6.07	5.47	4.86	4.25	3.64	3.04	2.43	1.52	0.61	0.00
2	6.11	5.50	4.89	4.28	3.67	3.06	2.45	1.53	0.61	0.00
3	6.16	5.54	4.93	4.31	3.69	3.08	2.46	1.54	0.62	0.00
4	6.21	5.59	4.97	4.35	3.73	3.10	2.48	1.55	0.62	0.00
5	6.27	5.64	5.01	4.39	3.76	3.13	2.51	1.57	0.63	0.00
6	6.33	5.69	5.06	4.43	3.80	3.16	2.53	1.58	0.63	0.00
7	6.39	5.75	5.11	4.47	3.83	3.19	2.56	1.60	0.64	0.00
8	6.45	5.81	5.16	4.52	3.87	3.23	2.58	1.61	0.65	0.00
9	6.52	5.87	5.22	4.57	3.91	3.26	2.61	1.63	0.65	0.00
10	6.60	5.94	5.28	4.62	3.96	3.30	2.64	1.65	0.66	0.00
11	6.67	6.01	5.34	4.67	4.00	3.34	2.67	1.67	0.67	0.00
12	6.75	6.08	5.40	4.73	4.05	3.38	2.70	1.69	0.68	0.00
13	6.84	6.15	5.47	4.79	4.10	3.42	2.73	1.71	0.68	0.00
14	6.92	6.23	5.54	4.85	4.15	3.46	2.77	1.73	0.69	0.00
15	7.01	6.31	5.61	4.91	4.21	3.51	2.80	1.75	0.70	0.00
16	7.10	6.39	5.68	4.97	4.26	3.55	2.84	1.78	0.71	0.00
17	7.19	6.47	5.75	5.03	4.31	3.59	2.88	1.80	0.72	0.00
18	7.28	6.55	5.82	5.10	4.37	3.64	2.91	1.82	0.73	0.00
19	7.37	6.64	5.90	5.16	4.42	3.69	2.95	1.84	0.74	0.00
20	7.47	6.73	5.98	5.23	4.48	3.74	2.99	1.87	0.75	0.00
21	7.58	6.82	6.06	5.30	4.55	3.79	3.03	1.89	0.76	0.00
22	7.69	6.92	6.15	5.38	4.61	3.84	3.07	1.92	0.77	0.00
23	7.80	7.02	6.24	5.46	4.68	3.90	3.12	1.95	0.78	0.00
24	7.92	7.13	6.34	5.55	4.75	3.96	3.17	1.98	0.79	0.00
25	8.05	7.25	6.44	5.64	4.83	4.03	3.22	2.01	0.81	0.00
26	8.19	7.37	6.55	5.73	4.91	4.09	3.28	2.05	0.82	0.00
27	8.33	7.50	6.67	5.83	5.00	4.17	3.33	2.08	0.83	0.00
28	8.48	7.63	6.79	5.94	5.09	4.24	3.39	2.12	0.85	0.00
29	8.64	7.78	6.91	6.05	5.19	4.32	3.46	2.16	0.86	0.00
30	8.81	7.93	7.05	6.17	5.29	4.41	3.53	2.20	0.88	0.00
31	8.99	8.09	7.20	6.30	5.40	4.50	3.60	2.25	0.90	0.00
32	9.19	8.27	7.35	6.43	5.51	4.59	3.67	2.30	0.92	0.00
33	9.39	8.45	7.51	6.57	5.64	4.70	3.76	2.35	0.94	0.00
34	9.61	8.65	7.69	6.73	5.77	4.80	3.84	2.40	0.96	0.00
35	9.84	8.86	7.87	6.89	5.90	4.92	3.94	2.46	0.98	0.00
36	10.08	9.08	8.07	7.06	6.05	5.04	4.03	2.52	1.01	0.00
37	10.34	9.31	8.27	7.24	6.21	5.17	4.14	2.59	1.03	0.00
38	10.62	9.56	8.49	7.43	6.37	5.31	4.25	2.65	1.06	0.00
39	10.91	9.82	8.73	7.64	6.55	5.45	4.36	2.73	1.09	0.00
40	11.22	10.09	8.97	7.85	6.73	5.61	4.49	2.80	1.12	0.00
41	11.54	10.39	9.23	8.08	6.92	5.77	4.62	2.89	1.15	0.00
42	11.89	10.70	9.51	8.32	7.13	5.94	4.75	2.97	1.19	0.00
43	12.25	11.03	9.80	8.58	7.35	6.13	4.90	3.06	1.23	0.00
44	12.64	11.37	10.11	8.84	7.58	6.32	5.05	3.16	1.26	0.00
45	13.04	11.74	10.43	9.13	7.82	6.52	5.22	3.26	1.30	0.00
46	13.47	12.12	10.78	9.43	8.08	6.73	5.39	3.37	1.35	0.00
47	13.92	12.53	11.14	9.75	8.35	6.96	5.57	3.48	1.39	0.00
48	14.40	12.96	11.52	10.08	8.64	7.20	5.76	3.60	1.44	0.00
49	14.91	13.42	11.93	10.44	8.94	7.45	5.96	3.73	1.49	0.00
50	15.45	13.91	12.36	10.82	9.27	7.73	6.18	3.86	1.55	0.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Nontobacco)**

**(Years 11 through 20) – (Continued from Front)**

Issue Age	11	12	13	14	15	16	17	18	19	20
51	16.03	14.43	12.83	11.22	9.62	8.02	6.41	4.01	1.60	0.00
52	16.66	14.99	13.32	11.66	9.99	8.33	6.66	4.16	1.67	0.00
53	17.31	15.58	13.85	12.12	10.39	8.66	6.93	4.33	1.73	0.00
54	18.02	16.22	14.41	12.61	10.81	9.01	7.21	4.50	1.80	0.00
55	18.76	16.89	15.01	13.14	11.26	9.38	7.51	4.69	1.88	0.00
56	19.55	17.60	15.64	13.69	11.73	9.78	7.82	4.89	1.96	0.00
57	20.39	18.35	16.31	14.27	12.23	10.19	8.16	5.10	2.04	0.00
58	21.27	19.14	17.02	14.89	12.76	10.64	8.51	5.32	2.13	0.00
59	22.22	20.00	17.77	15.55	13.33	11.11	8.89	5.55	2.22	0.00
60	23.23	20.91	18.58	16.26	13.94	11.62	9.29	5.81	2.32	0.00
61	24.32	21.88	19.45	17.02	14.59	12.16	9.73	6.08	2.43	0.00
62	25.47	22.93	20.38	17.83	15.28	12.74	10.19	6.37	2.55	0.00
63	26.70	24.03	21.36	18.69	16.02	13.35	10.68	6.68	2.67	0.00
64	28.00	25.20	22.40	19.60	16.80	14.00	11.20	7.00	2.80	0.00
65	29.18	26.26	23.34	20.43	17.51	14.59	11.67	7.30	2.92	0.00
66	29.15	26.23	23.32	20.40	17.49	14.57	11.66	7.29	2.91	0.00
67	29.11	26.20	23.29	20.38	17.47	14.55	11.64	7.28	2.91	0.00
68	29.07	26.16	23.25	20.35	17.44	14.53	11.63	7.27	2.91	0.00
69	29.02	26.12	23.22	20.31	17.41	14.51	11.61	7.25	2.90	0.00
70	28.97	26.08	23.18	20.28	17.38	14.49	11.59	7.24	2.90	0.00
71	28.93	26.03	23.14	20.25	17.36	14.46	11.57	7.23	2.89	0.00
72	28.89	26.00	23.11	20.22	17.34	14.45	11.56	7.22	2.89	0.00
73	28.85	25.97	23.08	20.20	17.31	14.43	11.54	7.21	2.89	0.00
74	28.81	25.93	23.05	20.17	17.28	14.40	11.52	7.20	2.88	0.00
75	28.76	25.88	23.01	20.13	17.26	14.38	11.50	7.19	2.88	0.00
76	28.71	25.84	22.97	20.10	17.22	14.35	11.48	7.18	2.87	0.00
77	28.66	25.79	22.93	20.06	17.20	14.33	11.46	7.16	2.87	0.00
78	28.62	25.76	22.89	20.03	17.17	14.31	11.45	7.15	2.86	0.00
79	28.58	25.73	22.87	20.01	17.15	14.29	11.43	7.15	2.86	0.00
80	28.55	25.70	22.84	19.99	17.13	14.28	11.42	7.14	2.86	0.00
81	28.53	25.68	22.82	19.97	17.12	14.27	11.41	7.13	2.85	0.00
82	28.50	25.65	22.80	19.95	17.10	14.25	11.40	7.13	2.85	0.00
83	28.47	25.62	22.77	19.93	17.08	14.23	11.39	7.12	2.85	0.00
84	28.44	25.60	22.75	19.91	17.07	14.22	11.38	7.11	2.84	0.00
85	28.43	25.58	22.74	19.90	17.06	14.21	11.37	7.11	2.84	0.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Nontobacco)**

**(Years 1 through 10)**

Issue Age	1	2	3	4	5	6	7	8	9	10
0	11.67	11.08	10.50	9.92	9.33	8.75	8.17	7.58	7.00	6.42
1	11.73	11.14	10.55	9.97	9.38	8.80	8.21	7.62	7.04	6.45
2	11.80	11.21	10.62	10.03	9.44	8.85	8.26	7.67	7.08	6.49
3	11.88	11.28	10.69	10.09	9.50	8.91	8.31	7.72	7.13	6.53
4	11.96	11.36	10.77	10.17	9.57	8.97	8.37	7.78	7.18	6.58
5	12.05	11.45	10.85	10.25	9.64	9.04	8.44	7.83	7.23	6.63
6	12.15	11.54	10.93	10.33	9.72	9.11	8.50	7.90	7.29	6.68
7	12.25	11.64	11.03	10.41	9.80	9.19	8.58	7.96	7.35	6.74
8	12.36	11.74	11.12	10.50	9.88	9.27	8.65	8.03	7.41	6.80
9	12.47	11.84	11.22	10.60	9.97	9.35	8.73	8.10	7.48	6.86
10	12.58	11.95	11.32	10.69	10.06	9.44	8.81	8.18	7.55	6.92
11	12.70	12.07	11.43	10.80	10.16	9.53	8.89	8.26	7.62	6.99
12	12.83	12.19	11.55	10.91	10.26	9.62	8.98	8.34	7.70	7.06
13	12.96	12.31	11.67	11.02	10.37	9.72	9.07	8.42	7.78	7.13
14	13.10	12.44	11.79	11.13	10.48	9.82	9.17	8.51	7.86	7.20
15	13.24	12.58	11.92	11.26	10.59	9.93	9.27	8.61	7.94	7.28
16	13.39	12.72	12.05	11.38	10.71	10.04	9.37	8.70	8.03	7.37
17	13.55	12.87	12.19	11.51	10.84	10.16	9.48	8.80	8.13	7.45
18	13.71	13.02	12.34	11.65	10.97	10.28	9.60	8.91	8.22	7.54
19	13.88	13.19	12.49	11.80	11.10	10.41	9.72	9.02	8.33	7.63
20	14.06	13.35	12.65	11.95	11.25	10.54	9.84	9.14	8.43	7.73
21	14.25	13.53	12.82	12.11	11.40	10.68	9.97	9.26	8.55	7.84
22	14.44	13.72	13.00	12.28	11.56	10.83	10.11	9.39	8.67	7.94
23	14.65	13.92	13.19	12.45	11.72	10.99	10.26	9.52	8.79	8.06
24	14.87	14.13	13.39	12.64	11.90	11.15	10.41	9.67	8.92	8.18
25	15.10	14.35	13.59	12.84	12.08	11.33	10.57	9.82	9.06	8.31
26	15.35	14.58	13.82	13.05	12.28	11.51	10.75	9.98	9.21	8.44
27	15.61	14.83	14.05	13.27	12.49	11.71	10.93	10.15	9.37	8.58
28	15.88	15.08	14.29	13.50	12.70	11.91	11.12	10.32	9.53	8.73
29	16.16	15.36	14.55	13.74	12.93	12.12	11.32	10.51	9.70	8.89
30	16.47	15.64	14.82	14.00	13.17	12.35	11.53	10.70	9.88	9.06
31	16.78	15.94	15.10	14.27	13.43	12.59	11.75	10.91	10.07	9.23
32	17.12	16.26	15.40	14.55	13.69	12.84	11.98	11.13	10.27	9.41
33	17.47	16.59	15.72	14.85	13.97	13.10	12.23	11.35	10.48	9.61
34	17.84	16.95	16.06	15.16	14.27	13.38	12.49	11.60	10.70	9.81
35	18.23	17.32	16.41	15.50	14.58	13.67	12.76	11.85	10.94	10.03
36	18.64	17.71	16.78	15.84	14.91	13.98	13.05	12.12	11.18	10.25
37	19.07	18.12	17.16	16.21	15.26	14.30	13.35	12.40	11.44	10.49
38	19.53	18.55	17.57	16.60	15.62	14.64	13.67	12.69	11.72	10.74
39	20.01	19.01	18.01	17.01	16.01	15.01	14.00	13.00	12.00	11.00
40	20.52	19.49	18.46	17.44	16.41	15.39	14.36	13.34	12.31	11.28
41	21.05	20.00	18.95	17.90	16.84	15.79	14.74	13.68	12.63	11.58
42	21.62	20.54	19.46	18.38	17.30	16.22	15.14	14.05	12.97	11.89
43	22.23	21.11	20.00	18.89	17.78	16.67	15.56	14.45	13.34	12.22
44	22.86	21.72	20.58	19.43	18.29	17.15	16.00	14.86	13.72	12.57
45	23.54	22.36	21.18	20.01	18.83	17.65	16.48	15.30	14.12	12.95
46	24.25	23.04	21.82	20.61	19.40	18.19	16.97	15.76	14.55	13.34
47	25.00	23.75	22.50	21.25	20.00	18.75	17.50	16.25	15.00	13.75
48	25.80	24.51	23.22	21.93	20.64	19.35	18.06	16.77	15.48	14.19
49	26.64	25.30	23.97	22.64	21.31	19.98	18.64	17.31	15.98	14.65
50	27.52	26.14	24.77	23.39	22.02	20.64	19.26	17.89	16.51	15.14

