

<i>SERFF Tracking Number:</i>	<i>AULD-127178601</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48849</i>
<i>Company Tracking Number:</i>	<i>LR-220</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Paid-up Additions Riders</i>		
<i>Project Name/Number:</i>	<i>Paid-up Additions Riders/LR-220</i>		

## Filing at a Glance

Company: American United Life Insurance Company

Product Name: Paid-up Additions Riders

SERFF Tr Num: AULD-127178601 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-Closed  
State Tr Num: 48849

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Co Tr Num: LR-220

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Angela Riggles

Disposition Date: 05/27/2011

Date Submitted: 05/23/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Paid-up Additions Riders

Status of Filing in Domicile: Pending

Project Number: LR-220

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/27/2011

State Status Changed: 05/27/2011

Deemer Date:

Created By: Angela Riggles

Submitted By: Angela Riggles

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval are the following new forms: Waiver of Premium for Disability Rider, LR-220; Credit of Paid-up Additions for Disability Rider, LR-221; Paid-up Additions Insurance Rider, LR-224; and Paid-up Additions Insurance Rider, LR-225.

Waiver of Premium for Disability Rider form LR-220, replaces form LR-1C, previously approved in your state on April 14, 1970. Credit of Paid-up Additions for Disability Rider form LR-221 replaces form LR-191, previously approved on November 29, 2006. Form LR-224, Paid-up Additions Insurance Rider replaces LR-194, approved on November 27, 2006 (SERT-6TTHHT637), and LR-216, approved on May 12, 2009 (AULD-126141526). Paid-up Additions Rider form

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LR-225 replaces forms LR-193, approved on November 27, 2006 (SERT-6TTHHT637), and LR-217, approved on May 12, 2009 (AULD-126141526).

Form LR-220 is a Waiver of Premium for Disability Rider. This rider provides protection in the event the Insured becomes disabled. If disability occurs before age 60, premiums are waived to end of pay period as long as total disability continues. If disability occurs between ages 60 – 65, premiums are waived as long as the Insured remains totally disabled but not beyond age 70, or to the end of the pay period if sooner. The client gets to choose between a two or five year period in which he/she is incapable of working in his/her own occupation before being totally disabled and unable to work in any occupation. This form may be used with our term or whole life products\* currently approved in your state, along with those term and whole life products that may be approved for use in your state in the future.

Form LR-221 is a Credit of Paid Up Additions for Disability Rider. Clients can protect the purchase of the Paid-up Additions Rider LR-224 (described below) or LR-225 (described below) in the event of the primary insured's disability. This rider credits a benefit amount for the optional paid up additions rider in the event of the primary insured's disability, at a benefit amount chosen at policy issue. The client gets to choose between a two or five year period in which he/she is incapable of working in his/her own occupation before being totally disabled and unable to work in any occupation. This form may be used with our whole life products\* previously filed directly with the states.

Form LR-224 is a Paid-up Additions Insurance Rider. This rider builds cash values and enhances the death benefit. Paid up additional insurance purchased by the rider premium is applied "outside" the base policy, enhancing the overall death benefit of the policy. This rider may be used alone or in conjunction with the Blended Insurance Rider, form LR-192, approved on November 27, 2006 (SERT-6TTHHT637). This form may be used with our whole life products\*.

Form LR-225 is a Paid-up Additions Insurance Rider. Paid up additional insurance purchased by the rider premiums is applied "inside" the policy, enhancing the overall cash value of the policy and reducing the amount and duration of term coverage provided by the Blended Insurance Rider (LR-192) or Premium-Paying Blended Insurance Rider, form LR-218, approved on February 17, 2010 (AULD-126497203). This form may only be added to a policy when LR-192 or LR-218 is also present.

\*Multiple plans are available under our form series L-59, including whole life to age 100, whole life to age 121, and limited payment whole life. The valuation basis for each particular plan is described in detail on the policy-specific Table of Values page. This is explained in further detail in the actuarial memos included in this submission. Form L-59 was most recently approved on May 4, 2009 (AULD-126127809). Term life form T2000 was approved February 22, 2000.

Sample data and values pages with John Doe information have been included for when these riders are selected with either whole life or term. Information regarding premium load has been added to the whole life data pages.

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These forms do not contain any controversial or unusual items from normal company and industry standards. It has been submitted in final print, subject to typographical errors and any minor modifications in the paper stock, size, ink, border, company logo, and adaptations due to computer production and printing.

Thank you for your assistance with this filing.

## Company and Contact

### Filing Contact Information

Angie Riggles, Product Analyst angela.riggles@oneamerica.com  
 One American Square 317-285-4371 [Phone]  
 P.O. Box 7127 317-285-1297 [FAX]  
 Indianapolis, IN 46206-7127

### Filing Company Information

American United Life Insurance Company CoCode: 60895 State of Domicile: Indiana  
 One American Square Group Code: 619 Company Type:  
 P.O. Box 7127 Group Name: State ID Number:  
 Indianapolis, IN 46206 FEIN Number: 35-0145825  
 (877) 285-7660 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form x 4 = \$200  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$200.00	05/23/2011	47902539

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/27/2011	05/27/2011

*SERFF Tracking Number:* AULD-127178601      *State:* Arkansas  
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*Product Name:* Paid-up Additions Riders  
*Project Name/Number:* Paid-up Additions Riders/LR-220

## **Disposition**

Disposition Date: 05/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AULD-127178601 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	sample data pages		Yes
Supporting Document	statement of variability		Yes
Form	Waiver of Premium for Disability Rider		Yes
Form	Credit of Paid-up Additions for Disability Rider		Yes
Form	Paid-up Additions Rider		Yes
Form	Paid-up Additions Rider		Yes

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## Form Schedule

### Lead Form Number: LR-220

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LR-220	Policy/Cont Waiver of Premium ract/Fratern for Disability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	LR-220 Waiver of Premium.pdf
	LR-221	Policy/Cont Credit of Paid-up ract/Fratern Additions for al Disability Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	LR-221 PUA Disability Waiver.pdf
	LR-224	Policy/Cont Paid-up Additions ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	LR-224 Paid- up Additions Rider.pdf
	LR-225	Policy/Cont Paid-up Additions ract/Fratern Rider al	Initial		50.000	LR-225 Paid- up Additions Rider.pdf

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Paid-up Additions Riders  
Project Name/Number: Paid-up Additions Riders/LR-220

Certificate:  
Amendmen  
t, Insert  
Page,  
Endorseme  
nt or Rider

**American United Life Insurance Company®**  
**[One American Square**  
**Indianapolis, IN 46206]**

**WAIVER OF PREMIUM FOR DISABILITY RIDER**

This rider is part of your policy. The Issue Date/Contract Date of this rider is the same as the Issue Date/Contract Date of the policy unless otherwise stated on the Policy Data Page. This rider will not change, waive, or extend any part of the policy other than as stated herein. This rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** - As used in this rider, the Insured is the same as the Insured for the policy.

