

State: Arkansas **Filing Company:** Banner Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.003 Single Life - Single Premium
Product Name: Renewable & Convertible Term Life Insurance
Project Name/Number: New Opterm/OPTN-AR

Filing at a Glance

Company: Banner Life Insurance Company
Product Name: Renewable & Convertible Term Life Insurance
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.003 Single Life - Single Premium
Filing Type: Form
Date Submitted: 10/01/2012
SERFF Tr Num: BANN-128703996
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: 11/01/2012
Date Requested:
Author(s): Ada Miller
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/05/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Banner Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.003 Single Life - Single Premium
Product Name: Renewable & Convertible Term Life Insurance
Project Name/Number: New Opterm/OPTN-AR

General Information

Project Name: New Opterm Status of Filing in Domicile: Authorized
Project Number: OPTN-AR Date Approved in Domicile: 09/25/2012
Requested Filing Mode: Review & Approval Domicile Status Comments: Maryland, our state of domicile, is part of the Interstate Insurance Product Regulation Commission.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 10/05/2012
State Status Changed: 10/05/2012
Deemer Date: Created By: Ada Miller
Submitted By: Ada Miller Corresponding Filing Tracking Number:

Filing Description:

The above-referenced policy form, OPTN-AR, is being submitted for your review and approval. This is a Renewable and Convertible Term Life Insurance form that will be utilized for a series of new 10, 15, 20, and 30 year term products. These term products will replace the current products being offered under policy form RT-97, previously approved by your department.

Premium rates are indeterminate. That is, premium rates may change in the future, but will not be increased above the guaranteed scale of premiums as printed in the contract. The guaranteed rate scale is attained – age based and is gender and underwriting class distinct.

This policy form will not be an illustrated form.

10 Year Term

The 10 year term plan will be available to males and females, under Preferred Plus Non-Tobacco, Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Preferred Tobacco, and Standard Tobacco risk classifications, issue ages 20 through 80, age nearest birthday. There is a \$100,000 minimum policy size and a \$65 policy fee. Premiums are level for an initial 10 year term period, then annually renewable premiums are payable until attained age 95. Current premiums are guaranteed for the first 10 years.

15 Year Term

The 15 year term plan will be available to males and females, under Preferred Plus Non-Tobacco, Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Preferred Tobacco, and Standard Tobacco risk classifications, issue ages 20 through 75, age nearest birthday. There is a \$100,000 minimum policy size and a \$65 policy fee. Premiums are level for an initial 15 year term period, then annually renewable premiums are payable until attained age 95. Current premiums are guaranteed for the first 15 years.

20 Year Term

The 20 year term plan will be available to males and females, under Preferred Plus Non-Tobacco, Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Preferred Tobacco, and Standard Tobacco risk classifications, issue ages 20 through 70 for Non-Tobacco, and issue ages 20 through 65 for Tobacco issues, age nearest birthday. There is a \$100,000 minimum policy size and a \$65 policy fee. Premiums are level for an initial 20 year term period, then annually renewable premiums are payable until attained age 95. Current premiums are guaranteed for the first 20 years.

State: Arkansas **Filing Company:** Banner Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.003 Single Life - Single Premium
Product Name: Renewable & Convertible Term Life Insurance
Project Name/Number: New Opterm/OPTN-AR

30 Year Term

The 30 year term plan will be available to males and females, under Preferred Plus Non-Tobacco, Preferred Non-Tobacco, Standard Plus Non-Tobacco, Standard Non-Tobacco, Preferred Tobacco, and Standard Tobacco risk classifications, issue ages 20 through 55 for Non-Tobacco, and issue ages 20 through 50 for Tobacco issues, age nearest birthday. There is a \$100,000 minimum policy size and a \$65 policy fee. Premiums are level for an initial 30 year term period, then annually renewable premiums are payable until attained age 95. Current premiums are guaranteed for the first 30 years.

For each product, conversion is allowed to a permanent plan that we make available for conversion purposes prior to the end of the policy conversion period until attained age 70, whichever is earlier. The policy conversion period is equal to the number of years for which the initial premium is level. For issue ages 65+, conversion will be allowed in the first five policy years only.

Premiums are banded by face amount according to the table below.

Band Face Amount

- 1 \$100,000 - \$249,999
- 2 \$250,000 - \$999,999
- 3 \$1,000,000 +

Life Insurance Application form, LIA (10/08) & LU-1267 (10/08), previously approved on 10/17/08 (BANN-125826810), will be used for this policy. OPTN-AR will be marketed to individual lives primarily through the independent brokerage distribution system.

To the best of our knowledge, information, and belief, this form complies with the rules and regulations of your department. We look forward to your approval at your earliest convenience. If you should have any questions about this form, please feel free to contact me at nwinings@lgamerica.com or at 301-279-4868.

Sincerely,

Nancy W. Winings, F.S.A., M.A.A.A.
Vice President and Actuary
Product Development

Company and Contact

Filing Contact Information

Ada Miller, Compliance Technician	amiller@lgamerica.com
1701 Research Boulevard	301-279-4809 [Phone]
Rockville, MD 20850	301-294-6964 [FAX]

Filing Company Information

Banner Life Insurance Company	CoCode: 94250	State of Domicile: Maryland
1701 Research Boulevard	Group Code: 872	Company Type: Life
Rockville, MD 20850	Group Name:	Insurance
(301) 279-4809 ext. [Phone]	FEIN Number: 52-1236145	State ID Number:

State: Arkansas **Filing Company:** Banner Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.003 Single Life - Single Premium
Product Name: Renewable & Convertible Term Life Insurance
Project Name/Number: New Opterm/OPTN-AR

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation: 1 form x \$125
 Per Company: No

Company	Amount	Date Processed	Transaction #
Banner Life Insurance Company	\$125.00	10/01/2012	63257338

SERFF Tracking #:

BANN-128703996

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Banner Life Insurance Company

TOI/Sub-TOI: L041 Individual Life - Term/L041.003 Single Life - Single Premium

Product Name: Renewable & Convertible Term Life Insurance

Project Name/Number: New Opterm/OPTN-AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/05/2012	10/05/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/05/2012	10/05/2012

Response Letters

Responded By	Created On	Date Submitted
Ada Miller	10/05/2012	10/05/2012

SERFF Tracking #:

BANN-128703996

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Banner Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.003 Single Life - Single Premium

Product Name:

Renewable & Convertible Term Life Insurance

Project Name/Number:

New Opterm/OPTN-AR

Disposition

Disposition Date: 10/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Sample Cost & Benefit Disclosure		Yes
Supporting Document	Guaranteed Gross Premium Rates		Yes
Supporting Document	LAH State Guaranty Association Notice		Yes
Supporting Document	Certification		Yes
Form	Renewable and Convertible Term Life Insurance		Yes

State: Arkansas **Filing Company:** Banner Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.003 Single Life - Single Premium
Product Name: Renewable & Convertible Term Life Insurance
Project Name/Number: New Opterm/OPTN-AR

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/05/2012
Submitted Date	10/05/2012
Respond By Date	11/05/2012

Dear Ada Miller,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 19s10B requires that a new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking #:

BANN-128703996

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Banner Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.003 Single Life - Single Premium

Product Name: Renewable & Convertible Term Life Insurance

Project Name/Number: New Opterm/OPTN-AR

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/05/2012
Submitted Date	10/05/2012

Dear Linda Bird,

Introduction:

Thank you for your response.

Response 1

Comments:

Certification in compliance with Regulation 19s10B is attached.

Related Objection 1

Comments:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 19s10B requires that a new or revised filing submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification

Comment: Certification attached

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Ada Miller

SERFF Tracking #:

BANN-128703996

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Banner Life Insurance Company

TOI/Sub-TOI: L041 Individual Life - Term/L041.003 Single Life - Single Premium

Product Name: Renewable & Convertible Term Life Insurance

Project Name/Number: New Opterm/OPTN-AR

Form Schedule

Lead Form Number: OPTN-AR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		OPTN-AR	POL	Renewable and Convertible Term Life Insurance	Initial:	69.000	OPTN-AR (complete 10-15-20-30).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



RENEWABLE AND CONVERTIBLE TERM LIFE INSURANCE.

Banner Life Insurance Company . [3275 Bennett Creek Avenue . Frederick, Maryland 21704 . 800-638-8428]

Insured - [John Doe]

Face Amount - [\$250,000]

Policy Number - [123456789]

Policy Date - [March 1, 2012]

Owner(s) - [Jane Doe]

Details for Riders, if any, can be found on the Policy Schedule.

RIGHT TO EXAMINE POLICY FOR 30 DAYS

Within 30 days after the Policy is received, it may be returned to the agent through whom it was purchased or to our Home Office. We will then refund any premium paid and the Policy will be deemed void from the beginning.

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Policy Owner and Banner Life Insurance Company.

In this Policy, Banner Life Insurance Company will be referred to as "we," "our," or "us."

We will pay the face amount to the Beneficiary if the Insured dies while this Policy is in force. Such payment will be subject to the provisions of this Policy.

All payments are subject to the terms of this Policy. The following pages are part of this Policy.

This Policy is issued in consideration of the application and of the payment of the first premium as provided herein. A copy of the application is attached and is made a part of the Policy.

Signed for Banner Life Insurance Company at its Home Office in [Frederick, Maryland] on the Policy Date.

[*Bryan R. Newcombe*]

[Secretary]

[*James O. Atkins*]

[President]



Renewable and Convertible Term Life Insurance.

A change of premium provision is applicable subject to Guaranteed Maximum Premiums

The face amount is payable at death while the Policy is in force prior to Expiration Date

Premiums are payable as shown in the Policy Schedule to the Expiration Date or until the death of the Insured

This Policy is renewable to the Expiration Date

This Policy is convertible to the end of the Policy conversion period

This Policy is nonparticipating and no dividends are payable



TABLE OF CONTENTS

Change of Premium..... 7

Conversion..... 8

Death Benefit Proceeds..... 9

Definitions..... 4

Election of Payment Options..... 10

General Provisions..... 4

Owner and Beneficiary..... 6

Payment of Proceeds..... 9

Payment Options..... 10

Payment Option Tables..... 12

Policy Schedule..... 3

Premiums..... 6

Renewal..... 7

Termination..... 5

Concluded With:

Riders, benefits, amendments, and endorsements, if any; and copy of applications

PLEASE READ YOUR POLICY CAREFULLY

POLICY SCHEDULE

INSURED: [JOHN DOE] **POLICY NUMBER:** [010000000000]
ISSUE AGE AND SEX: [35 MALE] **ISSUE DATE:** [09/08/2012]
POLICY DATE: [08/13/2012]
OWNER [JOHN DOE] **POLICY EXPIRATION DATE:** [08/12/2072]
RATING CLASS: [STANDARD NONTOBACCO]
TERM PERIODS: INITIAL TERM PERIOD OF 10 YEARS, FOLLOWED BY ONE YEAR PERIODS

FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM*	INITIAL TERM PERIOD
OPTN-AR	RENEWABLE AND CONVERTIBLE TERM	[08/12/2072]	[\$250,000]	[\$165.00]	10 years
[ADB (6-10)]	ACCELERATED DEATH BENEFIT			FREE	
[MMGR (12-09)]	MEDIGUIDE			FREE	
	POLICY FEE			[\$ 65.00]	
	TOTAL		[\$250,000]	[\$ 230.00]	

END OF POLICY CONVERSION PERIOD: [08/12/2022]

PAYMENT MODE: [ANNUAL]
PREMIUM DUE DATE: [8/13] [of each year]

***PREMIUM MODES AVAILABLE:** ANNUAL [ANNUAL] SEMI-ANNUAL [SEMI-ANNUAL] QUARTERLY [QUARTERLY] MONTHLY [MONTHLY]
[\$230.00] [\$117.30] [\$59.80] [\$20.13]

For all years, and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

[FOR SUMMARY OF TOTAL MAXIMUM ANNUAL RENEWAL PREMIUMS AND COVERAGE AMOUNTS FOR ALL YEARS, SEE PAGE 3AA.]

FOR MAXIMUM RENEWAL PREMIUMS FOR BASE COVERAGE [AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER], SEE PAGE 3A.

[FOR MAXIMUM RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER(S), SEE PAGE 3B.]

If you require further assistance, please contact the Arkansas Insurance Department's toll-free number at 800-282-9134.

POLICY SCHEDULE (CONTINUED)

BASE COVERAGE: 10 YEAR RENEWABLE AND CONVERTIBLE TERM

[WAIVER OF PREMIUM RIDER: SHOWN SEPARATELY BELOW]

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[1]	[\$ 230.00]		
[2]	[\$ 230.00]		
[3]	[\$ 230.00]		
[4]	[\$ 230.00]		
[5]	[\$ 230.00]		
[6]	[\$ 230.00]		
[7]	[\$ 230.00]		
[8]	[\$ 230.00]		
[9]	[\$ 230.00]		
[10]	[\$ 230.00]		
[11]	[\$ 1,310.00]		
[12]	[\$ 1,412.50]		
[13]	[\$ 1,520.00]		
[14]	[\$ 1,637.50]		
[15]	[\$ 1,767.50]		
[16]	[\$ 1,907.50]		
[17]	[\$ 2,072.50]		
[18]	[\$ 2,262.50]		
[19]	[\$ 2,477.50]		
[20]	[\$ 2,725.00]		
[21]	[\$ 2,997.50]		
[22]	[\$ 3,302.50]		
[23]	[\$ 3,625.00]		
[24]	[\$ 3,972.50]		
[25]	[\$ 4,367.50]		
[26]	[\$ 4,805.00]		
[27]	[\$ 5,467.50]		
[28]	[\$ 6,232.50]		
[29]	[\$ 7,122.50]		
[30]	[\$ 8,147.50]		
[31]	[\$ 9,310.00]		
[32]	[\$10,595.00]		
[33]	[\$12,025.00]		
[34]	[\$13,602.50]		
[35]	[\$15,755.00]		
[36]	[\$17,812.50]		
[37]	[\$20,492.50]		
[38]	[\$22,940.00]		
[39]	[\$26,157.50]		
[40]	[\$29,832.50]		
[41]	[\$33,875.00]		
[42]	[\$38,287.50]		
[43]	[\$43,050.00]		
[44]	[\$48,127.50]		
[45]	[\$53,640.00]		

POLICY SCHEDULE (CONTINUED)

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[46]	[\$ 59,780.00]		
[47]	[\$ 66,702.50]		
[48]	[\$ 74,610.00]		
[49]	[\$ 83,622.50]		
[50]	[\$ 93,640.00]		
[51]	[\$104,505.00]		
[52]	[\$116,060.00]		
[53]	[\$128,237.50]		
[54]	[\$140,847.50]		
[55]	[\$154,032.50]		
[56]	[\$167,960.00]		
[57]	[\$182,840.00]		
[58]	[\$199,105.00]		
[59]	[\$217,370.00]		
[60]	[\$240,280.00]		

*PREMIUMS MAY BE CHANGED AFTER YEAR 10 AS PROVIDED IN THE CHANGE OF PREMIUM PROVISION. BASE COVERAGE PREMIUMS INCLUDE POLICY FEE, AND ANY RATING OR FLAT EXTRA, IF APPLICABLE.

[ANNUAL RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) [AND ANY OTHER RIDERS] ARE SHOWN ON PAGE 3B.]

For all years and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

POLICY SCHEDULE

INSURED: [JOHN DOE] **POLICY NUMBER:** [010000000000]
ISSUE AGE AND SEX: [35 MALE] **ISSUE DATE:** [09/08/2012]
POLICY DATE: [08/13/2012]
OWNER [JOHN DOE] **POLICY EXPIRATION DATE:** [08/12/2072]
RATING CLASS: [STANDARD NONTOBACCO]
TERM PERIODS: INITIAL TERM PERIOD OF 15 YEARS, FOLLOWED BY ONE YEAR PERIODS

FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM*	INITIAL TERM PERIOD
OPTN-AR	RENEWABLE AND CONVERTIBLE TERM	[08/12/2072]	[\$250,000]	[\$205.00]	15 years
[ADB (6-10)]	ACCELERATED DEATH BENEFIT			FREE	
[MMGR (12-09)]	MEDIGUIDE			FREE	
	POLICY FEE			<u>[\$ 65.00]</u>	
	TOTAL		[\$250,000]	[\$ 270.00]	

END OF POLICY CONVERSION PERIOD: [08/12/2027]

PAYMENT MODE: [ANNUAL]
PREMIUM DUE DATE: [8/13] [of each year]

***PREMIUM MODES AVAILABLE:** ANNUAL [ANNUAL] SEMI-ANNUAL [SEMI-ANNUAL] QUARTERLY [QUARTERLY] MONTHLY [MONTHLY]
 [\$270.00] [\$137.70] [\$70.20] [\$23.63]

For all years, and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

[FOR SUMMARY OF TOTAL MAXIMUM ANNUAL RENEWAL PREMIUMS AND COVERAGE AMOUNTS FOR ALL YEARS, SEE PAGE 3AA.]

FOR MAXIMUM RENEWAL PREMIUMS FOR BASE COVERAGE [AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER], SEE PAGE 3A.

[FOR MAXIMUM RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER(S), SEE PAGE 3B.]

If you require further assistance, please contact the Arkansas Insurance Department's toll-free number at 800-282-9134.

POLICY SCHEDULE (CONTINUED)

BASE COVERAGE: 15 YEAR RENEWABLE AND CONVERTIBLE TERM

[WAIVER OF PREMIUM RIDER: SHOWN SEPARATELY BELOW]

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[1]	[\$ 270.00]		
[2]	[\$ 270.00]		
[3]	[\$ 270.00]		
[4]	[\$ 270.00]		
[5]	[\$ 270.00]		
[6]	[\$ 270.00]		
[7]	[\$ 270.00]		
[8]	[\$ 270.00]		
[9]	[\$ 270.00]		
[10]	[\$ 270.00]		
[11]	[\$ 270.00]		
[12]	[\$ 270.00]		
[13]	[\$ 270.00]		
[14]	[\$ 270.00]		
[15]	[\$ 270.00]		
[16]	[\$ 1,907.50]		
[17]	[\$ 2,072.50]		
[18]	[\$ 2,262.50]		
[19]	[\$ 2,477.50]		
[20]	[\$ 2,725.00]		
[21]	[\$ 2,997.50]		
[22]	[\$ 3,302.50]		
[23]	[\$ 3,625.00]		
[24]	[\$ 3,972.50]		
[25]	[\$ 4,367.50]		
[26]	[\$ 4,805.00]		
[27]	[\$ 5,467.50]		
[28]	[\$ 6,232.50]		
[29]	[\$ 7,122.50]		
[30]	[\$ 8,147.50]		
[31]	[\$ 9,310.00]		
[32]	[\$10,595.00]		
[33]	[\$12,025.00]		
[34]	[\$13,602.50]		
[35]	[\$15,755.00]		
[36]	[\$17,812.50]		
[37]	[\$20,492.50]		
[38]	[\$22,940.00]		
[39]	[\$26,157.50]		
[40]	[\$29,832.50]		
[41]	[\$33,875.00]		
[42]	[\$38,287.50]		
[43]	[\$43,050.00]		
[44]	[\$48,127.50]		
[45]	[\$53,640.00]		

POLICY SCHEDULE (CONTINUED)

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[46]	[\$ 59,780.00]		
[47]	[\$ 66,702.50]		
[48]	[\$ 74,610.00]		
[49]	[\$ 83,622.50]		
[50]	[\$ 93,640.00]		
[51]	[\$104,505.00]		
[52]	[\$116,060.00]		
[53]	[\$128,237.50]		
[54]	[\$140,847.50]		
[55]	[\$154,032.50]		
[56]	[\$167,960.00]		
[57]	[\$182,840.00]		
[58]	[\$199,105.00]		
[59]	[\$217,370.00]		
[60]	[\$240,280.00]		

*PREMIUMS MAY BE CHANGED AFTER YEAR 15 AS PROVIDED IN THE CHANGE OF PREMIUM PROVISION. BASE COVERAGE PREMIUMS INCLUDE POLICY FEE, AND ANY RATING OR FLAT EXTRA, IF APPLICABLE.

[ANNUAL RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) [AND ANY OTHER RIDERS] ARE SHOWN ON PAGE 3B.]

For all years and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

POLICY SCHEDULE

INSURED: [JOHN DOE] **POLICY NUMBER:** [010000000000]
ISSUE AGE AND SEX: [35 MALE] **ISSUE DATE:** [09/08/2012]
OWNER [JOHN DOE] **POLICY DATE:** [08/13/2012]
RATING CLASS: [STANDARD NONTOBACCO] **POLICY EXPIRATION DATE:** [08/12/2072]
TERM PERIODS: INITIAL TERM PERIOD OF 20 YEARS, FOLLOWED BY ONE YEAR PERIODS

FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM*	INITIAL TERM PERIOD
OPTN-AR	RENEWABLE AND CONVERTIBLE TERM	[08/12/2071]	[\$250,000]	[\$307.50]	20 years
[ADB (6-10)]	ACCELERATED DEATH BENEFIT			FREE	
[MMGR (12-09)]	MEDIGUIDE			FREE	
	POLICY FEE			[\$ 65.00]	
	TOTAL		[\$250,000]	[\$ 372.50]	

END OF POLICY CONVERSION PERIOD: [08/12/2032]

PAYMENT MODE: [ANNUAL]
PREMIUM DUE DATE: [8/13] [of each year]

***PREMIUM MODES AVAILABLE:** ANNUAL [ANNUAL] SEMI-ANNUAL [SEMI-ANNUAL] QUARTERLY [QUARTERLY] MONTHLY [MONTHLY]
[\$372.50] [\$189.98] [\$96.85] [\$32.59]

For all years, and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

[FOR SUMMARY OF TOTAL MAXIMUM ANNUAL RENEWAL PREMIUMS AND COVERAGE AMOUNTS FOR ALL YEARS, SEE PAGE 3AA.]

FOR MAXIMUM RENEWAL PREMIUMS FOR BASE COVERAGE [AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER], SEE PAGE 3A.

[FOR MAXIMUM RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER(S), SEE PAGE 3B.]

If you require further assistance, please contact the Arkansas Insurance Department's toll-free number at 800-282-9134.

POLICY SCHEDULE (CONTINUED)

BASE COVERAGE: 20 YEAR RENEWABLE AND CONVERTIBLE TERM

[WAIVER OF PREMIUM RIDER: SHOWN SEPARATELY BELOW]

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[1]	[\$ 372.50]		
[2]	[\$ 372.50]		
[3]	[\$ 372.50]		
[4]	[\$ 372.50]		
[5]	[\$ 372.50]		
[6]	[\$ 372.50]		
[7]	[\$ 372.50]		
[8]	[\$ 372.50]		
[9]	[\$ 372.50]		
[10]	[\$ 372.50]		
[11]	[\$ 372.50]		
[12]	[\$ 372.50]		
[13]	[\$ 372.50]		
[14]	[\$ 372.50]		
[15]	[\$ 372.50]		
[16]	[\$ 372.50]		
[17]	[\$ 372.50]		
[18]	[\$ 372.50]		
[19]	[\$ 372.50]		
[20]	[\$ 372.50]		
[21]	[\$ 2,997.50]		
[22]	[\$ 3,302.50]		
[23]	[\$ 3,625.00]		
[24]	[\$ 3,972.50]		
[25]	[\$ 4,367.50]		
[26]	[\$ 4,805.00]		
[27]	[\$ 5,467.50]		
[28]	[\$ 6,232.50]		
[29]	[\$ 7,122.50]		
[30]	[\$ 8,147.50]		
[31]	[\$ 9,310.00]		
[32]	[\$10,595.00]		
[33]	[\$12,025.00]		
[34]	[\$13,602.50]		
[35]	[\$15,755.00]		
[36]	[\$17,812.50]		
[37]	[\$20,492.50]		
[38]	[\$22,940.00]		
[39]	[\$26,157.50]		
[40]	[\$29,832.50]		
[41]	[\$33,875.00]		
[42]	[\$38,287.50]		
[43]	[\$43,050.00]		
[44]	[\$48,127.50]		
[45]	[\$53,640.00]		

POLICY SCHEDULE (CONTINUED)

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[46]	[\$ 59,780.00]		
[47]	[\$ 66,702.50]		
[48]	[\$ 74,610.00]		
[49]	[\$ 83,622.50]		
[50]	[\$ 93,640.00]		
[51]	[\$104,505.00]		
[52]	[\$116,060.00]		
[53]	[\$128,237.50]		
[54]	[\$140,847.50]		
[55]	[\$154,032.50]		
[56]	[\$167,960.00]		
[57]	[\$182,840.00]		
[58]	[\$199,105.00]		
[59]	[\$217,370.00]		
[60]	[\$240,280.00]		

*PREMIUMS MAY BE CHANGED AFTER YEAR 20 AS PROVIDED IN THE CHANGE OF PREMIUM PROVISION. BASE COVERAGE PREMIUMS INCLUDE POLICY FEE, AND ANY RATING OR FLAT EXTRA, IF APPLICABLE.

