

State: Arkansas Filing Company: Pruco Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: ORD 115145-2012 - Application For Guaranteed Issue Individual Life Insurance
Project Name/Number: ORD 115145-2012 - Application For Guaranteed Issue Individual Life Insurance/

Filing at a Glance

Company: Pruco Life Insurance Company
Product Name: ORD 115145-2012 - Application For Guaranteed Issue Individual Life Insurance
State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form
Date Submitted: 09/25/2012
SERFF Tr Num: PRUD-128629865
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: ORD 115145-2012 - APPLICATION FOR GUARANTEED ISSUE INDIVIDUAL LIFE INSURANCE-JSAR

Implementation
Date Requested:
Author(s): Diane Barrios, Susan Eckler-Kerns, Rozelyn Hayes, Jessica Kaimo, David Koonce, Gil Ortiz, Eula Armstrong, John Steiniger, Genetta Williams, Karen Finn
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/01/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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**General Information**

Project Name: ORD 115145-2012 - Application For Guaranteed Issue Individual Life Insurance Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Currently under review in our Home State, Arizona.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 10/01/2012  
 State Status Changed: 10/01/2012  
 Deemer Date: Created By: Diane Barrios  
 Submitted By: Eula Armstrong Corresponding Filing Tracking Number:

Filing Description:  
 In Re: Pruco Life Insurance Company  
 NAIC # 30479227  
 Individual Life Insurance  
 Form Number: ORD 115145-2012

Dear Commissioner:

We enclose the following form for filing:

ORD 115145-2012 Application for Guaranteed Issue Individual Life Insurance.

We plan to introduce the application form for use in the fourth quarter of 2012.

The application will be used to apply for individual life insurance coverage under a Section 162 (executive bonus) ERISA welfare benefit plan. Under this type of plan, the employer will directly pay the premiums, but the policies will be individually owned and applied for by the covered employees (or a different owner if designated). The application will be underwritten on a guaranteed issue basis. If an individual does not qualify for guaranteed issue, they will be able to apply on a fully-underwritten basis using our current state-approved application.

The application will be used with our approved flexible premium universal life policy and rider to provide lapse protection (forms ULNLG-2010 and PLI 528-2010, approved 1/05/2010; SERFF Tracking Number PRUD-126844986.)

The application process will generally be conducted in a non-face-to-face manner. The producer will provide copies of the application to the employees or to the employer to deliver to the employees for completion. For initial implementation, we are planning a paper-application process that may include use of a PDF-fillable form that is printed and wet-signed by the insured, owner (if different) and producer. To facilitate the process for completing the application, certain fields will be pre-filled on the form. This will include the Product applied for (PruLife Universal Life Protector), Death Benefit type (Type A), Definition of line insurance (CVAT), and Purpose of insurance (Section 162 Executive Bonus- ERISA welfare benefit plan). In the Premium section, we will also pre-fill the employer's name and address for where to send notices to. The insured's name and contact information may also be pre-filled if known at the time of the application. For future implementation, we may look to develop an electronic or telephonic application process in a later phase.

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The only variability in the form is limited to the state-specific Fraud Warning text and instructions and the Owner's Tax certification and instructions, which are bracketed as variable information in the Signatures section. We have enclosed a statement of variability for the form.

The form is submitted in final print and is subject to only minor modification in paper size and stock, ink, border, Company logo and adaptation to computer printing.

If you have any questions, please call me toll-free at (888)-800-8244, or contact me via e-mail at John.Steiniger@Prudential.com.

**Company and Contact**

**Filing Contact Information**

John Steiniger, Second Vice President John.Steiniger@Prudential.com  
 Individual Insurance Group 973-802-6104 [Phone]  
 213 Washington Street 973-367-8134 [FAX]  
 Newark, NJ 07102-2992

**Filing Company Information**

Pruco Life Insurance Company CoCode: 79227 State of Domicile: Arizona  
 751 Broad Street Group Code: 304 Company Type: Life  
 Newark, NJ 07102-3777 Group Name: State ID Number:  
 (973) 802-6000 ext. [Phone] FEIN Number: 22-1944557

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form x 1 form = \$50.00.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Pruco Life Insurance Company	\$50.00	09/25/2012	63060919

SERFF Tracking #: PRUD-128629865

State Tracking #:

Company Tracking #:

ORD 115145-2012 - APPLICATION FOR  
GUARAN...

State: Arkansas

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Pruco Life Insurance Company

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/01/2012	10/01/2012

**SERFF Tracking #:**

PRUD-128629865

**State Tracking #:****Company Tracking #:**ORD 115145-2012 - APPLICATION FOR  
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## Disposition

Disposition Date: 10/01/2012

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Copies of Prior Approved Form(s)		Yes
Form	APPLICATION FOR GUARANTEED ISSUE INDIVIDUAL LIFE INSURANCE		Yes

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GUARAN...

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## Form Schedule

Lead Form Number: ORD 115145-2012

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		ORD 115145-2012	AEF	APPLICATION FOR GUARANTEED ISSUE INDIVIDUAL LIFE INSURANCE	Initial:	51.900	ORD_115145-2012_091912_Prefilled.pdf

### Form Type Legend:

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



Pruco Life Insurance Company,  
a Prudential Financial company  
Corporate Offices, Newark, New Jersey

POLICY NUMBER (IF KNOWN): XX XXX XXX

### A. PROPOSED INSURED (POLICY OWNER UNLESS SECTION E IS COMPLETED)

- 1. Name: John Doe
- 2. Previous name (if changed in the last 5 yrs.): \_\_\_\_\_
- 3. Social Security number: XXX XX XXXX      4. Gender:  Female  Male      5. Date of birth: 9 / 20 / 1975
- 6. Are you a permanent, legal US resident?  Yes  No  
*If No, provide country of legal residence, type and number of visa, expiration date and length of US residence :*  
\_\_\_\_\_
- 7. Residence mailing address: 123 Main Street Apt \_\_\_\_\_  
City Any City State Any State ZIP XXXXXX
- 8. e-mail address: XXXXX@XXXX.net
- 9. Home telephone number: XXX-XXX-XXXX Mobile telephone number: XXX-XXX-XXXX

### B. PLAN OF INSURANCE

- 1. Amount of insurance applied for: \$ 100,000.00
- 2. Product applied for: PruLife Universal Life Protector
- 3. Death Benefit type: Type A
- 4. Definition of life insurance:  Cash Value Accumulation Test (CVAT)  Guideline Premium Test (GPT)
- 5. Purpose of insurance: Section 162 Executive Bonus - ERISA welfare benefit

### C. ELIGIBILITY

- 1. Are you performing all of the duties of your normal occupation on a full-time basis (at least 30 hours per week) at your customary place of employment?  Yes  No  
*If No, provide details :* \_\_\_\_\_
- 2. Within the past 90 days, have you been hospitalized or absent from work due to illness or injury for any period of five consecutive days?  Yes  No  
*If Yes, provide details :* \_\_\_\_\_
- 3. Have you smoked any cigarettes within the past 12 months?  Yes  No
- 4. Has any insurance carrier declined to issue life insurance coverage on your life within the past 12 months?  Yes  No  
*If Yes, provide details :* \_\_\_\_\_

### D. PREMIUM

- 1. Send notices (check one):  Policyowner  Other recipient: ABC Company  
Send notices (check one):  Policyowner's residence  Other address:  
Street 321 Oak Street Apt \_\_\_\_\_  
City Any City State Any State ZIP XXXXXX
- 2. Premium payment mode:  Annual  Semiannual  Quarterly]
- 3. Billed premium: \$ 500.00

**E. OWNER**

For multiple owners, details are to be listed in Special Requests, section H.