**Total Disability** – A disability that:

1. Begins after the Issue Date/Contract Date of the rider but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
2. Has continued for at least six (6) consecutive months; and
3. Prevents the Insured from performing the material and substantial duties of an occupation for pay or profit. During the first [two (2)] years of Total Disability, an "occupation" means the Insured's regular occupation at the time the Total Disability began. After [two (2)] years, "occupation" means any occupation for which the Insured is, or could reasonably become, qualified by reason of education, training, or experience. (Being a homemaker or a student is considered engaging in work for pay or profit.)

**Benefit**

While this policy and rider are in force, if the Total Disability continues for a consecutive period of six (6) months, then the premiums for the policy will be waived, subject to the following:

1. If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the attained age of 60, we will waive all premiums becoming due during the continuance of that disability.
2. If the Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the attained age of 60 and before the Insured reaches the attained age of 65, we will waive all premiums becoming due during the continuance of that disability until the Insured reaches the attained age of 70, or until the end of the premium pay period, if sooner.

The premiums waived will not be taken from the policy proceeds. If the waiver of premium is in effect all benefits and riders included under the policy will continue in force. The premiums that will be waived are shown on the Policy Data Page and include the premiums for any additional riders or benefits issued with your policy, with the

exception of any Paid-Up Additions (PUA) rider. A separate PUA waiver for disability is available and must be chosen in order for the PUA rider premiums to be waived.

If applicable, any dividends or policy values available under the policy will be the same as if the waived premiums had been paid in cash.

### **Exclusions**

The following is a list of the exclusions in which the waiver of premiums would not be applicable:

1. Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
3. Total Disability caused or contributed to by committing or attempting to commit a felony;
4. Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
  - a. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - b. Poison, gas or fumes, unless a direct result of an occupational accident;
5. Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred;
6. Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
7. Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

### **Notice of Claim and Proof of Disability**

Before we will waive your policy premiums we must receive written notice of claim and proof of Total Disability while the Insured is living and totally disabled.

Written notice should be sent to us between the third and sixth month after the Insured becomes totally disabled. We will then provide claim forms requesting proof of Total Disability. Proof of Total Disability must include a statement of disability signed by a licensed physician, other than the Insured or the Insured's immediate family. All forms should be completed and returned to us as soon as possible after the Insured has been totally disabled for six (6) consecutive months. We will not waive any premium for periods of Total Disability occurring more than one (1) year prior to receipt of written notice of claim unless it is shown that such notice was given as soon as was reasonably possible.

Until we approve your claim, premiums will continue when due as provided in the policy. After we approve your claim we will refund the amount of any premium paid during a period of Total Disability.

If the Total Disability begins during a Grace Period, sufficient premiums will be required to be paid by you. This ensures that you avoid a lapse of insurance before we approve the claim for the waiver of premiums.

### **Proof of Continuation of Total Disability**

After we approve the claim, we will require proof at reasonable intervals of the continuation of Total Disability. During the first two (2) years, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements we may, at our own expense, designate a physician to examine the Insured. If the proof requested is not furnished, we will then stop waiving the premiums.

### **Incontestability**

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from the Issue Date/Contract Date of this rider except for fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which the Insured is Totally Disabled will not be included in the determination of the two (2) year period.

### **Waiver Conversion Option**

If this rider is attached to a policy of term insurance or to a whole life policy with a term insurance rider, and you have chosen the Waiver Conversion Option, while the Insured is on claim paying status covered by this rider, you may convert the term insurance policy or rider to a permanent plan of insurance that we offer and we will continue to waive the premium, or the monthly deductions, on the policy to which the term insurance is converted. The maximum amount of insurance available to be converted is the face amount of term insurance in force at the time of the conversion. If the permanent plan of insurance converted to is a whole life policy, we will waive the premiums of the new whole life policy. If the term insurance is converted to a universal life (UL) insurance policy, we will waive the monthly deductions of the new UL policy. After conversion of the term insurance, the premiums for the new whole life policy, or the monthly deductions for a UL policy, will continue to be waived until the earliest of the following:

1. The Insured is no longer on claim paying status under the Waiver of Premium for Disability Rider attached to the new permanent plan of insurance; or
2. The Waiver of Premium for Disability Rider attached to the permanent plan of insurance terminates.

The waiver conversion option is chosen at the time of application and it is shown on the Policy Specifications page. It cannot be changed after issue.

### **Cost of Benefit**

The premium for this rider is shown on the Policy Data Page. It is payable from the Issue Date/Contract Date until the rider terminates.

**Nonforfeiture Values**

This rider does not have any Cash Value, Cash Surrender Value, or loan value.

**Termination** – This rider terminates on the earliest of the following dates:

1. The date the Insured dies;
2. The date the policy is terminated or continued as paid-up or extended term insurance; or
3. The monthiversary following the date of our receipt of your written request for termination of this rider;
4. Upon nonpayment of the premium for this rider; or
5. The Policy Anniversary on which the Insured reaches the Attained Age of 65, or the end of the premium pay period, if sooner, unless the Insured is on claim approval status. However, this termination will not affect any benefit payable for Total Disability beginning before the Insured reaches the Attained Age of 65.

Signed for American United Life Insurance Company® by,

[  ]

Secretary

**American United Life Insurance Company®**  
**[One American Square**  
**Indianapolis, IN 46206]**

**CREDIT OF PAID-UP ADDITIONS FOR DISABILITY RIDER**

This rider is part of your policy. The Issue Date of this rider is the same as the Issue Date of the policy unless otherwise stated on the Policy Data Page. This rider will not change, waive, or extend any part of the policy other than as stated herein. This rider's provisions shall control when there is a conflict between this rider and the policy.

**Definitions**

**Insured** – As used in this rider, the Insured is the same as the Insured for the policy.

**Benefit Amount** – This is the amount that is credited to your policy when the conditions under this rider are satisfied. You choose this amount at the time of application. The Benefit Amount is shown on the Schedule of Benefits page of the policy and is subject to the premium limitations as described in the Paid-Up Additions Rider.

**Total Disability** – A disability that:

1. Begins after the Issue Date of the rider but before the Policy Anniversary on which the Insured reaches the Attained Age of 65;
2. Has continued for at least six (6) consecutive months; and
3. Prevents the Insured from performing the material and substantial duties of an occupation for pay or profit. During the first [two (2) years] of Total Disability, an "occupation" means the Insured's regular occupation at the time the Total Disability began. After [two (2)] years, "occupation" means any occupation for which the Insured is, or could reasonably become, qualified by reason of education, training, or experience. (Being a homemaker or a student is considered engaging in work for pay or profit.)