[ANNUAL RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) [AND ANY OTHER RIDERS] ARE SHOWN ON PAGE 3B.]

For all years and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

POLICY SCHEDULE

INSURED: [JOHN DOE] **POLICY NUMBER:** [010000000000]
ISSUE AGE AND SEX: [35 MALE] **ISSUE DATE:** [09/08/2012]
POLICY DATE: [08/13/2012]
OWNER [JOHN DOE] **POLICY EXPIRATION DATE:** [08/12/2072]
RATING CLASS: [STANDARD NONTOBACCO]
TERM PERIODS: INITIAL TERM PERIOD OF 30 YEARS, FOLLOWED BY ONE YEAR PERIODS

FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM*	INITIAL TERM PERIOD
OPTN-AR	RENEWABLE AND CONVERTIBLE TERM	[08/12/2072]	[\$250,000]	[\$447.50]	30 years
[ADB (6-10)]	ACCELERATED DEATH BENEFIT			FREE	
[MMGR (12-09)]	MEDIGUIDE			FREE	
	POLICY FEE			<u>[\$ 65.00]</u>	
	TOTAL		[\$250,000]	[\$ 512.50]	

END OF POLICY CONVERSION PERIOD: [08/12/2042]

PAYMENT MODE: [ANNUAL]
PREMIUM DUE DATE: [8/13] [of each year]

***PREMIUM MODES AVAILABLE:** ANNUAL [ANNUAL] SEMI-ANNUAL [SEMI-ANNUAL] QUARTERLY [QUARTERLY] MONTHLY [MONTHLY]
 [\$512.50] [\$261.37] [\$133.25] [\$44.84]

For all years, and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

[FOR SUMMARY OF TOTAL MAXIMUM ANNUAL RENEWAL PREMIUMS AND COVERAGE AMOUNTS FOR ALL YEARS, SEE PAGE 3AA.]

FOR MAXIMUM RENEWAL PREMIUMS FOR BASE COVERAGE [AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER], SEE PAGE 3A.

[FOR MAXIMUM RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) AND ANY APPLICABLE WAIVER OF PREMIUM BENEFIT RIDER(S), SEE PAGE 3B.]

If you require further assistance, please contact the Arkansas Insurance Department's toll-free number at 800-282-9134.

POLICY SCHEDULE (CONTINUED)

BASE COVERAGE: 30 YEAR RENEWABLE AND CONVERTIBLE TERM

[WAIVER OF PREMIUM RIDER: SHOWN SEPARATELY BELOW]

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[1]	[\$ 512.50]		
[2]	[\$ 512.50]		
[3]	[\$ 512.50]		
[4]	[\$ 512.50]		
[5]	[\$ 512.50]		
[6]	[\$ 512.50]		
[7]	[\$ 512.50]		
[8]	[\$ 512.50]		
[9]	[\$ 512.50]		
[10]	[\$ 512.50]		
[11]	[\$ 512.50]		
[12]	[\$ 512.50]		
[13]	[\$ 512.50]		
[14]	[\$ 512.50]		
[15]	[\$ 512.50]		
[16]	[\$ 512.50]		
[17]	[\$ 512.50]		
[18]	[\$ 512.50]		
[19]	[\$ 512.50]		
[20]	[\$ 512.50]		
[21]	[\$ 512.50]		
[22]	[\$ 512.50]		
[23]	[\$ 512.50]		
[24]	[\$ 512.50]		
[25]	[\$ 512.50]		
[26]	[\$ 512.50]		
[27]	[\$ 512.50]		
[28]	[\$ 512.50]		
[29]	[\$ 512.50]		
[30]	[\$ 512.50]		
[31]	[\$ 9,310.00]		
[32]	[\$10,595.00]		
[33]	[\$12,025.00]		
[34]	[\$13,602.50]		
[35]	[\$15,755.00]		
[36]	[\$17,812.50]		
[37]	[\$20,492.50]		
[38]	[\$22,940.00]		
[39]	[\$26,157.50]		
[40]	[\$29,832.50]		
[41]	[\$33,875.00]		
[42]	[\$38,287.50]		
[43]	[\$43,050.00]		
[44]	[\$48,127.50]		
[45]	[\$53,640.00]		

POLICY SCHEDULE (CONTINUED)

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	[WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM]	[BASE COVERAGE WITH WAIVER OF PREMIUM MAXIMUM ANNUAL RENEWAL PREMIUM*]
[46]	[\$ 59,780.00]		
[47]	[\$ 66,702.50]		
[48]	[\$ 74,610.00]		
[49]	[\$ 83,622.50]		
[50]	[\$ 93,640.00]		
[51]	[\$104,505.00]		
[52]	[\$116,060.00]		
[53]	[\$128,237.50]		
[54]	[\$140,847.50]		
[55]	[\$154,032.50]		
[56]	[\$167,960.00]		
[57]	[\$182,840.00]		
[58]	[\$199,105.00]		
[59]	[\$217,370.00]		
[60]	[\$240,280.00]		

*PREMIUMS MAY BE CHANGED AFTER YEAR 30 AS PROVIDED IN THE CHANGE OF PREMIUM PROVISION. BASE COVERAGE PREMIUMS INCLUDE POLICY FEE, AND ANY RATING OR FLAT EXTRA, IF APPLICABLE.

[ANNUAL RENEWAL PREMIUMS FOR ADDITIONAL INSURANCE RIDER(S) [AND ANY OTHER RIDERS] ARE SHOWN ON PAGE 3B.]

For all years and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual [.51] quarterly [.26] monthly [.0875]

DEFINITIONS– All capitalized terms, not otherwise defined herein, shall have the meanings provided below.

Beneficiary

The person to receive the proceeds payable at the Insured's death.

Contingent Owner

The Contingent Owner is as named in the application or as subsequently changed by the Owner.

Expiration Date

The Expiration Date is the end of the last Term Period. The Expiration Date is shown in the Policy Schedule. After the Expiration Date, no insurance will be provided under this Policy.

Home and Administrative Office

Our Home and Administrative Office is located at [3275 Bennett Creek Avenue, Frederick, Maryland 21704.]

Insured

The Insured is the individual shown in the Policy Schedule.

Issue Age

Issue Age is shown in the Policy Schedule and is the Insured's age as of the nearest birthday on the Policy Date.

Issue Date

The Issue Date is shown on the Policy Schedule. It is the date we complete the processing of the Insured's approved application, and issue to the Insured or the Owner this life insurance Policy.

Owner

The Owner is as named in the application, unless later changed by the Owner. If no Owner is specified, the Insured is the Owner.

Policy

Policy shall mean the life insurance policy specified in the Policy Schedule.

Policy Date

The Policy Date is shown on the Policy Schedule. This date is used to determine premium due dates, policy anniversaries, years, and months. Coverage will be effective on the Policy Date.

Renewal Date

A Renewal Date is the date on which the previous Term Period ended.

Term Period

A Term Period is the period of time that premiums are level. The Term Periods are shown in the Policy Schedule.

Written Notice/Recording Thereof

Written Notice means a notification or request received from the Owner in a form satisfactory to us. Written Notices are recorded at our Administrative Office. We will not be responsible for the validity of any Written Notice.

GENERAL PROVISIONS

Contract

The entire contract consists of the following:

- This Policy, including any applicable endorsements;
- Riders, if any;
- Any notice of policy changes sent to the Owner for attachment to this Policy;
- The application, including any supplemental application or amendment to the application; and
- Any application for reinstatement.

An application includes all sections and forms the Company has designated as parts of the application.

All statements made in an application are, in the absence of fraud, deemed representations and not warranties. No statement will void this Policy or be used in defense of a claim unless it is contained in the application attached to, or considered to have been attached to, this Policy when issued or delivered.

Only the President, a Vice President, or Secretary of the Company can change or waive any provision of this Policy. Any change or waiver must be made in writing.

We may not change or amend this Policy without the Owner's consent except as expressly provided in the Policy. However, we may change or amend this Policy if such change or amendment is necessary for it to comply with any state or federal law, rule, or regulation.

Incontestability

Statements may be used to contest the validity of this Policy or in defense of a claim only if they are contained in the application or in an endorsement or amendment, and a copy of that application, endorsement, or amendment is attached to, or considered to be attached to, the Policy at issue or is made part of the Policy when a change becomes effective.

We will not contest this Policy after it has been in force during the Insured's lifetime for two years from the Issue Date, except for failure to pay premiums or fraud in the procurement of the Policy (when permitted by applicable law in the state the Policy is delivered for issuance).

If this Policy is reinstated, except for failure to pay premiums and fraud in the procurement of the reinstated Policy (when permitted by applicable law in the state the Policy is delivered for issuance), it will be incontestable after it has been in force during the Insured's lifetime for two years from the effective date of the Reinstatement. The Incontestability period will be based only on statements in the most recent applications, unless the original contestable period has not yet expired. Any Policy change requiring underwriting will be incontestable after it has been in force during the Insured's lifetime for two years from the effective date of the change. Any Policy change will be contestable only for reasons pertaining to statements that were provided to us for the Policy change.

Misstatement of Age and Sex

If the Insured's age or sex has been misstated, we will pay the death benefit that the most recent premium paid would have purchased at the correct age and sex. If the correct age is outside of the issue age ranges, the premium and benefit will be extrapolated.

Suicide Exclusion

If the Insured, while sane or insane, dies by suicide within two years from the Issue Date or date of reinstatement, our liability will be limited to a refund of all premiums paid to us.

Nonparticipating

This Policy is nonparticipating and the Owner will not share in Banner Life Insurance Company's profits or surplus. No dividends are payable on this Policy.

TERMINATION

All coverage under this Policy will terminate at the earliest of:

1. The end of the Grace Period, if as described in the Grace Period provision, the minimum premium due was not received;
2. The date we receive Written Notice at our Administrative Office to terminate the Policy;
3. The date of the Insured's death;
4. The Expiration Date specified in the Policy Schedule; or
5. The date the Owner converts to a new Policy.

OWNER AND BENEFICIARY

The Owner, primary Beneficiary, and contingent Beneficiary are as shown in the application or a notice of change that has been received at the Home Office in a form acceptable to the Company. The designation of Contingent Owner is as shown in the application or as subsequently elected by the Owner in a Written Notice received at the Home Office in a form acceptable to the Company. If the Insured becomes the Owner, any designation of Contingent Owner is void.

The Owner has all rights stated in this Policy. The rights of the Owner are subject to the rights of any irrevocable Beneficiary or assignee we have on record.

If the Owner is other than the Insured and the Owner dies during the Insured's lifetime, all rights of the Owner vest in the Contingent Owner, if living or in existence, and the Contingent Owner becomes the Owner. If the Contingent Owner is not alive or in existence at the Owner's death, all ownership rights vest in the Owner's estate or successors. In the event the Owner is other than an individual, and there are no surviving Contingent Owners or successors to the Owner, then the Insured or the Insured's estate becomes the Owner.

Changes of Owner and Beneficiary

The Owner, Contingent Owner, primary Beneficiary, and contingent Beneficiary are as shown in the application, unless later changed by the Owner. The Owner may change the designations of Owner, Contingent Owner, and Beneficiary during the Insured's and the Owner's lifetime. Any change of the irrevocable Beneficiary is subject to the written consent of an irrevocable Beneficiary.

Written notice of change of the Owner, Contingent Owner, and Beneficiary must be received at the Home Office in a form acceptable to the Company. Any change will then take effect as of the date the Owner signed the notice. Such a change shall be subject to and not affect any payment made or other action taken by the Company before Written Notice is received.

Death of a Beneficiary

Unless otherwise provided in the Beneficiary designation:

1. The interest of any Beneficiary who dies before the Insured will pass to any surviving Beneficiaries according to their respective interests; or
2. If no Beneficiary survives the Insured, the proceeds will be paid to any surviving contingent Beneficiary according to their respective interest. If no Beneficiary or contingent Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

If a trust is named as the Owner or Beneficiary of this Policy, the Company will have no obligation to verify that the trust is valid or that a trustee is acting within the scope of that trustee's authority. Any payment to the trust will release the Company from all obligations under this Policy and the Company will have no obligation to ensure that such payment is applied according to the trust agreement.

Assignment of Policy

This Policy may be assigned. We will not be responsible for the validity of an assignment. Written Notice of an assignment must be received by our Home Office in a form acceptable to the Company. The assignment will then take effect as of the date the Owner signed the notice. Such a change shall not affect any payment made or other action taken by the Company before Written Notice is received. Payments to any assignee will only be made in a lump sum.

PREMIUMS

Payment of Premiums

The first premium must be paid during the Insured's lifetime before any insurance becomes effective. The due date of the first premium is the Policy Date. Each subsequent premium is due on the premium due date(s) shown in the Policy Schedule, and must be paid during the Insured's lifetime. The Owner may change the frequency of the premium payment to any frequency we offer on the date such change is requested. All premiums, after the first, are payable in advance at our Administrative Office. A premium receipt signed by one of our officers will be furnished upon request. In no event may premiums be paid beyond the Expiration Date.

Grace Period

Except for the first premium, we will allow a 31 day grace period after the premium due date to pay each premium. During the Grace Period, the Policy will remain in force. We will send notification of the Grace Period and the minimum premium due to the Owner's last known address and to any assignee of record at least 30 days prior to the date the Policy is to terminate.

If sufficient premium is not paid, all coverage under this Policy will terminate without value at the end of the Grace Period. Sufficient premium payment sent by U.S. mail must be postmarked within the Grace Period. If death of the Insured occurs during the Grace Period, we will subtract the premium amount required to provide insurance coverage to the end of the Policy month in which the date of death of the Insured occurred from the Death Benefit Proceeds.

Reinstatement

A Policy which terminates in accordance with the Grace Period provision may be reinstated if:

1. Written request for Reinstatement is made within five years after the expiration of the Grace Period and before the Expiration Date of the Policy. The reinstated Policy will be in force from the latter of the date we approve the application for Reinstatement and the date required premiums are paid;
2. The Owner submits a written application;
3. Evidence of the Insured's insurability is received and approved by us; and
4. All due and unpaid premiums, including back payments, with interest payable at an annual rate of [6%] are paid.

CHANGE OF PREMIUM

We may, at our sole discretion, change the premium for this Policy after the initial Term Period, exclusive of any riders, subject to the following:

1. The annual renewal premium for this Policy will not exceed the maximum annual renewal premium shown in the Policy Schedule;
2. The premium may not be changed more than once during any 12 month period;
3. We will send the Owner, at the address in our records, a Written Notice of any change in premium at least 30 days before the date on which the change will be effective;
4. Any change of premium will be based on our expectations as to future experience for such elements as persistency, expenses, mortality, taxes, and investment earnings;
5. The modal premium will be calculated on the same basis as used on the Issue Date of this Policy;
6. Any change in premium will be on a uniform basis applying to all policies with the same issue age, sex, rating classification, duration, and plan of insurance as this Policy. A change of health will not cause a change of premium; and
7. Any change in premium will take effect on the Policy anniversary date following the date we make the change.

RENEWAL**Renewability**

This Policy may be renewable for additional Term Periods. Evidence of the Insured's insurability need not be furnished. Renewal will occur only if premiums have been paid to the Renewal Date. This Policy, however, will not continue beyond the Expiration Date.

Effective Date of Renewal

The renewal premium must be paid within 31 days of the Renewal Date in order for the renewal to become effective. If the Insured dies during this period, the Policy will be renewed automatically and the portion of the renewal premium required to provide insurance from the premium due date to the end of the Policy month in which the Insured's death occurs will be deducted in the calculation of proceeds payable.

Renewal Premiums

The maximum annual renewal premium rates for this Policy, including riders and benefits, are shown in the Policy Schedule.

Automatic Renewal

This Policy will be automatically renewed on the Renewal Date if:

1. This Policy contains a total disability benefit; and
2. Premiums are being waived to the Renewal Date under such disability benefit.

We will waive renewal premiums as long as the Insured continues to be totally disabled under such total disability benefit.

CONVERSION

This Policy may be converted to a new policy on the Insured's life. Evidence of the Insured's insurability is not required. Any conversion will be subject to the following:

1. Occurring on any premium due date, but not later than the end of the Policy conversion period shown in the Policy Schedule;
2. Receipt of the Owner's written request and application for conversion;
3. Payment of the first premium for the new policy;
4. The Owner returning this Policy to us; and
5. Except for as provided in the Automatic Conversion provision, no conversion shall occur while the Insured is totally disabled under the terms of a total disability benefit.

The new policy will be issued:

1. With the date of conversion as its Policy Date;
2. At the Insured's age on the date of conversion;
3. With the same rating classification as that under this Policy;
4. On any permanent life plan which we, at our sole discretion, make available for conversion and, for the amount converted, we customarily issue on the date of conversion to applicants with the Insured's rating classification;
5. With premiums based on our rates for the rating classification and plan of insurance on the date of conversion;
6. For an amount of insurance not less than our minimum for the plan provided nor greater than the face amount of this Policy on the conversion date. At least one plan of insurance will be available for conversion in an amount equal to the face amount of this Policy on the conversion date;
7. So that the time limit specified in the Incontestability and Suicide provisions of the new policy will be measured from the Issue Date of this Policy; and
8. Subject to any assignment of this Policy received at our office.

The new policy will contain a total disability benefit if:

1. This Policy contains such benefit in force on the date of conversion;
2. On the date of conversion, we customarily issue such benefit to applicants with the Insured's age, sex, and rating classification; and
3. On the date of conversion, we customarily issue such benefit in conjunction with the plan to which the Insured converts.

If more than one type of total disability benefit is available on the date of conversion, the benefit attached to the new policy will be the benefit with the lowest premium.

Automatic Conversion

This Policy will be converted to a permanent life plan selected by us at the end of the Policy conversion period if:

1. This Policy contains a total disability benefit;
2. The Insured is totally disabled under the terms of the disability benefit at the end of the Policy conversion period; and
3. Such disability continued during the six months prior to the end of the Policy conversion period.

The new policy's premiums will be based on the Insured's age on the date this Policy is converted. The new policy will be issued for an amount equal to the face amount on this Policy on the conversion date. Any premium falling due while the Insured continues to be totally disabled will be waived.

DEATH BENEFIT PROCEEDS

The life insurance proceeds payable at the Insured's death will be (1) plus (2) plus (3) minus (4) where:

- (1) Is the face amount of this Policy, shown in the Policy Schedule;
- (2) Is any insurance on the Insured's life provided by riders;
- (3) Is the portion of any premium paid for a period beyond the Policy month in which the Insured's death occurs; and
- (4) Is any premium which is due and unpaid for a period from the premium due date to the end of the Policy month in which the Insured's death occurs.

The payment of interest on the death benefit shall be as follows:

1. Interest will accrue at the rate of 8% annually beginning with the date that is 31 calendar days from the latest of Items (a), (b), and (c) to the date the claim is paid, where it is:
 - a. The date that due proof of death is received by the Company;
 - b. The date the Company receives sufficient information to determine its liability, and the appropriate payee legally entitled to the proceeds; and
 - c. The date that legal impediments to Payment of Proceeds that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to payment include, but are not limited to: (i) the establishment of guardianships and conservatorships; (ii) the appointment and qualification of trustees, executors, and administrators; and (iii) the submission of information required to satisfy a state and federal reporting requirements.

We will not pay the death proceeds until we receive all of the following at our Administrative Office:

1. This Policy or a completed and notarized lost policy affidavit;
2. Due proof of death, satisfactory to the Company, that the Insured died while the Policy was in effect;
3. A written claim for the death proceeds completed by the person entitled to proceeds, or an appropriate representative, on a form that we supply; and
4. If this Policy or a policy change or reinstatement is contestable as set forth in the Incontestability provision when the Insured died, an authorization, on a form that we supply, from a person authorized to allow us to obtain and disclose information about the Insured.

We reserve the right to require the return of the Policy at time of settlement.

PAYMENT OF PROCEEDS

Any amount payable under this contract will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any Payment Option. However, options will not be available if:

1. The net proceeds are less than \$2,500;
2. The amount of each payment is less than \$50; or
3. In the case of Payment Option 1, 3, or 4, the payee is not a natural person receiving payment in his or her own right.

Proceeds left with us may be withdrawn by Written Notice where such right is given. The payment of any withdrawal may be postponed for as long as 6 months from the date we receive Written Notice.

We may require evidence of the survival of any payee before any settlement payment payable to the payee is made.

ELECTION OF PAYMENT OPTIONS

By Owner

During the Insured's lifetime, the Owner may elect any Payment Option and may change such election if the Owner has reserved the right to do so.

If the Owner elects a Payment Option for the Beneficiary, the Beneficiary may not:

1. Change or cancel the election;
2. Assign or transfer the amount held by us; or
3. Withdraw any future installments or unpaid interest installments unless these rights are granted in the election.

By Beneficiary

If the Owner does not elect a payment option, the Beneficiary may do so after the Insured's death.

Such election by the Beneficiary:

1. Must be made before the payment of any Policy proceeds has been made; and
2. Shall be effective as of the date of the Insured's death.

Conditions of Election

Any election or change must be made by Written Notice to us. No election or change will be effective until we record it.

PAYMENT OPTIONS

The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the cash surrender value to purchase a single consideration immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts, or both.

The following sections describe the payments options available under this Policy.

Option 1 – At Interest

The proceeds may be left with us to draw interest. Interest may be paid annually, semi-annually, quarterly, or monthly. The first payment will be made at the end of the interest frequency period chosen. The guaranteed interest rate is 1.5%, compounded yearly. Interest shall not be paid beyond the lifetime of one payee except with our consent.

Option 2 – Payments of a Fixed Amount

Under this option, the Company will make monthly payments in the amount chosen until the proceeds and earned interest have been paid in full. The total amount paid each year must be at least 5% of the original proceeds. The length of the payment period will depend on the amount chosen the amount of the proceeds applied, and the amount of interest earned.

Option 3 – Payments for a Fixed Period

We will make payments for a fixed period. The amount of each payment, per \$1,000 of Policy proceeds, will not be less than that shown in Table A. At the payee's death, we will continue to pay the balance of the unpaid payments to the payee's Beneficiary.

Option 4 – Life Income

We will make equal monthly payments during the payee's lifetime, with a minimum period guaranteed (60 or 120 months). Payments will end with the last monthly payment before payee's death. The amount of each payment, per \$1,000 of Policy proceeds, will not be less than that shown in Table B.

Evidence of Survival

We have the right to require satisfactory proof of any payee's age. The right to change options is not available after payments commence under this option.

Basis of Values

The Payment Option tables are based on an interest rate of 1.5% compounded yearly. For options involving lifetime income, mortality rates are based on the 2000A Mortality Table. We may offer more favorable rates than those determined on this basis.

Additional Options

Any proceeds payable under this Policy may be paid under any other method of payment agreed to by us at the time of settlement.

PAYMENT OPTION TABLES

Table A – Monthly Payments for Each \$1,000 of Proceeds

Number of Years	Monthly Payments
5	17.28
6	14.51
7	12.53
8	11.04
9	9.89
10	8.96
11	8.21
12	7.58
13	7.05
14	6.59
15	6.20
16	5.85
17	5.55
18	5.27
19	5.03
20	4.81
21	4.62
22	4.44
23	4.28
24	4.13
25	3.99
26	3.86
27	3.75
28	3.64
29	3.54
30	3.44

Table B, Monthly Payments for Each \$1,000 of Proceeds

Age	LIFE ONLY		LIFE WITH PERIOD CERTAIN			
	Male	Female	5 Years		10 Years	
			Male	Female	Male	Female
50	3.24	3.00	3.24	3.00	3.22	2.99
51	3.32	3.06	3.31	3.06	3.29	3.05
52	3.39	3.13	3.38	3.12	3.36	3.11
53	3.47	3.19	3.46	3.19	3.44	3.18
54	3.55	3.26	3.54	3.26	3.51	3.25
55	3.63	3.34	3.63	3.33	3.60	3.32
56	3.73	3.42	3.72	3.41	3.68	3.39
57	3.82	3.50	3.81	3.49	3.77	3.47
58	3.92	3.59	3.91	3.58	3.87	3.56
59	4.03	3.68	4.02	3.67	3.97	3.64
60	4.15	3.78	4.13	3.77	4.07	3.74
61	4.27	3.88	4.25	3.87	4.19	3.83
62	4.40	3.99	4.38	3.98	4.30	3.94
63	4.54	4.11	4.52	4.09	4.43	4.05
64	4.69	4.23	4.66	4.22	4.55	4.16
65	4.85	4.37	4.81	4.35	4.69	4.28
66	5.02	4.51	4.98	4.49	4.83	4.41
67	5.20	4.66	5.15	4.64	4.98	4.55
68	5.39	4.83	5.33	4.80	5.13	4.69
69	5.60	5.00	5.53	4.97	5.29	4.84
70	5.82	5.19	5.73	5.15	5.45	5.00
71	6.05	5.40	5.95	5.34	5.62	5.17
72	6.30	5.62	6.18	5.55	5.79	5.34
73	6.57	5.85	6.42	5.78	5.96	5.52
74	6.85	6.11	6.67	6.02	6.14	5.71
75	7.15	6.39	6.94	6.28	6.32	5.91
76	7.48	6.69	7.22	6.55	6.51	6.11
77	7.82	7.01	7.52	6.84	6.69	6.31
78	8.19	7.37	7.83	7.16	6.87	6.52
79	8.59	7.75	8.15	7.49	7.05	6.73
80	9.02	8.16	8.49	7.84	7.22	6.93
81	9.47	8.61	8.85	8.21	7.39	7.14
82	9.95	9.09	9.21	8.60	7.56	7.33
83	10.47	9.62	9.59	9.01	7.71	7.52
84	11.02	10.18	9.97	9.44	7.86	7.69
85	11.61	10.80	10.37	9.87	8.00	7.86
86	12.24	11.46	10.76	10.32	8.13	8.01
87	12.91	12.16	11.17	10.77	8.24	8.15
88	13.62	12.92	11.57	11.22	8.35	8.27
89	14.37	13.72	11.97	11.66	8.45	8.38
90	15.17	14.56	12.37	12.10	8.54	8.48
91	16.02	15.43	12.77	12.52	8.61	8.56
92	16.92	16.35	13.16	12.92	8.68	8.64
93	17.87	17.30	13.54	13.31	8.74	8.71
94	18.88	18.30	13.91	13.69	8.80	8.76
95	19.97	19.33	14.28	14.05	8.84	8.81

Income Payments for ages not shown furnished upon request. The values above are based on 1.5% and the 2000A Mortality Table. Age above is based on age nearest birthday.