**COMPLETE IF OWNER IS OTHER THAN THE PROPOSED INSURED**

- 1. Name of owner: \_\_\_\_\_
- 2. Social Security/Tax identification number (SSN/TIN): \_\_\_\_\_
- 3. Residence mailing address: \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 4. Owner's email address: \_\_\_\_\_
- 5. Home telephone number: \_\_\_\_\_ Mobile telephone number: \_\_\_\_\_
- 6a. For trust owner:  
Trust date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Trustee(s) \_\_\_\_\_  
Type:  Revocable    Irrevocable    Qualified Retirement Plan Trust    Welfare Benefit Trust
- 6b. For business owner:  
Form:  Corporation    Partnership    Sole proprietorship    Other: \_\_\_\_\_  
 S Corporation    LLC    Tax exempt
- 6c. For personal owner:  
Relationship to Proposed Insured: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**F. BENEFICIARY DETAILS**

If beneficiary is a trust, provide name of trust and trustee(s), date of trust and if trust is revocable or irrevocable. If beneficiary is a business, please list name of business, city and state where located and the form of business.

Name: First	Middle	Last	Relationship to Proposed Insured	Age	Beneficiary Class	
					Primary	Secondary/Contingent
Mary		Doe	Spouse	35	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Robert		Doe	Son	10	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**G. INSURANCE HISTORY**

- 1. Do you have any existing life insurance or annuities?  Yes  No  
Note: Existing coverage includes any life insurance policies that have been assigned, sold or transferred.
- 2. Will this insurance replace\* any existing insurance or annuity?  Yes  No
- 3. List the following details for all existing coverage. (List only annuities to be replaced\*, list all in force life insurance):

Insurance Company	Face Amount	Type	Product	To Be Replaced?* 1035 Exchange?			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Replace or replaced means that the insurance being applied for may replace or cause a change in any existing insurance or annuity with any company, including the lapse or surrender of the existing policy, or the use of funds or values from the existing policy to pay for the new policy.

- 4. Are you applying for or reinstating life insurance with any company?  Yes  No  
**If Yes, give company name, amount applied for and total amount to be placed, including this application :**  
\_\_\_\_\_
- 5. Is the proposed insured or proposed owner considering the transfer or sale to a life settlement company or other investor of:  
policy ownership; or, any interest in the policy benefits, either directly as a named beneficiary or indirectly as a beneficiary  
or owner of a trust or other entity?  Yes  No  
**If Yes, provide details :** \_\_\_\_\_  
\_\_\_\_\_

**H. SPECIAL REQUESTS / ADDITIONAL DETAILS**

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

**AGREEMENTS**

By signing this form, I have carefully reviewed the application including all supplements attached to the policy, and I agree to the following:

- To the best of my knowledge and belief, the statements in this application are complete, true and correctly recorded.
- Except for failure to pay premium, the validity of this policy will not be contested after it has been in force during the insured's lifetime for two years from the date it takes effect.
- My original signature has been affixed to this application. The original application will be retained by the Company and I will receive a copy identical in form and substance to the original, attached to and will become a part of my policy.
- Any policy issued on this application shall not take effect until after all of the following conditions are met:
  - A payment equal to the full first required premium is received by the Company within the lifetime of the proposed insured. A payment will only be considered to be received if one of the following valid items is received by the Company: (i) a check in the amount of the full first required premium; (ii) a completed and signed payment form for the first full premium; or (iii) any other form of payment acceptable to the Company.
  - The form of payment submitted is honored. If payment is made by wire transfer, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
  - A signed copy of this Application is received by the Company.
  - The Owner has personally received the policy during the lifetime of and while the health of the Proposed Insured is as stated in this application.
- Only an officer of the Company with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of the Company, and then only in writing. **No producer or medical examiner is authorized to accept risks, pass on insurability, make or alter contracts, or waive any of the other rights or requirements of the Company.** Notice to or knowledge imputed to any producer or medical examiner will not be notice of or knowledge to the Company unless it is set out in writing in this application.

**FRAUD WARNING**

[(Not applicable in AZ.)] Any person who knowingly:

- **AR:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may be subject to fines, denial of insurance benefits, or confinement in prison.
- **DC:** presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **All other states:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may have committed fraud, or may have violated state law.

**SIGNATURES**

Owner's Residence (Complete only if Owner is other than proposed insured):  I am a U.S. resident  I am NOT a U.S. resident

**Owner's Tax Certification**

Under penalties of perjury, I certify that the taxpayer identification number (TIN) I have listed on this form is my correct TIN. I further certify that the citizenship/residency status I have listed on this form is my correct citizenship/residency status. If not a U.S. person (including resident alien), submit the applicable form W-8 (BEN, ECI, EXP, or IMP) In most cases, Form W-8BEN will be the appropriate form.

I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest or dividends.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.]**

Signed at (STATE) \_\_\_\_\_ (Name of State) \_\_\_\_\_ on (DATE) 09/06/2012 \_\_\_\_\_

→ Signature of proposed insured  John Doe

**If policyowner is different from the proposed insured:**

→ For a personal policyowner(s): Signature(s) of policyowner(s)  \_\_\_\_\_

For an entity policyowner(s) (i.e., trust, business):

Name of entity \_\_\_\_\_

→ Signature of officer/trustee(s)  \_\_\_\_\_

Title of officer/trustee(s) \_\_\_\_\_

I have no other information, other than as previously reported, that the proposed insured has existing life insurance or annuities or that indicates this coverage may replace or change any current insurance or annuity in any company.

I have provided all required disclosures to the policyowner and proposed insured.

→ Signature of producer  Richard Roe

Producer name Richard Roe

License ID number XXXXXXXXXX

**SERFF Tracking #:**

PRUD-128629865

**State Tracking #:****Company Tracking #:**ORD 115145-2012 - APPLICATION FOR  
GUARAN...**State:**

Arkansas

**Filing Company:**

Pruco Life Insurance Company

**TOI/Sub-TOI:**

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

**Product Name:**

ORD 115145-2012 - Application For Guaranteed Issue Individual Life Insurance

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	Readability Certification.pdf Certificate of Compliance -Regulation 19.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):	Statement of Variability for GI Application State Filing.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Copies of Prior Approved Form(s)		
Comments:	FOR INFORMATIONAL PURPOSES ONLY.		
Attachment(s):	ULNLG-2010 Policy for AR.pdf PLI 528-2010 Rider.pdf		

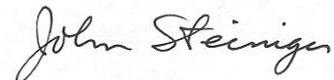
Arkansas

**Pruco Life Insurance Company**

**CERTIFICATION**

We certify that according to our computer method for obtaining Flesch score(s), the score for this form in this submission is:

<b>FORM NUMBER</b>	<b>SCORE</b>
ORD 115145-2012	51.9



\_\_\_\_\_  
John Steiniger, CLU, ChFC, FLMI, AIRC, ACS  
Assistant Vice President  
Date: September 20, 2012

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

Insurer: Pruco Life Insurance Company  
Form

Number(s): ORD 115145-2012

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

*John Steiniger*

---

Signature of Company Officer

John Steiniger

---

Name

Assistant Vice President

---

Title

September 20, 2012

---

Date

<b>FORM NUMBER</b>	<b>TITLE</b>
ORD 96200JUV-2010	Application For Life Insurance on a Juvenile (Age 0-17)
ORD 96200SURV-2010	Application For Life Insurance Survivorship Life
ORD 96200-2010 Aviation	Aviation Supplement
ORD 96200-2010 Avocation	General Avocation Supplement
ORD 96200-2010 Business	Business Supplement
ORD 96200-2010 Child Rider	Child Rider Supplement
ORD 96200-2010 Diving	Diving Supplement
ORD 96200-2010 Financial	Financial Statement Supplement
ORD 96200-2010 Mountain Climbing	Mountain Climbing Supplement
ORD 96200-2010 Racing	Motorized Vehicle Racing Supplement
ORD 96200-2010 Overflow Details	Overflow Details Supplement
ORD 96200-2010 Owner Statement	Policyowner Statement Supplement
ORD 96200CHG-2010	Request For Policy Change
ORD 96200-2010 Variable	Variable Supplement
ORD 112730-2010 Individual	Individual Good Health Statement
ORD 112730-2010 Juvenile	Juvenile Good Health Statement
ORD 112730-2010 Survivorship	Survivorship Good Health Statement
COMB 10164-2010	Amendment
ORD 84379-2010	Part 2 of Application For Life Insurance
ORD 84379-2010 Additional Details	Part 2 of Application For Life Insurance Additional Details

**Statement of Variability**

**Pruco Life Insurance Company  
Form ORD 115145-2012**

**September 20, 2012**

1.	Fraud Warning	The state-specific instructions and state-required text are bracketed as variable information in the Fraud Warning section in the application forms. The instructions may vary in the future based on changes to these or other state-specific requirements.
2.	Owner's Tax Certification	The Owner's Tax certification and instructions are bracketed as variable information in the Signatures section and may vary in the future based on changes to the IRS requirements.