**Benefit**

While the policy and this rider are in force, if the Total Disability continues for a consecutive period of six (6) months, we will credit your policy with the Benefit Amount for the Paid-Up Additions Rider, subject to the following:

1. If the Insured's Total Disability begins before the Policy Anniversary on which the Insured reaches the attained age of 60, we will credit the Benefit Amount during the continuance of that disability until the maturity date of the policy.
2. If the Insured's Total Disability begins on or after the Policy Anniversary on which the Insured reaches the attained age of 60 and before the Insured reaches the attained age of 65, we will credit the Benefit Amount during the continuance of that disability until the Insured reaches the attained age of 70.

When we begin to credit the Benefit Amount for the Paid-Up Additions Rider, we will credit the policy with the Benefit Amount for each of the first six (6) months of that disability.

Any dividends or policy values available under the policy will be the same as if the Paid-Up Additions Rider amount had been paid in cash.

### **Exclusions**

The following is a list of the exclusions in which the credit of the Benefit Amount for the Paid-Up Additions would not be applicable:

1. Total Disability caused or contributed to by an attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. Total Disability caused or contributed to by active participation in a riot, insurrection or terrorist activity;
3. Total Disability caused or contributed to by committing or attempting to commit a felony;
4. Total Disability caused or materially contributed to by the voluntary intake or use by any means of:
  - a. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
  - b. Poison, gas or fumes, unless a direct result of an occupational accident;
5. Total Disability caused or contributed to by intoxication as "intoxication" is defined by the jurisdiction where the disability occurred; or
6. Total Disability caused or materially contributed to by participation in an illegal occupation or activity; and/or
7. Total Disability caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the policy.

### **Notice of Claim and Proof of Disability**

Before we credit any Benefit Amount for the Paid-Up Additions Rider we must receive written notice of claim and proof of Total Disability while the Insured is living and totally disabled.

Written notice should be sent to us between the third and sixth month after the Insured becomes totally disabled. We will then provide claim forms requesting proof of Total Disability. Proof of Total Disability must include a statement of disability signed by a licensed physician, other than the Insured or the Insured's immediate family. All forms should be completed and returned to us as soon as possible after the Insured has been totally disabled for six (6) months. We will not credit any Benefit Amount for the Paid-Up Additions Rider for periods of Total Disability occurring more than one (1) year prior to our receipt of written notice of a claim, unless it is shown that such notice was given as soon as was reasonably possible.

**Proof of Continuation of Total Disability**

After we approve the claim, we will require proof at reasonable intervals of the continuation of Total Disability. During the first two (2) years, proof will not be required more frequently than once every 30 days. After that time, proof will not be required more than once in any 12-month period. As part of the proof requirements we may, at our own expense, designate a physician to examine the Insured. If the proof requested is not furnished, we will then stop crediting the Benefit Amount to the policy.

**Incontestability**

This rider will not be contested after it has been in force during the lifetime of the Insured for two (2) years from its Issue Date of this rider except for fraud when permitted by applicable law in the state where the policy is delivered or issued for delivery. Any period during which the Insured is Totally Disabled will not be included in the determination of the two (2) year period.

**Cost of Benefit**

The premium for the rider is shown on the Schedule of Premiums page. It is payable from the Issue Date until this rider terminates.

**Nonforfeiture Values**

This rider does not have any Cash Value, Cash Surrender Value, or loan value.

**Termination**

This rider will terminate on the earliest of the following dates:

1. The date the Insured dies;
2. The date the policy is terminated or continued as paid-up or extended term insurance;
3. The monthiversary following the date of our receipt of your written request for termination of this rider;
4. Upon nonpayment of the premium for this rider; or
5. The Policy Anniversary on which the Insured reaches the Attained Age of 65 or the end of the premium pay period, if sooner, unless the Insured is on claim approval status. However, this termination will not affect any benefit payable for Total Disability beginning before the Insured reaches the Attained Age of 65.

Signed for American United Life Insurance Company® by,

[  ]

Secretary

**American United Life Insurance Company®**  
**[One American Square**  
**Indianapolis, IN 46206]**

**PAID-UP ADDITIONS INSURANCE RIDER**  
**(Additional insurance purchased will increase the total death benefit.)**

This rider is part of your policy. The Issue Date of this rider is the same as the Issue Date of the policy. If this rider is added to a policy already in force, the Issue Date of this rider will be shown in a policy change endorsement that will be provided to you. This rider will not change, waive, or extend any part of the policy other than as stated herein. This rider's provisions shall control when there is a conflict between this rider and the policy.

**Benefit**

The premiums for this rider will purchase Paid-Up Additions (PUA) whole life insurance. Any Paid-Up Additions in force at the Insured's death will be included in the Death Proceeds under the policy and are payable to the beneficiary upon receipt of the Insured's due proof of death. The amount of insurance provided by this rider for each year, assuming Scheduled Premiums are paid when due and in the amount shown, is shown on the Table of Values page in the policy.

**Premium Limitations and Catch-Up Provision**

**1. General Premium Limit**

The General Premium Limit is the maximum amount of the premiums that may be paid for this rider. The General Premium Limit may not exceed three (3) times the premium of the base policy, except as described in the Catch-Up Provision. In the event no premiums are received for this rider for a period of three (3) years, the General Premium Limit is thereafter reduced to one times the premium of the base policy. Premiums for this rider may be paid for the years payable as shown on the Policy Data Page. PUA in force will continue in force until the death benefit is paid or the policy is terminated as described in the Termination provision of this rider.

The lifetime maximum premium for this rider is the amount of premium that would result in the following combination of the total face amount to equal [\$10,000,000]: a combination of the policy's base face amount and Paid-Up Additions, plus the face amount of the Same Insured Term Rider, if chosen, and the face amounts of the Blended Insurance Rider or Premium-Paying Blended Insurance Rider.

**2. Billed Premium**

At the time of application, you choose the amount of premium that will be billed for this rider, subject to the applicable General Premium Limit. This amount is the Initial Billed Premium. You may subsequently change your Billed Premium by request to the Home Office.

### **3. Scheduled Premium**

During the first three (3) years this rider is in force, the Scheduled Premium is equal to the Initial Billed Premium. Thereafter, the applicable Scheduled Premium in any policy year is equal to the average of premiums paid for the rider over the previous three (3) years, but no more than the lesser of the General Premium Limit or the Initial Billed Premium.

### **4. Catch-Up Provision**

If you pay less than the Scheduled Premium in any given year, you may make up those payments in subsequent years, subject to the limits in this provision. All references to years in this section refer to a policy year based on the policy Issue Date. The amount you may Catch-Up depends on the level of your Scheduled Premium and the amount of premiums you have paid.