➤ Renewable and Convertible Term Life Insurance.

A change of premium provision is applicable subject to Guaranteed Maximum Premiums

The face amount is payable at death while the Policy is in force prior to Expiration Date

Premiums are payable as shown in the Policy Schedule to the Expiration Date or until the death of the Insured

This Policy is renewable to the Expiration Date

This Policy is convertible to the end of the Policy conversion period

This Policy is nonparticipating and no dividends are payable



SERFF Tracking #:

BANN-128703996

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Banner Life Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.003 Single Life - Single Premium

Product Name:

Renewable & Convertible Term Life Insurance

Project Name/Number:

New Opterm/OPTN-AR

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Readability Certification attached		
Attachment(s):	OPTN Readability Certification.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Previously approved life application		
Attachment(s):	AR LIA (10-08) & LU-1267 (10-08) Life Insurance Appl.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Sample Cost & Benefit Disclosure		
Comments:	Sample Cost & Benefit Disclosures for all term levels		
Attachment(s):	CostBenefitDisclosureOPTN10.pdf CostBenefitDisclosureOPTN15.pdf CostBenefitDisclosureOPTN20.pdf CostBenefitDisclosureOPTN30.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Guaranteed Gross Premium Rates		
Comments:	Guaranteed Gross Premium Rates attached		
Attachment(s):	Banner.OPTN.GuarGrossPremRates.pdf		

Item Status:**Status Date:**

SERFF Tracking #:

BANN-128703996

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Banner Life Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.003 Single Life - Single Premium

Product Name:

Renewable & Convertible Term Life Insurance

Project Name/Number:

New Opterm/OPTN-AR

Satisfied - Item:	LAH State Guaranty Association Notice		
Comments:	Guaranty Association Notice that will attach to policy		
Attachment(s):			
	GuarantyAssnNoticeAR LU-1112.pdf		

Item Status:

Status Date:

Satisfied - Item:	Certification		
Comments:	Certification attached		
Attachment(s):			
	Certification Notice.pdf		

Readability Certification
OPTN

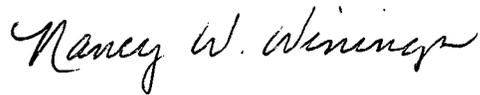
This is to certify that the form in this filing has been tested and meets the minimum required Flesch reading ease score.

Renewable and Convertible Term Life Insurance, Form OPTN, yields a score of 69.

The policy, except for specification pages, schedules, and tables is not less than 10-point type with one-point lead.

The style, arrangement, and overall appearance of the policy give no undue prominence to any portion of the text of the policy or to any endorsements or riders.

A table of contents is included in the policy as it contains more than 3,000 words and consists of more than 3 pages.



Nancy W. Winings, FSA, MAAA
Vice President & Actuary, Product Development
Banner Life Insurance Company

August 3, 2012
Date

SERFF Tracking Number: BANN-125826810 State: Arkansas
 Filing Company: Banner Life Insurance Company State Tracking Number: 40559
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Life Insurance Application
 Project Name/Number: Application/Medical History/LIA (8/08) & LU-1267 (8/08)

LIA (10/08) & LU-1267 (10/08)

Filing at a Glance

Company: Banner Life Insurance Company
 Product Name: Life Insurance Application
 TOI: L08 Life - Other
 Sub-TOI: L08.000 Life - Other
 Filing Type: Form

SERFF Tr Num: BANN-125826810 State: ArkansasLH
 SERFF Status: Closed State Tr. Num: 40559
 Co Tr Num: State Status: Approved-Closed
 Co Status: Reviewer(s): Linda Bird
 Author: Ada Miller Disposition Date: 10/17/2008
 Date Submitted: 10/15/2008 Disposition Status: Approved
 Implementation Date: Implementation-Date:

Implementation Date Requested: 01/01/2009

General Information

~~Project Name: Application/Medical History~~
 Project Number: LIA (8/08) & LU-1267 (8/08)
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 10/14/2008
 Domicile Status Comments: Maryland, our state of domicile, is part of the Interstate Insurance Product Regulation Commission. The ICC has approved the use of the application and medical history forms. We have removed all references to the IIPRC for filings to states that are not part of the Compact.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 10/17/2008
 State Status Changed: 10/17/2008
 Created By: Ada Miller
 Corresponding Filing Tracking Number:

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Company Status Changed:
 Deemer Date:
 Submitted By: Ada Miller

Filing Description:

Application form LIA (8/08) is being submitted for your review and approval. This is a new form, which upon approval, will become our new application form. It will replace Life Application Form BLA (5/99) previously approved by your department on February 4, 1999. Also being submitted for review and approval to be used with the new form is LU-1267 (8/08) Medical History form which will replace LU1034 now used with the current application form.

SERFF Tracking Number: BANN-125826810 State: Arkansas
 Filing Company: Banner Life Insurance Company State Tracking Number: 40559
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Life Insurance Application
 Project Name/Number: Application/Medical History/LIA (8/08) & LU-1267 (8/08)

Once approved, LIA (8/08) and LU-1267 (8/08) will be implemented on January 1, 2009.

To the best of our knowledge, information and belief, this application complies with the rules and regulations of your department.

Company and Contact

Filing Contact Information

Nancy January, Vice President, Product Development njJanuary@lgamerica.com
 1701 Research Boulevard (301) 279-4868 [Phone]
 Rockville, MD 20850 (301) 294-6964[FAX]

Filing Company Information

Banner Life Insurance Company	CoCode: 94250	State of Domicile: Maryland
1701 Research Boulevard	Group Code: 872	Company Type: Life Insurance
Rockville, MD 20850	Group Name:	State ID Number:
(301) 279-4809 ext. [Phone]	FEIN Number: 52-1236145	

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? Yes
 Fee Explanation: 2 forms that make up new Application form x \$125.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Banner Life Insurance Company	\$250.00	10/15/2008	23191312

SERFF Tracking Number: BANN-125826810 State: Arkansas
Filing Company: Banner Life Insurance Company State Tracking Number: 40559
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08,000 Life - Other
Product Name: Life Insurance Application
Project Name/Number: Application/Medical History/LIA (8/08) & LU-1267 (8/08)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/17/2008	10/17/2008

SERFF Tracking Number: *BANN-125826810* State: *Arkansas*
Filing Company: *Banner Life Insurance Company* State Tracking Number: *40559*
Company Tracking Number:
TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *Life Insurance Application*
Project Name/Number: *Application/Medical History/LIA (S/08) & LU-1267 (S/08)*

Disposition

Disposition Date: 10/17/2008

Implementation Date: -

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *BANN-125826810* State: *Arkansas*
 Filing Company: *Banner Life Insurance Company* State Tracking Number: *40559*
 Company Tracking Number:
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
 Product Name: *Life Insurance Application*
 Project Name/Number: *Application/Medical History/LIA (8/08) & LU-1267 (8/08)*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Life Insurance Application		Yes

SERFF Tracking Number: BANN-125826810 State: Arkansas
 Filing Company: Banner Life Insurance Company State Tracking Number: 40559
 Company Tracking Number:
 TOI: LOS Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Life Insurance Application
 Project Name/Number: Application/Medical History/LIA (8/08) & LU-1267 (8/08)

Form Schedule

Lead Form Number: LIA (8/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LIA (10/08) & LU-1267 (10/08)	Application/ Life Insurance Enrollment Form	Application	Initial		52	LIA (10-08).pdf LU-1267 (10-08).pdf

Internet address: www.bannerlife.com

INSTRUCTIONS

As the Agent, you are responsible for completing the necessary forms required to process and underwrite this application. All forms must be completed in full and must be legible. Please follow these instructions carefully.

DO

- Print application in black ink.
- Verify identification of Proposed Insured.
- Obtain all of the necessary signatures.
- Give the Notice to Proposed Insured to your client.
- Have the Proposed Insured/Owner initial all changes. The Proposed Insured must initial all changes to questions involving insurability. Change an answer by putting a line through the incorrect answer and inserting the correct information.
- Complete Part 2, Medical History, if the Proposed Insured is to be considered without paramedical exam, if an exam on another company's form is being used or if an abbreviated exam will be done.
- Complete section K, Part 1 on all business cases and if required on non-business cases.
- Complete and obtain signature on Consent for HIV Testing Form for each Proposed Insured, if required in your state.
- If you accept payment with the application:
 - Complete the Temporary Insurance Application section of the Temporary Insurance Application and Agreement (TIAA), making sure that all questions are answered. If any are answered Yes, do not accept money.
 - Remit an amount equal to the first modal premium.
 - Explain the terms and conditions of the TIAA to the Owner and Proposed Insured and have them sign it.
 - Complete and sign the Licensed Insurance Agent's Statement on the TIAA.
 - Send the TIAA with the application, give the Owner a copy.
 - All checks collected must be made payable to Banner Life Insurance Company.
- If applicable, complete and obtain signature(s) on the Payment Options form.
- Complete and sign the Agent's Report on page 12. Please be sure to enter all agent information and your Banner agent number.

DO NOT

- Do not accept money on applications now applied for or pending with Banner Life Insurance Company totaling over \$1,000,000.
- Do not accept any payment if any question on the Temporary Insurance Application and Agreement is answered Yes or left blank.
- Do not accept cash or cash equivalents (money order, cashiers check) or "starter" checks.
- Do not accept money if the Proposed Insured is over age nearest 70.
- Do not use pencil or correction fluid.

Thank you for applying to Banner Life Insurance Company. The soliciting insurance broker (broker) should be able to answer any questions you may have. This broker is an independent broker, not an employee of Banner Life Insurance Company, and is not authorized to make or modify contracts or to waive any requirements or any information that we may request.

Underwriting

Once we receive your application, we will begin an evaluation process called underwriting to determine whether you are eligible for insurance and, if so, the rate you should pay for that insurance. We may find that we are unable to give you the insurance you have applied for or that we are able to give it to you only on a modified basis or at a rate greater than our lowest rate.

Your application will be our primary source of information; therefore, it must be true, complete, and accurate. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application. We may seek information from other sources to help us evaluate the information you give us on your application.

Contestability

We strongly urge you to review the completed application closely for accuracy. A claim may be denied, the policy may be void or your coverage may be lost if the application is incomplete or if it contains false statements or material misrepresentations. Any policy that may be issued will indicate when and under what circumstances it may be contested. Please be aware that if the application contains material misrepresentations or conceals material facts, and you submitted it with the intent to defraud or to facilitate fraud against us, you may also be guilty of insurance fraud, which is a crime. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application.

Replacement of Existing Coverage

If you intend to replace existing coverage, tell the broker of your intention and answer "yes" to the replacement question in the application; state law may require the broker to give you information that will help you compare the policy you are applying for with the policy you intend to replace. If you are undecided about keeping existing coverage, indicating an intention to replace existing coverage may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain new suicide and contestable periods. The following would be considered replacement: you stop paying premiums on an existing policy or surrender an existing policy before or shortly after applying to us or you borrow from an existing policy to pay premiums for the insurance for which you are applying. State law may define replacement to include other situations. Ask the broker if you are unsure.

Insurance Information Practices

We will rely primarily on information provided by you. We may supplement that information with information from other sources such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this Notice under Federal Fair Credit Reporting Notice. You may request to be interviewed in connection with the preparation of this report.

In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about, and receive copies if you wish, of items of personal information about you that appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to the Director of Underwriting, Banner Life Insurance Company, 1701 Research Boulevard, Rockville, MD 20850-3191.

Federal Fair Credit Reporting Notice

As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living, and personal characteristics. The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this Notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address, and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency directly.

NOTICE TO PROPOSED INSURED

(Please give to the Proposed Insured)

(continued)

MIB (Medical Information Bureau) Pre-Notice Disclosure

Information regarding your insurability will be treated as confidential. Banner Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply each company with the information about you in its file.

Upon receipt of a request from you, MIB 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 and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Banner 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 may be obtained on its website at www.mib.com.



PART 1
(Please Print)

SECTION A PROPOSED INSURED				
1. Full Name (Include maiden name in parentheses)		2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	3. Date of Birth Month Day Year	4. Social Security Number
5. a. Home Address Street _____ City, State _____ Zip _____				5. b. How Long
6. Phone Numbers Home () Work ()		7. State/Country of Birth	8. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type _____ If No, Date of Entry into U.S. _____ Country of Citizenship _____	
9. Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D		10. Driver's License Number and State of Issue or State ID Number		
11. Occupation (Include duties)			12. Annual Income	13. Total Net Worth
14. a. Employer's Name and Address and Nature of Business				14. b. How Long Employed
15. Have you ever used tobacco or nicotine products in any form? <input type="checkbox"/> Yes - give details below <input type="checkbox"/> No				
Product	Date last used (month/year)	Amount / Frequency		
Cigarettes				
Cigars				
Other				
SECTION B BENEFICIARY (Share percentage totals must equal 100%. If necessary, use Remarks section, Question 48. If Beneficiary is a trust, check box <input type="checkbox"/> and complete Section D.)				
16. Primary				
Name _____		Relationship _____	% Share _____	
SSN _____		Date of Birth _____		
Name _____		Relationship _____	% Share _____	
SSN _____		Date of Birth _____		
17. Contingent				
Name _____		Relationship _____	% Share _____	
SSN _____		Date of Birth _____		
Name _____		Relationship _____	% Share _____	
SSN _____		Date of Birth _____		
SECTION C OWNER				
18. Owner is <input type="checkbox"/> Proposed Insured <input type="checkbox"/> Trust (also complete Section D) <input type="checkbox"/> Other than Proposed Insured or Trust				
Complete if the Proposed Insured is not the Owner. (If contingent Owner is required, use Remarks section, Question 48).				
Name _____		SSN or Tax ID # _____	Date of Birth _____	
Address _____		City, State _____	Zip _____	
Contact Phone # _____		Relationship to Proposed Insured _____		
If Owner is a business, web site address _____		Email address _____		
SECTION D TRUST INFORMATION (If trust is Beneficiary and/or Owner).				
19. Exact Name of Trust _____			Trust Tax ID# _____	
Current Trustee(s) _____			Date of Trust _____	

PART 1 (continued)

SECTION E PAYOR

20. Send premium notices to: Insured Owner Other - If Other, complete the information below

Name _____ Relationship to Insured/Owners _____

Address _____
 Street City State Zip

Contact Phone # _____ Email address _____

SECTION F INSURANCE APPLIED FOR

21. Amount of Insurance \$ _____ 22. Plan of Insurance _____

23. Death Benefit Option (if available with Plan): Level Death Benefit Increasing Death Benefit

24. Payment method: Direct Bill Electronic Funds Transfer (EFT)

25. Frequency of premium payment: Single Annual Semi-annual Quarterly Monthly (EFT only)

26. Planned periodic premium for universal life product: (Provide details in Remarks section, Question 48.)

a. 1st Year Only \$ _____ 2nd Year and Thereafter \$ _____ b. Premium For All Years \$ _____

27. Will the premiums for this policy be loaned or otherwise financed by an individual(s) or entity other than the Proposed Insured or immediate family members of the Proposed Insured? Yes No

If Yes, please identify all parties involved and provide copies of all financing agreements or promissory notes and all related side agreements and schedules. (Provide details in Remarks section, Question 48.)

28. a. Date to Save Age? Yes No b. Specific Policy Date? Yes No Date _____

Additional Benefits (if available)

29. Waiver of Premium Other (description and amount) _____

SECTION G OTHER INSURANCE

30. a. **Excluding** this application, amount of insurance **currently pending** with other companies. If NONE state NONE. \$ _____

b. Of the above pending amount in 30. a., how much do you intend to accept? \$ _____

c. Provide information for each policy in force (except group insurance). (If necessary, use Remarks section, Question 48.) If NONE state NONE.

Company	Policy Number	Face Amount	Business?		Issue Date	Replacing?		Beneficiary
			Yes	No		Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

31. Have you ever had an application for life or health insurance declined, postponed, modified, rated or offered with a reduced face amount? (If Yes, provide details in Remarks section, Question 48.) Yes No

32. Will you, or are you likely to, replace, end, or change existing insurance or annuity with any company or society with the insurance for which you are applying? (If Yes, the broker may be required to provide additional forms for your review and signature.)

33. Are there any plans to sell or permanently assign the policy to another person or entity, life settlement provider or an investor, or will it replace a policy that has already been sold to another life settlement company or investor? (If Yes, provide details in Remarks section, Question 48.)

PART 1 (continued)**SECTION H GENERAL QUESTIONS** (Explain all Yes answers in Remarks section, Question 48.)

- | | Yes | No |
|--|--------------------------|--------------------------|
| 34. Has any person promised or agreed to give or have they given to any party to the application, any inducement, fee or compensation as an incentive to purchase the policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Has any party to the application ever sold, transferred or assigned any life insurance policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Has any party to the application ever received inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. In the past 5 years, have you requested or received a Worker's Compensation, Social Security, or disability income payment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Have you ever been convicted of, or are you currently charged with, a felony or misdemeanor, or are you currently on parole or probation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. In the past 5 years, has your driver's license been suspended or revoked, or have you been convicted of 2 or more moving violations or accidents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. In the past 5 years, have you been convicted of, or plead guilty or no contest to, driving while impaired, intoxicated, or under the influence of alcohol or drugs? (If Yes, complete Alcohol/Drug Usage Questionnaire.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Are you a member, or do you intend to become a member, of the armed forces, including the reserves? | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION I OTHER ACTIVITIES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 42. Do you hold a current pilot license, or have you in the past 5 years flown, or within the next 2 years do you intend to fly, other than as a passenger in any type of aircraft? (If Yes, complete Aviation Questionnaire.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Have you in the past 2 years engaged in, or within the next 2 years do you intend to engage in, certain activities such as hang gliding, hot-air ballooning, ultra-light flying, heli-skiing, mountain, ice or rock climbing, cliff or base jumping, motor vehicle racing, motorcycle or any other motorized land or water vehicle racing, or scuba or sky diving? (If Yes, complete appropriate questionnaire.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Do you intend to travel outside the U.S. or Canada, or change your country of residence in the next 12 months? (If Yes, list countries, cities, duration and purpose of travel in Remarks section, Question 48.) | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION J PROPOSED INSURED FINANCIAL INFORMATION

Complete this section when applying for face amount over \$1,000,000 or when the Proposed Insured is over age 65:

45. a. What is the purpose of this insurance? (e.g. income replacement, buy-sell, keyperson, estate conservation)
- _____
- b. How was the need for the face amount determined? _____
- c. In the last 5 years, has the Proposed Insured filed for bankruptcy or had any charge off of bad debts? Yes No

 If Yes, type of bankruptcy and discharge date or charge off date. _____
46. a. Gross annual earned income (salary, bonuses, etc. from W-2 forms) \$ _____
- b. Gross annual unearned income (dividends, interest, rental income, etc.) \$ _____
- c. Is the Proposed Insured self-supporting? Yes No

 If No, how much insurance is in-force on the life of the person providing the support? \$ _____
 What is that person's relationship to the Proposed Insured? _____

PART 1 (continued)

SECTION K BUSINESS FINANCIAL INFORMATION

Complete this section when applying for face amount over \$1,000,000 and if Beneficiary or Owner is a business:

	Current YTD	Previous Year
47. a. Assets	\$	\$
b. Liabilities	\$	\$
c. Gross Sales	\$	\$
d. Net Income after Taxes	\$	\$
e. Fair Market Value of the business	\$	\$

f. How long has the business been established? _____

g. What percentage of the business does the Proposed Insured own? _____

h. Are other partners/owners/executives being insured? (If Yes, use Remarks section, Question 48.) Yes No

i. In the last 5 years, has the business filed for bankruptcy or had any charge off of bad debts?
 If Yes, type of bankruptcy and discharge date or charge off date. _____

j. Company web site address, if available _____

48. Remarks: Explanations and/or special requests. Use Part 1 Supplement to Application if necessary.

FRAUD WARNINGS

Arkansas, Kentucky, Louisiana, New Mexico, and Ohio

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

Colorado

It is unlawful to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or insurance agent who knowingly provides false, incomplete or misleading information for the purpose of defrauding or attempting to defraud a policy holder or claimant with regard to a settlement shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Georgia, Nebraska, South Carolina, Texas

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may be guilty of insurance fraud.

Washington, D.C., Maine, Virginia, Tennessee, and Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Maryland

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

New Jersey

Any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

1. Name of Proposed Insured _____ Date of Birth _____
 2. Height _____ ft. _____ in. 3. Weight _____ lbs.
 If your weight has changed by over 10 lbs. in the last year, indicate amount and reason _____

PHYSICIAN INFORMATION

4. **Primary Physician**

Name _____
 Address _____
 Telephone _____ Date last seen _____
 Reason last seen and results of visit _____

5. **Physician Last Consulted**

Name _____ Specialty _____
 Address _____
 Telephone _____ Date last seen _____
 Reason last seen and results of visit _____

6. Has a parent or sibling ever been diagnosed or treated by a member of the medical profession for heart or kidney disease, stroke, diabetes, cancer, melanoma, suicide, Huntington's Disease, Sickle Cell Disease or Familial Adenomatous Polyposis (FAP)? If Yes, give details in the Family History chart below. Yes No

Family History: Include the age at onset/event for each medical condition.

	Medical Conditions	Age at Onset/Event	Age if Living	Cause of Death	Age at Death
Father					
Mother					
Brothers					
Sisters					

MEDICAL HISTORY - Provide details to Yes answers in the Remarks section. Include provider, date, symptoms, diagnosis and treatment.

Remarks - Explain All Yes Answers
 Enter question number before detailed response.

- Questions 7-22, have you ever consulted a member of the medical profession regarding or have you been diagnosed or treated for:
7. High blood pressure, high cholesterol, abnormal electrocardiogram, chest pain, irregular heart rhythm, palpitations, heart murmur, heart attack, angina, phlebitis, peripheral vascular disease, or any other disease or disorder of the heart or blood vessels?
8. Hepatitis, ulcer, internal bleeding, colitis, acid reflux, GERD, or any other disease or disorder of the stomach, gall bladder, esophagus, liver, pancreas, spleen, intestines, colon, or rectum?
9. A disorder of your blood or immune system including anemia, blood clots, bleeding, immune deficiency, leukemia, or lymphoma (excluding HIV)?