**Pruco Life Insurance Company**  
213 Washington Street, Newark, NJ 07102  
A Prudential company

**Insured** JOHN DOE

XX XXX XXX **Policy Number**  
DEC 1, 2010 **Contract Date**

**Agency** R-NK1

---

**Flexible Premium Universal Life Insurance Policy. Insurance payable only upon death. Cash values reflect premium payments, interest credited to the contract fund, and charges. Non-participating.**

We will promptly pay the beneficiary the death benefit described under the Death Benefit provision of this contract if we receive due proof that the Insured died. We make this promise subject to all the provisions of this contract.

**The amount and duration of the death benefit may be fixed or variable, depending on the payment of premiums, any interest credited to the contract fund, and the charges made.**

**The cash value may increase or decrease daily, depending on the payment of premiums, any interest credited to the contract fund, and the charges made. There is no guaranteed minimum cash value.**

If there is ever a question about this contract, please see a Pruco Life Insurance Company representative or contact one of our offices.

**Right to Cancel Contract**

You may return this contract to us within 10 days after you receive it. All you have to do is take the contract or mail it to one of our offices or to the representative who sold it to you. It will be canceled and we will return your money in accordance with applicable law.

Signed for Pruco Life Insurance Company,  
an Arizona Corporation.

Secretary

President

PLEASE READ YOUR POLICY CAREFULLY; it is a legal contract between you and Pruco Life Insurance Company.

---

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A copy of the application and any riders or endorsements can be found at the end of the contract.

(This page intentionally left blank.)

**CONTRACT DATA**

**Insured's Information**

[JOHN DOE] [Male], Issue Age [35]

---

**Rating Class**

[Nonsmoker]

---

**Basic Contract Information**

Policy Number	[xx xxx xxx]
Contract Date	[December 1, 2010]
Premium Period	During the life of the Insured up to attained age 121
Beneficiary	[MARY DOE, wife]

Loan Interest Rate	3.00%
Preferred Loan Interest Rate	2.25%

---

**Type of Death Benefit** (see Death Benefit Provisions)

[Type A]

---

**Life Insurance on the Insured**

Basic Insurance Amount	[\$50,000.00]
------------------------	---------------

---

**Minimum Initial Premium**

The minimum initial premium due on the Contract Date is [\$41.09].

---

CONTRACT DATA CONTINUED ON NEXT PAGE

## CONTRACT DATA CONTINUED

### Contract Limitations

The minimum premium we will accept is \$25.00.

The minimum Basic Insurance Amount is [\$50,000.00.]

The minimum decrease in Basic Insurance Amount is \$5,000.00.

The minimum amount you may withdraw is \$250.00.

---

### Adjustments to Premium Payments

From each premium paid we will:

subtract a premium-based administrative charge of up to 7.5% of the premium paid.

subtract a charge for sales expenses at a rate of up to 12% of the premium paid.

The remainder of the premium is the invested premium amount.

---

### Adjustments to the Contract Fund

On the Contract Date the contract fund is equal to the invested premium amount credited on that date, minus any of the charges described below which may be due on that date.

On each day after the contract date, we will adjust the contract fund by:

adding any invested premium amounts.

adding guaranteed interest at an effective annual rate of 2% (0.00542552% a day).

adding any excess interest at an effective annual rate that Pruco Life declares. (We will not credit excess interest to the amount of any loan.)

CONTRACT DATA CONTINUED ON NEXT PAGE

**CONTRACT DATA CONTINUED**

subtracting any withdrawals.

subtracting an administrative charge of up to \$25.00 for any withdrawals.

subtracting an administrative charge of up to \$25.00 for any decrease in basic insurance amount.

subtracting any surrender charge that may result from a withdrawal, surrender, or reduction in the basic insurance amount.

And on each monthly date, we will adjust the contract fund by:

subtracting a monthly charge for administrative expenses of up to: [\$0.29] per \$1,000 of the basic insurance amount plus \$20.00.

subtracting a monthly charge for the cost of insurance (see Cost of Insurance).

---

**Schedule of Maximum Surrender Charges**

For a full surrender of the contract, the maximum charge we will deduct from the contract fund is shown below.

<b>For a Surrender Occurring During Contract Year</b>	<b>The Maximum Surrender Charge is:</b>
[1]	[\$830.78]
[2]	[\$790.50]
[3]	[\$750.22]
[4]	[\$704.90]
[5]	[\$664.62]
[6]	[\$624.34]
[7]	[\$584.06]
[8]	[\$538.75]
[9]	[\$498.47]
[10]	[\$458.19]

CONTRACT DATA CONTINUED ON NEXT PAGE

**CONTRACT DATA CONTINUED**

<b>For a Surrender Occurring During Contract Year</b>	<b>The Maximum Surrender Charge is:</b>
[11]	[\$417.91]
[12]	[\$372.59]
[13]	[\$332.31]
[14]	[\$292.03]
[15]	[\$251.75]
[16]	[\$206.44]
[17]	[\$166.16]
[18]	[\$125.88]
[19]	[\$85.60]
[20]	[\$40.28]
[21] and later	[\$0.00]

We may also deduct a surrender charge when you decrease the basic insurance amount, change the type of death benefit, or make a withdrawal. (See Decrease in Basic Insurance Amount, Changing the Type of Death Benefit, and Withdrawals.)

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END OF CONTRACT DATA

**TABLE(S)**

**Table of Limited No-Lapse Guarantee Values**

The amounts below are not cash amounts that you can realize by surrendering the contract, nor are they death benefits payable. They are amounts used solely to determine whether the contract is protected against default on a monthly date as described under Limited No-Lapse Guarantee.

These values are used to determine the limited no-lapse guarantee as described under Limited No-Lapse Guarantee. The values on contract anniversaries are shown below. On a date that falls between two anniversaries, the value will fall between the values for those anniversaries considering the time that has passed since the last anniversary.

The Limited No-Lapse Guarantee period is the first [5] contract years.

<b>Contract Anniversary</b>	<b>Limited No-Lapse Guarantee Value</b>
Contract Date	[\$0.00]
[1st]	[\$470.20]
[2nd]	[\$954.50]
[3rd]	[\$1,453.33]
[4th]	[\$1,967.12]
[5th]	[\$2,496.33]

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TABLE(S) CONTINUED ON NEXT PAGE

**TABLE(S) CONTINUED**

**Table of Maximum Monthly Insurance Rates per \$1,000 of Net Amount at Risk**

<b>Contract Year</b>	<b>Maximum Monthly Rate</b>	<b>Contract Year</b>	<b>Maximum Monthly Rate</b>
[1]	[0.09333]	[34]	[1.75917]
[2]	[0.09750]	[35]	[1.91917]
[3]	[0.10333]	[36]	[2.10583]
[4]	[0.11083]	[37]	[2.33250]
[5]	[0.11750]	[38]	[2.59750]
[6]	[0.12667]	[39]	[2.87667]
[7]	[0.13750]	[40]	[3.17667]
[8]	[0.15083]	[41]	[3.50333]
[9]	[0.16667]	[42]	[3.87167]
[10]	[0.18417]	[43]	[4.30000]
[11]	[0.20333]	[44]	[4.79750]
[12]	[0.22250]	[45]	[5.35500]
[13]	[0.23833]	[46]	[5.97667]
[14]	[0.25083]	[47]	[6.65250]
[15]	[0.26667]	[48]	[7.36833]
[16]	[0.28750]	[49]	[8.15000]
[17]	[0.31417]	[50]	[9.01917]
[18]	[0.34667]	[51]	[9.98583]
[19]	[0.38417]	[52]	[11.04917]
[20]	[0.43167]	[53]	[12.19833]
[21]	[0.48500]	[54]	[13.42000]
[22]	[0.54000]	[55]	[14.70167]
[23]	[0.59333]	[56]	[15.97833]
[24]	[0.64667]	[57]	[17.23500]
[25]	[0.70917]	[58]	[18.55167]
[26]	[0.78500]	[59]	[19.94000]
[27]	[0.87750]	[60]	[21.40250]
[28]	[0.98500]	[61]	[22.85083]
[29]	[1.10250]	[62]	[24.26500]
[30]	[1.22500]	[63]	[25.77167]
[31]	[1.35250]	[64]	[27.37833]
[32]	[1.48167]	[65]	[29.09250]
[33]	[1.61667]	[66]	[30.73000]