The Catch-Up Amount is determined at the end of the year and is the amount that may be paid in addition to the Scheduled Premium in the next year.

At the end of the first year, the Catch-Up Amount is the Scheduled Premium less the premiums paid for the rider in that year. Thereafter, the Catch-Up Amount is equal to the greater of:

- a. The Scheduled Premium from that year less the premiums paid for the rider in that year; or
- b. The sum of the Scheduled Premiums from that year and the preceding year less the premiums paid for the rider during the same two-year period.

The Catch-Up provision may not be exercised if the premium for the policy to which this rider is attached is being waived under the provisions of a Waiver of Premium for Disability Rider.

### **Basis of Values**

The cash values and net single premiums for PUA purchased under this rider are based on the interest rate and mortality table stated in the policy. All rider values equal or exceed those required by any applicable state statute. A detailed statement of the method of computing these values has been filed with the applicable state insurance regulatory department.

### **Cash Value**

The PUA purchased under this rider has a cash value. This cash value is included in the policy's net cash value and loan value. While the Insured is living, all or part of the net cash value of the PUA in force may be surrendered for its cash value, less any outstanding policy loans allocated to this rider.

### **Loans**

The Policy Loan provision of the policy applies to this rider. If there is a loan on the policy or this rider, no PUA premiums will be accepted until the outstanding loan balance is paid in full. Any PUA premiums will be applied to any outstanding loan balance.

**Dividends**

Any PUA purchased under this rider will share in our surplus. We will determine the dividend of this rider each year. The dividend will be applied under the same dividend option as selected for the policy.

**Incontestability**

This rider will not be contested after it has been in force for two (2) years from the Issue Date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy to which this rider is attached is delivered or issued for delivery.

**Suicide Exclusion**

If the insured commits suicide, while sane or insane, within two (2) years from the Issue Date of this rider, the amount we will pay under this rider will be limited to the PUA premiums actually paid for this rider.

**Termination**

This rider will terminate on the earliest of the following dates:

1. The date the policy to which this rider is attached is terminated;
2. The date the policy to which this rider is attached is continued as paid-up or extended term insurance;
3. The date the rider is surrendered for its net cash value;
4. Upon our receipt of the written request for cancellation of this rider from the owner prior to the death of the Insured;

Signed for American United Life Insurance Company® by,

[  ]

Secretary

**American United Life Insurance Company®**  
**[One American Square**  
**Indianapolis, IN 46206]**

**PAID-UP ADDITIONS INSURANCE RIDER**  
**(Additional insurance purchased will decrease the Net Specified Amount of**  
**Blended Insurance Rider, [LR-192] or the Premium-Paying**  
**Blended Insurance Rider, [LR-218])**

This rider is part of your policy. The Issue Date of this rider is the same as the Issue Date of the policy. If this rider is added to a policy already in force, the Issue Date of this rider will be shown in a policy change endorsement that will be provided to you. This rider will not change, waive, or extend any part of the policy other than as stated herein. This rider's provisions shall control when there is a conflict between this rider and the policy.

**Benefit**

The premiums for this rider will purchase Paid-Up Additions (PUA) whole life insurance. Any Paid-Up Additions in force at the Insured's death will be included in the Death Proceeds under the policy and are payable to the beneficiary upon receipt of the Insured's due proof of death. The amount of insurance provided by this rider for each year, assuming Scheduled Premiums are paid when due and in the amount shown, is shown on the Table of Values page in the policy.

**Premium Limitations and Catch-Up Provision**

**1. General Premium Limit**

The General Premium Limit is the maximum amount of the premiums that may be paid for this rider. The General Premium Limit may not exceed three (3) times the premium of the base policy, except as described in the Catch-Up Provision. In the event no premiums are received for this rider for a period of three (3) years, the General Premium Limit is thereafter reduced to one times the premium of the base policy. Premiums for this rider may be paid for the years payable as shown on the Policy Data Page. PUA in force will continue in force until the death benefit is paid or the policy is terminated as described in the Termination provision of this rider.

The lifetime maximum premium for this rider is the amount of premium that would result in the following combination of the total face amount to equal [\$10,000,000]: a combination of the policy's base face amount and Paid-Up Additions, plus the face amount of the Same Insured Term Rider, if chosen, and the face amounts of the Blended Insurance Rider or Premium-Paying Blended Insurance Rider.

**2. Billed Premium**

At the time of application, you choose the amount of premium that will be billed for this rider, subject to the applicable General Premium Limit. This amount is the Initial Billed Premium. You may subsequently change your Billed Premium by request to the Home Office.

### **3. Scheduled Premium**

During the first three (3) years this rider is in force, the Scheduled Premium is equal to the Initial Billed Premium. Thereafter, the applicable Scheduled Premium in any policy year is equal to the average of premiums paid for the rider over the previous three (3) years, but no more than the lesser of the General Premium Limit or the Initial Billed Premium.

### **4. Catch-Up Provision**

If you pay less than the Scheduled Premium in any given year, you may make up those payments in subsequent years, subject to the limits in this provision. All references to years in this section refer to a policy year based on the policy Issue Date. The amount you may Catch-Up depends on the level of your Scheduled Premium and the amount of premiums you have paid in a year.

The Catch-Up Amount is determined at the end of the year and is the amount that may be paid in addition to the Scheduled Premium in the next year.

At the end of the first year, the Catch-Up Amount is the Scheduled Premium less the premiums paid for the rider in that year. Thereafter, the Catch-Up Amount is equal to the greater of:

- a. The Scheduled Premium from that year less the premiums paid for the rider in that year; or
- b. The sum of the Scheduled Premiums from that year and the preceding year less the premiums paid for the rider during the same two-year period.

The Catch-Up provision may not be exercised if the premium for the policy to which this rider is attached is being waived under the provisions of a Waiver of Premium for Disability Rider.

### **Interaction with the Blended Insurance Rider or the Premium-Paying Blended Insurance Rider**

The insurance from the PUA purchased under this rider will decrease the Net Specified Amount of the Blended Insurance Rider or the Premium-Paying Blended Insurance Rider, if also attached to the same base policy as this PUA rider.

### **Basis of Values**

The cash values and net single premiums for PUA purchased under this rider are based on the interest rate and mortality table stated in the policy. All rider values equal or exceed those required by any applicable state statute. A detailed statement of the method of computing these values has been filed with the applicable state insurance regulatory department.

### **Cash Value**

The PUA purchased under this rider has a cash value. This cash value is included in the policy's net cash value and loan value. While the Insured is living, all or part of the net cash value of the PUA in force may be surrendered for its cash value, less any outstanding policy loans allocated to this rider.

**Loans**

The Policy Loan provision of the policy applies to this rider. If there is a loan on the policy or this rider, no PUA premiums will be accepted until the outstanding loan balance is paid in full. Any PUA premiums will be applied to any outstanding loan balance.