PART 2 - Medical History (continued)

Name of Proposed Insured _____	Yes	No	Remarks - Explain All Yes Answers
10. Cancer, tumor, melanoma, or any other malignant disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>	
11. Diabetes or high blood sugar or any other disease or disorder of the pituitary, thyroid, or endocrine glands?.....	<input type="checkbox"/>	<input type="checkbox"/>	
12. Albumin, protein, blood or sugar in the urine or any other disease or disorder of the kidney or bladder?.....	<input type="checkbox"/>	<input type="checkbox"/>	
13. Cyst, polyp, lump, or other growth, or any disease or disorder of the skin or lymph nodes?.....	<input type="checkbox"/>	<input type="checkbox"/>	
14. Any disease or disorder of the uterus, cervix, ovaries, or breasts?.....	<input type="checkbox"/>	<input type="checkbox"/>	
15. Any disease or disorder of the prostate or reproductive system?.....	<input type="checkbox"/>	<input type="checkbox"/>	
16. Any sexually transmitted disorders or diseases?.....	<input type="checkbox"/>	<input type="checkbox"/>	
17. Pregnancy, complications of pregnancy or infertility? If now pregnant, what is the expected date of delivery? _____	<input type="checkbox"/>	<input type="checkbox"/>	
18. Asthma, shortness of breath, chronic cough or hoarseness, bronchitis, emphysema, COPD (chronic obstructive pulmonary disease), sarcoidosis, pneumonia, TB (tuberculosis), sleep apnea, or any other disorder of the respiratory system?.....	<input type="checkbox"/>	<input type="checkbox"/>	
19. A disorder of the brain, spinal cord, or nervous system including chronic headaches, convulsions or loss of consciousness, seizures, tremors, paralysis, fainting, stroke, MS (multiple sclerosis), or TIA (transient ischemic attack)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
20. Depression, anxiety, psychosis, suicidal thoughts or attempts of suicide, anorexia or bulimia, obsessive compulsive disorder, bipolar disorder, or other mental, nervous or emotional disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>	
21. Arthritis or disorder of the bones, skin or muscles?.....	<input type="checkbox"/>	<input type="checkbox"/>	
22. Any disease or disorder of the eyes, ears, nose or throat?.....	<input type="checkbox"/>	<input type="checkbox"/>	
23. In the last 5 years , unless previously stated on this application, have you: a. Been treated by a member of the medical profession or at a medical facility? b. Had an electrocardiogram, x-ray, blood test, or other diagnostic test, excluding an HIV test?..... c. Had surgery or biopsy, or been an inpatient or outpatient in a hospital, clinic, or other medical or mental health facility?..... d. Been advised by a member of the medical profession to have surgery, medical treatment, biopsy, or diagnostic testing, excluding HIV testing, that has not yet been completed?..... e. Been referred to any other member of the medical profession or medical facility?..... f. Been unable to work, attend school or perform the normal activities of like age and gender, or been confined at home?.....	<input type="checkbox"/>	<input type="checkbox"/>	
24. a. Have you ever used amphetamines, barbiturates, cocaine, heroin, crack, marijuana, LSD, PCP or other illegal, restricted or controlled substances, except as prescribed by a licensed physician?..... If Yes, please provide dates of use: From _____ To _____ Name of drug used: _____ Amount and frequency of use: _____	<input type="checkbox"/>	<input type="checkbox"/>	

PART 2 - Medical History (continued)

Name of Proposed Insured _____	Yes	No	Remarks - Explain All Yes Answers
24 b. Have you ever been addicted to prescription medication or been advised by a physician to discontinue using habit forming drugs?..... If Yes, provide dates of use, type and frequency.	<input type="checkbox"/>	<input type="checkbox"/>	
25. Have you ever:			
a. Consumed alcoholic beverages?..... If Yes, give type and number of drinks per day and/or per week. Date of last consumption: _____	<input type="checkbox"/>	<input type="checkbox"/>	
b. Been advised by a physician or other licensed medical practitioner to limit or cease the use of alcoholic beverages?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Been counseled, sought help or treatment, or been advised by a physician or other licensed medical practitioner to undergo counseling or treatment for alcohol problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d. Attended or joined any organization due to alcohol or related problems?	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are you currently:			
a. Taking or have you been advised to take any prescribed medication (other than contraceptives)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b. Taking any herbal or non-prescription medication at least weekly?..... If Yes, give details. _____	<input type="checkbox"/>	<input type="checkbox"/>	
27. Have you taken any other medications in the past 2 years ?..... If Yes, list in Remarks section at right.	<input type="checkbox"/>	<input type="checkbox"/>	
28. Have you tested positive for exposure to the HIV infection or been diagnosed as having ARC (AIDS-Related Complex) or AIDS (Auto Immune Deficiency Syndrome) caused by HIV infection or other sickness or condition derived from such infection?.....	<input type="checkbox"/>	<input type="checkbox"/>	
29. In the past 5 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any disease or disorder not previously stated on this application? If Yes, give details. _____	<input type="checkbox"/>	<input type="checkbox"/>	
30. Additional remarks (please indicate which question number remarks reference)			

I have read the answers as written before signing, the answers are true and complete to the best of my knowledge and belief, and there are no exceptions to any answers other than written on this document.

 Signature of Proposed Insured

Signed at _____ on ____/____/____
 City/State Date

**TEMPORARY INSURANCE APPLICATION
 AND AGREEMENT (TIAA)**

Name of Proposed Insured _____ Date of Birth _____

Notice to Proposed Insured and Owner. Payment of the Amount Remitted may only be made at the same time that both the Application - Part 1 and this TIAA are completed. If the Insurer does not respond to you within 90 days, notify the Insurer at the above address. **Make the Amount Remitted payable to Banner Life Insurance Company. Do not make it payable to the licensed insurance agent or leave the payee blank. We do not accept cash or cash equivalents (money orders, cashiers checks) or "starter" checks.**

TEMPORARY INSURANCE APPLICATION (Answer all questions.)

Insurer The Insurer is Banner Life Insurance Company.

Temporary insurance cannot begin and you should make no payment if any question below is answered "Yes" or left blank.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the Proposed Insured less than 15 days old or more than 70 years old (age nearest birthday) on the date of this TIAA?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the total amount of insurance on the Proposed Insured's life now applied for or pending with Banner Life Insurance Company exceed \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 90 days, has the Proposed Insured been admitted, or medically advised by a member of the medical profession to be admitted, to a hospital or other licensed health care facility, had surgery performed or recommended, or been medically advised to have any diagnostic test (excluding an AIDS-related test) that was not completed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 5 years, has the Proposed Insured been diagnosed, treated for, or been advised to be treated for: heart disease; stroke; cancer; alcohol or drug dependence or abuse; or insulin dependent diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |

THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF LIFE INSURANCE COVERAGE FOR A LIMITED AMOUNT OF TIME, SUBJECT TO THE TERMS AND CONDITIONS SET FORTH BELOW.

TEMPORARY INSURANCE AGREEMENT

Agreement. Subject to the terms of the policy applied for and this TIAA, the Insurer agrees to pay the Limited Amount to the beneficiaries listed in the Application - Part 1 upon receipt of due proof that the Proposed Insured died, except due to suicide, and provided all eligibility requirements and conditions for coverage under this Agreement have been met. The consideration for temporary insurance is the Temporary Insurance Application and payment of an amount equal to the first modal premium for the plan applied for or completion of the payment options form.

Limited Amount. The Limited Amount is the lesser of: (1) the amount of insurance applied for in the Application or (2) \$1,000,000 minus the amount of insurance on the Proposed Insured's life with the Insurer under any other applications for insurance now pending or other temporary insurance agreements.

Start Date. Temporary insurance equal to the Limited Amount will begin on the Start Date subject to the terms of this TIAA. The Start Date is the Date of this TIAA.

Stop Date. Temporary insurance automatically ends on the **earliest** of the following: (1) the date the Owner withdraws the application for insurance or refuses to accept any policy issued or offered; (2) the date the Insurer mails or otherwise provides notice to the Owner or his/her agent that it was unable to approve the requested coverage at the premium amount quoted and a counter offer is made by the Insurer; (3) the date the Insurer mails or otherwise provides notice to the Owner or his/her representative that it has declined or cancelled the application; (4) the date the Insurer mails or otherwise provides a premium refund to the Owner or his/her representative; (5) the date the policy is delivered to the Owner and delivery requirements have been completed.

Policy Date. The policy date of any policy issued will be the Start Date unless the policy is backdated at the Owner's request. The prepayment for this temporary insurance will be applied to the first premium due if the policy is issued.

Other Limitations. The Insurer's liability will be limited to a return of the Amount Remitted if: (1) any part of the life insurance application or this TIAA contains a misrepresentation material to the Insurer; or (2) the Proposed Insured dies by suicide.

**TEMPORARY INSURANCE APPLICATION
AND AGREEMENT (TIAA)**
(continued)

I represent that: (1) I have read and received a copy of this TIAA and agree to all of its terms and conditions; (2) I understand and agree that temporary insurance will not begin if any question in this TIAA is answered Yes or left blank and any collection of premium will not activate coverage under this agreement; (3) the answers given in this TIAA are true and correct, and I understand that, if they are false, temporary insurance may be denied or declined; (4) I understand that completing this TIAA does not guarantee that the Insurer will issue a policy on the Proposed Insured's life; (5) I understand that the licensed insurance agent is not authorized to change or waive the terms of this TIAA or to collect premium if the Proposed Insured is ineligible for coverage under this Agreement; and (6) I understand that any premium submitted with this TIAA will be refunded if the Insurer does not approve the requested coverage.

Signature of Proposed Insured

Date of this TIAA

Signature of Owner (if other than Proposed Insured)

LICENSED INSURANCE AGENT'S STATEMENT

Amount Remitted \$ _____

Person from Whom Received _____

On the Date of this TIAA, I received the Amount Remitted in exchange for this TIAA. The TIAA bears the same date as the Application - Part 1. I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. I have read and explained the terms of this TIAA to the Proposed Insured and Owner. I have left a copy with the Owner.

Signature of Licensed Insurance Agent

Licensed Insurance Agent Number

**TEMPORARY INSURANCE APPLICATION
 AND AGREEMENT (TIAA)**

Name of Proposed Insured _____ Date of Birth _____

Notice to Proposed Insured and Owner. Payment of the Amount Remitted may only be made at the same time that both the Application - Part 1 and this TIAA are completed. If the Insurer does not respond to you within 90 days, notify the Insurer at the above address. **Make the Amount Remitted payable to Banner Life Insurance Company. Do not make it payable to the licensed insurance agent or leave the payee blank. We do not accept cash or cash equivalents (money orders, cashiers checks) or "starter" checks.**

TEMPORARY INSURANCE APPLICATION (Answer all questions.)

Insurer The Insurer is Banner Life Insurance Company.

Temporary insurance cannot begin and you should make no payment if any question below is answered "Yes" or left blank.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is the Proposed Insured less than 15 days old or more than 70 years old (age nearest birthday) on the date of this TIAA?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the total amount of insurance on the Proposed Insured's life now applied for or pending with Banner Life Insurance Company exceed \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 90 days, has the Proposed Insured been admitted, or medically advised by a member of the medical profession to be admitted, to a hospital or other licensed health care facility, had surgery performed or recommended, or been medically advised to have any diagnostic test (excluding an AIDS-related test) that was not completed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 5 years, has the Proposed Insured been diagnosed, treated for, or been advised to be treated for: heart disease; stroke; cancer; alcohol or drug dependence or abuse; or insulin dependent diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |

THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF LIFE INSURANCE COVERAGE FOR A LIMITED AMOUNT OF TIME, SUBJECT TO THE TERMS AND CONDITIONS SET FORTH BELOW.

TEMPORARY INSURANCE AGREEMENT

Agreement. Subject to the terms of the policy applied for and this TIAA, the Insurer agrees to pay the Limited Amount to the beneficiaries listed in the Application - Part 1 upon receipt of due proof that the Proposed Insured died, except due to suicide, and provided all eligibility requirements and conditions for coverage under this Agreement have been met. The consideration for temporary insurance is the Temporary Insurance Application and payment of an amount equal to the first modal premium for the plan applied for or completion of the payment options form.

Limited Amount. The Limited Amount is the lesser of: (1) the amount of insurance applied for in the Application or (2) \$1,000,000 minus the amount of insurance on the Proposed Insured's life with the Insurer under any other applications for insurance now pending or other temporary insurance agreements.

Start Date. Temporary insurance equal to the Limited Amount will begin on the Start Date subject to the terms of this TIAA. The Start Date is the Date of this TIAA.

Stop Date. Temporary insurance automatically ends on the **earliest** of the following: (1) the date the Owner withdraws the application for insurance or refuses to accept any policy issued or offered; (2) the date the Insurer mails or otherwise provides notice to the Owner or his/her agent that it was unable to approve the requested coverage at the premium amount quoted and a counter offer is made by the Insurer; (3) the date the Insurer mails or otherwise provides notice to the Owner or his/her representative that it has declined or cancelled the application; (4) the date the Insurer mails or otherwise provides a premium refund to the Owner or his/her representative; (5) the date the policy is delivered to the Owner and delivery requirements have been completed.

Policy Date. The policy date of any policy issued will be the Start Date unless the policy is backdated at the Owner's request. The prepayment for this temporary insurance will be applied to the first premium due if the policy is issued.

Other Limitations. The Insurer's liability will be limited to a return of the Amount Remitted if: (1) any part of the life insurance application or this TIAA contains a misrepresentation material to the Insurer; or (2) the Proposed Insured dies by suicide.

**TEMPORARY INSURANCE APPLICATION
AND AGREEMENT (TIAA)**
(continued)

I represent that: (1) I have read and received a copy of this TIAA and agree to all of its terms and conditions; (2) I understand and agree that temporary insurance will not begin if any question in this TIAA is answered Yes or left blank and any collection of premium will not activate coverage under this agreement; (3) the answers given in this TIAA are true and correct, and I understand that, if they are false, temporary insurance may be denied or declined; (4) I understand that completing this TIAA does not guarantee that the Insurer will issue a policy on the Proposed Insured's life; (5) I understand that the licensed insurance agent is not authorized to change or waive the terms of this TIAA or to collect premium if the Proposed Insured is ineligible for coverage under this Agreement; and (6) I understand that any premium submitted with this TIAA will be refunded if the Insurer does not approve the requested coverage.

Signature of Proposed Insured

Date of this TIAA

Signature of Owner (if other than Proposed Insured)

LICENSED INSURANCE AGENT'S STATEMENT

Amount Remitted \$ _____

Person from Whom Received _____

On the Date of this TIAA, I received the Amount Remitted in exchange for this TIAA. The TIAA bears the same date as the Application - Part 1. I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. I have read and explained the terms of this TIAA to the Proposed Insured and Owner. I have left a copy with the Owner.

Signature of Licensed Insurance Agent

Licensed Insurance Agent Number

1. Name of Proposed Insured _____ Date of Birth _____
 2. Height _____ ft. _____ in. 3. Weight _____ lbs.
 If your weight has changed by over 10 lbs. in the last year, indicate amount and reason _____

PHYSICIAN INFORMATION

4. **Primary Physician**

Name _____
 Address _____
 Telephone _____ Date last seen _____
 Reason last seen and results of visit _____

5. **Physician Last Consulted**

Name _____ Specialty _____
 Address _____
 Telephone _____ Date last seen _____
 Reason last seen and results of visit _____

6. Has a parent or sibling ever been diagnosed or treated by a member of the medical profession for heart or kidney disease, stroke, diabetes, cancer, melanoma, suicide or Huntington's Disease, Sickle Cell Disease or Familial Adenomatous Polyposis (FAP)? If Yes, give details in the Family History chart below. Yes No

Family History: Include the age at onset/event for each medical condition.

	Medical Conditions	Age at Onset/Event	Age if Living	Cause of Death	Age at Death
Father					
Mother					
Brothers					
Sisters					

MEDICAL HISTORY - Provide details to Yes answers in the Remarks section. Include provider, date, symptoms, diagnosis and treatment.

Remarks - Explain All Yes Answers
 Enter question number before detailed response.

	Yes	No	Remarks - Explain All Yes Answers
Questions 7-22, have you ever consulted a member of the medical profession regarding or have you been diagnosed or treated for:			
7. High blood pressure, high cholesterol, abnormal electrocardiogram, chest pain, irregular heart rhythm, palpitations, heart murmur, heart attack, angina, phlebitis, peripheral vascular disease, or any other disease or disorder of the heart or blood vessels?.....	<input type="checkbox"/>	<input type="checkbox"/>	
8. Hepatitis, ulcer, internal bleeding, colitis, acid reflux, GERD, or any other disease or disorder of the stomach, gall bladder, esophagus, liver, pancreas, spleen, intestines, colon, or rectum?.....	<input type="checkbox"/>	<input type="checkbox"/>	
9. A disorder of your blood or immune system including anemia, blood clots, bleeding, immune deficiency, leukemia, or lymphoma (excluding HIV)?.....	<input type="checkbox"/>	<input type="checkbox"/>	

PART 2 - Medical History (continued)

Name of Proposed Insured _____	Yes	No	Remarks - Explain All Yes Answers
10. Cancer, tumor, melanoma, or any other malignant disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>	
11. Diabetes or high blood sugar or any other disease or disorder of the pituitary, thyroid, or endocrine glands?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Albumin, protein, blood or sugar in the urine or any other disease or disorder of the kidney or bladder?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Cyst, polyp, lump, or other growth, or any disease or disorder of the skin or lymph nodes?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Any disease or disorder of the uterus, cervix, ovaries, or breasts?.....	<input type="checkbox"/>	<input type="checkbox"/>	
15. Any disease or disorder of the prostate or reproductive system?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Any sexually transmitted disorders or diseases?.....	<input type="checkbox"/>	<input type="checkbox"/>	
17. Pregnancy, complications of pregnancy or infertility?	<input type="checkbox"/>	<input type="checkbox"/>	
If now pregnant, what is the expected date of delivery? _____			
18. Asthma, shortness of breath, chronic cough or hoarseness, bronchitis, emphysema, COPD (chronic obstructive pulmonary disease), sarcoidosis, pneumonia, TB (tuberculosis), sleep apnea, or any other disorder of the respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>	
19. A disorder of the brain, spinal cord, or nervous system including chronic headaches, convulsions or loss of consciousness, seizures, tremors, paralysis, fainting, stroke, MS (multiple sclerosis), or TIA (transient ischemic attack)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
20. Depression, anxiety, psychosis, suicidal thoughts or attempts of suicide, anorexia or bulimia, obsessive compulsive disorder, bipolar disorder, or other mental, nervous or emotional disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>	
21. Arthritis or disorder of the bones, skin or muscles?.....	<input type="checkbox"/>	<input type="checkbox"/>	
22. Any disease or disorder of the eyes, ears, nose or throat?.....	<input type="checkbox"/>	<input type="checkbox"/>	
23. In the last 5 years , unless previously stated on this application, have you: a. Been treated by a member of the medical profession or at a medical facility?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Had an electrocardiogram, x-ray, blood test, or other diagnostic test, excluding an HIV test?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Had surgery or biopsy, or been an inpatient or outpatient in a hospital, clinic, or other medical or mental health facility?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Been advised by a member of the medical profession to have surgery, medical treatment, biopsy, or diagnostic testing, excluding HIV testing, that has not yet been completed?.....	<input type="checkbox"/>	<input type="checkbox"/>	
e. Been referred to any other member of the medical profession or medical facility?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Been unable to work, attend school or perform the normal activities of like age and gender, or been confined at home?	<input type="checkbox"/>	<input type="checkbox"/>	
24. a. Have you ever used amphetamines, barbiturates, cocaine, heroin, crack, marijuana, LSD, PCP, or other illegal, restricted or controlled substances, except as prescribed by a licensed physician?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, please provide dates of use: From _____ To _____			
Name of drug used: _____			
Amount and frequency of use: _____			

PART 2 - Medical History (continued)

Name of Proposed Insured _____	Yes	No	Remarks - Explain All Yes Answers
24 b. Have you ever been addicted to prescription medication or been advised by a physician to discontinue using habit forming drugs?..... If Yes, provide dates of use, type and frequency.	<input type="checkbox"/>	<input type="checkbox"/>	
25. Have you ever:			
a. Consumed alcoholic beverages?..... If Yes, give type and number of drinks per day and/or per week. Date of last consumption: _____	<input type="checkbox"/>	<input type="checkbox"/>	
b. Been advised by a physician or other licensed medical practitioner to limit or cease the use of alcoholic beverages?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c. Been counseled, sought help or treatment, or been advised by a physician or other licensed medical practitioner to undergo counseling or treatment for alcohol problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d. Attended or joined any organization due to alcohol or related problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	
26. Are you currently:			
a. Taking or have you been advised to take any prescribed medication (other than contraceptives)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b. Taking any herbal or non-prescription medication at least weekly?..... If Yes, give details. _____	<input type="checkbox"/>	<input type="checkbox"/>	
27. Have you taken any other medications in the past 2 years ?..... If Yes, list in Remarks section at right.	<input type="checkbox"/>	<input type="checkbox"/>	
28. Have you tested positive for exposure to the HIV infection or been diagnosed as having ARC (AIDS-Related Complex) or AIDS (Auto Immune Deficiency Syndrome) caused by HIV infection or other sickness or condition derived from such infection?.....	<input type="checkbox"/>	<input type="checkbox"/>	
29. In the past 5 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any disease or disorder not previously stated on this application?..... If Yes, give details. _____	<input type="checkbox"/>	<input type="checkbox"/>	
30. Additional remarks (please indicate which question number remarks reference)			

I have read the answers as written before signing, the answers are true and complete to the best of my knowledge and belief, and there are no exceptions to any answers other than written on this document.

 Signature of Proposed Insured

Signed at _____ on ____/____/____
 City/State Date

Name of Proposed Insured _____ Date of Birth _____

Instructions to the Examiner -

This examination, once begun, is the property of the Company, and must not be destroyed or suppressed. Please weigh and measure this applicant. Explain all positive findings under Remarks.

The questions which appear below are intended only as a basis for the examination. The Company relies on its examiners to observe and report all information bearing on the acceptance of a proposed insured, even though not specifically requested on this form.

Please mail blood and urine specimens promptly.

1. Height (in shoes) _____ ft. _____ in.
 Weight (clothed) _____ lbs.

a. Did you weigh? Yes No
 b. Did you measure? Yes No
 If No, please explain _____

3. Blood Pressure (record 3 readings)

Systolic	_____	_____	_____
Diastolic	_____	_____	_____
	_____	_____	_____

2. Measurements (males only)

Chest (full inspiration) _____ in.
 Chest (forced expiration) _____ in.
 Abdomen (at umbilicus) _____ in.

4. Pulse At rest _____
 Describe any irregularities (number per minute, etc.) _____

5. Are blood and urine specimens being collected and mailed to the lab? Yes No

IF EXAMINATION IS DONE BY A PHYSICIAN, ANSWER SECTIONS 6 AND 7. OTHERWISE GO DIRECTLY TO SECTION 8.

6. After physical examination and inquiry, do you find any abnormality of the following:

	Yes	No	Remarks
a. Eyes, ears, nose, mouth, pharynx?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Skin (including scars), thyroid, lymph nodes, veins, peripheral arteries?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Brain, nervous system (including reflexes, gait, speech, coordination, paralysis)?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Stomach, abdominal organs?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Is the liver enlarged or tender?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Genitourinary system?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Musculoskeletal system (including spine, joints, amputations and deformities)?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Heart or blood vessels? (If there is a history of rheumatic fever, heart murmur, or if you find any abnormality in heart size, rhythm, or sounds, complete question 7.)	<input type="checkbox"/>	<input type="checkbox"/>	

Name of Proposed Insured _____

PART 3 - Medical Examiner's Report (continued)

7. To be completed if number 6.i. is answered Yes or if requested:		Yes	No	Remarks
a.	Is there evidence of cardiac enlargement, or abnormal location of the apical impulse (PMI)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Are there any abnormalities of the first (S1) or second (S2) heart sounds?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Are there gallops (S3 or S4)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Is/are there ejection sound(s) or systolic click(s)?.....	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Is/are there murmur(s) present? If Yes, fully describe under Remarks including timing (systolic or diastolic), intensity (grade 1-6), location, transmission, or radiation.	<input type="checkbox"/>	<input type="checkbox"/>	
8. a.	Are you aware of additional medical history: signs, symptoms, or laboratory findings not brought out in the foregoing questions which may have a bearing on this risk?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Does the Proposed Insured appear in any way unhealthy or older than the stated age?.....	<input type="checkbox"/>	<input type="checkbox"/>	
9. a.	Were you acquainted with the Proposed Insured prior to this examination?..... If Yes, fully describe the relationship in Remarks.	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Are you the Proposed Insured's personal physician?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Was the examination conducted in a language other than English? If Yes, indicate language used and provide name, address and relationship to Proposed Insured of person acting as interpreter.	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Did anyone sign or assist in the completion of the Part 2 Medical History for or on behalf of the Proposed Insured?	<input type="checkbox"/>	<input type="checkbox"/>	
10. How did you identify the Proposed Insured? <input type="checkbox"/> Driver's license <input type="checkbox"/> Other _____				
Record any additional medical information below. Use a separate piece of paper if necessary. Any additional comments regarding habits, character, residence, history or physical condition which may have a bearing on the risk will be appreciated. This information will be considered strictly confidential.				

I hereby certify that I have personally examined _____ and have correctly and fully reported my findings. Name of Proposed Insured

Examined at _____
Street address, City and State

this _____ day of _____, 20____ at _____ AM/PM.

Print Examiner's name _____ Signature of Examiner _____
 Paramed MD D.O.

Paramed Company _____ Telephone number _____

Address _____

SERFF Tracking Number: *BANN-125826810* *State:* *Arkansas*
Filing Company: *Banner Life Insurance Company* *State Tracking Number:* *40559*
Company Tracking Number:
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Life Insurance Application*
Project Name/Number: *Application/Medical History/LIA (8/08) & LU-1267 (8/08)*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: BANN-125826810 State: Arkansas
Filing Company: Banner Life Insurance Company State Tracking Number: 40559
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life Insurance Application
Project Name/Number: Application/Medical History/LIA (8/08) & LU-1267 (8/08)

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/22/2008

Comments:

Readability Certification is attached.