TABLE(S) CONTINUED ON NEXT PAGE

**TABLE(S) CONTINUED**

<b>Contract Year</b>	<b>Maximum Monthly Rate</b>	<b>Contract Year</b>	<b>Maximum Monthly Rate</b>
[67]	[32.18250]	[77]	[52.48583]
[68]	[33.72750]	[78]	[55.23583]
[69]	[35.37000]	[79]	[58.14583]
[70]	[37.10583]	[80]	[61.22083]
[71]	[38.93417]	[81]	[64.46917]
[72]	[40.87500]	[82]	[67.89667]
[73]	[42.93417]	[83]	[71.51083]
[74]	[45.11917]	[84]	[75.31667]
[75]	[47.43500]	[85]	[79.30583]
[76]	[49.88750]	[86]	[83.33333]

We may charge less than the maximum monthly rates. From time to time, we will consider the need to change the rates we charge. We describe the factors we use to determine such changes under General Provisions.

See the Basis of Computation for a description of the basis we use to compute these rates.

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TABLE(S) CONTINUED ON NEXT PAGE

**TABLE(S) CONTINUED**

**Table of Attained Age Factors**

These factors are used to determine your death benefit as described under Death Benefit Provisions.

These factors apply during each contract year.

<b>Contract Year</b>	<b>Factors</b>	<b>Contract Year</b>	<b>Factors</b>
[1]	[4.81]	[31]	[1.84]
[2]	[4.64]	[32]	[1.79]
[3]	[4.49]	[33]	[1.75]
[4]	[4.33]	[34]	[1.70]
[5]	[4.18]	[35]	[1.66]
[6]	[4.04]	[36]	[1.62]
[7]	[3.90]	[37]	[1.58]
[8]	[3.77]	[38]	[1.55]
[9]	[3.64]	[39]	[1.51]
[10]	[3.52]	[40]	[1.48]
[11]	[3.40]	[41]	[1.45]
[12]	[3.29]	[42]	[1.42]
[13]	[3.18]	[43]	[1.39]
[14]	[3.08]	[44]	[1.36]
[15]	[2.98]	[45]	[1.34]
[16]	[2.88]	[46]	[1.32]
[17]	[2.79]	[47]	[1.29]
[18]	[2.70]	[48]	[1.27]
[19]	[2.62]	[49]	[1.25]
[20]	[2.53]	[50]	[1.24]
[21]	[2.46]	[51]	[1.22]
[22]	[2.38]	[52]	[1.20]
[23]	[2.31]	[53]	[1.19]
[24]	[2.24]	[54]	[1.17]
[25]	[2.17]	[55]	[1.16]
[26]	[2.11]	[56]	[1.15]
[27]	[2.05]	[57]	[1.14]
[28]	[1.99]	[58]	[1.13]
[29]	[1.94]	[59]	[1.12]
[30]	[1.89]	[60]	[1.11]

TABLE(S) CONTINUED ON NEXT PAGE

PROCESSING DATE: [XXX XX, XXXX]  
POLICY NO. [XX XXX XXX]

**TABLE(S) CONTINUED**

<b>Contract Year</b>	<b>Factors</b>	<b>Contract Year</b>	<b>Factors</b>
[61]	[1.10]	[74]	[1.02]
[62]	[1.09]	[75]	[1.02]
[63]	[1.07]	[76]	[1.02]
[64]	[1.05]	[77]	[1.02]
[65]	[1.02]	[78]	[1.02]
[66]	[1.02]	[79]	[1.02]
[67]	[1.02]	[80]	[1.02]
[68]	[1.02]	[81]	[1.02]
[69]	[1.02]	[82]	[1.02]
[70]	[1.02]	[83]	[1.02]
[71]	[1.02]	[84]	[1.02]
[72]	[1.02]	[85]	[1.02]
[73]	[1.02]	[86]	[1.00]

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END OF TABLE(S)

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## DEFINITIONS

**We, our, us** and **Pruco Life**. - Pruco Life Insurance Company.

**You** and **Your**. - The owner(s) of the contract.

**Insured**. - The person named as the Insured on the first page. He or she need not be the owner.

**Issue Date**. - The contract date shown on the first page.

**Anniversary** or **contract anniversary**. - The same day and month as the contract date in each later year.

**Contract Year**. - A year that starts on the contract date or on an anniversary.

**Monthly Date**. - The contract date and the same day as the contract date in each later month.

**Contract Month**. - A month that starts on a monthly date.

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## THE CONTRACT

### Entire Contract

This policy and any attached copy of an application, including an application requesting a change, form the entire contract. We assume that all statements in an application are made to the best of the knowledge and belief of the person(s) who make them; in the absence of fraud, they are deemed to be representations and not warranties. We rely on those statements when we issue the contract and when we change it. We will not use any statement, unless made in an application, to try to void the contract, to contest a change, or to deny a claim.

### Contract Modifications

Only a Pruco Life officer with the rank or title of vice president may agree to modify this contract, and then only in writing.

### Incontestability

Except for non-payment of enough premium to pay the required charges, we will not contest this contract after it has been in force during the Insured's lifetime for two years from the issue date.

---

## OWNERSHIP

Unless a different owner is named in the application, the owner of the contract is the Insured. If a different owner is named, we will show that owner in an endorsement to the contract. This ownership arrangement will remain in effect unless you ask us to change it.

You may change the ownership of the contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request in a form that meets our needs, and the contract if we ask for it, we will file and record the change, and it will take effect as of the date you signed the request.

While the Insured is living, the owner alone is entitled to any contract benefit and value, and to the exercise of any right and privilege granted by the contract or by us.

---

## **DEATH BENEFIT PROVISIONS**

We will pay a benefit to the beneficiary at the Insured's death if this contract is in force at the time of that death; that is, if it has not been surrendered and it is not in default past the grace period.

If the contract is not in default, the amount we will pay will be the death benefit determined as of the date of the Insured's death reduced by any contract debt (described under Loans).

If the contract is in default, and the Insured's death occurs in the grace period (described under Default), we will pay the death benefit reduced by any contract debt and the amount needed to pay charges through the date of death.

If the Insured's death occurs past the grace period, no death benefit is payable.

### **Death Benefit**

This contract has a Type A or Type B death benefit. We show the type of death benefit that applies to this contract under Type of Death Benefit.

If this contract has a Type A death benefit, the death benefit on any date is equal to the greater of: (1) the basic insurance amount, and (2) the contract fund before deduction of any monthly charges due on that date, multiplied by the attained age factor that applies.

If this contract has a Type B death benefit, the death benefit on any date is equal to the greater of: (1) the basic insurance amount plus the contract fund before deduction of any monthly charges due on that date, and (2) the contract fund before deduction of any monthly charges due on that date, multiplied by the attained age factor that applies.

For the purpose of computing the death benefit, if the contract fund is less than zero we will consider it to be zero. Your basic insurance amount and attained age factors are shown in the contract data pages.

### **Additional Death Benefits**

This contract may provide additional benefits, which may be payable on an Insured's death. If it does, they will be listed on a contract data page, and a form describing the benefit will be included in this contract. Any such benefit will be payable only if the contract is not in default past the grace period at the time of the death.

### **Method of Payment**

You may choose to have any death benefit paid in a single sum or under one of the optional modes of settlement shown in the Settlement Options provision.

### **Suicide Exclusion**

If the Insured, whether sane or insane, dies by suicide within two years from the Issue Date, this contract will end and we will return the premiums paid less any contract debt and less any withdrawals.