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Nontobacco)**

**(Years 1 through 10) – (Continued from Front)**

Issue Age	1	2	3	4	5	6	7	8	9	10
51	28.45	27.03	25.61	24.18	22.76	21.34	19.92	18.49	17.07	15.65
52	29.43	27.96	26.49	25.02	23.55	22.07	20.60	19.13	17.66	16.19
53	30.47	28.94	27.42	25.90	24.37	22.85	21.33	19.80	18.28	16.76
54	31.56	29.98	28.40	26.82	25.24	23.67	22.09	20.51	18.93	17.36
55	32.70	31.07	29.43	27.80	26.16	24.53	22.89	21.26	19.62	17.99
56	33.91	32.22	30.52	28.83	27.13	25.44	23.74	22.04	20.35	18.65
57	35.19	33.43	31.67	29.91	28.15	26.39	24.63	22.87	21.11	19.35
58	36.53	34.71	32.88	31.05	29.23	27.40	25.57	23.75	21.92	20.09
59	37.95	36.05	34.15	32.26	30.36	28.46	26.56	24.67	22.77	20.87
60	39.45	37.48	35.50	33.53	31.56	29.59	27.61	25.64	23.67	21.70
61	41.04	38.99	36.93	34.88	32.83	30.78	28.73	26.67	24.62	22.57
62	42.72	40.59	38.45	36.32	34.18	32.04	29.91	27.77	25.63	23.50
63	44.51	42.29	40.06	37.84	35.61	33.39	31.16	28.93	26.71	24.48
64	46.42	44.10	41.78	39.46	37.14	34.82	32.50	30.17	27.85	25.53
65	48.46	46.03	43.61	41.19	38.76	36.34	33.92	31.50	29.07	26.65
66	50.63	48.10	45.56	43.03	40.50	37.97	35.44	32.91	30.38	27.84
67	52.95	50.30	47.65	45.00	42.36	39.71	37.06	34.41	31.77	29.12
68	55.43	52.65	49.88	47.11	44.34	41.57	38.80	36.03	33.26	30.48
69	58.08	55.17	52.27	49.37	46.46	43.56	40.65	37.75	34.85	31.94
70	58.33	55.41	52.49	49.58	46.66	43.74	40.83	37.91	35.00	32.08
71	58.26	55.34	52.43	49.52	46.61	43.69	40.78	37.87	34.95	32.04
72	58.19	55.28	52.37	49.46	46.55	43.64	40.73	37.82	34.91	32.00
73	58.11	55.20	52.30	49.39	46.49	43.58	40.68	37.77	34.87	31.96
74	58.03	55.13	52.23	49.33	46.42	43.52	40.62	37.72	34.82	31.92
75	57.95	55.05	52.15	49.26	46.36	43.46	40.56	37.67	34.77	31.87
76	57.86	54.97	52.08	49.18	46.29	43.40	40.50	37.61	34.72	31.82
77	57.77	54.88	52.00	49.11	46.22	43.33	40.44	37.55	34.66	31.77
78	57.68	54.79	51.91	49.03	46.14	43.26	40.37	37.49	34.61	31.72
79	57.57	54.70	51.82	48.94	46.06	43.18	40.30	37.42	34.54	31.67
80	57.47	54.59	51.72	48.85	45.97	43.10	40.23	37.35	34.48	31.61
81	57.41	54.54	51.67	48.80	45.93	43.06	40.19	37.32	34.44	31.57
82	57.36	54.50	51.63	48.76	45.89	43.02	40.15	37.29	34.42	31.55
83	57.29	54.43	51.56	48.70	45.83	42.97	40.11	37.24	34.38	31.51
84	57.23	54.36	51.50	48.64	45.78	42.92	40.06	37.20	34.34	31.47
85	57.17	54.31	51.46	48.60	45.74	42.88	40.02	37.16	34.30	31.45

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Nontobacco)**

**(Years 11 through 20)**

Issue Age	11	12	13	14	15	16	17	18	19	20
0	5.83	5.25	4.67	4.08	3.50	2.92	2.33	1.46	0.58	0.00
1	5.86	5.28	4.69	4.10	3.52	2.93	2.35	1.47	0.59	0.00
2	5.90	5.31	4.72	4.13	3.54	2.95	2.36	1.47	0.59	0.00
3	5.94	5.34	4.75	4.16	3.56	2.97	2.38	1.48	0.59	0.00
4	5.98	5.38	4.79	4.19	3.59	2.99	2.39	1.50	0.60	0.00
5	6.03	5.42	4.82	4.22	3.62	3.01	2.41	1.51	0.60	0.00
6	6.07	5.47	4.86	4.25	3.64	3.04	2.43	1.52	0.61	0.00
7	6.13	5.51	4.90	4.29	3.68	3.06	2.45	1.53	0.61	0.00
8	6.18	5.56	4.94	4.32	3.71	3.09	2.47	1.54	0.62	0.00
9	6.23	5.61	4.99	4.36	3.74	3.12	2.49	1.56	0.62	0.00
10	6.29	5.66	5.03	4.40	3.77	3.15	2.52	1.57	0.63	0.00
11	6.35	5.72	5.08	4.45	3.81	3.18	2.54	1.59	0.64	0.00
12	6.41	5.77	5.13	4.49	3.85	3.21	2.57	1.60	0.64	0.00
13	6.48	5.83	5.18	4.54	3.89	3.24	2.59	1.62	0.65	0.00
14	6.55	5.89	5.24	4.58	3.93	3.27	2.62	1.64	0.65	0.00
15	6.62	5.96	5.30	4.63	3.97	3.31	2.65	1.66	0.66	0.00
16	6.70	6.03	5.36	4.69	4.02	3.35	2.68	1.67	0.67	0.00
17	6.77	6.10	5.42	4.74	4.06	3.39	2.71	1.69	0.68	0.00
18	6.85	6.17	5.48	4.80	4.11	3.43	2.74	1.71	0.69	0.00
19	6.94	6.25	5.55	4.86	4.16	3.47	2.78	1.73	0.69	0.00
20	7.03	6.33	5.62	4.92	4.22	3.51	2.81	1.76	0.70	0.00
21	7.12	6.41	5.70	4.99	4.27	3.56	2.85	1.78	0.71	0.00
22	7.22	6.50	5.78	5.06	4.33	3.61	2.89	1.81	0.72	0.00
23	7.33	6.59	5.86	5.13	4.40	3.66	2.93	1.83	0.73	0.00
24	7.44	6.69	5.95	5.21	4.46	3.72	2.97	1.86	0.74	0.00
25	7.55	6.80	6.04	5.29	4.53	3.78	3.02	1.89	0.76	0.00
26	7.68	6.91	6.14	5.37	4.61	3.84	3.07	1.92	0.77	0.00
27	7.80	7.02	6.24	5.46	4.68	3.90	3.12	1.95	0.78	0.00
28	7.94	7.15	6.35	5.56	4.76	3.97	3.18	1.98	0.79	0.00
29	8.08	7.27	6.47	5.66	4.85	4.04	3.23	2.02	0.81	0.00
30	8.23	7.41	6.59	5.76	4.94	4.12	3.29	2.06	0.82	0.00
31	8.39	7.55	6.71	5.87	5.03	4.20	3.36	2.10	0.84	0.00
32	8.56	7.70	6.85	5.99	5.13	4.28	3.42	2.14	0.86	0.00
33	8.73	7.86	6.99	6.11	5.24	4.37	3.49	2.18	0.87	0.00
34	8.92	8.03	7.14	6.24	5.35	4.46	3.57	2.23	0.89	0.00
35	9.11	8.20	7.29	6.38	5.47	4.56	3.65	2.28	0.91	0.00
36	9.32	8.39	7.46	6.52	5.59	4.66	3.73	2.33	0.93	0.00
37	9.54	8.58	7.63	6.68	5.72	4.77	3.81	2.38	0.95	0.00
38	9.76	8.79	7.81	6.83	5.86	4.88	3.91	2.44	0.98	0.00
39	10.00	9.00	8.00	7.00	6.00	5.00	4.00	2.50	1.00	0.00
40	10.26	9.23	8.21	7.18	6.15	5.13	4.10	2.56	1.03	0.00
41	10.53	9.47	8.42	7.37	6.32	5.26	4.21	2.63	1.05	0.00
42	10.81	9.73	8.65	7.57	6.49	5.41	4.32	2.70	1.08	0.00
43	11.11	10.00	8.89	7.78	6.67	5.56	4.45	2.78	1.11	0.00
44	11.43	10.29	9.15	8.00	6.86	5.72	4.57	2.86	1.14	0.00
45	11.77	10.59	9.41	8.24	7.06	5.88	4.71	2.94	1.18	0.00
46	12.12	10.91	9.70	8.49	7.27	6.06	4.85	3.03	1.21	0.00
47	12.50	11.25	10.00	8.75	7.50	6.25	5.00	3.13	1.25	0.00
48	12.90	11.61	10.32	9.03	7.74	6.45	5.16	3.22	1.29	0.00
49	13.32	11.99	10.65	9.32	7.99	6.66	5.33	3.33	1.33	0.00
50	13.76	12.38	11.01	9.63	8.26	6.88	5.50	3.44	1.38	0.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Nontobacco)**

**(Years 11 through 20) – (Continued from Front)**

Issue Age	11	12	13	14	15	16	17	18	19	20
51	14.23	12.80	11.38	9.96	8.54	7.11	5.69	3.56	1.42	0.00
52	14.72	13.24	11.77	10.30	8.83	7.36	5.89	3.68	1.47	0.00
53	15.23	13.71	12.19	10.66	9.14	7.62	6.09	3.81	1.52	0.00
54	15.78	14.20	12.62	11.04	9.47	7.89	6.31	3.94	1.58	0.00
55	16.35	14.72	13.08	11.45	9.81	8.18	6.54	4.09	1.64	0.00
56	16.96	15.26	13.57	11.87	10.17	8.48	6.78	4.24	1.70	0.00
57	17.59	15.83	14.08	12.32	10.56	8.80	7.04	4.40	1.76	0.00
58	18.27	16.44	14.61	12.79	10.96	9.13	7.31	4.57	1.83	0.00
59	18.97	17.08	15.18	13.28	11.38	9.49	7.59	4.74	1.90	0.00
60	19.72	17.75	15.78	13.81	11.83	9.86	7.89	4.93	1.97	0.00
61	20.52	18.47	16.41	14.36	12.31	10.26	8.21	5.13	2.05	0.00
62	21.36	19.23	17.09	14.95	12.82	10.68	8.54	5.34	2.14	0.00
63	22.26	20.03	17.81	15.58	13.35	11.13	8.90	5.56	2.23	0.00
64	23.21	20.89	18.57	16.25	13.93	11.61	9.28	5.80	2.32	0.00
65	24.23	21.80	19.38	16.96	14.54	12.11	9.69	6.06	2.42	0.00
66	25.31	22.78	20.25	17.72	15.19	12.66	10.13	6.33	2.53	0.00
67	26.47	23.83	21.18	18.53	15.88	13.24	10.59	6.62	2.65	0.00
68	27.71	24.94	22.17	19.40	16.63	13.86	11.09	6.93	2.77	0.00
69	29.04	26.14	23.23	20.33	17.42	14.52	11.62	7.26	2.90	0.00
70	29.16	26.25	23.33	20.41	17.50	14.58	11.67	7.29	2.92	0.00
71	29.13	26.22	23.30	20.39	17.48	14.56	11.65	7.28	2.91	0.00
72	29.09	26.18	23.27	20.36	17.46	14.55	11.64	7.27	2.91	0.00
73	29.05	26.15	23.24	20.34	17.43	14.53	11.62	7.26	2.91	0.00
74	29.02	26.11	23.21	20.31	17.41	14.51	11.61	7.25	2.90	0.00
75	28.97	26.08	23.18	20.28	17.38	14.49	11.59	7.24	2.90	0.00
76	28.93	26.04	23.15	20.25	17.36	14.47	11.57	7.23	2.89	0.00
77	28.89	26.00	23.11	20.22	17.33	14.44	11.55	7.22	2.89	0.00
78	28.84	25.96	23.07	20.19	17.30	14.42	11.54	7.21	2.88	0.00
79	28.79	25.91	23.03	20.15	17.27	14.39	11.51	7.20	2.88	0.00
80	28.73	25.86	22.99	20.11	17.24	14.37	11.49	7.18	2.87	0.00
81	28.70	25.83	22.96	20.09	17.22	14.35	11.48	7.18	2.87	0.00
82	28.68	25.81	22.95	20.08	17.21	14.34	11.47	7.17	2.87	0.00
83	28.65	25.78	22.92	20.05	17.19	14.32	11.46	7.16	2.86	0.00
84	28.61	25.75	22.89	20.03	17.17	14.31	11.45	7.15	2.86	0.00
85	28.59	25.73	22.87	20.01	17.15	14.29	11.43	7.15	2.86	0.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Tobacco)**  
**(Years 1 through 10)**