Attachment:

Readability Certification LIA 8-08 signed.pdf

**Readability Certification
LIA (8/08) & LU-1267 (8/08)**

This is to certify that the form in this filing has been tested and meets the minimum required Flesch reading ease score.

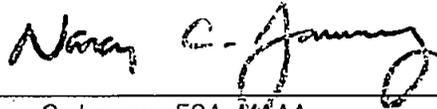
Life Insurance Application Form LIA (8/08) and a related policy was scored as one unit yielding a combined score of 51.5.

It is not in less than 10-point type, one-point leaded.

The declarative portion of the application contains the wording "to the best of my knowledge and belief".

The application contains a replacement question.

There are no discriminatory questions as to race, color, creed, etc.



*Nancy C. January, FSA, MAAA
Vice President, Product Development
Banner Life Insurance Company*

September 16, 2008

Date

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 123456789

ANY CORRESPONDENCE REGARDING THIS POLICY SUMMARY MAY BE FORWARDED EITHER TO OUR HOME OFFICE OR TO THE AGENT LISTED BELOW:

PREPARED BY:

Agent:

BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CPS Insurance Services
18551 Von Karman STE 150
Irvine, CA 92612

THIS POLICY SUMMARY WAS PREPARED ON 7/19/2012 FOR THE LIFE OF

J. Doe (Male) Issue Age 45.

YOUR COVERAGE CONSISTS OF A RENEWABLE AND CONVERTIBLE TERM POLICY WITH CHANGE OF PREMIUM AND EXCHANGE PROVISIONS. THE TOTAL ANNUAL PREMIUM WILL INCLUDE THE COST FOR WAIVER OF PREMIUM BENEFIT, ACCIDENTAL DEATH BENEFIT, OR RATED EXTRAS IF ISSUED IN YOUR POLICY

Age	Year	Annual Premiums GUAR Max	Cummulative Premiums GUAR Max	Face Amount of Insurance
45	1	\$310.00	\$310	\$250,000
46	2	\$310.00	\$620	\$250,000
47	3	\$310.00	\$930	\$250,000
48	4	\$310.00	\$1,240	\$250,000
49	5	\$310.00	\$1,550	\$250,000
50	6	\$310.00	\$1,860	\$250,000
51	7	\$310.00	\$2,170	\$250,000
52	8	\$310.00	\$2,480	\$250,000
53	9	\$310.00	\$2,790	\$250,000
54	10	\$310.00	\$3,100	\$250,000
55	11	\$2,997.50	\$6,098	\$250,000
56	12	\$3,302.50	\$9,400	\$250,000
57	13	\$3,625.00	\$13,025	\$250,000
58	14	\$3,972.50	\$16,998	\$250,000
59	15	\$4,367.50	\$21,365	\$250,000
60	16	\$4,805.00	\$26,170	\$250,000
61	17	\$5,467.50	\$31,638	\$250,000
62	18	\$6,232.50	\$37,870	\$250,000
63	19	\$7,122.50	\$44,993	\$250,000
64	20	\$8,147.50	\$53,140	\$250,000
65	21	\$9,310.00	\$62,450	\$250,000
66	22	\$10,595.00	\$73,045	\$250,000
67	23	\$12,025.00	\$85,070	\$250,000
68	24	\$13,602.50	\$98,673	\$250,000
69	25	\$15,755.00	\$114,428	\$250,000
70	26	\$17,812.50	\$132,240	\$250,000
71	27	\$20,492.50	\$152,733	\$250,000
72	28	\$22,940.00	\$175,673	\$250,000
73	29	\$26,157.50	\$201,830	\$250,000
74	30	\$29,832.50	\$231,663	\$250,000

LIFE INSURANCE COST INDICES:

GUARANTEED PREMIUM

	10 YEAR	20 YEAR
SURRENDER COST INDEX	1.24	8.05
NET PAYMENT INDEX	1.24	8.05

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDICES ARE USEFUL ONLY FOR THE COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 123456789

ANY CORRESPONDENCE REGARDING THIS POLICY SUMMARY MAY BE FORWARDED EITHER TO OUR HOME OFFICE OR TO THE AGENT LISTED BELOW:

PREPARED BY:

Agent:

BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CPS Insurance Services
18551 Von Karman STE 150
Irvine, CA 92612

THIS POLICY SUMMARY WAS PREPARED ON 7/19/2012 FOR THE LIFE OF

J. Doe (Male) Issue Age 45.

YOUR COVERAGE CONSISTS OF A RENEWABLE AND CONVERTIBLE TERM POLICY WITH CHANGE OF PREMIUM AND EXCHANGE PROVISIONS. THE TOTAL ANNUAL PREMIUM WILL INCLUDE THE COST FOR WAIVER OF PREMIUM BENEFIT, ACCIDENTAL DEATH BENEFIT, OR RATED EXTRAS IF ISSUED IN YOUR POLICY

Age	Year	Annual Premiums GUAR Max	Cummulative Premiums GUAR Max	Face Amount of Insurance
45	1	\$310.00	\$310	\$250,000
46	2	\$310.00	\$620	\$250,000
47	3	\$310.00	\$930	\$250,000
48	4	\$310.00	\$1,240	\$250,000
49	5	\$310.00	\$1,550	\$250,000
50	6	\$310.00	\$1,860	\$250,000
51	7	\$310.00	\$2,170	\$250,000
52	8	\$310.00	\$2,480	\$250,000
53	9	\$310.00	\$2,790	\$250,000
54	10	\$310.00	\$3,100	\$250,000
55	11	\$2,997.50	\$6,098	\$250,000
56	12	\$3,302.50	\$9,400	\$250,000
57	13	\$3,625.00	\$13,025	\$250,000
58	14	\$3,972.50	\$16,998	\$250,000
59	15	\$4,367.50	\$21,365	\$250,000
60	16	\$4,805.00	\$26,170	\$250,000
61	17	\$5,467.50	\$31,638	\$250,000
62	18	\$6,232.50	\$37,870	\$250,000
63	19	\$7,122.50	\$44,993	\$250,000
64	20	\$8,147.50	\$53,140	\$250,000
65	21	\$9,310.00	\$62,450	\$250,000
66	22	\$10,595.00	\$73,045	\$250,000
67	23	\$12,025.00	\$85,070	\$250,000
68	24	\$13,602.50	\$98,673	\$250,000
69	25	\$15,755.00	\$114,428	\$250,000
70	26	\$17,812.50	\$132,240	\$250,000
71	27	\$20,492.50	\$152,733	\$250,000
72	28	\$22,940.00	\$175,673	\$250,000
73	29	\$26,157.50	\$201,830	\$250,000
74	30	\$29,832.50	\$231,663	\$250,000

LIFE INSURANCE COST INDICES:

GUARANTEED PREMIUM

	10 YEAR	20 YEAR
SURRENDER COST INDEX	1.24	8.05
NET PAYMENT INDEX	1.24	8.05

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDICES ARE USEFUL ONLY FOR THE COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 123456789

ANY CORRESPONDENCE REGARDING THIS POLICY SUMMARY MAY BE FORWARDED EITHER TO OUR HOME OFFICE OR TO THE AGENT LISTED BELOW:

PREPARED BY:

Agent:

BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CPS Insurance Services
18551 Von Karman STE 150
Irvine, CA 92612

THIS POLICY SUMMARY WAS PREPARED ON 7/19/2012 FOR THE LIFE OF

J. Doe (Male) Issue Age 45.

YOUR COVERAGE CONSISTS OF A RENEWABLE AND CONVERTIBLE TERM POLICY WITH CHANGE OF PREMIUM AND EXCHANGE PROVISIONS. THE TOTAL ANNUAL PREMIUM WILL INCLUDE THE COST FOR WAIVER OF PREMIUM BENEFIT, ACCIDENTAL DEATH BENEFIT, OR RATED EXTRAS IF ISSUED IN YOUR POLICY

Age	Year	Annual Premiums GUAR Max	Cummulative Premiums GUAR Max	Face Amount of Insurance
45	1	\$310.00	\$310	\$250,000
46	2	\$310.00	\$620	\$250,000
47	3	\$310.00	\$930	\$250,000
48	4	\$310.00	\$1,240	\$250,000
49	5	\$310.00	\$1,550	\$250,000
50	6	\$310.00	\$1,860	\$250,000
51	7	\$310.00	\$2,170	\$250,000
52	8	\$310.00	\$2,480	\$250,000
53	9	\$310.00	\$2,790	\$250,000
54	10	\$310.00	\$3,100	\$250,000
55	11	\$2,997.50	\$6,098	\$250,000
56	12	\$3,302.50	\$9,400	\$250,000
57	13	\$3,625.00	\$13,025	\$250,000
58	14	\$3,972.50	\$16,998	\$250,000
59	15	\$4,367.50	\$21,365	\$250,000
60	16	\$4,805.00	\$26,170	\$250,000
61	17	\$5,467.50	\$31,638	\$250,000
62	18	\$6,232.50	\$37,870	\$250,000
63	19	\$7,122.50	\$44,993	\$250,000
64	20	\$8,147.50	\$53,140	\$250,000
65	21	\$9,310.00	\$62,450	\$250,000
66	22	\$10,595.00	\$73,045	\$250,000
67	23	\$12,025.00	\$85,070	\$250,000
68	24	\$13,602.50	\$98,673	\$250,000
69	25	\$15,755.00	\$114,428	\$250,000
70	26	\$17,812.50	\$132,240	\$250,000
71	27	\$20,492.50	\$152,733	\$250,000
72	28	\$22,940.00	\$175,673	\$250,000
73	29	\$26,157.50	\$201,830	\$250,000
74	30	\$29,832.50	\$231,663	\$250,000

LIFE INSURANCE COST INDICES:

GUARANTEED PREMIUM

	10 YEAR	20 YEAR
SURRENDER COST INDEX	1.24	8.05
NET PAYMENT INDEX	1.24	8.05

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDICES ARE USEFUL ONLY FOR THE COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 123456789

ANY CORRESPONDENCE REGARDING THIS POLICY SUMMARY MAY BE FORWARDED EITHER TO OUR HOME OFFICE OR TO THE AGENT LISTED BELOW:

PREPARED BY:

Agent:

BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

CPS Insurance Services
18551 Von Karman STE 150
Irvine, CA 92612

THIS POLICY SUMMARY WAS PREPARED ON 7/19/2012 FOR THE LIFE OF

J. Doe (Male) Issue Age 45.

YOUR COVERAGE CONSISTS OF A RENEWABLE AND CONVERTIBLE TERM POLICY WITH CHANGE OF PREMIUM AND EXCHANGE PROVISIONS. THE TOTAL ANNUAL PREMIUM WILL INCLUDE THE COST FOR WAIVER OF PREMIUM BENEFIT, ACCIDENTAL DEATH BENEFIT, OR RATED EXTRAS IF ISSUED IN YOUR POLICY

Age	Year	Annual Premiums GUAR Max	Cummulative Premiums GUAR Max	Face Amount of Insurance
45	1	\$310.00	\$310	\$250,000
46	2	\$310.00	\$620	\$250,000
47	3	\$310.00	\$930	\$250,000
48	4	\$310.00	\$1,240	\$250,000
49	5	\$310.00	\$1,550	\$250,000
50	6	\$310.00	\$1,860	\$250,000
51	7	\$310.00	\$2,170	\$250,000
52	8	\$310.00	\$2,480	\$250,000
53	9	\$310.00	\$2,790	\$250,000
54	10	\$310.00	\$3,100	\$250,000
55	11	\$2,997.50	\$6,098	\$250,000
56	12	\$3,302.50	\$9,400	\$250,000
57	13	\$3,625.00	\$13,025	\$250,000
58	14	\$3,972.50	\$16,998	\$250,000
59	15	\$4,367.50	\$21,365	\$250,000
60	16	\$4,805.00	\$26,170	\$250,000
61	17	\$5,467.50	\$31,638	\$250,000
62	18	\$6,232.50	\$37,870	\$250,000
63	19	\$7,122.50	\$44,993	\$250,000
64	20	\$8,147.50	\$53,140	\$250,000
65	21	\$9,310.00	\$62,450	\$250,000
66	22	\$10,595.00	\$73,045	\$250,000
67	23	\$12,025.00	\$85,070	\$250,000
68	24	\$13,602.50	\$98,673	\$250,000
69	25	\$15,755.00	\$114,428	\$250,000
70	26	\$17,812.50	\$132,240	\$250,000
71	27	\$20,492.50	\$152,733	\$250,000
72	28	\$22,940.00	\$175,673	\$250,000
73	29	\$26,157.50	\$201,830	\$250,000
74	30	\$29,832.50	\$231,663	\$250,000

LIFE INSURANCE COST INDICES:

GUARANTEED PREMIUM

	10 YEAR	20 YEAR
SURRENDER COST INDEX	1.24	8.05
NET PAYMENT INDEX	1.24	8.05

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDICES ARE USEFUL ONLY FOR THE COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES.

Banner Life Insurance Company

Opterm 10 - Male

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999						Current Rates \$250,000 - \$999,999						Current Rates \$1,000,000+					
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
	20	0.37	0.47	0.58	0.77	1.32	1.82	0.23	0.31	0.45	0.61	1.10	1.48	0.23	0.30	0.41	0.61	1.06
21	0.37	0.47	0.58	0.77	1.32	1.82	0.23	0.31	0.45	0.61	1.10	1.50	0.23	0.30	0.41	0.61	1.06	1.47
22	0.37	0.47	0.58	0.77	1.32	1.82	0.23	0.31	0.45	0.61	1.10	1.51	0.23	0.30	0.41	0.61	1.06	1.47
23	0.37	0.47	0.58	0.77	1.32	1.82	0.23	0.31	0.45	0.61	1.10	1.51	0.23	0.30	0.41	0.61	1.06	1.47
24	0.37	0.47	0.58	0.77	1.32	1.82	0.23	0.31	0.45	0.61	1.10	1.52	0.23	0.30	0.41	0.61	1.06	1.47
25	0.37	0.47	0.58	0.77	1.32	1.82	0.23	0.31	0.45	0.61	1.10	1.52	0.23	0.30	0.41	0.61	1.07	1.47
26	0.37	0.48	0.58	0.77	1.34	1.82	0.23	0.31	0.45	0.61	1.11	1.52	0.23	0.30	0.41	0.61	1.08	1.48
27	0.37	0.49	0.58	0.77	1.37	1.82	0.23	0.31	0.45	0.61	1.13	1.52	0.23	0.30	0.41	0.61	1.10	1.49
28	0.37	0.50	0.58	0.77	1.41	1.82	0.23	0.31	0.45	0.61	1.15	1.52	0.23	0.30	0.41	0.61	1.12	1.50
29	0.37	0.50	0.58	0.77	1.44	1.82	0.23	0.31	0.45	0.61	1.17	1.52	0.23	0.30	0.42	0.61	1.14	1.52
30	0.37	0.51	0.58	0.77	1.47	1.82	0.23	0.31	0.45	0.61	1.18	1.53	0.23	0.30	0.42	0.61	1.15	1.53
31	0.37	0.51	0.58	0.77	1.50	1.84	0.23	0.31	0.45	0.61	1.18	1.54	0.23	0.30	0.42	0.61	1.15	1.53
32	0.37	0.51	0.59	0.77	1.52	1.87	0.23	0.32	0.45	0.62	1.18	1.54	0.23	0.30	0.42	0.61	1.15	1.53
33	0.37	0.51	0.60	0.77	1.54	1.90	0.23	0.33	0.45	0.63	1.18	1.56	0.23	0.30	0.43	0.61	1.15	1.53
34	0.37	0.51	0.61	0.77	1.58	1.96	0.23	0.34	0.45	0.64	1.18	1.60	0.23	0.30	0.44	0.61	1.15	1.54
35	0.37	0.51	0.63	0.77	1.62	2.04	0.24	0.35	0.47	0.66	1.18	1.67	0.24	0.30	0.45	0.62	1.17	1.59
36	0.39	0.53	0.66	0.80	1.67	2.15	0.25	0.37	0.50	0.69	1.25	1.79	0.24	0.32	0.47	0.65	1.22	1.67
37	0.41	0.55	0.69	0.85	1.72	2.28	0.27	0.39	0.54	0.72	1.36	1.95	0.25	0.35	0.50	0.68	1.29	1.78
38	0.44	0.58	0.73	0.91	1.79	2.43	0.29	0.41	0.58	0.77	1.49	2.13	0.26	0.39	0.54	0.73	1.38	1.92
39	0.48	0.61	0.78	0.99	1.88	2.62	0.31	0.44	0.64	0.82	1.63	2.34	0.27	0.43	0.58	0.79	1.50	2.09
40	0.52	0.66	0.84	1.07	2.01	2.83	0.34	0.48	0.70	0.88	1.78	2.56	0.29	0.47	0.63	0.85	1.63	2.29
41	0.57	0.72	0.91	1.17	2.19	3.06	0.38	0.52	0.77	0.95	1.93	2.78	0.32	0.51	0.68	0.92	1.80	2.52
42	0.62	0.79	0.98	1.28	2.41	3.31	0.42	0.58	0.85	1.03	2.10	3.02	0.37	0.56	0.74	1.00	1.99	2.80
43	0.68	0.87	1.06	1.40	2.65	3.60	0.47	0.64	0.94	1.13	2.28	3.29	0.43	0.61	0.81	1.10	2.22	3.11
44	0.74	0.96	1.16	1.54	2.91	3.97	0.52	0.70	1.03	1.24	2.48	3.58	0.48	0.67	0.89	1.20	2.46	3.45
45	0.82	1.06	1.28	1.69	3.19	4.43	0.58	0.77	1.13	1.36	2.70	3.92	0.54	0.73	0.99	1.33	2.70	3.82
46	0.91	1.17	1.42	1.85	3.48	5.07	0.63	0.84	1.23	1.51	2.94	4.33	0.59	0.80	1.11	1.48	2.94	4.24
47	1.01	1.29	1.58	2.02	3.79	5.88	0.69	0.92	1.34	1.67	3.20	4.80	0.64	0.87	1.25	1.66	3.20	4.72
48	1.12	1.43	1.75	2.21	4.13	6.77	0.75	1.00	1.46	1.86	3.46	5.29	0.70	0.95	1.41	1.85	3.46	5.24
49	1.23	1.58	1.94	2.42	4.49	7.62	0.82	1.09	1.59	2.06	3.76	5.80	0.77	1.05	1.57	2.06	3.76	5.76
50	1.36	1.73	2.15	2.67	4.89	8.35	0.91	1.20	1.73	2.27	4.11	6.29	0.85	1.15	1.73	2.27	4.11	6.27
51	1.50	1.89	2.37	2.96	5.32	8.89	1.02	1.32	1.88	2.49	4.51	6.77	0.96	1.27	1.86	2.49	4.50	6.74
52	1.63	2.05	2.61	3.30	5.79	9.30	1.15	1.45	2.03	2.72	4.96	7.25	1.08	1.41	1.99	2.72	4.95	7.18
53	1.78	2.23	2.87	3.66	6.29	9.65	1.29	1.60	2.18	2.97	5.46	7.75	1.22	1.57	2.11	2.97	5.43	7.64
54	1.96	2.44	3.15	4.04	6.83	10.05	1.45	1.76	2.37	3.24	5.99	8.30	1.38	1.73	2.28	3.24	5.95	8.15
55	2.14	2.68	3.45	4.43	7.42	10.57	1.62	1.96	2.60	3.53	6.55	8.95	1.54	1.92	2.50	3.53	6.51	8.74
56	2.39	2.97	3.75	4.77	8.03	11.20	1.79	2.18	2.89	3.82	7.13	9.68	1.71	2.11	2.80	3.81	7.07	9.40
57	2.69	3.30	4.05	5.09	8.68	11.90	1.97	2.43	3.23	4.10	7.73	10.47	1.89	2.32	3.16	4.09	7.66	10.13
58	3.02	3.68	4.38	5.44	9.39	12.70	2.17	2.71	3.62	4.42	8.39	11.36	2.09	2.54	3.57	4.40	8.30	10.94
59	3.37	4.09	4.78	5.90	10.19	13.63	2.41	3.03	4.04	4.83	9.15	12.37	2.32	2.81	4.02	4.79	9.05	11.87
60	3.74	4.53	5.29	6.55	11.12	14.73	2.68	3.39	4.50	5.35	10.06	13.54	2.59	3.14	4.48	5.30	9.96	12.96
61	4.10	4.99	5.93	7.44	12.17	15.92	3.00	3.79	4.98	6.03	11.11	14.79	2.91	3.53	4.94	5.97	11.02	14.12
62	4.45	5.47	6.70	8.54	13.33	17.21	3.37	4.24	5.50	6.85	12.28	16.14	3.28	3.98	5.42	6.77	12.23	15.35
63	4.85	6.01	7.56	9.81	14.63	18.72	3.79	4.75	6.08	7.78	13.62	17.69	3.69	4.49	5.94	7.69	13.62	16.80
64	5.34	6.64	8.48	11.17	16.12	20.63	4.24	5.31	6.73	8.80	15.18	19.59	4.13	5.06	6.55	8.70	15.18	18.63
65	5.96	7.42	9.44	12.58	17.83	23.09	4.74	5.94	7.49	9.87	16.94	21.97	4.59	5.70	7.29	9.77	16.94	21.01
66	6.74	8.33	10.30	13.89	19.63	25.91	5.24	6.61	8.31	10.80	18.86	24.67	5.02	6.40	8.12	10.78	18.85	23.82
67	7.62	9.32	11.10	15.15	21.54	29.06	5.76	7.34	9.19	11.73	20.95	27.68	5.45	7.15	9.04	11.73	20.91	27.03
68	8.65	10.47	12.03	16.58	23.76	32.97	6.35	8.15	10.20	12.89	23.36	31.27	5.92	7.99	10.11	12.89	23.28	30.87
69	9.83	11.85	13.31	18.46	26.79	37.81	7.09	9.12	11.45	14.45	26.31	35.82	6.55	8.97	11.42	14.45	26.21	35.65
70	11.21	13.52	15.16	21.04	31.62	44.21	8.02	10.29	13.02	16.58	30.01	41.64	7.40	10.14	13.02	16.58	29.89	41.63
71	12.80	15.56	17.66	24.47	38.51	52.37	9.13	11.64	14.91	20.03	34.53	48.90	8.46	11.46	14.91	19.45	34.42	48.90
72	14.57	17.96	20.79	28.76	47.61	62.37	10.39	13.15	17.18	24.58	39.87	57.64	9.67	12.94	17.11	23.05	39.77	57.64
73	16.59	20.70	24.48	33.74	58.27	73.96	11.86	14.88	19.80	29.93	46.01	67.75	11.13	14.63	19.65	27.25	45.95	67.75
74	18.89	23.70	28.58	39.09	69.40	86.69	13.66	16.95	22.76	35.60	52.90	79.08	12.92	16.62	22.59	31.85	52.87	79.08
75	21.53	26.91	32.99	44.60	80.20	100.24	15.88	19.45	26.05	41.23	60.51	91.50	15.12	19.00	26.05	36.67	60.51	91.50
76	24.54	30.41	37.66	50.11	90.08	114.41	18.60	22.46	30.15	46.56	68.84	105.07	17.83	21.98	30.09	41.62	68.84	105.07
77	27.97	34.16	42.60	55.60	98.90	129.22	21.88	26.04	34.92	51.53	77.95	119.73	21.09	25.54	34.75	46.71	77.95	119.73
78	31.86	38.16	47.77	60.94	106.10	144.50	25.80	30.26	40.43	55.91	87.85	135.45	24.97	29.79	40.13	51.83	87.85	135.45
79	36.25	42.40	53.11	66.00	111.18	160.11	30.42	35.20	46.76	59.47	98.58	152.20	29.56	34.80	46.28	56.91	98.58	152.20
80	41.20	46.87	58.57	70.59	113.45	175.82	35.86	40.97	54.02	61.90	110.14	169.95	34.94	40.70	53.31	61.83	110.14	169.95