## **Interest on Death Benefit**

Any death benefit described above will be credited with interest. The amount will be the greater of: (1) interest calculated in accordance with applicable laws, and (2) interest calculated from the date of death at a rate declared by Pruco Life.

---

## **DECREASE IN BASIC INSURANCE AMOUNT**

You may decrease the basic insurance amount, subject to our approval and all these conditions and the paragraphs that follow:

1. You must ask for the decrease in a form that meets our needs.
2. The amount of a decrease must be at least equal to the minimum decrease in basic insurance amount shown under Contract Limitations in the contract data pages.
3. The basic insurance amount after a decrease must be at least equal to the minimum basic insurance amount shown under Contract Limitations in the contract data pages.
4. If we ask you to do so, you must send us the contract to be endorsed.
5. The contract must not be in default.
6. You may not decrease the basic insurance amount if any surrender charge on the decrease exceeds the amount in your contract fund less the administrative charge (shown under Adjustments to the Contract Fund) for the decrease.

### **Surrender Charge on Decreases**

We will reduce the basic insurance amount by the amount of the decrease. To determine the surrender charge associated with the decrease, we multiply the surrender charge (see Schedule of Maximum Surrender Charges) by the amount of the decrease, and divide by the basic insurance amount before the decrease.

We may decline the decrease if we determine it would cause the contract to fail to qualify as life insurance under the applicable tax law. A decrease will take effect only if we approve your request for it at our Home Office and will take effect on the date we approve it. If we approve the decrease, we will recompute the contract's charges and values in the appropriate tables. A decrease in the basic insurance amount may also affect the amount of any extra benefits this contract might have. We will send you new contract data pages showing the amount and effective date of the decrease and the recomputed charges and values. If the Insured is not living on the effective date, the decrease will not take effect. We may deduct the administrative charge (shown under Adjustments to the Contract Fund) for the decrease.

---

## **COST OF INSURANCE**

On each monthly date, we will deduct a charge for the cost of insurance from the contract fund. To determine the maximum charge for the cost of insurance, we use the following method:

We determine the maximum cost of insurance rate for the basic insurance amount shown in the contract data pages using the maximum monthly rate shown under the Table of Maximum Monthly Insurance Rates. We multiply the rate by the net amount at risk (the death benefit minus the contract fund) divided by \$1,000 to compute the maximum charge for the cost of insurance.

---

## **CHANGING THE TYPE OF DEATH BENEFIT**

This contract has a Type A or Type B death benefit (see Death Benefit). Subject to our approval, you may change the type of death benefit. We will adjust the basic insurance amount so that the death benefit immediately after the change will remain the same as the death benefit immediately before the change.

### **Type A to B**

If you are changing from a Type A to a Type B death benefit, we will reduce the basic insurance amount by the contract fund on the date the change takes effect.

### **Type B to A**

If you are changing from a Type B to a Type A death benefit, we will increase the basic insurance amount by the contract fund on the date the change takes effect.

We may deduct from the contract fund the administrative charge shown for a decrease in the basic insurance amount under Adjustments to the Contract Fund. If the change in the type of death benefit results in a reduction in the basic insurance amount, the basic insurance amount after the decrease must be at least equal to the minimum basic insurance amount, which we show under Contract Limitations in the contract data pages. We may deduct from the contract fund a surrender charge for a reduction in the basic insurance amount as described in the Decrease in Basic Insurance Amount provision.

A change in the type of death benefit will take effect only if we approve your request at our Home Office. If we approve the change, we will recompute the contract's charges, values and limitations shown in the contract data pages. The change will take effect on the monthly date that coincides with or next follows the date we approve your request. We will send you new contract data pages showing the amount and effective date of the change in basic insurance amount and the recomputed charges, values and limitations.

Your request for a change must be in a form that meets our needs. We may require you to send us this contract before we make the change.

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## **BENEFICIARY**

You may designate or change a beneficiary by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request, and the contract if we ask for it, we will file and record the change and it will take effect as of the date you signed the request. But if we make any payment(s) before we receive the request, we will not have to make the payment(s) again. Any beneficiary's interest is subject to the rights of any assignee we know of.

When a beneficiary is designated, any relationship shown is to the Insured, unless otherwise stated. To show priority, we may use numbered classes, so that the class with first priority is called class 1, the class with next priority is called class 2, and so on. When we use numbered classes, these statements apply to beneficiaries unless the form states otherwise:

1. One who survives the Insured will have the right to be paid only if no one in a prior class survives the Insured.
2. One who has the right to be paid will be the only one paid if no one else in the same class survives the Insured.
3. Two or more in the same class who have the right to be paid will be paid in equal shares.
4. If none survives the Insured, we will pay in one sum to the Insured's estate.

Before we make a payment, we have the right to decide what proof we need of the identity, age, or other facts about any persons designated as beneficiaries. If beneficiaries are not designated by name and we make payment(s) based on that proof, we will not have to make the payment(s) again.

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## **PREMIUM PAYMENT**

### **Payment of Premiums**

The minimum initial premium shown in the contract data pages is due on or before the contract date. There is no insurance under this contract until that premium is paid. We may require an additional premium if adjustments to premium payments plus any contract fund charges due on or before the payment date exceeds the minimum initial premium.

Subject to the limitations below, additional premiums may be paid at any time during the Insured's lifetime up to attained age 121 as long as the contract is not in default beyond the grace period. Premiums may be paid at one of our offices or to one of our authorized representatives. We will give a signed receipt upon request. The minimum premium we will accept is shown on a contract data page. We have the right to refuse to accept a premium payment that would in our opinion cause this contract to fail to qualify as life insurance under applicable tax law. We also have the right to refuse to accept any payment that increases the death benefit by more than it increases the contract fund.

### **Invested Premium Amount**

The invested premium amount is the portion of each premium you pay that we add to the contract fund. It is equal to the premium paid minus the adjustments to premium payments shown on a contract data page.

### **Crediting the Initial Premium Payment**

If we receive the first premium payment on or before the contract date, we will credit the invested premium amount to the contract fund on the contract date.

If we receive the first premium payment after the contract date, we will credit the premium amount to the contract fund on the payment date.

---

## **CONTRACT FUND**

When you make your first premium payment, the invested premium amount, less any charges due on or before that day, becomes your contract fund. Amounts are added to and subtracted from the contract fund as shown under Adjustments to the Contract Fund in the contract data pages. The contract fund is used to pay charges under this contract and will determine, in part, whether this contract will remain in force or go into default. The contract fund is also used to determine your loan and surrender values, the amount you may withdraw, and the death benefit.

### **Cash Value**

The cash value at any time is the contract fund less any surrender charge. We show the maximum surrender charge in the Schedule of Maximum Surrender Charges.

### **Net Cash Value**

The net cash value at any time is the cash value less any contract debt. If the contract is in default, the net cash value is zero.

### **Net Amount at Risk**

The net amount at risk is used to determine the cost of insurance as described under Adjustments to the Contract Fund. It is equal to the death benefit (see Death Benefit) minus the contract fund.

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## **DEFAULT**

### **Excess Contract Debt Default**

If contract debt ever grows to be equal to or more than the cash value, the contract will have excess contract debt and will be in default.

### **Cash Value Default**

On each monthly date, we will determine the cash value. If the cash value is greater than zero and the contract has no excess contract debt, the contract will remain in force until the next monthly date. If the cash value is zero or less, the contract is in default unless it remains in force under a no-lapse guarantee.

### **Notice of Default**

If the contract is in default, we will mail you a notice stating the amount we will need to keep the contract in force. That amount will equal a premium which we estimate will keep the contract in force for three months from the date of default. We grant a 61-day grace period from the date we mail the notice to pay this amount. The contract will remain in force during this period. If that amount is not paid to us by the end of the 61-day grace period, the contract will end and have no value.

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## LIMITED NO-LAPSE GUARANTEE

On each monthly date during the Limited No-Lapse Guarantee period shown under the Table of Limited No-Lapse Guarantee Values, and while the contract is in force, we will:

1. Accumulate premium payments at 3% annual interest from the Monthly Date on or preceding the date of receipt;
2. Accumulate any withdrawal amounts at 3% annual interest; and
3. If the contract was previously reinstated (see Reinstatement), accumulate at 3% annual interest any loan amount at the time of default.