Issue Age	1	2	3	4	5	6	7	8	9	10
18	16.12	15.32	14.51	13.70	12.90	12.09	11.29	10.48	9.67	8.87
19	16.39	15.57	14.75	13.93	13.11	12.29	11.47	10.65	9.83	9.01
20	16.67	15.83	15.00	14.17	13.33	12.50	11.67	10.83	10.00	9.17
21	16.95	16.11	15.26	14.41	13.56	12.71	11.87	11.02	10.17	9.32
22	17.25	16.39	15.53	14.67	13.80	12.94	12.08	11.22	10.35	9.49
23	17.57	16.69	15.81	14.93	14.06	13.18	12.30	11.42	10.54	9.66
24	17.90	17.01	16.11	15.22	14.32	13.43	12.53	11.64	10.74	9.85
25	18.25	17.33	16.42	15.51	14.60	13.69	12.77	11.86	10.95	10.04
26	18.61	17.68	16.75	15.82	14.89	13.96	13.03	12.10	11.17	10.23
27	18.99	18.04	17.09	16.14	15.19	14.24	13.29	12.34	11.39	10.44
28	19.38	18.41	17.44	16.48	15.51	14.54	13.57	12.60	11.63	10.66
29	19.80	18.81	17.82	16.83	15.84	14.85	13.86	12.87	11.88	10.89
30	20.25	19.24	18.22	17.21	16.20	15.19	14.17	13.16	12.15	11.14
31	20.72	19.69	18.65	17.62	16.58	15.54	14.51	13.47	12.43	11.40
32	21.23	20.17	19.11	18.05	16.99	15.92	14.86	13.80	12.74	11.68
33	21.77	20.69	19.60	18.51	17.42	16.33	15.24	14.15	13.06	11.98
34	22.35	21.23	20.12	19.00	17.88	16.76	15.65	14.53	13.41	12.29
35	22.96	21.81	20.66	19.52	18.37	17.22	16.07	14.92	13.78	12.63
36	23.61	22.43	21.25	20.07	18.89	17.71	16.53	15.35	14.17	12.99
37	24.30	23.08	21.87	20.65	19.44	18.22	17.01	15.79	14.58	13.36
38	25.03	23.78	22.52	21.27	20.02	18.77	17.52	16.27	15.02	13.76
39	25.80	24.51	23.22	21.93	20.64	19.35	18.06	16.77	15.48	14.19
40	26.61	25.28	23.95	22.62	21.29	19.96	18.63	17.30	15.97	14.64
41	27.48	26.10	24.73	23.35	21.98	20.61	19.23	17.86	16.49	15.11
42	28.39	26.97	25.55	24.13	22.71	21.29	19.87	18.45	17.03	15.61
43	29.35	27.88	26.41	24.95	23.48	22.01	20.54	19.08	17.61	16.14
44	30.36	28.84	27.32	25.81	24.29	22.77	21.25	19.73	18.22	16.70
45	31.42	29.85	28.28	26.71	25.14	23.56	21.99	20.42	18.85	17.28
46	32.53	30.90	29.28	27.65	26.02	24.40	22.77	21.14	19.52	17.89
47	33.70	32.01	30.33	28.64	26.96	25.27	23.59	21.90	20.22	18.53
48	34.92	33.18	31.43	29.68	27.94	26.19	24.45	22.70	20.95	19.21
49	36.23	34.42	32.61	30.80	28.99	27.17	25.36	23.55	21.74	19.93
50	37.64	35.76	33.87	31.99	30.11	28.23	26.35	24.46	22.58	20.70
51	39.14	37.18	35.22	33.27	31.31	29.35	27.40	25.44	23.48	21.53
52	40.74	38.70	36.66	34.63	32.59	30.55	28.52	26.48	24.44	22.41
53	42.43	40.31	38.19	36.07	33.95	31.83	29.70	27.58	25.46	23.34
54	44.23	42.02	39.81	37.60	35.39	33.18	30.96	28.75	26.54	24.33
55	46.13	43.82	41.51	39.21	36.90	34.60	32.29	29.98	27.68	25.37
56	48.11	45.70	43.30	40.89	38.49	36.08	33.68	31.27	28.87	26.46
57	50.19	47.68	45.17	42.66	40.16	37.65	35.14	32.63	30.12	27.61
58	52.37	49.75	47.13	44.51	41.89	39.28	36.66	34.04	31.42	28.80
59	54.69	51.96	49.22	46.49	43.76	41.02	38.29	35.55	32.82	30.08
60	57.18	54.32	51.46	48.61	45.75	42.89	40.03	37.17	34.31	31.45
61	58.46	55.53	52.61	49.69	46.77	43.84	40.92	38.00	35.07	32.15
62	58.43	55.50	52.58	49.66	46.74	43.82	40.90	37.98	35.06	32.13
63	58.40	55.48	52.56	49.64	46.72	43.80	40.88	37.96	35.04	32.12
64	58.37	55.45	52.53	49.61	46.70	43.78	40.86	37.94	35.02	32.10
65	58.33	55.41	52.50	49.58	46.66	43.75	40.83	37.91	35.00	32.08
66	58.27	55.36	52.45	49.53	46.62	43.71	40.79	37.88	34.96	32.05
67	58.20	55.29	52.38	49.47	46.56	43.65	40.74	37.83	34.92	32.01
68	58.13	55.22	52.31	49.41	46.50	43.59	40.69	37.78	34.88	31.97
69	58.03	55.13	52.23	49.33	46.42	43.52	40.62	37.72	34.82	31.92
70	57.94	55.05	52.15	49.25	46.35	43.46	40.56	37.66	34.77	31.87

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Tobacco)**

**(Years 1 through 10) – (Continued from Front)**

Issue Age	1	2	3	4	5	6	7	8	9	10
71	57.85	54.96	52.06	49.17	46.28	43.39	40.49	37.60	34.71	31.82
72	57.79	54.90	52.01	49.12	46.24	43.35	40.46	37.57	34.68	31.79
73	57.72	54.84	51.95	49.06	46.18	43.29	40.40	37.52	34.63	31.75
74	57.63	54.75	51.86	48.98	46.10	43.22	40.34	37.46	34.58	31.70
75	57.54	54.67	51.79	48.91	46.04	43.16	40.28	37.40	34.53	31.65
76	57.45	54.58	51.70	48.83	45.96	43.09	40.21	37.34	34.47	31.60
77	57.37	54.50	51.63	48.76	45.89	43.02	40.16	37.29	34.42	31.55
78	57.30	54.44	51.57	48.71	45.84	42.98	40.11	37.25	34.38	31.52
79	57.26	54.40	51.53	48.67	45.81	42.94	40.08	37.22	34.36	31.49
80	57.22	54.35	51.49	48.63	45.77	42.91	40.05	37.19	34.33	31.47
81	57.19	54.33	51.48	48.62	45.76	42.90	40.04	37.18	34.32	31.46
82	57.14	54.29	51.43	48.57	45.72	42.86	40.00	37.14	34.29	31.43
83	57.08	54.22	51.37	48.52	45.66	42.81	39.96	37.10	34.25	31.39
84	57.01	54.16	51.31	48.46	45.61	42.76	39.91	37.06	34.21	31.36
85	57.01	54.16	51.31	48.46	45.61	42.76	39.91	37.06	34.21	31.36

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Tobacco)**  
**(Years 11 through 20)**

Issue Age	11	12	13	14	15	16	17	18	19	20
18	8.06	7.26	6.45	5.64	4.84	4.03	3.22	2.02	0.81	0.00
19	8.19	7.38	6.56	5.74	4.92	4.10	3.28	2.05	0.82	0.00
20	8.33	7.50	6.67	5.83	5.00	4.17	3.33	2.08	0.83	0.00
21	8.48	7.63	6.78	5.93	5.09	4.24	3.39	2.12	0.85	0.00
22	8.63	7.76	6.90	6.04	5.18	4.31	3.45	2.16	0.86	0.00
23	8.79	7.91	7.03	6.15	5.27	4.39	3.51	2.20	0.88	0.00
24	8.95	8.06	7.16	6.27	5.37	4.48	3.58	2.24	0.90	0.00
25	9.12	8.21	7.30	6.39	5.47	4.56	3.65	2.28	0.91	0.00
26	9.30	8.37	7.44	6.51	5.58	4.65	3.72	2.33	0.93	0.00
27	9.49	8.54	7.60	6.65	5.70	4.75	3.80	2.37	0.95	0.00
28	9.69	8.72	7.75	6.78	5.81	4.85	3.88	2.42	0.97	0.00
29	9.90	8.91	7.92	6.93	5.94	4.95	3.96	2.48	0.99	0.00
30	10.12	9.11	8.10	7.09	6.07	5.06	4.05	2.53	1.01	0.00
31	10.36	9.33	8.29	7.25	6.22	5.18	4.14	2.59	1.04	0.00
32	10.62	9.55	8.49	7.43	6.37	5.31	4.25	2.65	1.06	0.00
33	10.89	9.80	8.71	7.62	6.53	5.44	4.35	2.72	1.09	0.00
34	11.18	10.06	8.94	7.82	6.71	5.59	4.47	2.79	1.12	0.00
35	11.48	10.33	9.18	8.04	6.89	5.74	4.59	2.87	1.15	0.00
36	11.80	10.62	9.44	8.26	7.08	5.90	4.72	2.95	1.18	0.00
37	12.15	10.93	9.72	8.50	7.29	6.07	4.86	3.04	1.21	0.00
38	12.51	11.26	10.01	8.76	7.51	6.26	5.01	3.13	1.25	0.00
39	12.90	11.61	10.32	9.03	7.74	6.45	5.16	3.22	1.29	0.00
40	13.31	11.98	10.65	9.31	7.98	6.65	5.32	3.33	1.33	0.00
41	13.74	12.36	10.99	9.62	8.24	6.87	5.50	3.43	1.37	0.00
42	14.19	12.77	11.36	9.94	8.52	7.10	5.68	3.55	1.42	0.00
43	14.67	13.21	11.74	10.27	8.80	7.34	5.87	3.67	1.47	0.00
44	15.18	13.66	12.14	10.63	9.11	7.59	6.07	3.79	1.52	0.00
45	15.71	14.14	12.57	11.00	9.43	7.85	6.28	3.93	1.57	0.00
46	16.26	14.64	13.01	11.39	9.76	8.13	6.51	4.07	1.63	0.00
47	16.85	15.16	13.48	11.79	10.11	8.42	6.74	4.21	1.68	0.00
48	17.46	15.72	13.97	12.22	10.48	8.73	6.98	4.37	1.75	0.00
49	18.12	16.30	14.49	12.68	10.87	9.06	7.25	4.53	1.81	0.00
50	18.82	16.94	15.05	13.17	11.29	9.41	7.53	4.70	1.88	0.00
51	19.57	17.61	15.65	13.70	11.74	9.78	7.83	4.89	1.96	0.00
52	20.37	18.33	16.30	14.26	12.22	10.18	8.15	5.09	2.04	0.00
53	21.22	19.10	16.97	14.85	12.73	10.61	8.49	5.30	2.12	0.00
54	22.12	19.91	17.69	15.48	13.27	11.06	8.85	5.53	2.21	0.00
55	23.06	20.76	18.45	16.14	13.84	11.53	9.23	5.77	2.31	0.00
56	24.06	21.65	19.24	16.84	14.43	12.03	9.62	6.01	2.41	0.00
57	25.10	22.59	20.08	17.57	15.06	12.55	10.04	6.27	2.51	0.00
58	26.18	23.57	20.95	18.33	15.71	13.09	10.47	6.55	2.62	0.00
59	27.35	24.61	21.88	19.14	16.41	13.67	10.94	6.84	2.73	0.00
60	28.59	25.73	22.87	20.01	17.15	14.30	11.44	7.15	2.86	0.00
61	29.23	26.31	23.38	20.46	17.54	14.61	11.69	7.31	2.92	0.00
62	29.21	26.29	23.37	20.45	17.53	14.61	11.69	7.30	2.92	0.00
63	29.20	26.28	23.36	20.44	17.52	14.60	11.68	7.30	2.92	0.00
64	29.18	26.27	23.35	20.43	17.51	14.59	11.67	7.30	2.92	0.00
65	29.16	26.25	23.33	20.42	17.50	14.58	11.67	7.29	2.92	0.00
66	29.14	26.22	23.31	20.40	17.48	14.57	11.65	7.28	2.91	0.00
67	29.10	26.19	23.28	20.37	17.46	14.55	11.64	7.28	2.91	0.00
68	29.06	26.16	23.25	20.34	17.44	14.53	11.63	7.27	2.91	0.00
69	29.02	26.11	23.21	20.31	17.41	14.51	11.61	7.25	2.90	0.00
70	28.97	26.07	23.18	20.28	17.38	14.49	11.59	7.24	2.90	0.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Male Tobacco)**

**(Years 11 through 20) – (Continued from Front)**

Issue Age	11	12	13	14	15	16	17	18	19	20
71	28.92	26.03	23.14	20.25	17.35	14.46	11.57	7.23	2.89	0.00
72	28.90	26.01	23.12	20.23	17.34	14.45	11.56	7.22	2.89	0.00
73	28.86	25.97	23.09	20.20	17.32	14.43	11.54	7.22	2.89	0.00
74	28.81	25.93	23.05	20.17	17.29	14.41	11.53	7.20	2.88	0.00
75	28.77	25.89	23.02	20.14	17.26	14.39	11.51	7.19	2.88	0.00
76	28.72	25.85	22.98	20.11	17.23	14.36	11.49	7.18	2.87	0.00
77	28.68	25.81	22.95	20.08	17.21	14.34	11.47	7.17	2.87	0.00
78	28.65	25.79	22.92	20.06	17.19	14.33	11.46	7.16	2.87	0.00
79	28.63	25.77	22.90	20.04	17.18	14.31	11.45	7.16	2.86	0.00
80	28.61	25.75	22.89	20.03	17.16	14.30	11.44	7.15	2.86	0.00
81	28.60	25.74	22.88	20.02	17.16	14.30	11.44	7.15	2.86	0.00
82	28.57	25.72	22.86	20.00	17.14	14.29	11.43	7.14	2.86	0.00
83	28.54	25.69	22.83	19.98	17.12	14.27	11.42	7.13	2.85	0.00
84	28.51	25.66	22.81	19.95	17.10	14.25	11.40	7.13	2.85	0.00
85	28.50	25.65	22.80	19.95	17.10	14.25	11.40	7.13	2.85	0.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Tobacco)**  
**(Years 1 through 10)**