Add \$65 annual policy fee

Banner Life Insurance Company

Opterm 10 - Female

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999						Current Rates \$250,000 - \$999,999						Current Rates \$1,000,000+					
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
20	0.33	0.41	0.51	0.67	1.05	1.48	0.19	0.27	0.38	0.52	0.82	1.22	0.19	0.26	0.36	0.49	0.82	1.22
21	0.33	0.41	0.51	0.67	1.05	1.48	0.19	0.27	0.38	0.52	0.82	1.22	0.19	0.26	0.37	0.49	0.82	1.22
22	0.33	0.41	0.51	0.67	1.05	1.48	0.19	0.27	0.38	0.52	0.82	1.22	0.19	0.26	0.37	0.49	0.82	1.22
23	0.33	0.41	0.51	0.67	1.05	1.48	0.19	0.27	0.38	0.52	0.82	1.22	0.19	0.26	0.38	0.49	0.82	1.22
24	0.33	0.41	0.51	0.67	1.05	1.48	0.19	0.27	0.38	0.52	0.82	1.22	0.19	0.26	0.38	0.49	0.82	1.22
25	0.33	0.41	0.51	0.67	1.05	1.48	0.19	0.27	0.38	0.52	0.82	1.22	0.19	0.26	0.38	0.49	0.82	1.22
26	0.33	0.41	0.51	0.67	1.07	1.48	0.19	0.27	0.38	0.52	0.84	1.22	0.19	0.26	0.38	0.49	0.82	1.22
27	0.33	0.41	0.51	0.67	1.09	1.48	0.19	0.27	0.38	0.52	0.87	1.22	0.19	0.26	0.38	0.49	0.83	1.22
28	0.33	0.41	0.51	0.67	1.12	1.48	0.20	0.27	0.38	0.52	0.90	1.22	0.19	0.26	0.38	0.49	0.84	1.22
29	0.33	0.41	0.51	0.67	1.14	1.48	0.20	0.27	0.38	0.52	0.93	1.23	0.19	0.26	0.38	0.49	0.85	1.23
30	0.33	0.41	0.51	0.67	1.15	1.48	0.20	0.27	0.38	0.52	0.95	1.23	0.19	0.26	0.38	0.49	0.86	1.23
31	0.33	0.41	0.51	0.67	1.15	1.48	0.20	0.27	0.38	0.52	0.96	1.23	0.19	0.26	0.38	0.49	0.87	1.23
32	0.33	0.41	0.52	0.67	1.15	1.48	0.20	0.28	0.39	0.52	0.97	1.23	0.19	0.26	0.39	0.49	0.88	1.23
33	0.33	0.41	0.52	0.67	1.15	1.48	0.20	0.29	0.39	0.52	0.97	1.23	0.19	0.27	0.39	0.49	0.89	1.23
34	0.34	0.41	0.54	0.67	1.15	1.48	0.20	0.30	0.40	0.52	0.98	1.24	0.19	0.27	0.40	0.49	0.91	1.23
35	0.35	0.41	0.56	0.67	1.15	1.53	0.20	0.31	0.42	0.52	1.01	1.28	0.20	0.28	0.42	0.49	0.95	1.27
36	0.37	0.43	0.59	0.70	1.22	1.62	0.21	0.32	0.44	0.55	1.06	1.36	0.21	0.29	0.44	0.52	1.01	1.33
37	0.39	0.46	0.64	0.75	1.31	1.73	0.22	0.34	0.47	0.59	1.13	1.46	0.22	0.31	0.47	0.57	1.10	1.41
38	0.41	0.50	0.69	0.81	1.42	1.88	0.23	0.36	0.50	0.64	1.21	1.59	0.23	0.33	0.50	0.63	1.19	1.52
39	0.44	0.55	0.75	0.88	1.54	2.05	0.25	0.38	0.54	0.69	1.31	1.74	0.25	0.36	0.54	0.69	1.30	1.64
40	0.48	0.59	0.81	0.95	1.66	2.23	0.28	0.41	0.58	0.75	1.41	1.91	0.27	0.39	0.58	0.75	1.41	1.79
41	0.52	0.65	0.88	1.03	1.82	2.43	0.31	0.45	0.64	0.81	1.53	2.10	0.30	0.43	0.62	0.81	1.52	1.97
42	0.57	0.71	0.96	1.12	2.01	2.67	0.35	0.50	0.70	0.87	1.66	2.33	0.34	0.47	0.66	0.87	1.64	2.19
43	0.63	0.79	1.04	1.22	2.21	2.92	0.40	0.56	0.78	0.94	1.80	2.57	0.38	0.52	0.71	0.94	1.77	2.44
44	0.69	0.86	1.13	1.32	2.42	3.20	0.45	0.61	0.85	1.01	1.96	2.83	0.42	0.58	0.76	1.01	1.92	2.69
45	0.75	0.94	1.21	1.43	2.62	3.50	0.50	0.67	0.92	1.09	2.14	3.08	0.47	0.63	0.82	1.09	2.07	2.94
46	0.81	1.01	1.28	1.54	2.81	3.83	0.55	0.72	0.98	1.18	2.34	3.33	0.52	0.69	0.89	1.18	2.24	3.19
47	0.86	1.09	1.35	1.65	2.99	4.18	0.60	0.78	1.04	1.28	2.57	3.60	0.57	0.75	0.97	1.28	2.43	3.44
48	0.92	1.17	1.41	1.76	3.18	4.56	0.66	0.84	1.10	1.38	2.82	3.87	0.62	0.81	1.05	1.38	2.64	3.71
49	0.99	1.26	1.49	1.89	3.38	4.97	0.72	0.90	1.17	1.50	3.06	4.14	0.68	0.88	1.14	1.50	2.85	3.97
50	1.07	1.35	1.59	2.03	3.62	5.40	0.78	0.97	1.25	1.62	3.30	4.42	0.74	0.95	1.24	1.62	3.07	4.23
51	1.16	1.45	1.71	2.18	3.89	5.85	0.85	1.05	1.35	1.75	3.50	4.68	0.81	1.03	1.35	1.75	3.28	4.47
52	1.27	1.57	1.86	2.35	4.18	6.33	0.92	1.13	1.47	1.89	3.68	4.92	0.88	1.11	1.47	1.88	3.48	4.70
53	1.39	1.69	2.02	2.53	4.51	6.84	0.99	1.23	1.60	2.03	3.86	5.18	0.96	1.19	1.59	2.02	3.69	4.93
54	1.52	1.82	2.19	2.73	4.86	7.39	1.07	1.33	1.74	2.19	4.09	5.49	1.04	1.29	1.72	2.18	3.94	5.20
55	1.64	1.96	2.37	2.95	5.25	7.98	1.16	1.45	1.89	2.36	4.41	5.88	1.13	1.39	1.85	2.34	4.25	5.53
56	1.76	2.11	2.54	3.17	5.68	8.62	1.25	1.58	2.04	2.53	4.85	6.37	1.22	1.50	1.96	2.50	4.62	5.91
57	1.87	2.26	2.72	3.40	6.14	9.31	1.34	1.71	2.19	2.69	5.38	6.95	1.32	1.62	2.06	2.66	5.06	6.33
58	1.99	2.43	2.91	3.66	6.65	10.06	1.44	1.86	2.35	2.87	5.99	7.61	1.42	1.75	2.17	2.84	5.54	6.81
59	2.13	2.63	3.14	3.98	7.21	10.85	1.56	2.03	2.55	3.11	6.61	8.31	1.54	1.90	2.32	3.07	6.07	7.37
60	2.31	2.86	3.43	4.38	7.80	11.68	1.71	2.23	2.79	3.43	7.21	9.03	1.69	2.09	2.54	3.37	6.62	8.02
61	2.53	3.13	3.79	4.97	8.44	12.55	1.89	2.45	3.08	3.84	7.74	9.77	1.87	2.31	2.84	3.76	7.19	8.79
62	2.77	3.43	4.20	5.69	9.12	13.48	2.10	2.70	3.42	4.34	8.24	10.54	2.07	2.57	3.21	4.23	7.79	9.67
63	3.07	3.78	4.67	6.51	9.87	14.46	2.34	2.97	3.81	4.92	8.76	11.37	2.30	2.85	3.64	4.77	8.45	10.65
64	3.41	4.17	5.20	7.42	10.68	15.53	2.60	3.28	4.24	5.56	9.39	12.30	2.56	3.18	4.11	5.37	9.19	11.73
65	3.80	4.60	5.74	8.37	11.58	16.70	2.89	3.63	4.72	6.25	10.19	13.33	2.84	3.53	4.59	6.01	10.05	12.88
66	4.23	5.06	6.28	9.34	12.53	17.61	3.19	3.97	5.20	6.93	11.15	14.08	3.12	3.87	5.03	6.64	10.99	13.71
67	4.70	5.54	6.79	10.35	13.53	18.30	3.49	4.31	5.70	7.63	12.25	14.58	3.41	4.21	5.45	7.29	12.02	14.27
68	5.26	6.10	7.39	11.46	14.64	19.23	3.84	4.72	6.27	8.43	13.52	15.36	3.75	4.61	5.94	8.02	13.19	15.08
69	5.96	6.84	8.20	12.77	15.96	21.04	4.31	5.26	7.00	9.46	15.01	17.10	4.21	5.16	6.58	8.96	14.58	16.87
70	6.88	7.81	9.33	14.33	17.54	24.25	4.95	6.02	7.94	10.81	16.75	20.40	4.83	5.92	7.49	10.18	16.27	20.21
71	8.02	9.05	10.80	16.15	19.23	28.90	5.76	6.99	9.10	12.49	18.59	25.35	5.62	6.90	8.66	11.95	18.11	25.20
72	9.39	10.55	12.58	18.21	20.87	34.77	6.71	8.14	10.46	14.47	20.40	31.72	6.55	8.08	10.05	14.15	19.95	31.61
73	10.98	12.30	14.69	20.56	22.84	42.02	7.84	9.51	12.04	16.80	22.54	39.61	7.66	9.48	11.71	16.74	22.15	39.55
74	12.79	14.28	17.11	23.23	25.68	50.84	9.19	11.15	13.92	19.51	25.55	49.12	8.99	11.14	13.66	19.51	25.22	49.09
75	14.84	16.49	19.85	26.27	29.84	61.41	10.82	13.09	16.12	22.66	29.84	60.33	10.59	13.09	15.94	22.66	29.56	60.33
76	17.20	18.93	22.92	29.73	35.72	73.90	12.75	15.38	18.70	26.30	35.72	73.47	12.50	15.37	18.59	25.88	35.58	73.47
77	19.79	21.58	26.35	33.64	43.59	88.58	15.02	18.05	21.69	30.47	43.57	88.56	14.74	18.02	21.63	29.26	43.40	88.56
78	22.62	24.49	30.17	38.06	53.56	105.78	17.67	21.15	25.13	35.23	53.50	105.76	17.36	21.06	25.12	32.78	53.26	105.76
79	25.69	27.65	34.37	43.03	65.93	125.20	20.73	24.70	29.08	40.62	65.79	125.18	20.40	24.53	29.08	36.38	65.45	125.18
80	29.09	31.06	39.00	48.61	81.12	147.01	24.26	28.78	33.59	46.72	80.83	147.00	23.91	28.49	33.57	40.03	80.36	147.00

Add \$65 annual policy fee

Banner Life Insurance Company

Opterm 15 - Male

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999						Current Rates \$250,000 - \$999,999						Current Rates \$1,000,000+					
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
	20	0.49	0.64	0.84	0.97	1.85	2.56	0.25	0.38	0.54	0.79	1.31	1.95	0.25	0.38	0.53	0.77	1.23
21	0.49	0.64	0.84	0.97	1.85	2.56	0.25	0.39	0.54	0.79	1.32	1.95	0.25	0.39	0.53	0.77	1.23	1.91
22	0.49	0.64	0.84	0.97	1.85	2.56	0.25	0.39	0.54	0.79	1.33	1.95	0.25	0.39	0.53	0.77	1.23	1.92
23	0.49	0.64	0.84	0.97	1.85	2.56	0.25	0.39	0.54	0.79	1.33	1.95	0.25	0.39	0.53	0.77	1.23	1.92
24	0.49	0.64	0.84	0.97	1.85	2.56	0.25	0.39	0.54	0.79	1.33	1.95	0.25	0.39	0.53	0.77	1.23	1.92
25	0.49	0.64	0.84	0.97	1.85	2.56	0.25	0.39	0.54	0.79	1.33	1.95	0.25	0.39	0.53	0.77	1.23	1.92
26	0.49	0.64	0.84	0.97	1.86	2.56	0.26	0.39	0.54	0.79	1.33	1.95	0.26	0.39	0.53	0.77	1.23	1.92
27	0.49	0.64	0.84	0.97	1.88	2.56	0.27	0.39	0.54	0.79	1.33	1.95	0.26	0.39	0.53	0.78	1.24	1.92
28	0.49	0.64	0.84	0.97	1.90	2.56	0.28	0.39	0.54	0.79	1.33	1.95	0.27	0.39	0.53	0.78	1.25	1.93
29	0.49	0.64	0.84	0.97	1.92	2.57	0.29	0.39	0.54	0.80	1.34	1.95	0.28	0.39	0.54	0.79	1.26	1.94
30	0.49	0.64	0.84	0.97	1.94	2.60	0.30	0.39	0.54	0.80	1.36	1.95	0.28	0.39	0.54	0.79	1.28	1.95
31	0.49	0.64	0.84	0.98	1.96	2.67	0.30	0.40	0.54	0.80	1.39	1.96	0.28	0.40	0.54	0.79	1.30	1.96
32	0.49	0.64	0.84	1.00	1.97	2.78	0.30	0.41	0.54	0.80	1.44	1.97	0.28	0.41	0.54	0.79	1.33	1.97
33	0.49	0.64	0.84	1.02	1.98	2.91	0.30	0.42	0.54	0.80	1.50	1.99	0.28	0.42	0.54	0.79	1.37	1.99
34	0.49	0.64	0.84	1.05	2.02	3.04	0.30	0.43	0.54	0.80	1.57	2.04	0.28	0.43	0.54	0.80	1.42	2.04
35	0.49	0.64	0.84	1.09	2.09	3.16	0.30	0.45	0.56	0.82	1.66	2.12	0.28	0.45	0.56	0.82	1.49	2.12
36	0.52	0.67	0.87	1.13	2.20	3.25	0.30	0.47	0.59	0.86	1.75	2.24	0.29	0.47	0.59	0.86	1.58	2.23
37	0.55	0.71	0.92	1.18	2.34	3.33	0.31	0.48	0.64	0.90	1.87	2.39	0.29	0.48	0.64	0.90	1.69	2.36
38	0.60	0.76	0.97	1.24	2.51	3.42	0.31	0.51	0.69	0.96	2.00	2.58	0.31	0.51	0.69	0.96	1.82	2.53
39	0.66	0.83	1.05	1.33	2.71	3.55	0.33	0.54	0.76	1.04	2.16	2.82	0.33	0.54	0.76	1.04	1.98	2.74
40	0.72	0.91	1.14	1.46	2.94	3.76	0.37	0.58	0.83	1.14	2.36	3.09	0.37	0.58	0.83	1.14	2.18	3.00
41	0.83	1.01	1.27	1.66	3.21	4.11	0.43	0.64	0.91	1.27	2.64	3.43	0.43	0.64	0.90	1.27	2.42	3.34
42	0.97	1.14	1.41	1.92	3.53	4.53	0.51	0.72	1.00	1.43	2.99	3.83	0.51	0.71	0.97	1.43	2.69	3.76
43	1.12	1.28	1.58	2.22	3.89	5.00	0.61	0.80	1.09	1.61	3.38	4.28	0.61	0.79	1.06	1.61	3.01	4.24
44	1.29	1.43	1.75	2.54	4.28	5.49	0.71	0.90	1.20	1.81	3.80	4.76	0.71	0.88	1.15	1.80	3.36	4.74
45	1.46	1.58	1.93	2.83	4.69	5.98	0.81	1.00	1.32	2.00	4.22	5.25	0.81	0.98	1.26	1.99	3.75	5.23
46	1.63	1.73	2.12	3.11	5.11	6.49	0.91	1.11	1.45	2.19	4.65	5.75	0.91	1.09	1.39	2.18	4.19	5.70
47	1.81	1.90	2.31	3.38	5.56	7.02	1.03	1.22	1.58	2.37	5.10	6.27	1.01	1.21	1.54	2.36	4.68	6.16
48	1.99	2.07	2.51	3.67	6.04	7.59	1.14	1.34	1.73	2.58	5.57	6.82	1.12	1.34	1.70	2.56	5.22	6.64
49	2.20	2.26	2.74	3.96	6.60	8.22	1.26	1.48	1.90	2.80	6.09	7.44	1.23	1.48	1.88	2.79	5.78	7.20
50	2.42	2.48	3.00	4.27	7.21	8.93	1.39	1.64	2.09	3.07	6.66	8.13	1.35	1.64	2.07	3.06	6.37	7.87
51	2.65	2.72	3.28	4.58	7.94	9.76	1.51	1.82	2.30	3.38	7.29	8.92	1.47	1.82	2.27	3.38	7.00	8.68
52	2.90	2.98	3.59	4.89	8.76	10.70	1.63	2.02	2.54	3.74	7.98	9.81	1.60	2.02	2.48	3.73	7.68	9.62
53	3.17	3.27	3.93	5.23	9.67	11.72	1.75	2.24	2.80	4.14	8.73	10.78	1.73	2.23	2.72	4.13	8.39	10.66
54	3.49	3.60	4.31	5.62	10.62	12.79	1.90	2.49	3.09	4.56	9.52	11.80	1.90	2.47	2.99	4.56	9.11	11.75
55	3.86	3.99	4.75	6.10	11.58	13.88	2.09	2.75	3.42	5.02	10.35	12.85	2.09	2.73	3.31	5.02	9.80	12.85
56	4.29	4.44	5.18	6.62	12.51	14.92	2.31	3.02	3.77	5.49	11.19	13.91	2.31	3.00	3.67	5.49	10.39	13.91
57	4.77	4.95	5.67	7.18	13.43	15.93	2.56	3.31	4.15	5.98	12.04	15.01	2.56	3.29	4.07	5.98	10.88	15.01
58	5.32	5.52	6.23	7.84	14.42	17.03	2.85	3.63	4.58	6.51	12.97	16.18	2.85	3.61	4.53	6.51	11.42	16.18
59	5.94	6.15	6.89	8.68	15.58	18.34	3.19	4.00	5.09	7.14	14.03	17.47	3.19	3.98	5.07	7.14	12.13	17.47
60	6.64	6.85	7.85	9.78	16.98	20.00	3.60	4.45	5.70	7.88	15.29	18.95	3.60	4.43	5.70	7.88	13.11	18.95
61	7.42	7.57	9.46	11.17	18.48	21.80	4.06	4.96	6.42	8.68	16.51	20.28	4.06	4.94	6.42	8.59	14.29	20.28
62	8.27	8.32	11.55	12.84	20.05	23.71	4.59	5.52	7.23	9.54	17.69	21.67	4.57	5.50	7.23	9.31	15.57	21.67
63	9.17	9.17	13.95	14.77	21.94	26.04	5.19	6.16	8.17	10.59	19.17	23.37	5.15	6.16	8.17	10.17	17.12	23.37
64	10.24	10.24	16.41	16.95	24.44	29.19	5.89	6.95	9.25	11.85	21.60	25.75	5.85	6.95	9.25	11.35	19.36	25.75
65	11.59	11.59	18.76	19.35	27.80	33.50	6.72	7.91	10.50	13.51	24.70	29.20	6.67	7.91	10.50	12.96	22.49	29.20
66	13.00	13.29	20.99	22.07	32.28	39.34	7.63	9.02	11.89	15.67	29.50	34.83	7.59	9.02	11.89	15.11	26.81	34.83
67	14.55	15.33	23.21	25.20	37.98	46.86	8.62	10.22	13.39	18.30	35.91	42.37	8.60	10.22	13.39	17.79	32.45	42.37
68	16.29	17.69	25.46	28.65	44.56	55.56	9.78	11.64	15.10	21.35	43.41	51.27	9.77	11.64	15.10	20.93	39.01	51.27
69	18.30	20.27	27.78	32.25	51.49	64.64	11.21	13.40	17.16	24.74	51.10	60.61	11.20	13.40	17.16	24.42	45.85	60.61
70	20.62	23.02	30.22	35.88	58.36	73.47	13.02	15.62	19.66	28.40	58.36	69.74	13.02	15.62	19.66	28.18	52.49	69.74
71	24.52	27.12	33.66	39.47	64.89	85.08	15.53	18.40	22.70	32.29	64.69	78.16	15.53	18.36	22.64	32.16	58.59	78.16
72	28.41	30.94	37.84	42.99	71.00	95.78	18.71	21.79	26.34	36.43	69.97	85.76	18.71	21.69	26.17	36.38	64.05	85.76
73	32.16	34.29	40.98	46.38	76.44	97.35	22.66	25.89	30.67	40.80	73.73	92.07	22.66	25.72	30.35	40.80	68.56	92.07
74	35.65	36.97	42.70	49.56	80.96	98.93	27.50	30.80	35.77	45.36	74.89	96.69	27.50	30.51	35.24	45.36	71.81	96.69
75	38.72	38.74	45.02	52.43	84.22	100.50	33.39	36.64	41.77	50.09	74.89	99.03	33.37	36.20	40.96	50.08	73.39	99.03