**Dividends**

Any PUA purchased under this rider will share in our surplus. We will determine the dividend of this rider each year. The dividend will be applied under the same dividend option as selected for the policy.

**Incontestability**

This rider will not be contested after it has been in force for two (2) years from the Issue Date of the rider, except for non-payment of premium or fraud when permitted by applicable law in the state where the policy to which this rider is attached is delivered or issued for delivery.

**Suicide Exclusion**

If the insured commits suicide, while sane or insane, within two (2) years from the Issue Date of this rider, the amount we will pay under this rider will be limited to the PUA premiums actually paid for this rider.

**Termination**

This rider will terminate on the earliest of the following dates:

1. The date the policy to which this rider is attached is terminated;
2. The date the policy to which this rider is attached is continued as paid-up or extended term insurance;
3. The date the rider is surrendered for its net cash value;
4. Upon our receipt of written request for cancellation of this rider from the owner prior to the death of the Insured;

Signed for American United Life Insurance Company® by,

[  ]

Secretary

SERFF Tracking Number: AULD-127178601 State: Arkansas  
 Filing Company: American United Life Insurance Company State Tracking Number: 48849  
 Company Tracking Number: LR-220  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Paid-up Additions Riders  
 Project Name/Number: Paid-up Additions Riders/LR-220

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> LR-220 flesch cert.pdf		

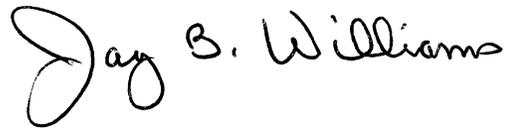
	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> sample data pages <b>Comments:</b> <b>Attachments:</b> L-59 121 sample PDP.pdf L-59 Legacy-Liberty sample PDP.pdf Term - sample policy data pages.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> statement of variability <b>Comments:</b> <b>Attachment:</b> SOV LR-220 filing.pdf		

## CERTIFICATE OF READABILITY

I, Jay B. Williams, Vice President and Director of Compliance of American United Life Insurance Company, hereby certify that the following form has the following readability score as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements of your state.

<u>FORMS</u>	<u>READABILITY SCORE</u>
LR-220	50
LR-221	51
LR-224	51
LR-225	50



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Jay B. Williams  
Vice President and Director of Compliance  
5/6/2011

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## *Policy Data Page*

**Insured:** [John Doe]

**Policy Number:** [0000000001]

**Sex:** [Male]

**Issue Age:** [35]

**Issue Date:** [09/01/11]

Policy years and policy months are  
computed from this date.

**Premium Class:** [Standard No Tobacco]

**Owner(s):** [John Doe]

**Plan**

Whole Life Insurance Policy

---

## *Schedule of Benefits*

<b><u>Form Number</u></b>	<b><u>Description of Coverages</u></b>	<b><u>Amount of Insurance</u></b>	<b><u>Termination Date</u></b>
L-59	Whole Life Insurance	[\$250,000]	[To Age 121]
LR-220	Waiver of Premium For Disability Rider [2 Year] Own Occupation Option	N/A	[To Age 65]
LR-221	Credit of Paid-Up Additions For Disability Rider [2 Year] Own Occupation Option	[\$2,000.00]	[To Age 65]
LR-224	Paid-Up Additions Rider	See Page 4	[To Age 121]
LR-225	Paid-Up Additions Rider	See Page 4	[To Age 121]

## *Schedule of Premiums*

<b><u>Form Number</u></b>	<b><u>Description of Coverages</u></b>	<b><u>Annual Premium (1)</u></b>	<b><u>Years Payable</u></b>
L-59	Whole Life Insurance	[\$2,687.50]	[To Age 121]
LR-220	Waiver of Premium For Disability Rider [2 Year Own Occupation Option]	[\$300.00]	[To Age 65]
LR-221	Credit of Paid-Up Additions Rider [2 Year Own Occupation Option]	[ 300.00]	[To Age 65]
LR-224	Paid-Up Additions Rider Billed Premium: [1,000.00] Received Premium: [0.00]	[ 1,000.00] (**)	[To Age 121]
LR-225	Paid-Up Additions Rider Billed Premium: [1,000.00] Received Premium; [0.00]	[ 1,000.00] (**)	[To Age 121]

**(1) Your premium is due on an annual basis. If you would like to pay your premium on a semi-annual or monthly basis, there is an additional charge.**

**(\*\*) The Paid-Up Additions Rider includes a premium load of [7.5%] per premium. The premium load reduces down to [0.0%] by Attained Age 100 by the following amounts:**

<b>Attained Age</b>	<b>Load%</b>
<b>[0-90]</b>	<b>7.5</b>
<b>91</b>	<b>7.0</b>
<b>92</b>	<b>6.5</b>
<b>93</b>	<b>6.0</b>
<b>94</b>	<b>5.5</b>
<b>95</b>	<b>5.0</b>
<b>96</b>	<b>4.5</b>
<b>97</b>	<b>4.0</b>
<b>98</b>	<b>3.0</b>
<b>99</b>	<b>1.75</b>
<b>100+</b>	<b>0.00]</b>

## *Table of Values*

The values shown below are for the amount of insurance and assume all required premiums have been paid annually and to the end of the indicated policy year. These values may differ if you pay other than annually. These values have not been increased by any paid-up additions or dividend accumulations nor decreased by any policy loan. The values for any policy year not shown will be furnished upon request.

<b><u>End of Policy Year</u></b>	<b><u>Attained Age of Insured</u></b>	<b><u>Cash or Loan Value</u></b>	<b><u>Paid Up Insurance</u></b>	<b><u>Extended Term Ins.</u></b>	
				<b><u>Years</u></b>	<b><u>Days</u></b>
[1	36	0.00	0.00	0	0
2	37	0.00	0.00	0	0
3	38	1,729.62	7,543.37	4	226
4	39	4,397.77	18,527.57	9	181
5	40	7,151.68	29,107.79	13	94
6	41	9,993.01	39,297.12	15	334
7	42	12,918.73	49,093.31	17	309
8	43	15,925.98	58,498.48	19	126
9	44	19,014.46	67,525.04	20	160
10	45	22,177.05	76,167.71	21	96
11	46	25,413.82	84,444.00	21	332
12	47	28,731.92	92,387.15	22	157
13	48	32,132.05	100,011.68	22	309
14	49	35,643.99	107,390.65	23	58
15	50	39,267.21	114,524.09	23	131
16	51	42,997.26	121,406.48	23	174
17	52	46,828.03	128,032.61	23	192
18	53	50,743.60	134,384.99	23	187
19	54	54,740.87	140,471.46	23	163
20	55	58,805.43	146,284.85	23	120
25	60	62,925.57	151,825.62	23	60
30	65	67,101.86	157,111.77	22	348]

Cash values, reserves and net single premiums are based on the Commissioners 2001 Standard Ordinary Composite Mortality Table. All calculations for reserves, cash values, the amount of paid-up insurance and the period of extended term insurance are based on continuous functions with interest at **4.0%** per year.