Issue Age	1	2	3	4	5	6	7	8	9	10
18	15.01	14.26	13.51	12.76	12.01	11.26	10.51	9.76	9.00	8.25
19	15.25	14.49	13.72	12.96	12.20	11.44	10.67	9.91	9.15	8.39
20	15.50	14.72	13.95	13.17	12.40	11.62	10.85	10.07	9.30	8.52
21	15.76	14.97	14.19	13.40	12.61	11.82	11.03	10.25	9.46	8.67
22	16.04	15.24	14.44	13.63	12.83	12.03	11.23	10.43	9.62	8.82
23	16.33	15.51	14.70	13.88	13.06	12.25	11.43	10.62	9.80	8.98
24	16.64	15.81	14.97	14.14	13.31	12.48	11.65	10.81	9.98	9.15
25	16.96	16.11	15.26	14.42	13.57	12.72	11.87	11.02	10.18	9.33
26	17.30	16.43	15.57	14.70	13.84	12.97	12.11	11.24	10.38	9.51
27	17.66	16.77	15.89	15.01	14.13	13.24	12.36	11.48	10.59	9.71
28	18.03	17.13	16.23	15.33	14.43	13.52	12.62	11.72	10.82	9.92
29	18.43	17.51	16.59	15.66	14.74	13.82	12.90	11.98	11.06	10.14
30	18.84	17.90	16.96	16.02	15.08	14.13	13.19	12.25	11.31	10.36
31	19.28	18.32	17.36	16.39	15.43	14.46	13.50	12.53	11.57	10.61
32	19.75	18.76	17.77	16.78	15.80	14.81	13.82	12.83	11.85	10.86
33	20.23	19.22	18.21	17.20	16.19	15.18	14.16	13.15	12.14	11.13
34	20.75	19.71	18.67	17.64	16.60	15.56	14.52	13.49	12.45	11.41
35	21.29	20.23	19.16	18.10	17.03	15.97	14.90	13.84	12.77	11.71
36	21.86	20.76	19.67	18.58	17.49	16.39	15.30	14.21	13.11	12.02
37	22.46	21.33	20.21	19.09	17.96	16.84	15.72	14.60	13.47	12.35
38	23.08	21.93	20.78	19.62	18.47	17.31	16.16	15.00	13.85	12.70
39	23.75	22.56	21.38	20.19	19.00	17.81	16.63	15.44	14.25	13.06
40	24.46	23.23	22.01	20.79	19.57	18.34	17.12	15.90	14.67	13.45
41	25.21	23.95	22.69	21.43	20.16	18.90	17.64	16.38	15.12	13.86
42	26.00	24.70	23.40	22.10	20.80	19.50	18.20	16.90	15.60	14.30
43	26.84	25.50	24.16	22.82	21.47	20.13	18.79	17.45	16.10	14.76
44	27.73	26.35	24.96	23.57	22.19	20.80	19.41	18.03	16.64	15.25
45	28.68	27.24	25.81	24.37	22.94	21.51	20.07	18.64	17.21	15.77
46	29.67	28.19	26.71	25.22	23.74	22.25	20.77	19.29	17.80	16.32
47	30.73	29.19	27.66	26.12	24.58	23.05	21.51	19.97	18.44	16.90
48	31.84	30.25	28.66	27.07	25.48	23.88	22.29	20.70	19.11	17.51
49	33.02	31.37	29.72	28.06	26.41	24.76	23.11	21.46	19.81	18.16
50	34.25	32.53	30.82	29.11	27.40	25.69	23.97	22.26	20.55	18.84
51	35.54	33.76	31.98	30.21	28.43	26.65	24.88	23.10	21.32	19.55
52	36.89	35.05	33.20	31.36	29.51	27.67	25.82	23.98	22.13	20.29
53	38.31	36.39	34.48	32.56	30.65	28.73	26.81	24.90	22.98	21.07
54	39.79	37.80	35.81	33.82	31.83	29.84	27.85	25.87	23.88	21.89
55	41.35	39.28	37.21	35.15	33.08	31.01	28.94	26.88	24.81	22.74
56	42.98	40.83	38.68	36.53	34.38	32.23	30.09	27.94	25.79	23.64
57	44.69	42.45	40.22	37.99	35.75	33.52	31.28	29.05	26.81	24.58
58	46.48	44.15	41.83	39.51	37.18	34.86	32.53	30.21	27.89	25.56
59	48.36	45.95	43.53	41.11	38.69	36.27	33.86	31.44	29.02	26.60
60	50.35	47.83	45.32	42.80	40.28	37.76	35.25	32.73	30.21	27.69
61	52.44	49.82	47.20	44.58	41.95	39.33	36.71	34.09	31.47	28.84
62	54.66	51.93	49.19	46.46	43.73	41.00	38.26	35.53	32.80	30.06
63	57.00	54.15	51.30	48.45	45.60	42.75	39.90	37.05	34.20	31.35
64	58.54	55.61	52.68	49.76	46.83	43.90	40.98	38.05	35.12	32.20
65	58.48	55.56	52.63	49.71	46.79	43.86	40.94	38.01	35.09	32.17
66	58.42	55.50	52.58	49.66	46.74	43.82	40.90	37.97	35.05	32.13
67	58.36	55.45	52.53	49.61	46.69	43.77	40.85	37.94	35.02	32.10
68	58.30	55.39	52.47	49.56	46.64	43.73	40.81	37.90	34.98	32.07
69	58.24	55.33	52.42	49.51	46.59	43.68	40.77	37.86	34.94	32.03
70	58.18	55.27	52.36	49.45	46.54	43.64	40.73	37.82	34.91	32.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Tobacco)**

**(Years 1 through 10) – (Continued from Front)**

Issue Age	1	2	3	4	5	6	7	8	9	10
71	58.13	55.22	52.31	49.41	46.50	43.59	40.69	37.78	34.88	31.97
72	58.07	55.17	52.27	49.36	46.46	43.56	40.65	37.75	34.84	31.94
73	58.02	55.12	52.22	49.32	46.42	43.52	40.61	37.71	34.81	31.91
74	57.97	55.07	52.17	49.27	46.38	43.48	40.58	37.68	34.78	31.88
75	57.90	55.01	52.11	49.22	46.32	43.43	40.53	37.64	34.74	31.85
76	57.84	54.94	52.05	49.16	46.27	43.38	40.49	37.59	34.70	31.81
77	57.77	54.88	51.99	49.10	46.21	43.32	40.44	37.55	34.66	31.77
78	57.69	54.81	51.92	49.04	46.15	43.27	40.38	37.50	34.61	31.73
79	57.61	54.73	51.85	48.97	46.09	43.21	40.33	37.45	34.57	31.69
80	57.52	54.65	51.77	48.89	46.02	43.14	40.27	37.39	34.51	31.64
81	57.53	54.65	51.77	48.90	46.02	43.15	40.27	37.39	34.52	31.64
82	57.55	54.68	51.80	48.92	46.04	43.17	40.29	37.41	34.53	31.65
83	57.55	54.68	51.80	48.92	46.04	43.17	40.29	37.41	34.53	31.65
84	57.57	54.69	51.81	48.93	46.05	43.18	40.30	37.42	34.54	31.66
85	57.57	54.69	51.81	48.93	46.06	43.18	40.30	37.42	34.54	31.66

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Tobacco)  
(Years 11 through 20)**

Issue Age	11	12	13	14	15	16	17	18	19	20
18	7.50	6.75	6.00	5.25	4.50	3.75	3.00	1.88	0.75	0.00
19	7.62	6.86	6.10	5.34	4.57	3.81	3.05	1.91	0.76	0.00
20	7.75	6.97	6.20	5.42	4.65	3.87	3.10	1.94	0.77	0.00
21	7.88	7.09	6.31	5.52	4.73	3.94	3.15	1.97	0.79	0.00
22	8.02	7.22	6.42	5.61	4.81	4.01	3.21	2.01	0.80	0.00
23	8.17	7.35	6.53	5.72	4.90	4.08	3.27	2.04	0.82	0.00
24	8.32	7.49	6.66	5.82	4.99	4.16	3.33	2.08	0.83	0.00
25	8.48	7.63	6.78	5.94	5.09	4.24	3.39	2.12	0.85	0.00
26	8.65	7.78	6.92	6.05	5.19	4.32	3.46	2.16	0.86	0.00
27	8.83	7.95	7.06	6.18	5.30	4.41	3.53	2.21	0.88	0.00
28	9.02	8.11	7.21	6.31	5.41	4.51	3.61	2.25	0.90	0.00
29	9.21	8.29	7.37	6.45	5.53	4.61	3.69	2.30	0.92	0.00
30	9.42	8.48	7.54	6.60	5.65	4.71	3.77	2.36	0.94	0.00
31	9.64	8.68	7.71	6.75	5.79	4.82	3.86	2.41	0.96	0.00
32	9.87	8.89	7.90	6.91	5.92	4.94	3.95	2.47	0.99	0.00
33	10.12	9.11	8.09	7.08	6.07	5.06	4.05	2.53	1.01	0.00
34	10.37	9.34	8.30	7.26	6.22	5.19	4.15	2.59	1.04	0.00
35	10.64	9.58	8.52	7.45	6.39	5.32	4.26	2.66	1.06	0.00
36	10.93	9.84	8.74	7.65	6.56	5.46	4.37	2.73	1.09	0.00
37	11.23	10.11	8.98	7.86	6.74	5.61	4.49	2.81	1.12	0.00
38	11.54	10.39	9.23	8.08	6.93	5.77	4.62	2.89	1.15	0.00
39	11.88	10.69	9.50	8.31	7.13	5.94	4.75	2.97	1.19	0.00
40	12.23	11.01	9.78	8.56	7.34	6.11	4.89	3.06	1.22	0.00
41	12.60	11.34	10.08	8.82	7.56	6.30	5.04	3.15	1.26	0.00
42	13.00	11.70	10.40	9.10	7.80	6.50	5.20	3.25	1.30	0.00
43	13.42	12.08	10.74	9.39	8.05	6.71	5.37	3.36	1.34	0.00
44	13.87	12.48	11.09	9.71	8.32	6.93	5.55	3.47	1.39	0.00
45	14.34	12.90	11.47	10.04	8.60	7.17	5.74	3.58	1.43	0.00
46	14.84	13.35	11.87	10.39	8.90	7.42	5.93	3.71	1.48	0.00
47	15.36	13.83	12.29	10.76	9.22	7.68	6.15	3.84	1.54	0.00
48	15.92	14.33	12.74	11.15	9.55	7.96	6.37	3.98	1.59	0.00
49	16.51	14.86	13.21	11.56	9.91	8.25	6.60	4.13	1.65	0.00
50	17.12	15.41	13.70	11.99	10.27	8.56	6.85	4.28	1.71	0.00
51	17.77	15.99	14.21	12.44	10.66	8.88	7.11	4.44	1.78	0.00
52	18.44	16.60	14.76	12.91	11.07	9.22	7.38	4.61	1.84	0.00
53	19.15	17.24	15.32	13.41	11.49	9.58	7.66	4.79	1.92	0.00
54	19.90	17.91	15.92	13.93	11.94	9.95	7.96	4.97	1.99	0.00
55	20.67	18.61	16.54	14.47	12.40	10.34	8.27	5.17	2.07	0.00
56	21.49	19.34	17.19	15.04	12.89	10.74	8.60	5.37	2.15	0.00
57	22.34	20.11	17.88	15.64	13.41	11.17	8.94	5.59	2.23	0.00
58	23.24	20.91	18.59	16.27	13.94	11.62	9.30	5.81	2.32	0.00
59	24.18	21.76	19.35	16.93	14.51	12.09	9.67	6.05	2.42	0.00
60	25.18	22.66	20.14	17.62	15.11	12.59	10.07	6.29	2.52	0.00
61	26.22	23.60	20.98	18.36	15.73	13.11	10.49	6.56	2.62	0.00
62	27.33	24.60	21.86	19.13	16.40	13.67	10.93	6.83	2.73	0.00
63	28.50	25.65	22.80	19.95	17.10	14.25	11.40	7.12	2.85	0.00
64	29.27	26.34	23.42	20.49	17.56	14.63	11.71	7.32	2.93	0.00
65	29.24	26.32	23.39	20.47	17.54	14.62	11.70	7.31	2.92	0.00
66	29.21	26.29	23.37	20.45	17.53	14.61	11.68	7.30	2.92	0.00
67	29.18	26.26	23.35	20.43	17.51	14.59	11.67	7.30	2.92	0.00
68	29.15	26.24	23.32	20.41	17.49	14.58	11.66	7.29	2.92	0.00
69	29.12	26.21	23.30	20.38	17.47	14.56	11.65	7.28	2.91	0.00
70	29.09	26.18	23.27	20.36	17.45	14.55	11.64	7.27	2.91	0.00

**Guaranteed Surrender Charges per \$1,000 Specified Amount of Insurance (Female Tobacco)**

**(Years 11 through 20) – (Continued from Front)**

Issue Age	11	12	13	14	15	16	17	18	19	20
71	29.06	26.16	23.25	20.34	17.44	14.53	11.63	7.27	2.91	0.00
72	29.04	26.13	23.23	20.33	17.42	14.52	11.61	7.26	2.90	0.00
73	29.01	26.11	23.21	20.31	17.41	14.51	11.60	7.25	2.90	0.00
74	28.98	26.09	23.19	20.29	17.39	14.49	11.59	7.25	2.90	0.00
75	28.95	26.06	23.16	20.27	17.37	14.48	11.58	7.24	2.90	0.00
76	28.92	26.03	23.13	20.24	17.35	14.46	11.57	7.23	2.89	0.00
77	28.88	25.99	23.11	20.22	17.33	14.44	11.55	7.22	2.89	0.00
78	28.85	25.96	23.08	20.19	17.31	14.42	11.54	7.21	2.88	0.00
79	28.80	25.92	23.04	20.16	17.28	14.40	11.52	7.20	2.88	0.00
80	28.76	25.88	23.01	20.13	17.26	14.38	11.50	7.19	2.88	0.00
81	28.76	25.89	23.01	20.13	17.26	14.38	11.51	7.19	2.88	0.00
82	28.78	25.90	23.02	20.14	17.27	14.39	11.51	7.19	2.88	0.00
83	28.78	25.90	23.02	20.14	17.27	14.39	11.51	7.19	2.88	0.00
84	28.78	25.91	23.03	20.15	17.27	14.39	11.51	7.20	2.88	0.00
85	28.78	25.91	23.03	20.15	17.27	14.39	11.51	7.20	2.88	0.00

## DEFINITIONS

In this Policy, the following words mean:

**Accumulation Value** – The amount in this Policy to which We credit interest and from which We deduct the Monthly Deductions on each Monthly Anniversary Date.