We then subtract amounts 2 and 3 from amount 1 and compare the result to the values shown in or derived from the Table of Limited No-Lapse Guarantee Values for such monthly date. If the result is equal to or greater than the appropriate value and the contract has no excess contract debt, the contract will remain in force until the next monthly date. If the result is less than the appropriate value and any of the events described under Default have occurred, the contract is in default as described under Default.

The Table of Limited No-Lapse Guarantee Values shows such values on contract anniversaries. On a date that falls between two anniversaries, the value will fall between the values for those anniversaries considering the time that has passed since the last anniversary.

---

## REINSTATEMENT

If this contract ends without value, as described under Default, you may reinstate it. The following conditions must be satisfied:

1. The contract must not have been in default for more than 5 years.
2. You must prove to us that the Insured is insurable for the contract.
3. You must pay us a charge equal to: (a) an amount, if any, required to bring the cash value to zero on the date the contract went into default, plus (b) the deductions from the contract fund during the grace period following the date of default, plus (c) a premium that we estimate will be sufficient after deduction of the charges shown under Adjustments to Premium Payments to cover the deductions from the contract fund for three monthly dates starting on the date of reinstatement.
4. Any existing contract debt on the date of default will be cancelled and will not be reinstated.

The date of reinstatement will be the date we approve your request. We will deduct all required charges from your payment and put the balance in your contract fund. If we approve the reinstatement, we will credit the contract fund with a refund of that part of any surrender charge deducted at the time of default which would have been charged if the contract were surrendered immediately after reinstatement.

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## SURRENDER

You may surrender this contract for its net cash value (see Contract Fund). To do so, you must ask us in a form that meets our needs. We may require you to send us the contract.

We will usually pay any net cash value within seven days after we receive your request and the contract (if we require it) at our Home Office. But we have the right to postpone paying it for up to six months. If we do so for more than thirty days, we will pay interest at the rate of 3% a year.

---

## WITHDRAWALS

You may make withdrawals from the contract subject to all these conditions and the paragraph that follows:

1. You must ask for the withdrawal in a form that meets our needs.
2. The net cash value after withdrawal may not be less than or equal to zero after deducting (a) any charges associated with the withdrawal and (b) an amount that we estimate will be sufficient to cover the contract fund deductions for two monthly dates following the date of withdrawal.
3. You may not withdraw less than the minimum amount shown under Contract Limitations.
4. The basic insurance amount after withdrawals must be at least equal to the minimum basic insurance amount shown under Contract Limitations.

Any amount withdrawn may not be repaid except as a premium subject to charges.

### **Effect on Contract Fund**

We will reduce your contract fund on the date we approve your request by the withdrawal amount and any charges listed under Adjustments to the Contract Fund.

We may charge an administrative fee as stated under Adjustments to the Contract Fund.

### **Effect on Basic Insurance Amount**

If you have a Type B death benefit, withdrawals will not affect the basic insurance amount.

If you have a Type A death benefit and the withdrawal would cause the net amount at risk (see Contract Fund) to increase, we will reduce the basic insurance amount and, consequently, your death benefit to offset this increase. The reduction in the basic insurance amount will never be more than the withdrawal amount. If we reduce the basic insurance amount, we will recompute the contract's charges, values and limitations. We will send you new contract data pages showing these changes. We may also deduct a surrender charge from the contract fund as described in the Decrease in Basic Insurance Amount provision.

We will usually pay any withdrawal amount within seven days after we receive your request and the contract (if we require it) at our Home Office. But we have the right to postpone paying it for up to six months. If we do so for more than thirty days, we will pay interest at the rate of 3% a year.

---

## LOANS

Subject to the requirements of this provision, you may at any time borrow any amount up to the current loan value less any existing contract debt.

### **Loan Value**

If the contract is not in default, the loan value at any time is equal to the cash value.

If the contract is in default, it has no loan value.

## **Contract Debt**

Contract debt at any time means the loan on the contract at that time, plus the interest we have charged that is not yet due and that we have not yet added to the loan.

## **Loan Requirements**

For us to approve a loan, the following requirements must be met: you must assign this contract to us as sole security for the loan; the Insured must be living; and the resulting contract debt must not be more than the loan value.

If there is already contract debt when you borrow from us, we will add the new amount you borrow to that debt.

## **Interest Charge**

We will charge interest daily on any loan. Interest is due on each contract anniversary, or when the loan is paid back, whichever comes first. If interest is not paid when due, we will increase the loan amount by any unpaid interest. Except as stated below, we charge interest at an effective annual rate shown under Loan Interest Rate in the contract data pages.

## **Preferred Loans**

A portion of the amount you may borrow on or after the 10th contract anniversary will be considered a Preferred Loan up to an amount equal to the maximum preferred loan amount described below. Preferred Loans are charged interest at an effective annual rate shown under Preferred Loan Interest Rate in the contract data pages.

## **Maximum Preferred Loan Amount**

The maximum preferred loan amount available starting on the 10th contract anniversary is (A) minus (B), where (A) is the total amount you may borrow, and (B) is the total premiums paid less total withdrawals, if any. If (B) is less than zero, we will consider it to be zero.

## **Effect on Contract Fund**

When you take a loan, the amount of the loan continues to be a part of the contract fund and is credited with interest at an effective rate of 2% a year.

---

# **GENERAL PROVISIONS**

## **Annual Report**

Once each contract year we will send you, without charge, a report. It will show: the current death benefit; the amount of the contract fund; the cash value; any contract debt and the interest rate we are charging; premiums paid, interest credited, charges deducted, and withdrawals taken since the last report. You may request a similar report at some other time during the year. We have the right to charge up to \$25 for such reports. The report may also show any other data that may be required where this contract is delivered.

## **Payment of Death Claim**

If we settle this contract in one sum as a death claim, we will usually pay the proceeds within seven days after we receive at our Home Office proof of the Insured's death and any other information we need to pay the claim.

## **Currency**

Any money we pay, or that is paid to us, must be in United States currency. Any amount we owe will be payable at our Corporate Office.

**Misstatement of Age or Sex**

If the Insured's stated age or sex or both are not correct, we will change each benefit and any amount to be paid to what the most recent deductions from the contract fund would have provided at the Insured's correct age and sex.

**Assignment**

We will not be deemed to know of an assignment unless we receive it, or a copy of it, at our Home Office. We are not obliged to see that an assignment is valid or sufficient. This contract may not be assigned to any employee benefit plan or program without our consent. This contract may not be assigned if such assignment would violate any federal, state, or local law or regulation prohibiting sex distinct rates for insurance.

**Change in Plan**

You may be able to have this contract changed to another plan of life insurance. Any change may be made only if we consent, and will be subject to conditions and charges that are then determined.

**Factors Subject to Change**

Charges deducted from premium payments and the contract fund may change from time to time, subject to the maximums shown in the contract data pages. In deciding whether to change any of these charges, we will periodically consider factors such as mortality, persistency, expenses, taxes and interest and/or investment experience to see if a change in our assumptions is needed. Changes in factors will be by class. All changes will be determined only prospectively; that is, we will not recoup prior losses or distribute prior gains by means of these changes.

**Non-participating**

This contract will not share in our profits or surplus earnings. We will pay no dividends on it.

**Applicable Tax Law**

This contract has been designed to satisfy the definition of life insurance for Federal income tax purposes under Section 7702 of the Internal Revenue Code of 1986, as amended. We reserve the right, however, to decline any change we determine would cause this contract to fail to qualify as life insurance under the applicable tax law. This includes changing the basic insurance amount, withdrawals, and changing the type of death benefit. We also have the right to change this contract, to require additional premium payments, or to make distributions from this contract to the extent necessary to continue to qualify this contract as life insurance. Finally, we reserve the right to take whatever action is necessary to prevent the contract from becoming a modified endowment contract under Section 7702A of the Internal Revenue Code of 1986 unless you have otherwise indicated to us in writing that you want a modified endowment contract.