## *Table of Values*

The amount of insurance and the values shown below are for the Paid-Up Additions Rider, [LR-224] and assume the billed and any additional received premium has been paid. These values may differ if you pay other than annually. These values have not been increased by any paid-up additions or dividend accumulations nor decreased by any policy loan. The values for any policy year not shown will be furnished upon request.

<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>	<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>
[1	4,523.89	958.02	34	4,523.89	2,697.28
2	4,523.89	992.18	35	4,523.89	2,764.50
3	4,523.89	1,027.56	36	4,523.89	2,832.18
4	4,523.89	1,064.11	37	4,523.89	2,900.13
5	4,523.89	1,101.84	38	4,523.89	2,967.45
6	4,523.89	1,140.88	39	4,523.89	3,034.31
7	4,523.89	1,181.05	40	4,523.89	3,100.81
8	4,523.89	1,222.45	41	4,523.89	3,166.90
9	4,523.89	1,264.97	42	4,523.89	3,232.64
10	4,523.89	1,308.63	43	4,523.89	3,297.60
11	4,523.89	1,353.41	44	4,523.89	3,361.30
12	4,523.89	1,399.33	45	4,523.89	3,423.32
13	4,523.89	1,446.47	46	4,523.89	3,483.53
14	4,523.89	1,495.19	47	4,523.89	3,541.53
15	4,523.89	1,545.54	48	4,523.89	3,597.71
16	4,523.89	1,597.34	49	4,523.89	3,652.09
17	4,523.89	1,650.59	50	4,523.89	3,704.57
18	4,523.89	1,705.10	51	4,523.89	3,754.74
19	4,523.89	1,760.88	52	4,523.89	3,802.42
20	4,523.89	1,817.70	53	4,523.89	3,847.43
21	4,523.89	1,875.33	54	4,523.89	3,889.78
22	4,523.89	1,933.87	55	4,523.89	3,929.59
23	4,523.89	1,993.36	56	4,523.89	3,967.09
24	4,523.89	2,054.07	57	4,523.89	4,003.82
25	4,523.89	2,116.00	58	4,523.89	4,040.47
26	4,523.89	2,178.93	59	4,523.89	4,077.88
27	4,523.89	2,242.58	60	4,523.89	4,117.37
28	4,523.89	2,306.60	61	4,523.89	4,161.17
29	4,523.89	2,370.79	62	4,523.89	4,214.23
30	4,523.89	2,435.21	63	4,523.89	4,283.08
31	4,523.89	2,499.95	64	4,523.89	4,379.31
32	4,523.89	2,565.09	65	4,523.89	4,523.89]
33	4,523.89	2,630.87			

## *Table of Values*

The amount of insurance and the values shown below are for the Paid-Up Additions Rider, [LR-225] and assume the billed and any additional received premium has been paid. These values may differ if you pay other than annually. These values have not been increased by any paid-up additions or dividend accumulations nor decreased by any policy loan. The values for any policy year not shown will be furnished upon request.

<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>	<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>
[1	4,523.89	958.02	34	4,523.89	2,697.28
2	4,523.89	992.18	35	4,523.89	2,764.50
3	4,523.89	1,027.56	36	4,523.89	2,832.18
4	4,523.89	1,064.11	37	4,523.89	2,900.13
5	4,523.89	1,101.84	38	4,523.89	2,967.45
6	4,523.89	1,140.88	39	4,523.89	3,034.31
7	4,523.89	1,181.05	40	4,523.89	3,100.81
8	4,523.89	1,222.45	41	4,523.89	3,166.90
9	4,523.89	1,264.97	42	4,523.89	3,232.64
10	4,523.89	1,308.63	43	4,523.89	3,297.60
11	4,523.89	1,353.41	44	4,523.89	3,361.30
12	4,523.89	1,399.33	45	4,523.89	3,423.32
13	4,523.89	1,446.47	46	4,523.89	3,483.53
14	4,523.89	1,495.19	47	4,523.89	3,541.53
15	4,523.89	1,545.54	48	4,523.89	3,597.71
16	4,523.89	1,597.34	49	4,523.89	3,652.09
17	4,523.89	1,650.59	50	4,523.89	3,704.57
18	4,523.89	1,705.10	51	4,523.89	3,754.74
19	4,523.89	1,760.88	52	4,523.89	3,802.42
20	4,523.89	1,817.70	53	4,523.89	3,847.43
21	4,523.89	1,875.33	54	4,523.89	3,889.78
22	4,523.89	1,933.87	55	4,523.89	3,929.59
23	4,523.89	1,993.36	56	4,523.89	3,967.09
24	4,523.89	2,054.07	57	4,523.89	4,003.82
25	4,523.89	2,116.00	58	4,523.89	4,040.47
26	4,523.89	2,178.93	59	4,523.89	4,077.88
27	4,523.89	2,242.58	60	4,523.89	4,117.37
28	4,523.89	2,306.60	61	4,523.89	4,161.17
29	4,523.89	2,370.79	62	4,523.89	4,214.23
30	4,523.89	2,435.21	63	4,523.89	4,283.08
31	4,523.89	2,499.95	64	4,523.89	4,379.31
32	4,523.89	2,565.09	65	4,523.89	4,523.89]
33	4,523.89	2,630.87			

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## *Policy Data Page*

**Insured:** [John Doe]

**Policy Number:** [0000000001]

**Sex:** [Male]

**Issue Age:** [35]

**Issue Date:** [09/01/11]

Policy years and policy months are  
computed from this date.