**Attained Age** - The Insured's current age based on nearest birthday.

**Beneficiary** – The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Policy is in force.

**Cash Surrender Value** – The Accumulation Value less the Surrender Charges less any Indebtedness.

**Cash Value** – The Accumulation Value less the Surrender Charge, if any.

**Current Assumptions** – The current Cost of Insurance Rates, Interest Rates, Monthly Expenses, and Premium Expense Charges used in figuring the Accumulation Values. These may be more favorable than the Policy guarantees. The factors We use for Current Assumptions will take into account (a) Policy size, (b) time this Policy has been in force, and (c) any Indebtedness.

**Death Benefit Proceeds** – The total amount We will pay the Beneficiary at the death of the Insured if this Policy is then in force less any outstanding Indebtedness.

**Indebtedness** – The sum of any unpaid Policy Loans and any accrued and unpaid Policy Loan interest.

**Insurance Proceeds** – The amount payable on (a) the Maturity Date, (b) the exercise of the full Surrender benefit, or (c) the Insured's death. The Proceeds on the Maturity Date will be the Cash Surrender Value. The Proceeds on the Insured's death will be the Death Benefit Proceeds.

**Insured** – The person whose life is insured under the terms of this Policy. See the Policy Specification Page.

**Initial Specified Amount** – The amount shown on the Policy Specification Page.

**Internal Revenue Code** – The provisions of the Internal Revenue Code in effect on the Issue Date of this Policy.

**Maturity Date** – Maturity Date means the Policy Anniversary following the Insured's 120<sup>th</sup> birthday.

**Minimum Premium Period** – The period during which minimum premiums paid in advance are required to keep the Policy in force. The Minimum Premium Period is shown on the Policy Specification Page.

**Monthly Anniversary Date** –The same day shown on the Policy Specification Page under the Issue Date for each succeeding month.

**Policy Anniversary Date** –The same day and month as the Issue Date shown on the Policy Specification Page for each succeeding year.

**Surrender Charge** – The amount described on Page 5, which We will deduct from the Accumulation Value if this Policy is surrendered, in whole or in part, or if the Specified Amount is decreased.

**We, Our, Us, Company** – IA American Life Insurance Company.

**Written Request** – A request to exercise Your Rights signed by You and received by Us on forms We supply or that are satisfactory to Us. We may also require that Your Policy be sent to Us with Your Written Request.

**You, Your** –The Owner of this Policy. The Owner may be someone other than the Insured.

## GENERAL PROVISIONS

### The Contract

This Policy and a copy of the application attached to it, plus any supplemental applications for increases in the Specified Amount, make up the entire Contract between You and Us. We have relied on the statements made in the application for this Policy. These statements, in the absence of fraud, are considered representations and not warranties. No such

## GENERAL PROVISIONS (Continued)

statements made shall be used in defense of a claim under the Policy unless it is contained in the application and a copy of the application is attached to the Policy. This Policy cannot be changed in any way without the written consent of one of Our officers.

### Your Rights

You can exercise the rights given by this Policy. These rights include:

- The right to make flexible premium payments according to the Premiums and Reinstatement section.
- The right to change the Death Benefit Option according to the Death Benefits and Death Benefit Options and Changing Your Insurance sections.
- The right to change the Specified Amount according to the Changing Your Insurance section.
- The right to Surrender this Policy according to the Policy Values section.
- The right to borrow money according to the Loan Privileges section.
- The right to change the Beneficiary according to the Ownership, Beneficiary & Assignment Rights section.
- The right to choose how the Insurance Proceeds will be paid according to the Settlement Provisions section.
- The right to assign this Policy according to the General Provisions section.
- The right to transfer ownership according to the General Provisions section.

You can exercise Your Rights under this Policy while the Insured is alive by making a Written Request. If Your Policy is assigned as collateral, We will also require a Written Request from the assignee. If You have not reserved the right to change the Beneficiary, We will also require a Written Request satisfactory to Us from any irrevocable Beneficiary.

### Annual Report

We will send You a report, without charge, after each Policy Anniversary. This report will show:

- (a) premiums paid since the last report;
- (b) the Cash Surrender Value at the beginning of the period;
- (c) interest credited since the last report;
- (d) Monthly Deductions since the last report;
- (e) Partial Surrenders since the last report;
- (f) Indebtedness activity;
- (g) The Cash Surrender Value at the end of the period; and
- (h) Insurance Proceeds at the end of the period.

We will provide a projection of future death benefits and Policy values upon Written Request. The first projection provided each year will be provided at no charge. We will charge a maximum fee of \$25.00 for any additional projections provided in a year. The illustration will be based on assumptions as to Specified Amounts, Death Benefit Options and future premium payments which You specify. We will make any other reasonable assumptions which are necessary.

### Misstatement of Age or Sex

If the Insured's age or sex is misstated in the application, We will adjust the Insurance Proceeds. The Insurance Proceeds payable shall be adjusted to that which would have been purchased by the most recent mortality charge at the correct age or sex.

### Suicide

If the Insured dies by Suicide within two (2) years of the Issue Date, We will not pay the Insurance Proceeds. The amount We will pay will be the total premiums paid minus any Indebtedness, and minus any Partial Surrender amounts paid.

There is a new two-year Suicide period after any Increase in Specified Amount. We will measure this period from the effective date of any increase. If the Insured dies by Suicide during this period, we will not pay the Insurance Proceeds attributable to the increase. The amount We will pay is the sum of the Monthly Deductions for the increase.

### Incontestability

After this Policy has been in force during the Insured Person's lifetime for two (2) years from the Issue Date shown on the Policy Specification Page, We cannot contest this Policy, except for the nonpayment of premiums. There is a new two-year incontestability period after any increase in Specified Amount. We will measure this period from the effective date of any increase.

Any Reinstatement of this Policy for which We require an application showing insurability will be incontestable after the Reinstatement has been in force during the Insured Person's lifetime for two (2) years from the Reinstatement effective date, except for nonpayment of premiums. Any contest during the first two years will be based on material misrepresentations on the Reinstatement application.

## GENERAL PROVISIONS (Continued)

### Termination of Policy

This Policy will terminate when:

- (a) You Surrender this Policy for its Accumulation Value minus the Surrender Charge and minus any Indebtedness; or
- (b) the Insured dies; or
- (c) the Policy reaches the Maturity Date; or
- (d) there is not sufficient Cash Surrender Value to cover a Monthly Deduction and the Grace Period ends without payment of required premium.

## OWNERSHIP, BENEFICIARY & ASSIGNMENT RIGHTS

### Owner

Unless otherwise stated in the application or later changed, the Owner of the Policy will be the person listed as Insured of the Policy on the Policy Specification Page.

The Owner may exercise all rights under this Policy during the Insured's lifetime by making Written Request satisfactory to Us. All rights of the Owner are subject to the rights of any Assignment and of any Irrevocable Beneficiary We have on record.

### Beneficiary

We will pay the Insurance Proceeds to the Beneficiary named by You in the application or in any later request after We receive due proof that the Insured has died. If you name more than one primary Beneficiary, they will share equally, unless You provide otherwise.

If a Beneficiary dies before the Insured dies, that Beneficiary will have no interest in the Insurance Proceeds. Only those Beneficiaries who survive the Insured will share in the Insurance Proceeds. If no Beneficiary survives the Insured, We will pay the Insurance Proceeds to the estate of the Insured unless otherwise designated.

### 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.

### Change of Owner or Beneficiary

Unless this Policy provides otherwise, while the Insured is living, the Owner and Beneficiary or both, may be changed by filing a Written Request on a form satisfactory to Us. If an Irrevocable Beneficiary has been named in this Policy and is still living, that person's written consent will be needed for any Beneficiary change. The change will not take effect until recorded by Us at Our Administrative Office. Once recorded, the change will be effective, as of the date the request was signed. However, We are not liable for any action We take before Your Written Request.

### Assignment

You may assign this Policy. The Assignment must be in writing and filed at the Company. We are not responsible for the validity or effect of any Assignment. Any benefits which become payable to an assignee will be payable in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the Assignment. The rights of the Owner and of any irrevocable Beneficiary are subject to any Assignment.

## DEATH BENEFITS 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 the Death Benefit Option in effect on the date of death, and any increases or decreases made to the specified amount. Guidelines for these types of changes may be found in the "Changing Your Insurance" section. The Initial Specified Amount is shown on the Policy Specification Page. Death Benefit Proceeds are also subject to the "Ownership, Beneficiary & Assignment Rights" and "Settlement Provisions" sections and will be reduced by any outstanding Indebtedness.

If Death Benefit 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 the Death Benefit Proceeds at the rate of 8% per year from the date of death to the date the Death Benefit Proceeds are paid.

## DEATH BENEFITS AND DEATH BENEFIT OPTIONS (Continued)

### Death Benefit Options

There are two Death Benefit Options, Option 1 and Option 2. The Death Benefit Option on the Issue Date is shown on the Policy Specification Page.

#### Option 1

Under Option 1, the amount of insurance is the greater of (a) or (b), where:

- (a) is the Specified Amount on the day the Insured dies; or
- (b) is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the table below.

#### Option 2

Under Option 2, the amount of insurance is the greater of (a) or (b), where:

- (a) is the Specified Amount on the day the Insured dies plus the Accumulation Value on the day the Insured dies; or
- (b) is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the table below.

Attained Age	Percentage	Attained Age	Percentage
0-40	250		
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
60	130	95+	100

### Effect of Partial Surrender on Insurance Proceeds

A Partial Surrender will decrease the Insurance Proceeds under either Option 1 or Option 2. If the Death Benefit Option in effect is Option 1, We will reduce the Specified Amount by the amount of the Partial Surrender. A Partial Surrender is defined in the "Policy Values" section of this Policy.

## CHANGING YOUR INSURANCE

You may request a change in the Specified Amount or Death Benefit Option shown on the Policy Specification Page 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 the Company in writing on a form acceptable to Us. This Policy must accompany the request.

## CHANGING YOUR INSURANCE (Continued)

### Decreases in Specified Amount

You may decrease the Specified Amount. However, the Specified Amount remaining in effect after any decreases cannot be less than \$10,000.

Also, You cannot decrease the Specified Amount if, after the decrease, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. We will decrease the Specified Amount in the following order:

- (a) increases in Specified Amount in the reverse order in which they occurred; and then
- (b) the Initial Specified Amount.

If a decrease occurs during the Minimum Premium Period, a new Policy Specification Page will be mailed to the Owner showing the amount of the new Minimum Monthly Premium, if changed, payable for the remainder of the Minimum Premium Period.

Any decrease will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

If you decrease the Specified Amount, We will deduct a Surrender Charge from Your Accumulation Value. Such deduction will be the sum of the Surrender Charges computed separately for each Increase in Specified Amount beginning with the most recent increase. These Surrender Charges are described on Page 5.

### Increases in Specified Amount

On any date after the first Policy Anniversary Date, You may apply for an Increase in Specified Amount by Written Request. Such increase shall be subject to evidence of insurability satisfactory to Us. Each increase must at least equal the Minimum Increase Amount shown on the Policy Specification Page. The increase will go into effect on the date shown on an endorsement to the Policy Specification Page. This endorsement will define the maximum Cost of Insurance Rates to be applied to the increase based on the risk classification of the Insured at the time of the increase.

Each increase will have a new schedule of Surrender Charges for the first 19 years immediately following the increase. The Surrender Charges for any increase in Specified Amount will be equal to the rates shown on Page 5 for the age that such increase went into effect and year of surrender multiplied by the number of thousands of increase.

Also, the Accumulation Value immediately after the increase must be equal to or greater than the Surrender Charge for this Policy plus any Indebtedness. This may require a premium payment. We will advise You of the amount of premium required, if any. Such premium is due prior to the effective date of the increase.