Add \$65 annual policy fee

Banner Life Insurance Company

Opterm 15- Female

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999					Current Rates \$250,000 - \$999,999					Current Rates \$1,000,000+							
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
	20	0.47	0.56	0.70	0.86	1.30	2.03	0.23	0.33	0.45	0.66	0.97	1.28	0.22	0.32	0.45	0.66	0.93
21	0.47	0.56	0.70	0.86	1.36	2.03	0.23	0.33	0.45	0.66	0.97	1.28	0.22	0.32	0.45	0.66	0.93	1.28
22	0.47	0.56	0.70	0.86	1.42	2.03	0.23	0.33	0.45	0.66	0.97	1.28	0.22	0.32	0.45	0.66	0.93	1.28
23	0.47	0.56	0.70	0.86	1.47	2.03	0.23	0.33	0.45	0.66	0.97	1.28	0.22	0.32	0.45	0.66	0.93	1.28
24	0.47	0.56	0.70	0.86	1.51	2.03	0.23	0.33	0.45	0.66	0.97	1.28	0.22	0.32	0.45	0.66	0.93	1.28
25	0.47	0.56	0.70	0.86	1.54	2.03	0.23	0.33	0.45	0.66	0.98	1.28	0.22	0.32	0.45	0.66	0.93	1.28
26	0.47	0.56	0.70	0.86	1.57	2.07	0.23	0.33	0.45	0.66	0.99	1.28	0.22	0.32	0.45	0.66	0.93	1.28
27	0.47	0.56	0.70	0.86	1.59	2.11	0.23	0.33	0.45	0.66	1.01	1.29	0.22	0.32	0.45	0.66	0.93	1.29
28	0.47	0.56	0.70	0.86	1.61	2.15	0.23	0.33	0.46	0.66	1.03	1.31	0.22	0.32	0.46	0.66	0.93	1.30
29	0.47	0.56	0.70	0.86	1.63	2.20	0.23	0.34	0.46	0.66	1.06	1.33	0.22	0.32	0.46	0.66	0.94	1.32
30	0.47	0.56	0.70	0.86	1.65	2.24	0.23	0.34	0.47	0.66	1.08	1.36	0.22	0.32	0.47	0.66	0.96	1.35
31	0.47	0.56	0.70	0.88	1.67	2.26	0.23	0.34	0.48	0.66	1.10	1.40	0.22	0.32	0.47	0.66	0.98	1.39
32	0.47	0.56	0.70	0.90	1.68	2.27	0.24	0.34	0.48	0.66	1.12	1.45	0.23	0.32	0.47	0.66	1.01	1.45
33	0.47	0.56	0.70	0.94	1.69	2.28	0.25	0.34	0.49	0.66	1.14	1.52	0.24	0.33	0.47	0.66	1.05	1.52
34	0.47	0.56	0.70	0.97	1.72	2.31	0.26	0.35	0.51	0.66	1.18	1.60	0.25	0.34	0.48	0.66	1.10	1.60
35	0.47	0.56	0.70	1.01	1.77	2.37	0.27	0.36	0.53	0.66	1.23	1.69	0.26	0.35	0.49	0.66	1.17	1.69
36	0.50	0.60	0.74	1.05	1.85	2.47	0.28	0.38	0.56	0.71	1.31	1.81	0.28	0.37	0.51	0.71	1.26	1.80
37	0.54	0.65	0.81	1.09	1.95	2.61	0.30	0.42	0.61	0.77	1.41	1.94	0.29	0.40	0.54	0.77	1.38	1.93
38	0.59	0.72	0.89	1.14	2.07	2.78	0.31	0.46	0.66	0.85	1.53	2.10	0.31	0.43	0.58	0.85	1.51	2.07
39	0.63	0.79	0.97	1.20	2.22	2.97	0.33	0.50	0.71	0.94	1.66	2.28	0.33	0.47	0.62	0.94	1.66	2.23
40	0.68	0.86	1.05	1.27	2.39	3.17	0.37	0.55	0.77	1.03	1.81	2.47	0.37	0.51	0.67	1.03	1.81	2.42
41	0.73	0.93	1.13	1.36	2.60	3.38	0.41	0.60	0.83	1.12	1.97	2.69	0.41	0.56	0.74	1.12	1.97	2.63
42	0.78	1.00	1.21	1.47	2.85	3.61	0.45	0.66	0.90	1.23	2.16	2.93	0.45	0.62	0.82	1.23	2.13	2.88
43	0.84	1.08	1.29	1.59	3.12	3.86	0.50	0.72	0.98	1.33	2.36	3.19	0.50	0.68	0.91	1.33	2.31	3.15
44	0.90	1.16	1.38	1.71	3.40	4.14	0.56	0.78	1.06	1.45	2.58	3.48	0.56	0.74	1.01	1.45	2.50	3.44
45	0.96	1.24	1.47	1.85	3.67	4.46	0.61	0.85	1.14	1.56	2.83	3.80	0.61	0.81	1.10	1.56	2.72	3.75
46	1.04	1.33	1.58	1.99	3.92	4.83	0.66	0.92	1.23	1.67	3.11	4.16	0.66	0.88	1.18	1.66	2.96	4.09
47	1.13	1.42	1.69	2.14	4.16	5.26	0.72	0.98	1.31	1.79	3.42	4.56	0.72	0.94	1.27	1.75	3.23	4.47
48	1.22	1.51	1.80	2.31	4.40	5.73	0.78	1.06	1.41	1.90	3.76	5.00	0.78	1.01	1.35	1.84	3.52	4.87
49	1.32	1.62	1.92	2.49	4.68	6.21	0.84	1.14	1.52	2.03	4.10	5.44	0.84	1.09	1.45	1.95	3.82	5.28
50	1.42	1.74	2.06	2.68	5.00	6.70	0.92	1.23	1.64	2.18	4.45	5.87	0.91	1.18	1.56	2.09	4.14	5.70
51	1.50	1.86	2.19	2.87	5.38	7.16	1.00	1.34	1.78	2.33	4.78	6.26	0.98	1.27	1.69	2.24	4.47	6.09
52	1.55	1.99	2.31	3.06	5.80	7.61	1.10	1.45	1.93	2.47	5.10	6.62	1.05	1.38	1.85	2.41	4.83	6.46
53	1.62	2.13	2.46	3.27	6.26	8.09	1.20	1.58	2.10	2.64	5.44	6.99	1.13	1.49	2.02	2.61	5.20	6.86
54	1.76	2.33	2.66	3.55	6.77	8.66	1.32	1.73	2.29	2.87	5.83	7.45	1.22	1.62	2.21	2.86	5.60	7.33
55	1.96	2.59	2.94	3.92	7.30	9.34	1.45	1.88	2.51	3.18	6.30	8.05	1.34	1.77	2.42	3.18	6.05	7.94
56	2.28	2.94	3.47	4.41	7.86	10.17	1.60	2.04	2.76	3.60	6.86	8.81	1.48	1.94	2.66	3.60	6.57	8.70
57	2.68	3.36	4.18	5.01	8.47	11.14	1.76	2.21	3.05	4.12	7.51	9.72	1.64	2.14	2.92	4.11	7.14	9.60
58	3.17	3.86	4.99	5.70	9.12	12.22	1.94	2.40	3.37	4.72	8.23	10.75	1.82	2.36	3.22	4.69	7.77	10.62
59	3.72	4.40	5.79	6.45	9.84	13.40	2.14	2.62	3.72	5.37	9.01	11.86	2.02	2.61	3.54	5.32	8.46	11.73
60	4.33	4.99	6.50	7.26	10.64	14.66	2.37	2.89	4.11	6.04	9.82	13.05	2.26	2.89	3.91	5.98	9.21	12.92
61	5.09	5.66	7.05	8.10	11.41	15.88	2.61	3.18	4.49	6.68	10.58	14.21	2.52	3.17	4.28	6.67	9.91	14.10
62	5.96	6.44	7.49	8.98	12.17	17.09	2.87	3.50	4.88	7.41	11.30	15.38	2.80	3.47	4.65	7.41	10.59	15.29
63	6.76	7.26	7.92	9.96	13.06	18.47	3.16	3.88	5.32	8.19	12.12	16.69	3.12	3.81	5.08	8.19	11.38	16.64
64	7.68	8.09	8.47	11.11	14.29	20.26	3.52	4.35	5.89	9.05	13.23	18.35	3.51	4.24	5.65	9.05	12.54	18.33
65	8.59	8.86	9.23	12.46	16.03	22.66	3.98	4.94	6.65	10.07	14.76	20.50	3.98	4.79	6.42	9.99	14.04	20.50
66	9.06	9.55	10.23	14.12	18.43	25.79	4.53	5.67	7.63	11.59	16.83	23.22	4.53	5.47	7.42	11.13	16.20	23.22
67	9.25	10.15	11.45	16.13	21.54	29.65	5.14	6.51	8.82	13.49	19.44	26.50	5.14	6.27	8.65	12.42	19.00	26.50
68	9.33	10.74	12.85	18.36	25.15	34.13	5.86	7.50	10.20	15.67	22.47	30.27	5.86	7.19	10.08	13.85	22.26	30.27
69	9.51	11.42	14.40	20.60	28.90	39.01	6.74	8.64	11.74	17.92	25.71	34.46	6.73	8.28	11.66	15.42	25.66	34.46
70	9.99	12.25	16.08	22.69	32.54	44.16	7.81	9.96	13.42	20.12	29.00	39.00	7.79	9.56	13.35	17.11	29.00	39.00
71	11.59	14.03	17.88	24.51	35.87	49.47	9.11	11.47	15.23	22.16	32.24	43.85	9.08	11.06	15.13	18.93	32.11	43.85
72	13.42	15.80	20.17	26.02	38.84	54.94	10.66	13.19	17.17	24.03	35.40	49.05	10.63	12.81	17.01	20.88	34.94	49.04
73	15.50	17.51	22.41	27.12	41.28	60.50	12.49	15.13	19.24	25.61	38.39	54.55	12.47	14.83	18.97	22.97	37.36	54.54
74	17.86	19.10	24.40	27.58	43.01	66.05	14.65	17.33	21.43	26.84	41.12	60.35	14.64	17.14	20.99	25.20	39.22	60.34
75	20.58	20.58	26.19	27.58	43.82	71.51	17.18	19.80	23.73	27.58	43.45	66.41	17.18	19.78	23.05	27.58	40.33	66.41

Add \$65 annual policy fee

Banner Life Insurance Company

Opterm 20 - Male

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999						Current Rates \$250,000 - \$999,999						Current Rates \$1,000,000+					
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
20	0.75	0.85	1.00	1.22	2.13	2.75	0.36	0.53	0.63	0.96	1.64	2.05	0.36	0.51	0.63	0.93	1.51	2.05
21	0.75	0.85	1.00	1.22	2.13	2.75	0.36	0.53	0.63	0.96	1.64	2.06	0.36	0.51	0.63	0.93	1.51	2.06
22	0.75	0.85	1.00	1.22	2.13	2.75	0.36	0.53	0.63	0.96	1.64	2.06	0.36	0.51	0.63	0.93	1.51	2.06
23	0.75	0.85	1.00	1.22	2.13	2.75	0.36	0.53	0.63	0.96	1.64	2.06	0.36	0.51	0.63	0.93	1.51	2.06
24	0.75	0.85	1.00	1.22	2.13	2.75	0.36	0.53	0.63	0.96	1.64	2.06	0.36	0.51	0.63	0.93	1.51	2.06
25	0.75	0.85	1.00	1.22	2.13	2.75	0.36	0.53	0.63	0.96	1.64	2.06	0.36	0.51	0.63	0.93	1.51	2.06
26	0.75	0.85	1.00	1.22	2.13	2.76	0.36	0.53	0.63	0.96	1.66	2.06	0.36	0.51	0.63	0.93	1.51	2.06
27	0.75	0.85	1.00	1.22	2.13	2.78	0.36	0.53	0.64	0.96	1.68	2.06	0.36	0.52	0.64	0.93	1.52	2.06
28	0.75	0.85	1.00	1.22	2.13	2.81	0.36	0.53	0.65	0.96	1.70	2.06	0.36	0.52	0.65	0.93	1.53	2.06
29	0.75	0.85	1.00	1.22	2.13	2.84	0.36	0.54	0.66	0.96	1.74	2.06	0.36	0.52	0.66	0.93	1.56	2.06
30	0.75	0.85	1.00	1.22	2.13	2.88	0.36	0.54	0.67	0.98	1.77	2.06	0.36	0.53	0.67	0.93	1.59	2.06
31	0.75	0.85	1.00	1.24	2.21	2.91	0.36	0.54	0.68	1.01	1.80	2.15	0.36	0.53	0.68	0.95	1.64	2.15
32	0.75	0.85	1.01	1.27	2.34	2.93	0.37	0.54	0.69	1.06	1.83	2.27	0.37	0.54	0.69	0.97	1.69	2.27
33	0.75	0.85	1.01	1.31	2.49	2.97	0.37	0.54	0.70	1.12	1.87	2.41	0.37	0.54	0.70	1.00	1.77	2.41
34	0.75	0.85	1.03	1.36	2.66	3.06	0.38	0.55	0.72	1.18	1.93	2.58	0.38	0.55	0.72	1.03	1.85	2.58
35	0.75	0.85	1.07	1.41	2.85	3.21	0.40	0.57	0.75	1.23	2.02	2.78	0.40	0.57	0.75	1.08	1.96	2.77
36	0.81	0.90	1.12	1.47	3.06	3.45	0.42	0.60	0.79	1.27	2.14	3.00	0.42	0.60	0.79	1.13	2.08	2.97
37	0.91	0.97	1.19	1.53	3.29	3.77	0.45	0.64	0.85	1.30	2.29	3.26	0.45	0.63	0.85	1.20	2.21	3.19
38	1.02	1.06	1.27	1.60	3.54	4.15	0.48	0.69	0.92	1.33	2.47	3.55	0.48	0.67	0.92	1.27	2.36	3.44
39	1.14	1.17	1.38	1.69	3.83	4.58	0.52	0.75	1.00	1.38	2.68	3.87	0.52	0.72	1.00	1.36	2.56	3.73
40	1.25	1.29	1.51	1.82	4.15	5.03	0.58	0.82	1.10	1.46	2.94	4.23	0.58	0.79	1.10	1.46	2.81	4.07
41	1.34	1.43	1.69	1.98	4.52	5.52	0.66	0.90	1.22	1.59	3.26	4.63	0.66	0.87	1.22	1.58	3.14	4.48
42	1.42	1.58	1.91	2.18	4.93	6.08	0.76	1.00	1.37	1.76	3.64	5.07	0.75	0.98	1.37	1.72	3.55	4.96
43	1.51	1.76	2.15	2.43	5.38	6.67	0.87	1.11	1.54	1.95	4.07	5.56	0.86	1.10	1.54	1.87	4.01	5.50
44	1.61	1.96	2.40	2.68	5.86	7.30	0.99	1.22	1.71	2.16	4.53	6.08	0.98	1.22	1.71	2.04	4.50	6.06
45	1.75	2.18	2.63	2.98	6.36	7.93	1.11	1.35	1.89	2.37	4.99	6.63	1.09	1.35	1.89	2.23	4.98	6.63
46	1.94	2.43	2.82	3.37	6.88	8.57	1.23	1.48	2.06	2.57	5.46	7.21	1.20	1.48	2.06	2.44	5.46	7.21
47	2.16	2.70	2.99	3.82	7.42	9.23	1.35	1.63	2.24	2.77	5.94	7.83	1.31	1.62	2.24	2.66	5.94	7.81
48	2.41	3.01	3.16	4.33	8.00	9.93	1.49	1.78	2.43	2.98	6.44	8.49	1.42	1.76	2.43	2.92	6.44	8.44
49	2.67	3.33	3.38	4.86	8.62	10.67	1.63	1.96	2.64	3.24	6.99	9.20	1.56	1.92	2.64	3.22	6.99	9.12
50	2.92	3.68	3.68	5.39	9.29	11.47	1.79	2.15	2.89	3.58	7.61	9.98	1.71	2.11	2.88	3.58	7.61	9.85
51	3.13	4.03	4.08	5.89	9.98	12.33	1.96	2.36	3.16	4.00	8.30	10.83	1.89	2.32	3.15	4.00	8.25	10.63
52	3.32	4.40	4.57	6.39	10.68	13.24	2.14	2.58	3.46	4.50	9.05	11.76	2.08	2.54	3.45	4.50	8.94	11.45
53	3.51	4.80	5.14	6.92	11.45	14.22	2.35	2.83	3.80	5.07	9.88	12.75	2.30	2.80	3.79	5.07	9.68	12.35
54	3.77	5.28	5.75	7.52	12.37	15.30	2.58	3.12	4.18	5.70	10.78	13.82	2.55	3.08	4.17	5.70	10.52	13.33
55	4.12	5.84	6.39	8.25	13.51	16.48	2.86	3.45	4.63	6.36	11.77	14.94	2.84	3.41	4.61	6.36	11.48	14.42
56	4.58	6.49	6.97	9.02	15.08	17.77	3.17	3.81	5.12	7.02	12.86	16.09	3.16	3.75	5.08	7.01	12.53	15.60
57	5.11	7.22	7.52	9.83	16.96	19.11	3.51	4.19	5.65	7.69	14.00	17.26	3.51	4.12	5.59	7.66	13.65	16.86
58	5.73	8.06	8.16	10.79	19.15	20.57	3.90	4.63	6.26	8.45	15.27	18.52	3.90	4.54	6.17	8.41	14.91	18.25
59	6.44	9.03	9.07	12.04	21.60	22.26	4.38	5.18	7.00	9.42	16.77	19.99	4.38	5.07	6.87	9.36	16.41	19.86
60	7.31	10.17	10.41	13.71	24.30	24.30	4.98	5.88	7.88	10.70	18.58	21.77	4.98	5.74	7.74	10.61	18.23	21.76
61	8.87	11.54	12.31	15.92	26.98	26.98	5.70	6.74	8.94	12.38	20.76	23.94	5.65	6.57	8.80	12.25	20.43	23.94
62	10.93	13.18	14.82	18.73	30.25	30.25	6.55	7.74	10.18	14.49	23.35	26.53	6.41	7.55	10.06	14.31	23.07	26.53
63	13.33	15.02	17.73	21.97	33.87	34.22	7.52	8.90	11.60	16.91	26.43	29.61	7.28	8.68	11.49	16.68	26.19	29.61
64	15.81	16.90	20.72	25.34	37.56	38.98	8.63	10.23	13.16	19.43	30.04	33.26	8.28	9.99	13.07	19.14	29.88	33.26
65	18.18	18.75	23.57	28.65	41.51	44.67	9.89	11.74	14.86	21.89	34.29	37.60	9.44	11.48	14.77	21.57	34.22	37.60
66	20.29	20.48	26.09	31.74	-	-	11.31	13.43	16.69	24.18	-	-	10.78	13.18	16.58	23.85	-	-
67	22.08	22.08	28.24	34.56	-	-	12.90	15.33	18.66	26.28	-	-	12.31	15.10	18.50	25.96	-	-
68	23.48	23.48	29.84	36.99	-	-	14.68	17.45	20.76	28.07	-	-	14.07	17.27	20.53	27.81	-	-
69	24.35	24.61	30.75	38.89	-	-	16.66	19.80	23.00	29.46	-	-	16.06	19.69	22.66	29.30	-	-
70	24.47	25.40	30.76	40.07	-	-	18.86	22.40	25.38	30.32	-	-	18.32	22.40	24.87	30.30	-	-

Add \$65 annual policy fee

Banner Life Insurance Company

Opterm 20- Female

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999						Current Rates \$250,000 - \$999,999						Current Rates \$1,000,000+					
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
	20	0.55	0.68	0.85	0.98	1.74	2.04	0.30	0.38	0.54	0.70	1.21	1.40	0.30	0.38	0.50	0.70	1.15
21	0.55	0.68	0.85	0.98	1.74	2.04	0.30	0.38	0.54	0.70	1.21	1.40	0.30	0.38	0.50	0.70	1.15	1.40
22	0.55	0.68	0.85	0.98	1.74	2.04	0.30	0.38	0.54	0.70	1.21	1.40	0.30	0.38	0.50	0.70	1.15	1.40
23	0.55	0.68	0.85	0.98	1.74	2.04	0.30	0.38	0.54	0.70	1.21	1.40	0.30	0.38	0.50	0.70	1.15	1.40
24	0.55	0.68	0.85	0.98	1.74	2.04	0.30	0.38	0.54	0.70	1.21	1.41	0.30	0.38	0.50	0.70	1.15	1.41
25	0.55	0.68	0.85	0.98	1.74	2.04	0.30	0.38	0.54	0.70	1.21	1.41	0.30	0.38	0.50	0.70	1.15	1.41
26	0.55	0.68	0.85	0.98	1.75	2.07	0.30	0.38	0.54	0.70	1.22	1.42	0.30	0.38	0.51	0.70	1.15	1.42
27	0.55	0.68	0.86	0.98	1.77	2.11	0.30	0.38	0.54	0.70	1.23	1.43	0.30	0.38	0.52	0.70	1.15	1.43
28	0.55	0.68	0.87	0.98	1.79	2.15	0.30	0.39	0.55	0.70	1.24	1.45	0.30	0.39	0.53	0.70	1.16	1.45
29	0.55	0.68	0.88	0.98	1.82	2.21	0.31	0.39	0.55	0.70	1.27	1.49	0.31	0.39	0.55	0.70	1.18	1.49
30	0.55	0.68	0.89	0.98	1.86	2.27	0.31	0.40	0.56	0.71	1.31	1.55	0.31	0.40	0.56	0.70	1.21	1.55
31	0.55	0.69	0.91	1.01	1.90	2.34	0.32	0.41	0.57	0.73	1.36	1.63	0.32	0.41	0.57	0.72	1.26	1.63
32	0.55	0.71	0.92	1.05	1.96	2.42	0.34	0.43	0.58	0.76	1.43	1.74	0.33	0.43	0.58	0.75	1.33	1.73
33	0.55	0.73	0.94	1.09	2.02	2.51	0.35	0.45	0.60	0.79	1.51	1.86	0.34	0.44	0.60	0.79	1.41	1.86
34	0.55	0.75	0.97	1.15	2.09	2.61	0.37	0.47	0.62	0.84	1.60	2.00	0.35	0.47	0.62	0.83	1.50	1.99
35	0.55	0.78	1.01	1.20	2.19	2.73	0.39	0.50	0.65	0.88	1.69	2.14	0.37	0.49	0.65	0.88	1.60	2.13
36	0.58	0.82	1.06	1.26	2.32	2.86	0.40	0.53	0.69	0.93	1.79	2.28	0.39	0.52	0.68	0.93	1.70	2.27
37	0.61	0.86	1.12	1.31	2.46	2.99	0.42	0.57	0.73	0.98	1.89	2.42	0.40	0.55	0.71	0.98	1.82	2.41
38	0.65	0.91	1.18	1.38	2.61	3.14	0.43	0.60	0.79	1.05	2.00	2.58	0.42	0.59	0.76	1.05	1.95	2.57
39	0.70	0.97	1.26	1.45	2.78	3.34	0.45	0.65	0.85	1.11	2.14	2.77	0.45	0.63	0.81	1.11	2.09	2.76
40	0.76	1.03	1.34	1.54	2.98	3.58	0.49	0.70	0.92	1.19	2.30	3.00	0.49	0.68	0.87	1.19	2.26	2.99
41	0.84	1.09	1.43	1.65	3.21	3.90	0.54	0.76	1.00	1.28	2.50	3.29	0.54	0.74	0.95	1.28	2.45	3.29
42	0.93	1.16	1.52	1.75	3.48	4.29	0.61	0.82	1.09	1.37	2.73	3.65	0.61	0.81	1.05	1.37	2.68	3.64
43	1.04	1.24	1.63	1.88	3.77	4.73	0.70	0.89	1.19	1.48	3.00	4.04	0.69	0.89	1.16	1.48	2.92	4.03
44	1.15	1.33	1.74	2.02	4.07	5.19	0.78	0.97	1.29	1.60	3.27	4.44	0.77	0.97	1.28	1.60	3.19	4.44
45	1.26	1.43	1.87	2.18	4.38	5.63	0.87	1.06	1.41	1.74	3.56	4.82	0.85	1.06	1.40	1.74	3.47	4.82
46	1.37	1.55	2.01	2.37	4.68	6.05	0.95	1.16	1.54	1.90	3.85	5.18	0.93	1.15	1.53	1.90	3.77	5.18
47	1.48	1.68	2.16	2.59	4.98	6.46	1.04	1.28	1.68	2.07	4.15	5.52	1.01	1.25	1.68	2.07	4.10	5.52
48	1.60	1.82	2.33	2.82	5.30	6.88	1.13	1.41	1.83	2.27	4.47	5.87	1.10	1.36	1.83	2.27	4.45	5.87
49	1.73	1.97	2.52	3.07	5.67	7.35	1.23	1.54	1.99	2.48	4.83	6.26	1.19	1.48	1.99	2.48	4.83	6.26
50	1.87	2.14	2.72	3.33	6.11	7.87	1.35	1.67	2.16	2.70	5.23	6.69	1.30	1.60	2.15	2.70	5.23	6.69
51	2.01	2.36	2.93	3.59	6.68	8.45	1.48	1.79	2.32	2.91	5.67	7.16	1.42	1.73	2.30	2.91	5.64	7.16
52	2.16	2.62	3.15	3.85	7.34	9.07	1.62	1.91	2.48	3.12	6.15	7.67	1.56	1.86	2.43	3.11	6.06	7.67
53	2.33	2.91	3.40	4.15	8.08	9.75	1.77	2.04	2.66	3.35	6.69	8.23	1.71	2.01	2.58	3.34	6.52	8.23
54	2.52	3.22	3.70	4.52	8.86	10.51	1.94	2.20	2.87	3.64	7.28	8.87	1.87	2.18	2.77	3.62	7.06	8.87
55	2.76	3.53	4.03	5.03	9.63	11.37	2.14	2.40	3.14	4.04	7.95	9.61	2.06	2.39	3.03	4.00	7.69	9.61
56	3.04	3.81	4.41	5.65	10.36	12.28	2.35	2.64	3.46	4.52	8.66	10.39	2.26	2.63	3.35	4.45	8.41	10.39
57	3.35	4.08	4.83	6.38	11.03	13.20	2.58	2.90	3.82	5.08	9.37	11.17	2.47	2.89	3.73	4.95	9.19	11.16
58	3.71	4.37	5.31	7.24	11.75	14.24	2.84	3.21	4.24	5.75	10.18	12.06	2.70	3.19	4.18	5.56	10.09	12.05
59	4.14	4.76	5.90	8.27	12.65	15.56	3.15	3.59	4.74	6.56	11.21	13.28	2.99	3.56	4.71	6.33	11.16	13.27
60	4.66	5.31	6.61	9.52	13.87	17.26	3.52	4.04	5.34	7.54	12.57	14.99	3.36	4.01	5.33	7.29	12.47	14.97
61	5.27	6.04	7.49	11.08	15.49	19.45	3.96	4.57	6.06	8.75	14.35	17.31	3.80	4.54	6.06	8.51	14.06	17.29
62	5.96	6.94	8.54	12.99	17.57	22.19	4.45	5.18	6.92	10.22	16.59	20.30	4.32	5.16	6.92	10.02	15.96	20.28
63	6.76	7.99	9.74	15.14	20.19	25.57	5.02	5.88	7.88	11.88	19.38	24.10	4.92	5.86	7.88	11.75	18.22	24.09
64	7.68	9.14	11.03	17.71	23.44	29.68	5.68	6.69	8.93	13.65	22.79	28.83	5.60	6.67	8.93	13.59	20.89	28.82
65	8.75	10.36	12.35	19.39	27.44	34.65	6.43	7.63	10.04	15.44	26.94	34.65	6.38	7.59	10.04	15.44	24.02	34.65
66	9.99	11.63	13.69	21.21	-	-	7.29	8.71	11.19	17.26	-	-	7.26	8.63	11.19	17.26	-	-
67	11.42	12.95	15.04	22.76	-	-	8.27	9.95	12.39	18.97	-	-	8.24	9.81	12.39	18.97	-	-
68	13.06	14.31	16.37	23.93	-	-	9.38	11.37	13.63	20.58	-	-	9.34	11.12	13.62	20.58	-	-
69	14.92	15.68	17.66	24.62	-	-	10.63	12.98	14.88	22.11	-	-	10.57	12.60	14.88	22.11	-	-
70	17.04	17.04	18.88	24.69	-	-	12.05	14.80	16.15	23.45	-	-	11.93	14.25	16.15	23.45	-	-