**Age 121**

We discontinue the monthly charges from the contract fund on the first contract anniversary on or following the Insured's 121st birthday. You may continue the contract after that anniversary and it will then continue to operate as described in its provisions (including the Death Benefit and Contract Fund provisions), although you may not make any premium payments and no monthly charges will be deducted from the contract fund. Loans, loan repayments, and withdrawals can continue to be made after age 121. Cash value default may not occur on or following such anniversary. Excess contract debt default may occur if contract debt ever grows to be equal to or more than the cash value (see Default). Coverage may expire prior to age 121 if premiums paid are insufficient to continue the coverage to such age.

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## **BASIS OF COMPUTATION**

### **Mortality Basis and Interest Rate**

We compute maximum monthly insurance rates using:

1. the Commissioners 2001 Standard Ordinary Smoker and Nonsmoker Ultimate Mortality Table;
2. the issue age, sex, smoker and nonsmoker status, and rating class of the Insured and the length of time since the contract date;
3. age last birthday; and
4. an effective interest rate of 2% a year.

### **Minimum Legal Values**

The cash surrender values provided by this contract are at least as large as those set by law where it is delivered. Where required, we have given the insurance regulator a detailed statement of how we compute values and benefits.

---

## **SETTLEMENT OPTIONS**

### **Options Described**

You may choose to have the proceeds (that is, any death benefit or any amount payable upon surrender of the contract) paid in a single sum or under one of the optional modes of settlement described below.

If the person who is to receive the proceeds of this contract wishes to take advantage of one of these optional modes, we will furnish, on request, details of the options we describe below or any others we may have available at the time the proceeds become payable.

### **Option 1 (Instalments for a Fixed Period)**

We will make equal payments for up to 25 years. The Option 1 Table shows the minimum amounts we will pay.

### **Option 2 (Life Income)**

We will make equal monthly payments for as long as the person on whose life the settlement is based lives, with payments certain for 120 months. The Option 2 Table shows the minimum amounts we will pay. But, we must have proof of the date of birth of the person on whose life the settlement is based.

### **Option 3 (Interest Payment)**

We will hold an amount at interest. We will pay the interest annually, semi-annually, quarterly, or monthly.

### **Option 4 (Instalments of a Fixed Amount)**

We will make equal annual, semi-annual, quarterly, or monthly payments for as long as the available proceeds provide.

**Option 5 (Non-Participating Income)**

We will make payments like those of any annuity we then regularly issue that: (1) is based on United States currency; (2) is bought by a single sum; (3) does not provide for dividends; and (4) does not normally provide for deferral of the first payment. Each payment will be at least equal to what we would pay under that kind of annuity with its first payment due on its contract date. If a life income is chosen, we must have proof of the date of birth of any person on whose life the option is based. Option 5 cannot be chosen more than 30 days before the due date of the first payment.

**Interest Rate**

Payments under Options 1, 3 and 4 will be calculated assuming an effective interest rate of at least 1.5% a year. We may include more interest.

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## SETTLEMENT OPTIONS TABLES

OPTION 1 TABLE

OPTION 2 TABLE

MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY		MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY					
Number of Years	Monthly Payment	AGE LAST BIRTHDAY	Male	Female	AGE LAST BIRTHDAY	Male	Female
		1	\$83.90	5	\$2.72	\$2.68	48
2	42.26	and under			49	3.77	3.56
3	28.39	6	2.73	2.69	50	3.83	3.61
4	21.45	7	2.74	2.69	51	3.88	3.66
5	17.28	8	2.75	2.70	52	3.95	3.71
6	14.51	9	2.76	2.71	53	4.01	3.76
7	12.53	10	2.77	2.72	54	4.08	3.82
8	11.04	11	2.78	2.73	55	4.15	3.88
9	9.89	12	2.79	2.74	56	4.22	3.94
10	8.96	13	2.80	2.75	57	4.30	4.01
11	8.21	14	2.82	2.76	58	4.38	4.08
12	7.58	15	2.83	2.77	59	4.47	4.16
13	7.05	16	2.84	2.78	60	4.56	4.24
14	6.59	17	2.85	2.79	61	4.66	4.32
15	6.20	18	2.87	2.80	62	4.76	4.41
16	5.85	19	2.88	2.81	63	4.87	4.50
17	5.55	20	2.89	2.83	64	4.98	4.60
18	5.27	21	2.91	2.84	65	5.10	4.71
19	5.03	22	2.93	2.85	66	5.23	4.82
20	4.81	23	2.94	2.87	67	5.36	4.94
21	4.62	24	2.96	2.88	68	5.49	5.06
22	4.44	25	2.98	2.90	69	5.64	5.19
23	4.28	26	3.00	2.91	70	5.78	5.33
24	4.13	27	3.01	2.93	71	5.94	5.48
25	3.99	28	3.03	2.94	72	6.10	5.63
Multiply the monthly amount by 2.996 for quarterly, 5.981 for semi-annual or 11.919 for annual.		29	3.06	2.96	73	6.26	5.79
		30	3.08	2.98	74	6.43	5.96
		31	3.10	3.00	75	6.60	6.14
		32	3.13	3.02	76	6.78	6.33
		33	3.15	3.04	77	6.95	6.52
		34	3.18	3.07	78	7.13	6.71
		35	3.21	3.09	79	7.31	6.92
		36	3.23	3.11	80	7.49	7.12
		37	3.27	3.14	81	7.67	7.33
		38	3.30	3.16	82	7.85	7.53
		39	3.33	3.19	83	8.02	7.73
		40	3.37	3.22	84	8.18	7.93
		41	3.40	3.25	85	8.33	8.12
		42	3.44	3.29	86	8.48	8.29
		43	3.48	3.32	87	8.62	8.46
		44	3.53	3.35	88	8.75	8.61
		45	3.57	3.39	89	8.87	8.75
		46	3.62	3.43	90	8.98	8.88
47	3.67	3.47	and over				

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**Flexible Premium Universal Life Insurance Policy. Insurance payable only upon death. Cash values reflect premium payments, interest credited to the contract fund, and charges. Non-participating.**

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## **RIDER TO PROVIDE LAPSE PROTECTION**

On any monthly date after the Limited No-Lapse Guarantee period (see Limited No-Lapse Guarantee), when the contract would otherwise be in default (see Default), the contract will remain in force until the next monthly date if the no-lapse guarantee value is greater than zero. If the no-lapse guarantee value is zero or less, the contract is in default (see No-Lapse Default Charge).

The No-Lapse Guarantee Value, No-Lapse Contract Fund, No-Lapse Charge for Sales Expenses, No-Lapse Cost of Insurance, No-Lapse Net Amount at Risk, No-Lapse Death Benefit, and No-Lapse Default Charge (described below) are reference values only and are not used in the determination of values and benefits under this contract. They are used only to determine if the contract is in default.

### **No-Lapse Guarantee Value**

The no-lapse guarantee value is equal to the no-lapse contract fund, less any contract debt.

### **No-Lapse Contract Fund**

When you make your first premium payment, the no-lapse invested premium amount, less any no-lapse charges due on or before that day, becomes your no-lapse contract fund. Beginning on the contract date, amounts are added to and subtracted from the no-lapse contract fund as shown under No-Lapse Adjustments to the No-Lapse Contract Fund.

### **No-Lapse Charge for Sales Expenses**

We subtract a no-lapse charge for sales expenses from each premium paid. The premium allocation amounts and the initial and ultimate rates are shown in the No-Lapse Charge For Sales Expenses Rate Table. For any premium we receive in the 21-day period preceding a contract anniversary on which the initial or ultimate rates decrease, we will subtract a no-lapse charge for sales expenses no greater than the amount we would subtract if that premium were received on the contract anniversary.

To determine the amount deducted from each premium, we perform the following steps:

1. We determine any premium amount already paid during the current contract year. (This amount may be zero.)
2. We subtract the step 1 amount from the premium allocation amount on the date we receive your payment. If the result is less than zero, we consider it to be zero.
3. If the Current Premium amount is less than or equal to the step 2 amount, the entire premium amount is multiplied by the Initial Rate to determine the no-lapse charge for sales expenses for that premium. If the Current Premium amount is greater than the step 2 amount, we (a) multiply the step 2 amount by the initial rate, and (b) multiply the difference between the submitted premium and the step 2 amount by the ultimate rate. The total of (a) and (b) is the no-lapse charge for sales expenses for that premium.