### Changes in Death Benefit Options

If the Death Benefit Option in effect is Option 1, You may request a change to Option 2. We will decrease the Specified Amount by the amount of the Accumulation Value. After the change, the Specified Amount cannot be less than \$10,000.

If the Death Benefit Option in effect is Option 2, You may request a change to Option 1. We will increase the Specified Amount by the amount of the Accumulation Value.

The change will go into effect on the Monthly Anniversary Date on or following the date We receive your Written Request.

## PREMIUMS AND REINSTATEMENT

### Payment of Premiums

An Initial Premium equal to or greater than the Minimum Monthly Premium shown on the Policy Specification Page is due on the Issue Date. This Policy is not in force until the Initial Premium has been paid. Subject to the provisions of this section, you can choose the amount and the frequency of any further premiums.

Premiums are paid when received by Us at the Company and subject to any collection. You may request a receipt signed by one of Our officers.

## PREMIUMS AND REINSTATEMENT (Continued)

### Minimum Premium Period

On each Monthly Anniversary Date during the Minimum Premium Period as shown on the Policy Specification Page, the sum of the premiums paid in advance must equal or exceed an amount equal to (a) times (b) where:

- (a) is the Minimum Monthly Premium shown on the Policy Specification Page; and
- (b) is the number of months expired since the Issue Date.

If such premiums due have not been paid, this Policy will terminate, except as provided in the Grace Period provision.

### Planned Periodic Premiums

Planned Periodic Premiums are shown on the Policy Specification Page. This is the amount and frequency of premiums You selected on the Issue Date. You may request a change in the amount and frequency. We may limit the amount of any increase.

Each premium payment made must at least be equal to \$20 per month or, if greater, the amount needed during the Grace Period to prevent lapse of the Policy.

### Additional Premium

You may pay Additional Premiums at any time while this Policy is in force and free of Indebtedness. We may limit the number and amount of Additional Premiums. We may refuse to accept a premium if the amount of insurance under Option 1 or Option 2 is a percentage of the Accumulation Value as defined in the "Death Benefits and Death Benefit Options" and "Definitions" section.

The Company reserves the right not to accept premium payments if, by accepting the premium, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. If We accept any premium in error, We will refund it to You with interest at an annual rate not less than 3% within 60 days after the end of the Policy year in which the error was discovered. The Interest Rate will be that credited to the Accumulation Value attributable to the premium refunded. Any premiums which We accept in error will not be considered premiums paid under this Policy.

### Grace Period

Premiums shall be due on the Monthly Anniversary Date. In the event such premium is not paid by this date, and the Cash Surrender Value is sufficient to cover the Monthly Deduction, then the Cash Surrender Value will be used to keep the Policy in force. The Cash Surrender Value will be used to cover the Daily Cost of Insurance until such time the Cash Surrender Value is depleted. Lapse shall occur on the date on which the net Cash Surrender Value first equals zero. Lapse will occur and the Grace Period will begin only after the Surrender Value equals zero. A Grace Period of 61 days after lapse will be given and We will send a written notice to the Policyowner's last known address at least 30 days prior to any termination of coverage. There is no Grace Period for the initial Monthly Deduction. If a claim by death becomes payable under this Policy, any overdue Monthly Deduction will be deducted from the Proceeds.

However, during the Minimum Premium Period if the sum of the premiums paid less any Partial Surrenders and less any Policy Loans equals or exceeds the Minimum Monthly Premium shown on the Policy Specification Page multiplied by the number of months expired since the Issue Date, this Policy will remain in force.

### Continuation of Insurance upon Discontinuance of Premium Payments

After premiums are stopped, Monthly Deductions to cover the Cost of Insurance and expenses (defined in the Monthly Deductions provisions) will continue as long as any Cash Surrender Value (defined in the Surrender provision) remains. When the Cash Surrender Value is depleted, the Policy will lapse except as provided in the Grace Period Provision.

### Reinstatement

Reinstatement means to place this Policy in force after it terminates because it reached the end of a Grace Period. We will reinstate this Policy if We receive:

- (a) Your Written Request within 5 years after this Policy terminates at the end of a Grace Period; and
- (b) satisfactory proof that the Insured is still insurable; and
- (c) payment or reinstatement of any Indebtedness; and
- (d) a premium large enough to cover the Monthly Deduction for 3 months.

## PREMIUMS AND REINSTATEMENT (Continued)

If We approve Your Written Request for reinstatement on a Monthly Anniversary Date, this Policy will again be in force on the day We approve the reinstated application. If Our approval occurs on any other day, this Policy will again be in force as of the prior Monthly Anniversary Date from the day We approve the reinstated application.

### POLICY VALUES

#### Accumulation Value

On each Monthly Anniversary Date the Accumulation Value is the sum of (a) plus (b) plus (c) minus (d) minus (e) minus (f), where:

- (a) is the Accumulation Value on the Preceding Monthly Anniversary Date;
- (b) is the interest for one month on item (a);
- (c) is all Net Premiums received since the preceding Monthly Anniversary Date;
- (d) is the Monthly Deduction for the ensuing month;
- (e) is one month's interest on item (d); and
- (f) is the sum of all Partial Surrenders since the preceding Monthly Anniversary Date (plus interest from date of each such Partial Surrender).

On the Issue Date the Accumulation Value is any Net Premium received by Us on or before the Issue Date less the Monthly Deduction for the first Policy month.

On any other day the Accumulation Value is (a) plus interest on the Accumulation Value from the last Monthly Anniversary Date plus (c).

#### Interest Rate

The guaranteed minimum Interest Rate We will use to calculate the Accumulation Value is .246627% a month, compounded monthly. This is equivalent to 3% a year, compounded yearly. Interest in excess of the guaranteed rate may be applied in the calculation of the Accumulation Value.

#### Monthly Deductions

The Monthly Deduction is (a) plus (b) where:

- (a) is the Cost of Insurance for this Policy and any Riders attached to it; and
- (b) is the Monthly Expense.

#### Cost of Insurance

We calculate the Cost of Insurance for the ensuing month on the Issue Date and on each Monthly Anniversary Date. The Cost of Insurance is found by multiplying (a) times the result of (b) minus (c) where:

- (a) is Cost of Insurance rate divided by 1,000;
- (b) is the amount of insurance under the Death Benefit Option in effect divided by 1.00246627; and
- (c) is the Accumulation Value prior to the deduction of the Cost of Insurance.

If the Death Benefit Option is Option 1, and if there have been any increases to the Specified Amount, then the Accumulation Value shall be first considered a part of the Initial Specified Amount. If the Accumulation Value exceeds the Initial Specified Amount, it shall then be considered a part of the increases in Specified Amount in the order in which they occurred.

#### Cost of Insurance Rates

The Cost of Insurance Rates depends on the Insured's Attained Age, sex and premium classification of the Insured. During any policy year, the Insured's Attained Age on an age nearest birthday basis as of the last Policy Anniversary will be used.

Guaranteed Maximum Monthly Cost of Insurance Rates are shown on Page 4. We can use Cost of Insurance Rates that are lower than these rates. The Cost of Insurance Rates We use will apply to all Insureds of the same class.

#### Net Premium

The Net Premium is the premium paid less the Premium Expense Charge. The Premium Expense Charge shown on the Policy Specification Page is the guaranteed maximum charge. We can use Premium Expense Charge rates that are lower than these guaranteed rates.

## **POLICY VALUES (Continued)**

### **Surrender**

Subject to the Change of Owner or Beneficiary provision, You may Surrender this Policy on any Monthly Anniversary Date while the Insured is alive for the Accumulation Value minus the Surrender Charge minus any Indebtedness. We will require a Written Request. Surrender Charges are described on Page 5.

If You Surrender this Policy within 30 days after a Policy anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, plus any Net Premium paid, minus any Policy Loans or Partial Surrenders made on or after that anniversary.

### **Partial Surrender**

On any Monthly Anniversary Date after the first Policy year and while the Insured is alive, You may make a Partial Surrender. The amount of the Partial Surrender cannot exceed the amount You would receive if You surrendered this Policy. Also, if the then Death Benefit Option is Option 1, the amount of the Partial Surrender cannot exceed an amount which would reduce the Specified Amount below \$10,000.

We will decrease Your Accumulation Value by the amount of the Partial Surrender. We will require a Written Request.

A \$25.00 processing fee will be charged on each Partial Surrender. Also, a pro rata Surrender Charge will be deducted from the Accumulation Value at the time of any Partial Surrender.

The minimum Partial Surrender amount is \$500.00

### **Nonparticipating**

Your Policy is Nonparticipating. This means We do not pay dividends on Your Policy. It will not share in Our profits or surplus earnings.

### **Basis for Calculations**

We have filed in the state where this Policy is delivered a detailed statement showing how Policy benefits and reserves are calculated. All values are at least as great as the values required by that state.

We use the 2001 Commissioners Standard Ordinary Mortality Table for Males or Females, Smoker distinct, age near birthday. Minimum Cash Surrender Values are based on the interest rate shown on Page 3.

The minimum Cash Surrender Values for this Policy are not less than the minimum Cash Surrender Values calculated in accordance with the 2001 Standard Nonforfeiture Law.

We reserve the right to defer payment of any values payable under this Policy for 6 months, or the period allowed by law, whichever is less, after We receive Your Written Request. However, We cannot delay payment of a Partial Surrender if the amount is to be used to pay a premium to Us.

If the Insured is alive on the Maturity Date, We will pay the Cash Surrender Value and this Policy will terminate.

## **LOAN PRIVILEGES**

### **Policy Loans**

While this Policy is in force, You may borrow from Us at any time an amount that does not exceed the Accumulation Value minus any Surrender Charge as of the date You request the loan. We will deduct any Indebtedness that already exists under this Policy from the amount You can borrow. We will require a Written Request and Assignment of the Policy as sole security for the loan. We will have the right to defer a loan for up to 6 months, or the period allowed by law, whichever is less, after application for a loan is made on the Policy, except when made to pay premiums to Us.

### **Loan Interest Rate**

Loans shall bear interest at the rate of 7.4%. On each Policy anniversary, You must pay the loan interest in advance, except at the time the loan is made. At the time the loan is made, interest to the next Policy anniversary will be deducted from the loan amount You receive. Interest not paid when due will be added to the loan and will bear interest.

## LOAN PRIVILEGES (Continued)

If You do not repay the Indebtedness under this Policy, this Policy will terminate when the Monthly Deduction is greater than (a) minus (b) minus (c) where:

- (a) is the Accumulation Value;
- (b) is any Surrender Charge; and
- (c) is the Indebtedness.

The effective date that this Policy will so terminate will be 62 days after We mail a notice to Your last known address and any Assignee recorded on Our records.

## SETTLEMENT OPTIONS

**Election of a Settlement Option.** The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Death Benefit Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

**Payee.** The Payee is the person or persons entitled to receive payments under a Settlement Option.

**Availability of Options.** The Company may pay the then balance of the Death Benefit Proceeds in one sum if:

- a. The Death Benefit Proceeds are less than \$5,000; or
- b. The amount on deposit under Option 1 or 2 below becomes less than \$2,000; or
- c. Periodic payments are, or become, less than \$100; or
- d. The Payee is not the person first entitled to payment; or
- e. The Payee is an assignee, estate, trustee, partnership, corporation or association.

**Effective Date of Settlement Option.** If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Death Benefit Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, or 6 below, will be paid by the Company upon receipt of proof of the death of the Insured.

**Basis of Payment Options.** The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

**Life Income and Age .** When Death Benefit Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

**Option 1 -- Deposit --** Left on deposit with interest to accumulate. Interest is compounded annually. Death Benefit Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

**Option 2 -- Interest Income --** Left on deposit, with interest payable periodically. Death Benefit Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

**Option 3 -- Installments of Specified Amount --** Paid as an income of a specified amount mutually agreed upon, until the Death Benefit Proceeds and interest are exhausted.

**Option 4 -- Installments for Specified Period --** Paid as an income for a specified period mutually agreed upon.

**Option 5 -- Life Income with Guaranteed Period --** Paid as an income for life. Payments are guaranteed for 120 months.

**SETTLEMENT OPTIONS (Continued)**

**Option 6 -- Life Income Without Guaranteed Period --** Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

**Death of Payee.** After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

**Protection Against Creditor.** To the extent permitted by law, Death Benefit Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

**OPTION 2  
INTEREST INCOME**

<b>Payable</b>	<b>Interest Payable</b>
Monthly	\$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

**OPTION 4  
INSTALLMENTS**

<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>	<b>Yrs.</b>	<b>Annual</b>	<b>Monthly</b>
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

**OPTIONS 5 AND 6**  
MONTHLY LIFE INCOMES

Age	Option 5 120 Installments Guaranteed		Option 6 Life Only		Age	Option 5 120 Installments Guaranteed		Option 6 Life Only	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

**IA American Life Insurance Company**  
Administrative Office / P.O. Box 2549 / Waco, Texas 76702-2549 / (254) 297-2774

**Flexible Premium Adjustable Life Insurance Policy**  
**Adjustable Death Benefit**  
**Cash Surrender Value Payable at Maturity**  
**Flexible Premium Payable during Lifetime of Insured Until Maturity Date**  
**Death Benefit Payable at Death of Insured Prior to Maturity**

**Non-Participating**

Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
254-297-2774

## ACCIDENTAL DEATH BENEFIT AGREEMENT

**ACCIDENTAL DEATH BENEFIT.** The Accidental Death Benefit may be paid in addition to any other benefits provided in the Policy. The Company will pay the Benefit amount shown on page 3 to the Beneficiary upon receipt of due proof that: (a) death of the Insured was a direct result of bodily injuries caused by an accident; (b) death resulted independently of all other causes; (c) death occurred within 90 days after the date of the accident; and (d) both the accident and resulting death took place while this Agreement was in force.