**Premium Class:** [Standard No Tobacco]

**Owner(s):** [John Doe]

**Plan**

Whole Life Insurance Policy

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## *Schedule of Benefits*

<b><u>Form Number</u></b>	<b><u>Description of Coverages</u></b>	<b><u>Amount of Insurance</u></b>	<b><u>Termination Date</u></b>
L-59	Whole Life Insurance	[\$250,000]	02/24/2096
LR-220	Waiver of Premium For Disability Rider [2] Year Own Occupation Option	N/A	02/24/2040
LR-221	Credit of Paid-Up Additions For Disability Rider [2] Year Own Occupation Option	[\$2,000]	02/24/2040
LR-224	Paid-Up Additions Rider	See Page 4	02/24/2096
LR-225	Paid-Up Additions Rider	See Page 4	02/24/2096

## *Schedule of Premiums*

<b><u>Form Number</u></b>	<b><u>Description of Coverages</u></b>	<b><u>Annual Premium (1)</u></b>	<b><u>Years Payable</u></b>
L-59	Whole Life Insurance	[\$2,687.50]	[To Age 100]
LR-220	Waiver of Premium For Disability Rider [2 Year Own Occupation Option]	[\$300.00]	[30]
LR-221	Credit of Paid-Up Additions Rider [2 Year Own Occupation Option]	[ 300.00]	[30]
LR-224	Paid-Up Additions Rider Billed Premium: [1,000.00] Received Premium: [0.00]	[ 1,000.00] (****)	[65]
LR-225	Paid-Up Additions Rider Billed Premium: [1,000.00] Received Premium: [0.00]	[ 1,000.00] (****)	[65]

**(\*) Your premium is due on an annual basis. If you would like to pay your premium on a semi-annual or monthly basis, there is an additional charge.**

**(\*\*\*\*) The Paid-Up Additions Rider includes a premium load of [7.5%] per premium. The premium load reduces down to [0.0%] by Attained Age 100 by the following amounts:**

<b>Attained Age</b>	<b>Load%</b>
<b>[0-90</b>	<b>7.5</b>
<b>91</b>	<b>7.0</b>
<b>92</b>	<b>6.5</b>
<b>93</b>	<b>6.0</b>
<b>94</b>	<b>5.5</b>
<b>95</b>	<b>5.0</b>
<b>96</b>	<b>4.5</b>
<b>97</b>	<b>4.0</b>
<b>98</b>	<b>3.0</b>
<b>99</b>	<b>1.75</b>
<b>100+</b>	<b>0.00]</b>

## *Table of Values*

The values shown below are for the amount of insurance and assume all required premiums have been paid annually and to the end of the indicated policy year. These values may differ if you pay other than annually. These values have not been increased by any paid-up additions or dividend accumulations nor decreased by any policy loan. The values for any policy year not shown will be furnished upon request.

<b><u>End of Policy Year</u></b>	<b><u>Attained Age of Insured</u></b>	<b><u>Cash or Loan Value</u></b>	<b><u>Paid Up Insurance</u></b>	<b><u>Extended Term Ins. Years    Days</u></b>	
[1	36	0.00	0.00	0	0
2	37	0.00	0.00	0	0
3	38	1,729.62	7,543.37	4	226
4	39	4,397.77	18,527.57	9	181
5	40	7,151.68	29,107.79	13	94
6	41	9,993.01	39,297.12	15	334
7	42	12,918.73	49,093.31	17	309
8	43	15,925.98	58,498.48	19	126
9	44	19,014.46	67,525.04	20	160
10	45	22,177.05	76,167.71	21	96
11	46	25,413.82	84,444.00	21	332
12	47	28,731.92	92,387.15	22	157
13	48	32,132.05	100,011.68	22	309
14	49	35,643.99	107,390.65	23	58
15	50	39,267.21	114,524.09	23	131
16	51	42,997.26	121,406.48	23	174
17	52	46,828.03	128,032.61	23	192
18	53	50,743.60	134,384.99	23	187
19	54	54,740.87	140,471.46	23	163
20	55	58,805.43	146,284.85	23	120
25	60	62,925.57	151,825.62	23	60
30	65	67,101.86	157,111.77	22	348]

Cash values, reserves and net single premiums are based on the Commissioners 2001 Standard Ordinary Smoker and Non Smoker Ultimate Mortality Table. All calculations for reserves, cash values, the amount of paid-up insurance and the period of extended term insurance are based on continuous functions with interest at **4.0%** per year.

## *Table of Values*

The amount of insurance and the values shown below are for the Paid-Up Additions Rider, [LR-224] and assume the billed and any additional received premium has been paid. These values may differ if you pay other than annually. These values have not been increased by any paid-up additions or dividend accumulations nor decreased by any policy loan. The values for any policy year not shown will be furnished upon request.

<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>	<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>
1	4,523.89	958.02	34	4,523.89	2,697.28
2	4,523.89	992.18	35	4,523.89	2,764.50
3	4,523.89	1,027.56	36	4,523.89	2,832.18
4	4,523.89	1,064.11	37	4,523.89	2,900.13
5	4,523.89	1,101.84	38	4,523.89	2,967.45
6	4,523.89	1,140.88	39	4,523.89	3,034.31
7	4,523.89	1,181.05	40	4,523.89	3,100.81
8	4,523.89	1,222.45	41	4,523.89	3,166.90
9	4,523.89	1,264.97	42	4,523.89	3,232.64
10	4,523.89	1,308.63	43	4,523.89	3,297.60
11	4,523.89	1,353.41	44	4,523.89	3,361.30
12	4,523.89	1,399.33	45	4,523.89	3,423.32
13	4,523.89	1,446.47	46	4,523.89	3,483.53
14	4,523.89	1,495.19	47	4,523.89	3,541.53
15	4,523.89	1,545.54	48	4,523.89	3,597.71
16	4,523.89	1,597.34	49	4,523.89	3,652.09
17	4,523.89	1,650.59	50	4,523.89	3,704.57
18	4,523.89	1,705.10	51	4,523.89	3,754.74
19	4,523.89	1,760.88	52	4,523.89	3,802.42
20	4,523.89	1,817.70	53	4,523.89	3,847.43
21	4,523.89	1,875.33	54	4,523.89	3,889.78
22	4,523.89	1,933.87	55	4,523.89	3,929.59
23	4,523.89	1,993.36	56	4,523.89	3,967.09
24	4,523.89	2,054.07	57	4,523.89	4,003.82
25	4,523.89	2,116.00	58	4,523.89	4,040.47
26	4,523.89	2,178.93	59	4,523.89	4,077.88
27	4,523.89	2,242.58	60	4,523.89	4,117.37
28	4,523.89	2,306.60	61	4,523.89	4,161.17
29	4,523.89	2,370.79	62	4,523.89	4,214.23
30	4,523.89	2,435.21	63	4,523.89	4,283.08
31	4,523.89	2,499.95	64	4,523.89	4,379.31
32	4,523.89	2,565.09	65	4,523.89	4,523.89]
33	4,523.89	2,630.87			

## *Table of Values*

The amount of insurance and the values shown below are for the Paid-Up Additions Rider, [LR-225] and assume the billed and any additional received premium has been paid. These values may differ if you pay other than annually. These values have not been increased by any paid-up additions or dividend accumulations nor decreased by any policy loan. The values for any policy year not shown will be furnished upon request.