Add \$65 annual policy fee

Banner Life Insurance Company

Opterm 30 - Male

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999						Current Rates \$250,000 - \$999,999						Current Rates \$1,000,000+					
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
20	1.05	1.28	1.51	1.93	3.25	4.66	0.63	0.84	1.09	1.53	2.52	4.04	0.58	0.79	1.09	1.53	2.51	3.90
21	1.05	1.28	1.51	1.93	3.25	4.66	0.63	0.84	1.09	1.53	2.52	4.04	0.58	0.79	1.09	1.53	2.51	3.93
22	1.05	1.28	1.52	1.93	3.25	4.66	0.63	0.84	1.09	1.53	2.52	4.04	0.58	0.79	1.09	1.53	2.51	3.93
23	1.05	1.28	1.54	1.93	3.25	4.66	0.63	0.84	1.09	1.53	2.52	4.04	0.58	0.79	1.09	1.53	2.51	3.93
24	1.05	1.28	1.56	1.93	3.25	4.66	0.63	0.84	1.09	1.53	2.52	4.04	0.58	0.79	1.09	1.53	2.51	3.93
25	1.05	1.28	1.59	1.93	3.25	4.66	0.63	0.85	1.09	1.53	2.52	4.04	0.58	0.79	1.09	1.53	2.51	3.93
26	1.06	1.29	1.63	1.97	3.32	4.66	0.63	0.86	1.11	1.53	2.56	4.04	0.59	0.80	1.11	1.53	2.55	3.93
27	1.07	1.30	1.67	2.02	3.40	4.67	0.64	0.86	1.14	1.53	2.62	4.04	0.60	0.82	1.12	1.53	2.60	3.93
28	1.08	1.31	1.71	2.07	3.50	4.70	0.65	0.87	1.18	1.53	2.69	4.04	0.62	0.84	1.15	1.53	2.66	3.93
29	1.10	1.33	1.75	2.12	3.60	4.75	0.66	0.88	1.21	1.53	2.77	4.04	0.63	0.85	1.17	1.53	2.73	3.97
30	1.12	1.34	1.79	2.15	3.71	4.83	0.67	0.89	1.24	1.53	2.87	4.04	0.65	0.87	1.20	1.53	2.81	4.04
31	1.15	1.35	1.82	2.15	3.80	4.91	0.69	0.89	1.26	1.56	2.97	4.15	0.66	0.88	1.22	1.55	2.89	4.15
32	1.17	1.36	1.83	2.15	3.89	4.99	0.70	0.89	1.28	1.59	3.07	4.28	0.68	0.88	1.25	1.57	2.97	4.28
33	1.21	1.37	1.85	2.15	3.99	5.12	0.72	0.89	1.30	1.63	3.19	4.45	0.69	0.88	1.27	1.60	3.06	4.45
34	1.25	1.39	1.89	2.15	4.14	5.36	0.75	0.90	1.34	1.70	3.36	4.67	0.71	0.89	1.31	1.65	3.21	4.67
35	1.31	1.44	1.95	2.15	4.36	5.76	0.79	0.93	1.39	1.79	3.58	4.97	0.75	0.93	1.37	1.73	3.42	4.97
36	1.37	1.51	2.04	2.34	4.67	6.44	0.84	0.99	1.47	1.91	3.88	5.52	0.80	0.99	1.45	1.84	3.72	5.48
37	1.44	1.61	2.15	2.62	5.05	7.38	0.89	1.07	1.56	2.05	4.25	6.24	0.86	1.07	1.54	1.99	4.11	6.16
38	1.53	1.73	2.29	2.96	5.50	8.45	0.95	1.18	1.68	2.23	4.68	7.07	0.94	1.17	1.66	2.16	4.56	6.92
39	1.64	1.86	2.46	3.31	6.03	9.49	1.03	1.30	1.82	2.43	5.15	7.89	1.02	1.29	1.79	2.36	5.05	7.69
40	1.79	2.02	2.67	3.64	6.64	10.37	1.12	1.43	1.98	2.65	5.64	8.59	1.12	1.41	1.95	2.58	5.56	8.37
41	1.99	2.30	2.92	3.89	7.37	11.04	1.23	1.58	2.15	2.90	6.16	9.15	1.23	1.55	2.12	2.82	6.10	8.94
42	2.23	2.66	3.21	4.10	8.25	11.55	1.36	1.76	2.34	3.19	6.72	9.59	1.36	1.70	2.30	3.08	6.69	9.42
43	2.50	3.07	3.56	4.32	9.23	11.98	1.51	1.96	2.57	3.51	7.32	9.98	1.50	1.87	2.51	3.37	7.32	9.87
44	2.81	3.48	3.95	4.66	10.22	12.46	1.67	2.17	2.85	3.86	7.98	10.44	1.66	2.07	2.78	3.70	7.98	10.39
45	3.14	3.86	4.40	5.20	11.16	13.08	1.85	2.39	3.21	4.26	8.69	11.05	1.83	2.28	3.12	4.08	8.69	11.05
46	3.50	4.19	4.93	6.01	11.99	13.92	2.03	2.62	3.68	4.70	9.46	11.89	2.01	2.51	3.56	4.52	9.42	11.89
47	3.88	4.49	5.57	7.11	12.70	15.00	2.22	2.85	4.26	5.21	10.29	12.97	2.19	2.77	4.11	5.03	10.19	12.97
48	4.31	4.78	6.28	8.39	13.24	16.40	2.43	3.10	4.93	5.76	11.18	14.37	2.40	3.05	4.73	5.59	10.93	14.31
49	4.78	5.10	7.00	9.64	13.56	18.19	2.68	3.39	5.63	6.35	12.15	16.14	2.64	3.37	5.38	6.20	11.63	15.98
50	5.31	5.48	7.70	10.74	13.62	20.45	3.00	3.74	6.31	6.96	13.20	18.38	2.94	3.74	6.02	6.83	12.31	18.04
51	5.90	6.26	8.34	10.74	-	-	3.39	4.17	6.95	7.60	-	-	3.31	4.17	6.61	7.49	-	-
52	6.69	7.11	8.92	10.74	-	-	3.87	4.68	7.54	8.25	-	-	3.76	4.68	7.16	8.16	-	-
53	7.51	7.87	9.41	10.74	-	-	4.45	5.30	8.05	8.93	-	-	4.30	5.27	7.63	8.86	-	-
54	8.28	8.50	9.78	10.74	-	-	5.14	6.03	8.46	9.62	-	-	4.94	5.95	8.00	9.56	-	-
55	8.98	8.98	10.00	10.74	-	-	5.97	6.89	8.73	10.31	-	-	5.71	6.73	8.24	10.27	-	-

Add \$65 annual policy fee

Banner Life Insurance Company
Opterm 30 - Female

Initial and Reentry Rates per \$1,000

Issue Age	Current Rates \$100,000 - \$249,999						Current Rates \$250,000 - \$999,999						Current Rates \$1,000,000+					
	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST	PPNT	PNT	SPNT	SNT	PT	ST
20	0.69	0.94	1.20	1.27	2.50	3.44	0.46	0.60	0.84	1.01	1.98	3.11	0.46	0.58	0.84	1.01	1.97	3.11
21	0.69	0.94	1.22	1.27	2.50	3.44	0.47	0.60	0.84	1.01	1.98	3.14	0.47	0.58	0.84	1.01	1.97	3.11
22	0.69	0.94	1.23	1.27	2.50	3.44	0.47	0.60	0.84	1.01	1.98	3.16	0.47	0.58	0.84	1.01	1.97	3.11
23	0.69	0.94	1.24	1.27	2.50	3.44	0.48	0.60	0.84	1.01	1.98	3.17	0.48	0.58	0.84	1.01	1.97	3.11
24	0.69	0.94	1.24	1.27	2.50	3.44	0.48	0.61	0.84	1.01	1.98	3.18	0.48	0.58	0.84	1.01	1.97	3.11
25	0.69	0.94	1.25	1.28	2.50	3.44	0.49	0.62	0.84	1.05	1.98	3.18	0.49	0.59	0.84	1.02	1.97	3.11
26	0.70	0.96	1.25	1.35	2.54	3.44	0.50	0.63	0.86	1.12	2.03	3.18	0.49	0.60	0.86	1.09	2.00	3.12
27	0.71	0.98	1.26	1.44	2.60	3.44	0.51	0.65	0.88	1.19	2.09	3.18	0.50	0.62	0.88	1.17	2.03	3.13
28	0.73	1.00	1.27	1.53	2.66	3.44	0.52	0.66	0.91	1.27	2.16	3.18	0.50	0.64	0.90	1.25	2.07	3.14
29	0.75	1.02	1.28	1.61	2.73	3.44	0.53	0.68	0.94	1.34	2.23	3.19	0.51	0.65	0.92	1.33	2.12	3.17
30	0.78	1.04	1.30	1.67	2.79	3.44	0.54	0.70	0.96	1.39	2.30	3.22	0.52	0.67	0.94	1.38	2.18	3.21
31	0.81	1.05	1.33	1.69	2.84	3.54	0.55	0.72	0.98	1.39	2.36	3.25	0.54	0.68	0.96	1.39	2.24	3.24
32	0.86	1.05	1.36	1.69	2.87	3.68	0.57	0.73	0.98	1.39	2.41	3.27	0.56	0.69	0.97	1.39	2.29	3.27
33	0.91	1.05	1.40	1.69	2.92	3.87	0.59	0.75	0.99	1.39	2.47	3.32	0.58	0.70	0.98	1.39	2.36	3.32
34	0.96	1.05	1.45	1.69	3.00	4.08	0.61	0.78	1.01	1.39	2.55	3.41	0.61	0.72	1.00	1.39	2.45	3.41
35	1.01	1.08	1.52	1.74	3.13	4.33	0.64	0.81	1.05	1.39	2.67	3.59	0.64	0.75	1.04	1.39	2.58	3.59
36	1.06	1.13	1.60	1.89	3.32	4.61	0.67	0.85	1.11	1.44	2.83	3.87	0.67	0.79	1.10	1.44	2.74	3.87
37	1.10	1.19	1.70	2.10	3.57	4.93	0.71	0.91	1.19	1.52	3.01	4.25	0.71	0.85	1.18	1.52	2.94	4.25
38	1.15	1.26	1.82	2.35	3.87	5.29	0.76	0.97	1.28	1.61	3.24	4.70	0.76	0.92	1.28	1.61	3.17	4.69
39	1.21	1.35	1.96	2.60	4.22	5.70	0.81	1.04	1.38	1.72	3.51	5.18	0.81	0.99	1.38	1.72	3.45	5.17
40	1.31	1.46	2.13	2.83	4.63	6.16	0.88	1.12	1.49	1.85	3.83	5.67	0.88	1.08	1.49	1.85	3.78	5.64
41	1.45	1.59	2.34	3.00	5.12	6.68	0.97	1.21	1.61	1.99	4.21	6.16	0.96	1.18	1.60	1.99	4.17	6.10
42	1.63	1.73	2.59	3.14	5.72	7.26	1.08	1.32	1.73	2.13	4.67	6.67	1.05	1.29	1.71	2.13	4.63	6.57
43	1.84	1.90	2.87	3.28	6.40	7.91	1.20	1.44	1.87	2.31	5.18	7.21	1.16	1.41	1.84	2.31	5.15	7.07
44	2.04	2.09	3.15	3.47	7.09	8.62	1.33	1.58	2.03	2.53	5.75	7.83	1.27	1.54	1.98	2.53	5.72	7.64
45	2.22	2.30	3.42	3.77	7.77	9.42	1.46	1.72	2.21	2.82	6.36	8.54	1.39	1.68	2.15	2.82	6.33	8.32
46	2.36	2.53	3.66	4.19	8.41	10.30	1.59	1.87	2.41	3.19	7.01	9.37	1.52	1.83	2.35	3.19	6.97	9.13
47	2.44	2.77	3.88	4.73	9.00	11.27	1.72	2.03	2.62	3.66	7.71	10.32	1.67	1.99	2.57	3.65	7.65	10.08
48	2.52	3.05	4.10	5.35	9.51	12.34	1.85	2.21	2.87	4.19	8.44	11.43	1.82	2.17	2.82	4.19	8.37	11.20
49	2.66	3.36	4.35	6.01	9.93	13.52	2.01	2.42	3.14	4.75	9.21	12.70	2.01	2.36	3.10	4.74	9.11	12.52
50	2.91	3.74	4.68	6.67	10.21	14.81	2.22	2.66	3.46	5.31	10.02	14.17	2.22	2.59	3.42	5.29	9.88	14.07
51	3.31	4.22	5.40	7.30	-	-	2.48	2.95	3.83	5.84	-	-	2.47	2.86	3.78	5.81	-	-
52	3.89	4.81	6.13	7.89	-	-	2.80	3.29	4.25	6.33	-	-	2.77	3.16	4.18	6.29	-	-
53	4.67	5.39	6.79	8.41	-	-	3.18	3.69	4.74	6.78	-	-	3.11	3.52	4.63	6.72	-	-
54	5.70	6.15	7.37	8.85	-	-	3.65	4.15	5.29	7.15	-	-	3.52	3.92	5.12	7.08	-	-
55	7.02	7.04	8.08	9.17	-	-	4.22	4.69	5.92	7.42	-	-	3.98	4.39	5.68	7.33	-	-

Add \$65 annual policy fee

Banner Life Insurance Company								
Annual Premium per \$1,000 After Initial Level Term Period								
Male								
Attained Age	Current Rates						Guaranteed Rates	
	PPNT	PNT	SPNT	SNT	PT	ST	NT	T
25	1.25	1.32	1.65	2.08	2.49	3.49	2.08	3.49
26	1.28	1.35	1.69	2.09	2.51	3.51	2.09	3.51
27	1.30	1.38	1.73	2.10	2.52	3.53	2.10	3.53
28	1.33	1.40	1.75	2.11	2.54	3.56	2.11	3.56
29	1.35	1.43	1.79	2.13	2.56	3.59	2.13	3.59
30	1.38	1.46	1.83	2.16	2.61	3.66	2.16	3.66
31	1.40	1.49	1.86	2.21	2.71	3.79	2.21	3.79
32	1.43	1.51	1.89	2.25	2.79	3.90	2.25	3.90
33	1.47	1.56	1.95	2.33	2.91	4.07	2.33	4.07
34	1.50	1.59	1.99	2.42	3.01	4.22	2.42	4.22
35	1.55	1.64	2.05	2.54	3.16	4.43	2.54	4.43
36	1.64	1.74	2.18	2.66	3.31	4.64	2.66	4.64
37	1.78	1.88	2.35	2.82	3.51	4.92	2.82	4.93
38	1.96	2.07	2.59	3.00	3.74	5.23	3.00	5.23
39	2.11	2.23	2.79	3.21	4.00	5.60	3.21	5.60
40	2.30	2.44	3.05	3.44	4.28	6.00	3.44	6.00
41	2.35	2.49	3.11	3.71	4.62	6.47	3.71	6.51
42	2.43	2.57	3.21	3.98	4.96	6.94	3.98	7.13
43	2.50	2.65	3.31	4.29	5.35	7.48	4.29	7.83
44	2.60	2.75	3.44	4.61	5.74	8.04	4.61	8.57
45	2.73	2.89	3.61	4.96	6.18	8.65	4.98	9.41
46	2.87	3.04	3.80	5.23	6.52	9.12	5.39	10.25
47	3.04	3.22	4.03	5.54	6.90	9.66	5.82	11.16
48	3.21	3.40	4.25	5.84	7.27	10.18	6.29	12.12
49	3.40	3.60	4.50	6.19	7.71	10.79	6.81	13.20
50	3.58	3.79	4.74	6.52	8.12	11.36	7.37	14.34
51	3.95	4.19	5.24	7.21	8.98	12.57	8.03	15.66
52	4.36	4.62	5.78	7.95	9.90	13.86	8.79	17.13
53	4.80	5.09	6.36	8.75	10.90	15.26	9.65	18.81
54	5.38	5.70	7.13	9.80	12.20	17.08	10.64	20.70
55	5.92	6.26	7.83	10.77	13.41	18.78	11.73	22.71
56	6.51	6.89	8.61	11.84	14.74	20.64	12.95	24.89
57	7.28	7.71	9.64	13.26	16.51	23.11	14.24	27.14
58	8.03	8.51	10.64	14.63	18.22	25.51	15.63	29.54
59	9.02	9.55	11.94	16.42	20.44	28.62	17.21	32.03
60	9.97	10.56	13.20	18.15	22.60	31.64	18.96	34.79
61	11.04	11.69	14.61	20.09	25.02	35.02	21.61	39.15
62	12.42	13.15	16.44	22.61	28.15	39.42	24.67	44.14
63	13.46	14.25	17.81	24.49	30.49	42.69	28.23	49.88
64	14.81	15.68	19.60	26.95	33.56	46.98	32.33	56.34
65	16.30	17.26	21.58	29.67	36.94	51.72	36.98	63.51
66	17.64	18.68	23.35	32.11	39.98	55.97	42.12	71.23
67	19.41	20.56	25.70	35.34	44.00	61.60	47.84	79.57
68	21.00	22.24	27.80	38.23	47.60	66.64	54.15	88.45
69	22.29	23.60	29.50	40.56	50.50	70.70	62.76	100.64
70	24.06	25.47	31.84	43.78	54.51	76.31	70.99	111.68
71	26.38	27.94	34.93	48.03	59.80	83.72	81.71	124.09
72	28.87	30.57	38.21	52.54	65.41	91.58	91.50	138.31
73	32.21	34.10	42.63	58.62	72.98	102.17	104.37	154.51
74	35.95	38.06	47.58	65.42	81.45	114.03	119.07	172.49
75	40.16	42.53	53.16	73.10	91.01	127.41	135.24	192.67
76	44.93	47.57	59.46	81.76	101.79	142.51	152.89	214.09
77	50.31	53.27	66.59	91.56	113.99	159.59	171.94	236.45
78	56.36	59.67	74.59	102.56	127.69	178.76	192.25	259.48
79	63.11	66.83	83.54	114.87	143.02	200.22	214.30	283.73
80	70.62	74.77	93.46	128.51	160.00	224.00	238.86	310.05
81	78.43	83.04	103.80	142.73	177.70	248.78	266.55	339.07
82	86.08	91.14	113.93	156.65	195.03	273.05	298.18	371.53
83	94.70	100.27	125.34	172.34	214.56	300.39	334.23	407.78
84	104.13	110.25	137.81	189.49	235.92	324.98	374.30	446.85
85	114.14	120.85	151.06	207.71	258.60	348.40	417.76	487.76
86	124.54	131.87	164.84	226.66	282.19	371.56	463.98	529.47
87	135.24	143.20	179.00	246.13	306.44	394.12	512.69	571.47
88	146.03	154.62	193.28	265.76	330.87	418.74	563.13	617.64
89	157.05	166.28	207.85	285.79	355.81	443.04	615.87	664.56
90	168.44	178.35	222.94	306.54	381.64	467.38	671.58	712.75
91	180.42	191.03	238.79	328.34	408.78	492.24	731.10	762.97
92	193.36	204.73	255.91	351.88	438.09	518.66	796.16	816.89
93	207.80	220.02	275.03	378.17	470.83	552.60	869.22	884.16
94	226.18	239.48	299.35	411.61	512.46	596.30	960.86	960.86

Add \$65 annual policy fee

Banner Life Insurance Company								
Annual Premium per \$1,000 After Initial Level Term Period								
Female								
Attained Age	Current Rates						Guaranteed Rates	
	PPNT	PNT	SPNT	SNT	PT	ST	NT	T
25	1.02	1.07	1.34	1.64	1.61	2.25	1.64	2.25
26	1.03	1.09	1.36	1.68	1.67	2.34	1.68	2.34
27	1.05	1.12	1.40	1.71	1.72	2.41	1.71	2.41
28	1.08	1.14	1.43	1.76	1.77	2.48	1.76	2.48
29	1.09	1.17	1.46	1.80	1.84	2.58	1.80	2.58
30	1.12	1.18	1.48	1.86	1.93	2.71	1.86	2.71
31	1.14	1.20	1.50	1.91	2.01	2.81	1.91	2.81
32	1.17	1.24	1.55	1.97	2.09	2.93	1.97	2.93
33	1.22	1.29	1.61	2.03	2.18	3.06	2.03	3.06
34	1.28	1.35	1.69	2.13	2.32	3.24	2.13	3.24
35	1.38	1.46	1.84	2.21	2.42	3.38	2.21	3.38
36	1.51	1.60	2.00	2.34	2.61	3.65	2.34	3.65
37	1.72	1.82	2.28	2.51	2.84	3.97	2.51	3.97
38	1.96	2.07	2.59	2.69	3.10	4.35	2.69	4.35
39	2.11	2.23	2.79	2.90	3.40	4.76	2.90	4.76
40	2.30	2.44	3.05	3.12	3.74	5.23	3.12	5.23
41	2.35	2.49	3.11	3.39	4.15	5.81	3.39	5.81
42	2.43	2.57	3.21	3.66	4.53	6.34	3.66	6.34
43	2.50	2.65	3.31	3.93	4.93	6.90	3.93	6.90
44	2.60	2.75	3.44	4.20	5.33	7.46	4.20	7.46
45	2.73	2.89	3.61	4.49	5.74	8.04	4.49	8.04
46	2.87	3.04	3.80	4.79	6.17	8.63	4.79	8.63
47	3.04	3.22	4.03	5.12	6.62	9.26	5.12	9.26
48	3.17	3.36	4.20	5.48	7.07	9.90	5.48	9.90
49	3.25	3.43	4.29	5.85	7.35	10.28	5.85	10.28
50	3.34	3.53	4.41	6.08	7.56	10.59	6.29	10.59
51	3.62	3.83	4.79	6.58	8.20	11.48	6.75	11.48
52	3.89	4.12	5.15	7.08	8.82	12.35	7.28	12.35
53	4.24	4.49	5.62	7.73	9.62	13.47	7.89	13.47
54	4.69	4.97	6.21	8.52	10.64	14.90	8.52	14.90
55	5.10	5.41	6.76	9.20	11.57	16.20	9.20	16.20
56	5.56	5.88	7.35	9.89	12.52	17.52	9.89	17.52
57	6.15	6.51	8.13	10.58	13.29	18.60	10.58	18.60
58	6.70	7.09	8.87	11.24	14.01	19.61	11.24	19.61
59	7.43	7.87	9.85	11.94	14.76	20.66	11.94	20.66
60	8.06	8.54	10.68	12.77	15.58	21.81	12.77	21.81
61	8.75	9.26	11.58	14.20	17.19	24.07	14.20	24.07
62	9.63	10.21	12.76	15.97	19.11	26.75	15.97	26.75
63	10.23	10.84	13.55	18.17	21.61	30.26	18.17	30.26
64	11.07	11.72	14.64	20.14	24.45	34.23	20.79	34.23
65	11.98	12.69	15.86	21.81	27.16	38.02	23.71	38.02
66	12.76	13.50	16.88	23.20	28.89	40.45	26.95	40.45
67	13.81	14.63	18.29	25.15	31.31	43.83	30.36	43.83
68	14.73	15.60	19.51	26.82	33.40	46.76	33.93	46.76
69	15.43	16.34	20.44	28.10	34.98	48.98	38.82	52.04
70	16.49	17.47	21.84	30.02	37.38	52.34	43.46	57.30
71	18.04	19.11	23.88	32.84	40.88	57.23	49.01	63.95
72	19.83	20.99	26.24	36.08	44.93	62.90	55.88	72.13
73	22.34	23.66	29.57	40.66	50.63	70.88	64.28	82.13
74	25.32	26.81	33.52	46.09	57.39	80.34	74.30	93.92
75	28.83	30.53	38.17	52.48	65.34	91.47	85.84	107.27
76	32.97	34.91	43.64	60.00	74.71	103.84	98.79	122.01
77	37.81	40.03	50.03	68.80	85.65	114.92	113.06	137.90
78	43.49	46.04	57.55	79.12	98.51	126.46	128.70	154.91
79	50.01	52.96	66.20	91.03	113.34	138.82	146.13	173.53
80	57.49	60.87	76.09	104.62	130.25	152.52	166.06	194.46
81	64.88	68.70	85.87	118.07	147.00	168.00	189.18	218.40
82	73.53	77.85	97.32	133.81	166.60	185.68	216.21	246.03
83	83.56	88.47	110.60	152.07	189.33	205.74	247.75	277.75
84	94.81	100.39	125.49	172.55	214.83	229.30	283.33	315.29
85	107.26	113.57	141.97	195.20	243.02	252.84	323.06	353.98
86	120.75	127.84	159.81	219.74	273.58	279.58	366.45	398.40
87	135.24	143.20	179.00	246.13	305.34	305.34	413.86	442.74
88	146.03	154.62	193.28	265.76	330.87	334.46	464.95	493.33
89	157.05	166.28	207.85	285.79	355.81	362.14	520.53	543.21
90	168.44	178.35	222.94	306.54	381.64	394.02	580.69	600.88
91	180.42	191.03	238.79	328.34	408.78	428.00	646.60	663.40
92	193.36	204.73	255.91	351.88	438.09	465.08	720.09	732.50
93	207.80	220.02	275.03	378.17	470.83	507.10	804.48	811.36
94	226.18	239.48	299.35	411.61	512.46	558.62	907.76	907.76

Add \$65 annual policy fee



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-638-8428
www.LGAmerica.com

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity, or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a non-affiliate benefit plan or its trustees).

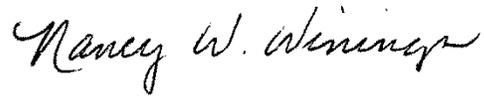
LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Certification

OPTN-AR

I hereby certify that the above-referenced submission meets the provisions of Regulation 34, Regulation 19s10B, as well as other applicable requirements of the Arkansas Department of Insurance.



Nancy W. Winings, F.S.A., M.A.A.A.
Vice President & Actuary

October 5, 2012
Date