**RISKS NOT ASSUMED.** This Agreement does not cover death which results directly from:

1. suicide;
2. participation in any act related to a riot, rebellion, or war. The term "war" includes war declared or undeclared;
3. operating, riding in, descending or falling from or with an aircraft, unless: (a) the Insured was a passenger on a civilian aircraft; (b) such aircraft was flown by a licensed pilot; and (c) the Insured was without duties of any kind;
4. physical or mental infirmity, disease, or medical or surgical treatment thereof;
5. service in the military, naval, or air forces while engaged in war (declared or undeclared) of any of the following: (a) a country; (b) combination of countries; or (c) international organization;
6. the voluntarily use of illegal drugs, the intentional taking of over the counter medication not in accordance to recommended dosage and warning instructions; and intentional misuse of prescription drugs;
7. voluntary taking of a poison or asphyxiation from inhalation of gas (unless done during the course of employment);
8. the commission, attempted commission, or involvement in an act which would constitute: (a) a civil or criminal assault or battery; or (b) a felony.

**TERMINATION.** This Agreement shall terminate:

1. on the Policy anniversary after the number of years shown on page 3; or
2. when the Policy terminates.

This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.

**ADDITIONAL BENEFITS.** The Additional Benefits that this Agreement provides shall not be considered when Policy loan or nonforfeiture values are determined. Unless expressly stated, nothing contained in this Agreement will change, waive, or extend the terms of the Policy.

**CONSIDERATION.** This Agreement is issued in consideration of the application and payment of an additional premium. A copy of the application is attached to the Policy; the extra premium is shown on page 3. An extra premium is payable: (a) until the Agreement is terminated; or (b) for the period stated in the Policy, if such period is shorter.

SIGNED at the Home Office of the Company as of the Agreement Date.

  
Secretary

  
President

<sup>TM</sup>Trademark of Industrial Alliance Insurance and Financial Services Inc. used under license by IA American Life Insurance Company

## WAIVER OF PREMIUM DISABILITY AGREEMENT

**THE COMPANY WILL WAIVE** the payment of the amount specified on page 3 of this Policy which becomes due: (a) after the policy anniversary nearest the Insured's attained age 15; and (b) during the continuous, total and permanent disability of the Insured, provided:

1. due proof that the Insured became totally disabled while this Agreement was in force is furnished to the Company at its Home Office; and
2. such total disability has existed continuously for at least six consecutive months. Total disability or such six months is sufficient to be considered permanent only in order to determine when benefits will begin; and
3. written notice of the claim is received by the Company at its Home Office not more than twelve months after the premium due date.

**TOTAL DISABILITY DEFINED.** As used in this Agreement, total disability means the inability of the insured to perform the major and important daily duties necessary to engage in any business or occupation for which he is or becomes qualified through education, training, or experience. Such disability must be due to bodily injuries sustained or disease first manifested while this Agreement was in force.

Within the meaning of this Agreement, the following shall qualify as total disability:

- (a) total and irrecoverable loss of the sight of both eyes; or
- (b) loss of the use of both hands; or
- (c) loss of the use of both feet; or
- (d) loss of the use of one hand and one foot.

**RISKS NOT ASSUMED.** The amount specified on page 3 shall not be waived under this Agreement if disability results directly from:

1. injury which was intentional and self-inflicted; or
2. service in the military, naval, or air forces of any of the following while engaged in war: (a) a country; (b) combination of countries; or (c) international organization. The term "war" includes war declared or undeclared.

**NOTICE OF CLAIM.** Written notice of the claim for benefits under this Agreement must be received by the Company at its Home Office. The notice must be received during the lifetime and continued disability of the Insured. Notice must be given within one year following any termination of coverage under this Agreement. Failure to give notice within such time shall not nullify a claim if it is shown that it was not possible to give notice within the prescribed time. Such notice must be given as soon as reasonably possible thereafter.

**PROOF OF DISABILITY.** The Company will require due proof of disability and continued disability at reasonable intervals; however, this will only be required once a year after the amount specified on page 3 has been waived for two full years. The Company may require medical examinations of the Insured by an examiner designated by the Company. The amount specified on page 3 shall not be waived and premiums shall become payable as provided in the Policy in the event that:

- (a) the Insured fails to furnish proof of disability; or
- (b) the Insured fails to submit to examination upon request; or
- (c) total disability is interrupted at any time.

**TERMINATION.** This Agreement shall terminate:

1. on the policy anniversary after the number of years shown on page 3; however, any benefits for total disability which commenced prior to such termination shall continue; or
2. if the Policy to which this Agreement is attached terminates at the end of the Policy's grace period; however, benefits under this Agreement shall be allowed: (a) if disability begins after a premium due date but before the last day of the grace period; and (b) if such due date was within twelve months immediately preceding the notice of claim. Such benefits will be allowed as if the default had not occurred.

This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.

**EFFECT OF WAIVER.** The amounts to be waived under this Agreement shall be on the same frequency of payment that is in effect when notice of claim hereunder is received. All benefits under the Policy shall be the same as if any amounts waived had been paid in cash.

**ADDITIONAL BENEFITS.** The Additional Benefits that this Agreement provides shall not be considered when policy loan or nonforfeiture values are determined. Unless expressly stated, nothing contained in this Agreement will change, waive, or extend the terms of the Policy.

**CONSIDERATION.** This Agreement is issued in consideration of the application and payment of an additional premium. A copy of the application is attached to the Policy; the extra premium is shown on page 3. An extra premium is payable: (a) until the Agreement is terminated; or (b) for the period stated in the Policy, if such period is shorter.

SIGNED at the Home Office of the Company as of the Agreement Date.

  
Secretary

  
President

Administrative Office  
P.O. Box 2549  
Waco, Texas 76702-2549  
254-297-2774

**IA AMERICAN LIFE INSURANCE COMPANY** has issued this supplemental agreement (the "Agreement") as a part of the policy (the "Policy") to which it is attached. The provisions of the Policy apply to this Agreement except where such provisions conflict with the express provisions hereof, in which event the provisions of the Agreement will control. Terms defined in the Policy which are used herein shall have the meaning specified in the Policy.

**THIS FAMILY INSURANCE AGREEMENT** provides:

1. decreasing term insurance on the Insured's spouse (the "Spouse") named in the application; and
2. level term insurance on each Dependent child.

The Expiry Date of this Agreement is the policy anniversary nearest the Spouse's attained age 65, unless sooner terminated as provided in the Section of this Agreement designated **TERMINATION**.

A "Dependent Child" means a child, stepchild, or legally adopted child of the Insured, who is 15 or more days old; that is, the child has survived for not less than 360 hours, but has not reached the Policy anniversary nearest that child's 25<sup>th</sup> birthday. Such child must either be: (a) named in the application for this Agreement and not have reached his or her 18<sup>th</sup> birthday on the date of such application; or (b) acquired by the Insured after the date of the application but before the child's 18<sup>th</sup> birthday.

**THE COMPANY WILL PAY** the amount determined from the Family Insurance Agreement Schedule of Death Benefits as shown in the Policy, based on the then attained age of the Spouse, upon receipt of due proof that the death of the Spouse occurred while this Agreement is in force.

**THE COMPANY WILL PAY \$3,000** for each Unit of Insurance shown on page 3 of the Policy upon receipt of due proof that the death of a Dependent Child occurred: (a) while this Agreement is in force; and (b) prior to the policy anniversary nearest the child's 25<sup>th</sup> birthday.

Any benefits payable under this Agreement will also include:

1. the portion of any premium paid which applies to a period beyond the month of death of the Spouse insured under this Agreement, unless the premium was waived under the additional agreement providing waiver of premium; and be reduced by
2. any portion of a premium due and unpaid which applies to a period prior to the date of death of said Spouse.

**BENEFICIARIES.** The beneficiary for the amount payable upon the death of the Spouse will be:

1. the Insured if then living; otherwise
2. the Spouse's estate.

The beneficiary for the amount payable upon death of a Dependent Child will be:

1. the Insured if then living; otherwise
2. the Spouse if then living; otherwise
3. the child's estate.

**NO PREMIUMS AFTER DEATH OF SPOUSE.** If the death of the Spouse occurs before the death of the Insured, any insurance under this Agreement on the life of a Dependent Child will continue in force, without further payment of premiums, to the earlier of: (a) the Expiry Date of this Agreement; or (b) the policy anniversary nearest such child's 25<sup>th</sup> birthday.

**PAYOR DEATH BENEFIT.** If the Payor Death Waiver of Premium Benefit is included under this Agreement, and is in force at the death of the Insured, any term insurance under this Agreement on the life of the Spouse or

any Dependent Child will continue in force, without further payment of premiums, in the case of the Spouse until the Expiry Date of this Agreement; or, in the case of a Dependent Child, until the earlier of the policy anniversary nearest that child's 25<sup>th</sup> birthday or the Expiry Date of this Agreement. No benefit under this Agreement will be paid in the event of the Death of the Insured by suicide, while sane or insane, within two years after the Date of Issue of the Policy.

**CONVERSION OF INSURANCE ON SPOUSE AND DEPENDENT CHILDREN.** If the insurance on the Spouse or a Dependent Child expires while this Agreement is in force, such insurance may be converted, without evidence of insurability, subject to the following:

1. Proper written application for the converted policy must be made to the Company at its Home Office. Such application must be received by the Company no later than the date when insurance under this Agreement would expire; however, in the event of the Insured's death, such application must be made within 31 days after such death. The Date of Issue of the converted policy will be the date when the insurance under this Agreement would expire;
2. The converted policy shall become binding upon the Company only upon payment of the first premium for such policy. The Company must receive the first premium: (a) no later than 31 days after the date when insurance under this Agreement would expire; and (b) while the person to be insured under such policy is living;
3. The converted policy will be for: (a) the amount of insurance in force under this Agreement on the Spouse at such date that the insurance under this Agreement would terminate; and (b) up to five times the amount of insurance under this Agreement on such child;
4. The converted policy will be on any plan of Life or Endowment insurance then issued by the Company, except Term insurance. The policy will be subject to the Company's rules regarding minimum policy amounts. Conversion may not be made for an amount or plan of insurance prohibited by law. Premium rates for the converted policy will be based on: (a) the then attained age of the Spouse or such child; and (b) the same mortality classification as this Agreement; and
5. The converted policy shall not provide for Accidental Death or Waiver of Premium Disability Benefits unless such benefits are: (a) agreed to by the Company; and (b) subject to requirements the Company may make at the time of conversion.

If death of the Spouse or a Dependent Child occurs within 31 days after the insurance upon such person or persons expires but prior to the application for conversion, the Company will pay a death benefit equal to the amount of insurance expiring on the life of such person. Such benefit will be paid as if the insurance had not expired.

**THE ADDITIONAL BENEFITS** that this Agreement provides shall not be considered when policy loan and nonforfeiture values are determined. Unless expressly stated, nothing contained in this Agreement will change, waive, or extend the terms of the Policy.

**REINSTATEMENT.** When a premium is not paid before the end of its grace period provided for in the Policy, this Agreement can be reinstated:

1. subject to all the provisions of the Policy to which this Agreement is attached relating to reinstatement; and
2. with evidence of insurability acceptable to the Company of all persons to be insured; and
3. upon concurrent reinstatement of the Policy to which this Agreement is attached.

Upon reinstatement, no benefit will be paid because of the death of any Dependent Child formerly insured under this Agreement if such death occurred; (a) after the end of the grace period; and (b) prior to the date of reinstatement.

**TERMINATION.** Unless otherwise specified in this Agreement, this Agreement shall terminate upon the earlier of:

1. the Expiry Date of this Agreement;
2. the death of the Insured, unless the Payor Death Waiver of Premium Benefit is included herein;
3. upon the due date of a premium for this Agreement which is not paid before the grace period for the payment of such premium expires as provided in the Policy; or
4. when the Policy is surrendered, cancelled or otherwise terminated.

This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with such request for proper endorsement.

**SUICIDE.** If the Spouse or a Dependent Child dies by suicide, while sane or insane, within two years from the Agreement Date, the liability of the Company under this Agreement for such death will be limited to the amount of premiums paid for this Agreement. When the laws of the state in which this Policy is delivered require less than this two year period, the period will be as stated in such laws. The coverage of all Dependent Children shall terminate on the date of the suicide of the Spouse.

**INCONTESTABILITY.** This Agreement will be incontestable after it has been in force two years from the Agreement Date. The terms and conditions of the incontestability provisions of the Policy shall apply to this Agreement in that such provisions also relate to the insured Spouse and any insured Dependent Child.

**CONSIDERATION.** This Agreement is issued in consideration of: (a) the application, a copy of which is attached to the Policy; and (b) payment of the premium for this Agreement shown on page 3 of the Policy. Such premium is payable: (a) until the Agreement is terminated; or (b) for the period stated in the Policy, if such period is shorter. If a premium is paid after coverage under this Agreement has ceased, the Company's acceptance of the premium shall not be deemed a waiver of the termination of coverage, in which event the company will refund such premiums.

The effective date of this Agreement (the "Agreement Date") is the Policy Date, unless a different date is shown below.

SIGNED at the Home Office of the Company as of the Agreement Date.