<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>	<u>END OF RIDER YEAR</u>	<u>AMOUNT OF INSURANCE</u>	<u>CASH OR LOAN VALUE</u>
1	4,523.89	958.02	34	4,523.89	2,697.28
2	4,523.89	992.18	35	4,523.89	2,764.50
3	4,523.89	1,027.56	36	4,523.89	2,832.18
4	4,523.89	1,064.11	37	4,523.89	2,900.13
5	4,523.89	1,101.84	38	4,523.89	2,967.45
6	4,523.89	1,140.88	39	4,523.89	3,034.31
7	4,523.89	1,181.05	40	4,523.89	3,100.81
8	4,523.89	1,222.45	41	4,523.89	3,166.90
9	4,523.89	1,264.97	42	4,523.89	3,232.64
10	4,523.89	1,308.63	43	4,523.89	3,297.60
11	4,523.89	1,353.41	44	4,523.89	3,361.30
12	4,523.89	1,399.33	45	4,523.89	3,423.32
13	4,523.89	1,446.47	46	4,523.89	3,483.53
14	4,523.89	1,495.19	47	4,523.89	3,541.53
15	4,523.89	1,545.54	48	4,523.89	3,597.71
16	4,523.89	1,597.34	49	4,523.89	3,652.09
17	4,523.89	1,650.59	50	4,523.89	3,704.57
18	4,523.89	1,705.10	51	4,523.89	3,754.74
19	4,523.89	1,760.88	52	4,523.89	3,802.42
20	4,523.89	1,817.70	53	4,523.89	3,847.43
21	4,523.89	1,875.33	54	4,523.89	3,889.78
22	4,523.89	1,933.87	55	4,523.89	3,929.59
23	4,523.89	1,993.36	56	4,523.89	3,967.09
24	4,523.89	2,054.07	57	4,523.89	4,003.82
25	4,523.89	2,116.00	58	4,523.89	4,040.47
26	4,523.89	2,178.93	59	4,523.89	4,077.88
27	4,523.89	2,242.58	60	4,523.89	4,117.37
28	4,523.89	2,306.60	61	4,523.89	4,161.17
29	4,523.89	2,370.79	62	4,523.89	4,214.23
30	4,523.89	2,435.21	63	4,523.89	4,283.08
31	4,523.89	2,499.95	64	4,523.89	4,379.31
32	4,523.89	2,565.09	65	4,523.89	4,523.89]
33	4,523.89	2,630.87			

**POLICY DATA PAGE**

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CONTRACT DATE: [SEPT 01, 2011]                      POLICY NUMBER: [00000001]  
NAME OF INSURED: [JOHN DOE]  
AGE AT ISSUE: [35]  
SEX: [MALE]  
RATE CLASS: [PREFERRED NONTOBACCO]              MODE: [ANNUAL]\*

FACE AMOUNT OF INSURANCE: [\$100,000]

LEVEL PREMIUM DURATION: [30] YEARS

POLICY TERMINATION DATE: [FEB 01, 2071]  
REINSTATEMENT INTEREST RATE ON UNPAID PREMIUMS: [6 %]

CONTRACT CONVERSION PERIOD: EARLIER OF [8,13,18, 28] YEARS OR AGE 70

RIDERS ATTACHED:  
[Waiver of Premium For Disability Rider – 2 Year Own Occupation  
    With Waiver Conversion Option]  
[Waiver of Premium For Disability Rider – 5 Year Own Occupation  
    With Waiver Conversion Option]

HOME OFFICE:              American United Life Insurance Company  
                                 [One American Square, P.O. Box 368, Indianapolis, Indiana 46206-0368  
                                 1-877-999-9883]

\* If you elect to pay premiums other than annually, the total amount of the premiums you pay each year will be greater than the annual premium because of: 1) the loss of interest the company would earn if the annual premium were paid in one lump sum at the start of the year; and 2) the additional cost of collecting the periodic premiums.

## TABLE OF PREMIUMS

Attained Age	Term Life Insurance Premium	Waiver of Premium Disability Rider	Total Annual Premium	Attained Age	Term Life Insurance Premium	Total Annual Premium
[35	254.00	30.00	284.00	68	7175.00	7175.00
36	254.00	30.00	284.00	69	7895.00	7895.00
37	254.00	30.00	284.00	70	8708.00	8708.00
38	254.00	30.00	284.00	71	9778.00	9778.00
39	254.00	30.00	284.00	72	10690.00	10690.00
40	254.00	30.00	284.00	73	11910.00	11910.00
41	254.00	30.00	284.00	74	13280.00	13280.00
42	254.00	30.00	284.00	75	14750.00	14750.00
43	254.00	30.00	284.00	76	16315.00	16315.00
44	254.00	30.00	284.00	77	17960.00	17960.00
45	254.00	30.00	284.00	78	19668.00	19668.00
46	254.00	30.00	284.00	79	21480.00	21480.00
47	254.00	30.00	284.00	80	23468.00	23468.00
48	254.00	30.00	284.00	81	25680.00	25680.00
49	254.00	30.00	284.00	82	28180.00	28180.00
50	254.00	30.00	284.00	83	30998.00	30998.00
51	254.00	30.00	284.00	84	34078.00	34078.00
52	254.00	30.00	284.00	85	37350.00	37350.00
53	254.00	30.00	284.00	86	40750.00	40750.00
54	254.00	30.00	284.00	87	44248.00	44248.00
55	254.00	30.00	284.00	88	47773.00	47773.00
56	254.00	30.00	284.00	89	51373.00	51373.00
57	254.00	30.00	284.00	90	55098.00	55098.00
58	254.00	30.00	284.00	91	59010.00	59010.00
59	254.00	30.00	284.00	92	63254.00	63254.00
60	254.00	30.00	284.00	93	67958.00	67958.00
61	254.00	30.00	284.00	94	73963.00	73963.00]
62	254.00	30.00	284.00			
63	254.00	30.00	284.00			
64	254.00	30.00	284.00			
65	5333.00		5333.00			
66	5900.00		5900.00			
67	6515.00		6515.00			

American United Life Insurance Company  
Statement of Variability

**Waiver of Premium for Disability Rider  
LR-220**  
**Credit of Paid-up Additions for Disability Rider  
LR-221**

Company Address	Indicated as variable in case we should change our physical location.
Officer's Signature	Indicated as variable in case a new Secretary is named
Total Disability, page 1 (#3)	The variability in the case of Total Disability is <b>two or five years</b> . The client chooses between a two or five year period in which he/she is incapable of working in his/her own occupation before being totally disabled and unable to work in any occupation.

**Paid-up Additions Insurance Rider  
LR-224**  
**Paid-up Additions Insurance Rider  
LR-225**

Company Address	Indicated as variable in case we should change our physical location.
Officer's Signature	Indicated as variable in case a new Secretary is named
Premium Limitations and Catch-Up Provision, page 1, General Premium Limit.	\$10,000,000 is the current binding limit for the company. This number will only change in the event that the binding limit is changed.