  
Secretary

  
President

Date: \_\_\_\_\_

**IA AMERICAN LIFE INSURANCE COMPANY**

ADMINISTRATIVE OFFICE • P.O. BOX 2549, WACO, TX 76702-2549 • (254) 297-2774

**LIFE INSURANCE APPLICATION (Please print in black ink)**

**Telephone Case No:** \_\_\_\_\_

<b>Proposed Insured:</b> _____ <small>(First) (Middle) (Last)</small>					Telephone interview done (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Address: (No. & Street) _____					Phone _____ Best time to call <input type="checkbox"/> am <input type="checkbox"/> pm				
City: _____		State: _____		Zip Code: _____		E-mail Address _____ @ _____			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo. Day Yr / /	Age	State of Birth	SS# _____	Height: _____ ft _____ in	Occupation: _____			
				DL# _____	Weight: _____ lbs	Annual Salary: \$ _____			
<b>Owner:</b> Name _____ SS# _____ Address: _____									
<b>Payor:</b> Name _____ SS# _____ Address: _____									
<b>Primary</b> Primary Beneficiary _____ SS# _____ Relationship _____									
<b>Insured:</b> Contingent Beneficiary _____ SS# _____ Relationship _____									
<b>Plan:</b> _____ <b>Face Amount \$</b> _____ <b>Mail Policy To:</b> <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner					<b>Policy Date Request:</b> _____ / _____ / _____				
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Riders:</b> <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> CIA _____ Units <input type="checkbox"/> ADB \$ _____					<input type="checkbox"/> Option 1 (Face Amount Only)				
<input type="checkbox"/> Disability Income \$ _____ <input type="checkbox"/> FIA _____ Units <input type="checkbox"/> Other _____					<input type="checkbox"/> Option 2 (Face Amount Plus Cash Value)				
<b>Mode:</b> <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date <input type="checkbox"/> Lump Sum Prem \$ _____					<b>CWA:</b> <input type="checkbox"/> E-Check Immediate 1st Prem				
<input type="checkbox"/> Other _____ <b>Modal Prem \$</b> _____					<input type="checkbox"/> Collected \$ _____				
Do you have any existing life or disability insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					Company _____				
Will you replace an existing life or disability insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No					Policy # _____ Coverage Amount \$ _____				
<b>Other Proposed Insureds: Name</b>	<b>Rider</b>	<b>Amt.</b>	<b>Sex</b>	<b>Birthdate</b>	<b>St. of Birth</b>	<b>Height</b>	<b>Weight</b>	<b>Relationship</b>	

**SECTION A: Answer Questions 1 through 5 for all Proposed Insureds.**

1. Has any Proposed Insured been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? .....  Yes  No
2. Within the past 7 years, has any Proposed Insured been diagnosed with, treated for, or taken medication for: *(circle condition that applies)*
  - a. high blood pressure, heart attack, angina, arrhythmia, stroke, aneurysm, or any heart or circulatory disease or disorder?.....  Yes  No
  - b. diabetes, cirrhosis, hepatitis, pancreatitis, Crohn's disease, ulcerative colitis, or any digestive or liver disease or disorder? ...  Yes  No
  - c. asthma, emphysema, chronic obstructive pulmonary disease (COPD), sleep apnea or any respiratory disease or disorder?...  Yes  No
  - d. cancer in any form, anemia, seizure, bi-polar disorder, schizophrenia, Alzheimer's, dementia, or mental or nervous disorder?  Yes  No
  - e. any disease or disorder of the kidneys, urinary bladder, prostate, reproductive organs, or sexually transmitted disease?.....  Yes  No
  - f. connective tissue disease, systemic lupus (SLE), arthritis, or any disorder of the back, joints, muscles, or nervous system?..  Yes  No
  - g. any other disease or disorder, injury, surgery, birth defect, or deformity? .....  Yes  No
3. Within the past 5 years has any Proposed Insured:
  - a. been convicted of any misdemeanor or felony charge (including DUI or DWI), had a driver's license suspended or revoked, or is currently on probation or parole, or driver's license is currently suspended or revoked?.....  Yes  No
  - b. used illegal drugs, or been recommended by a medical professional or a licensed counselor to discontinue the use of alcohol or drugs or to have treatment or counseling for alcohol or drugs? .....  Yes  No
4. Within the past 2 years has any Proposed Insured:
  - a. participated in, or intend to participate in parachuting, hang gliding, rock or mountain climbing, rodeo events, sky diving, scuba diving, any professional sport, organized racing of any kind, or any other hazardous sport/activity? .....  Yes  No
  - b. made or contemplated making any flights as a pilot, student pilot, or crew member of any aircraft? .....  Yes  No
5. Within the past 12 months has any Proposed Insured:
  - a. consulted a medical professional, had surgery, been hospitalized, or had diagnostic tests such as EKG, Xray, MRI, CAT scan?  Yes  No
  - b. had any diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received? .....  Yes  No

**SECTION B: Give details to all "Yes" answers in Section A and list current medications (use COMMENTS section on back for additional space).**

Illness, Injury, Disease, or Symptoms	Dates	Treatment	Name and Address of Physician and/or Hospital
	/ /		
	/ /		
	/ /		
	/ /		

Form No. IA9818

**NOTICE**

**Printed in compliance with Public Law 91-508**

Thank you for considering IA American Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

**MIB, INC. PRE-NOTICE**

Information regarding your insurability will be treated as confidential. IA American Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

IA American Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at [www.mib.com](http://www.mib.com).

**COMMENTS:** \_\_\_\_\_

**AGREEMENT**—I agree with IA American Life Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

**AUTHORIZATION**—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the MIB, Inc. or other organization that has knowledge or records of me and my health to give such information to: (a) IA American Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize IA American Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

**CERTIFICATION**—I hereby certify, under penalties of perjury, that (1) the social security number indicated above is my correct taxpayer identification number and (2) that I am not subject to backup withholding under Section 3406 (a) (1) (c) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

*I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB, Inc. Pre-Notice. I acknowledge receiving the Terminal Illness Accelerated Benefit Rider Disclosure Form and the Accelerated Benefits Rider-Confined Care Disclosure Form, if applicable.*

Signed at (City) \_\_\_\_\_ (State) \_\_\_\_\_ Date of Application (MM/DD/YY) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PROPOSED INSURED

\_\_\_\_\_  
SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

\_\_\_\_\_  
SIGNATURE OF SPOUSE (IF APPLYING FOR COVERAGE)

**AGENT'S REPORT**

*I certify that I have personally asked each question on this application on the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Terminal Illness Accelerated Benefit Rider Disclosure Form and the Accelerated Benefits Rider-Confined Care Disclosure Form have been presented to the applicant, if applicable.*

Does the proposed insured have any existing life or disability insurance or annuity contract? .....  Yes  No  
Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity?.....  Yes  No

Agent Signature \_\_\_\_\_ Agent Printed Name \_\_\_\_\_ No: \_\_\_\_\_ %  
Agent Signature \_\_\_\_\_ Agent Printed Name \_\_\_\_\_ No: \_\_\_\_\_ %

**PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN**

Insured \_\_\_\_\_ Account Holder \_\_\_\_\_  
Financial Institution (name/address) \_\_\_\_\_  
Transit / ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_  Checking  Savings Requested Draft Day (1st-28th) \_\_\_\_\_

**ATTACH VOIDED CHECK OR DEPOSIT SLIP**

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of IA American Life Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (As on Financial Institution Records) \_\_\_\_\_ DATE \_\_\_\_\_

Form No. IA9818

**IA AMERICAN LIFE INSURANCE COMPANY**  
P.O. BOX 2549, WACO, TX 76702-2549

**CONDITIONAL RECEIPT**

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT. THIS RECEIPT SHALL BE INVALID AND MAY NOT BE ISSUED WITH RESPECT TO PROPOSED PAYMENT OF THE INITIAL PREMIUM TENDERED BY MEANS OF A POST-DATED CHECK.

ALL PREMIUM CHECKS MUST BE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

Received from \_\_\_\_\_ the sum of \$ \_\_\_\_\_ as first payment on this application for Proposed

Insured \_\_\_\_\_ Date \_\_\_\_\_ Agent \_\_\_\_\_

If (1) an amount equal to the first full premium is submitted or a payroll deduction authorization, a government allotment authorization, or a bank draft authorization has been fully implemented in an amount sufficient to pay the first full monthly premium, (2) any check or bank draft authorization given in payment of the initial premium is honored when first presented, (3) all underwriting requirements, including any medical examinations required by the Company's rules, are completed, and (4) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, then insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date the payroll deduction authorization or government allotment authorization is submitted for processing, or (c) the requested draft date specified in the bank draft authorization, or (d) the date of the latest medical exam required by the Company. THE TOTAL AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED \$150,000.00. (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met exactly, the liability of the Company shall be limited to the return of any amount paid.

SERFF Tracking Number: APLE-127143557 State: Arkansas  
 Filing Company: IA American Life Insurance Company State Tracking Number: 48709  
 Company Tracking Number:  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Flexible Premium Adjustable Life Insurance Policy - 9817  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR IA09-9817 Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> Under Form Schedule		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Compliance		
<b>Comments:</b>		
<b>Attachment:</b> AR IA09-9817 Statement of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Consent to Submit Rates		
<b>Comments:</b>		
<b>Attachment:</b> AR IA09-9817 Consent to Submit Rates.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		

SERFF Tracking Number: APLE-127143557 State: Arkansas  
Filing Company: IA American Life Insurance Company State Tracking Number: 48709  
Company Tracking Number:  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Flexible Premium Adjustable Life Insurance Policy - 9817  
Project Name/Number: /

Cover Letter attached.

**Attachment:**

AR IA09-9817 Cover Letter.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

Statement of Variability attached.

**Attachment:**

IA09-9817 Statement Of Variability.pdf

ARKANSAS

IA AMERICAN LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Flexible Premium Adjustable Life Insurance Policy, 3 Riders and Application, Form Number(s). IA09-AR-9817, IA7160, IA7184-AR, IA8374 and IA9818, have achieved Flesch Redading Ease Scores of 50, 52, 54, 54 and 55 and comply with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.



Signature

Clara Keel, FLMI  
Product Filing Manager and Assistant Secretary  
American-Amicable Life Insurance Company of Texas  
A subsidiary of IA American Life Insurance Company

April 28, 2011

ARKANSAS

IA AMERICAN LIFE INSURANCE COMPANY

STATEMENT OF COMPLIANCE

I hereby certify that I have reviewed Arkansas Regulation 34, Universal Life Insurance, in connection with the filing of Policy Form No. IA09-AR-9817. To the best of my knowledge and belief, I certify that the Policy is in compliance with the rules adopted by the Arkansas Department of Insurance.



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Signature

Clara Keel, FLMI  
Product Filing Manager and Assistant Secretary  
American-Amicable Life Insurance Company of Texas  
A subsidiary of IA American Life Insurance Company

April 28, 2011

ARKANSAS

EXHIBIT A (REVISED)  
CONSENT TO SUBMIT RATES  
AND/OR COST BASES FOR APPROVAL

The IA American Life Insurance Company ("Company")  
(Company Name)

does hereby consent and agree

A) that all premium rates and/or cost bases both "maximum" and "current or projected", used in relation to policy form number IA09-AR-9817 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

IA American Life Insurance Company  
(Company Name)

BY Clara Keel  
Clara Keel, FLMI  
Product Filing Manager and Assistant Secretary  
American-Amicable Life Insurance Company of Texas  
A subsidiary of IA American Life Insurance Company

April 28, 2011

**IA**  **AMERICAN™**  
LIFE INSURANCE COMPANY

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P.O. Box 2549 / Waco, Texas 76702-2549  
254-297-2774

April 28, 2011

NAIC No. 91693

Mr. Joe Musgrove  
Policy and Other Form Filings  
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Attention: Compliance - Life and Health

Re: Form No. IA09-AR-9817 – Flexible Premium Adjustable Life Insurance Policy  
Form No. IA7160 – Accidental Death Benefit Agreement  
Form No. IA7184-AR – Waiver of Premium Disability Agreement  
Form No. IA8374 – Family Insurance Agreement  
Form No. IA9818 – Life Insurance Application

Dear Mr. Musgrove:

The above referenced forms are being submitted for your consideration and approval. These forms are new and will not replace any forms previously approved by your department.

Form No. IA09-AR-9817 is a nonparticipating simplified issue Flexible Premium Adjustable Life Insurance Policy that will mature at age 121. The issue ages are 0-75 for non-tobacco and 18-75 for tobacco. There is an initial no-lapse guarantee based on a specified premium requirement. The initial no-lapse guarantee period is fifteen policy years for all issue ages. The product offers two death benefit options, a level death benefit or an increasing death benefit. There is a surrender charge applied to the accumulation value during the first nineteen policy years. The flesch readability score is 50. A copy of the Actuarial Memorandum is enclosed.

Form No. IA7160, Accidental Death Benefit Agreement, is a rider providing for additional benefits if the death of the Insured occurs through accidental means. The flesch readability score is 52.

Form No. IA7184-AR, Waiver of Premium Disability Agreement, is a rider that provides for the waiver of premium payments during total and permanent disability of the Insured. The flesch readability score is 54.

Form No. IA8374, Family Insurance Agreement, provides annual decreasing term insurance coverage on the spouse of the basic Insured and level term on the lives of dependent children. The flesch readability score is 54.

Form No. IA9818 is the application that will be used when applying for this product. The flesch readability score is 55.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

The Company is providing, at time of delivery of the policy, the Arkansas Life and Disability Insurance Guaranty Association disclaimer document as provided in Rule and Regulation 49 (Appendix A).

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or [ckeel@aatx.com](mailto:ckeel@aatx.com).

Sincerely,

A handwritten signature in black ink that reads "Clara Keel". The signature is written in a cursive, flowing style.

Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary  
American-Amicable Life Insurance Company of Texas  
A subsidiary of IA American Life Insurance Company

STATEMENT OF VARIABILITY  
Form No. IA09-9817

The "John Doe" information filled in for specimen issue is bracketed on the enclosed Policy Specifications Page to indicate the data is variable and will change