### **No-Lapse Cost of Insurance**

On each monthly date, we will deduct a charge for the no-lapse cost of insurance from the no-lapse contract fund. To determine this charge, we use the following method:

We determine the no-lapse cost of insurance rate using the monthly rate shown under the Table of No-Lapse Monthly Insurance Rates per \$1,000 of No-Lapse Net Amount at Risk for the appropriate effective date.

We multiply that rate by the no-lapse net amount at risk divided by \$1,000 to compute the charge for the no-lapse cost of insurance.

## **No-Lapse Default Charge**

On any monthly date after the Limited No-Lapse Guarantee period (see Limited No-Lapse Guarantee), when the contract enters default, we will deduct a no-lapse default charge from the no-lapse contract fund. This charge will be deducted no more than once each contract year. Although this charge is not used to determine values and benefits under this contract, it may serve to increase the premium required to keep the contract in force following default (see Default).

The Table of Maximum No-Lapse Default Charges on the contract data pages shows the no-lapse default charge per \$1,000 of the basic insurance amount during each contract year. We determine the no-lapse default charge by multiplying the rate shown in the table for the appropriate contract year, multiplied by the basic insurance amount, divided by \$1,000. We may charge less than the maximum no-lapse default charge. The no-lapse default charge may change from time to time, subject to the maximum charge shown in the aforementioned table. In deciding whether to change this charge, we will periodically consider factors such as mortality, persistency, taxes, and interest and/or investment experience to see if a change in our assumptions is needed.

Any change in the No-Lapse Default Charge will apply to your contract only if it applies to all other contracts in the same class (same plan, issue age, sex, duration and rating class) as yours.

## **No-Lapse Net Amount at Risk**

The no-lapse net amount at risk is equal to the no-lapse death benefit minus the no-lapse contract fund.

## **No-Lapse Death Benefit**

This contract has a Type A or Type B death benefit. We show the type of death benefit that applies to this contract under Type of Death Benefit in the contract data pages.

If this contract has a Type A death benefit, the no-lapse death benefit is equal to the greater of (1) the basic insurance amount, and (2) the no-lapse contract fund before deduction of any no-lapse monthly charges due on that date, multiplied by the attained age factor that applies.

If this contract has a Type B death benefit, the no-lapse death benefit is equal to the greater of (1) the basic insurance amount plus the no-lapse contract fund before deduction of any no-lapse monthly charges due on that date, and (2) the no-lapse contract fund before deduction of any no-lapse monthly charges due on that date, multiplied by the attained age factor that applies.

## **Total Disability Benefit**

This contract may have a rider for the payment of an invested premium amount benefit upon the Insured's total disability. If it does, this benefit will be listed on a contract data page and a copy of the rider will be included in this contract. On each monthly date benefits are paid under this rider, we will credit the No-Lapse Contract Fund with a no-lapse invested premium amount equal to the total of the monthly deductions from the No-Lapse Contract Fund on that monthly date. However, we will not credit the no-lapse default charge, if any, to the no-lapse contract fund under any total disability benefit.

## **No-Lapse Premiums**

This contract has two features that protect against default (see Default) when the cash value is zero or less. The Limited No-Lapse Guarantee protects against default during the Limited No-Lapse Guarantee Period (see Table of Limited No-Lapse Guarantee Values) as described in the Limited No-Lapse Guarantee provision. After the Limited No-Lapse Guarantee Period, this rider protects against default when the No-Lapse Guarantee Value is greater than zero. There are many premium schedules and amounts that will protect against default both during and after the Limited No-Lapse Guarantee Period. We show two such schedules of premiums in the lapse protection rider data pages that, if the following conditions are satisfied, will protect against default during the lifetime of the Insured:

(1) The single premium no-lapse premium is a premium amount that, if paid on the contract date, will prevent the contract from entering default during the lifetime of the Insured.

(2) The modal no-lapse premium is a premium amount that, if paid on the contract date and each due date up to the Insured's attained age 121 will prevent the contract from entering default during the lifetime of the Insured.

The No-Lapse Premiums are subject to the following conditions:

1. We must receive each premium before or during the contract month in which it is due;
2. You must not take any loan (see Loans);
3. You must not make a withdrawal (see Withdrawals);
4. You must not change the death benefit type (see Changing The Type Of Death Benefit); and
5. For the modal no-lapse premium, we must not at any time have paid a benefit under a rider for the payment of an invested premium amount upon the Insured's total disability.

The Schedule of No-Lapse Premiums will not appear on new lapse protection rider data pages resulting from a withdrawal or decrease in the basic insurance amount.

This is a flexible premium universal life insurance policy. Subject to the limitations described in the Premium Payment provision, premiums may be paid at any time and amount up to attained age 121 as long as the contract is not in default beyond the grace period.

**Termination**

This rider will end on the earliest of:

1. the end of the last day of the grace period if the contract is in default;
2. the date the contract is surrendered for its net cash value; and
3. the date the contract ends for any other reason.

If this rider ends as the result of default, it may not be reinstated.

**This Supplementary Benefit rider attached to this contract on the Contract Date**

Pruco Life Insurance Company,

By    
 Secretary

**LAPSE PROTECTION RIDER DATA**

**No-Lapse Adjustments to Premium Payments**

From each premium paid we will:

subtract a no-lapse administrative charge of 3.75% of the premium paid.

subtract a no-lapse charge for sales expenses as described under No-Lapse Charge for Sales Expenses.

The remainder of the premium is the no-lapse invested premium amount.

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**No-Lapse Adjustments to the No-Lapse Contract Fund**

On the Contract Date the no-lapse contract fund is equal to the no-lapse invested premium amount credited on that date, minus any of the charges described below which may be due on that date.

On each day after the contract date, we will adjust the no-lapse contract fund by:

adding any no-lapse invested premium amounts.

adding no-lapse interest on that portion of the no-lapse contract fund in excess of the amount of any loan as follows:

<u>Contract Year(s)</u>	<u>Effective Annual Rate of No-Lapse Interest</u>
1 - 15	5.85% 0.01557733% a day)
16 - 25	5.75% (0.01531833% a day)
26-35	5.30% (0.01414983% a day)
36 and later	4.50% (0.01206015% a day)

adding no-lapse interest on that portion of the no-lapse contract fund equal to the amount of any loan at an effective annual rate of 2% (0.00542552% a day).

subtracting any withdrawals.

subtracting a no-lapse administrative charge of \$25.00 for any withdrawals.

subtracting any no-lapse default charge.

RIDER DATA CONTINUED ON NEXT PAGE

**LAPSE PROTECTION RIDER DATA CONTINUED**

And on each monthly date, we will adjust the no-lapse contract fund by:

subtracting a monthly charge for administrative expenses of:  
[\$0.29] per \$1,000 of the basic insurance amount plus \$10.00.

subtracting a monthly charge for the no-lapse cost of insurance (see No-Lapse Cost of Insurance).

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**Schedule of No-Lapse Premiums**

The single premium no-lapse premium due on the contract date is [\$8,691.00].

The modal no-lapse premium due on the contract date and each subsequent [contract anniversary] is [\$492.00], ceasing on the contract anniversary on or following the Insured's 121st birthday.

RIDER DATA CONTINUED ON NEXT PAGE

**LAPSE PROTECTION RIDER DATA CONTINUED**

**Table of No-Lapse Monthly Insurance Rates per \$1,000 of No-Lapse Net Amount at Risk**

<b>Contract Year</b>	<b>Monthly Rate</b>	<b>Contract Year</b>	<b>Monthly Rate</b>
[1]	[0.05638]	[36]	[0.43252]
[2]	[0.05716]	[37]	[0.47488]
[3]	[0.05825]	[38]	[0.52441]
[4]	[0.05965]	[39]	[0.57659]
[5]	[0.06090]	[40]	[0.63266]
[6]	[0.06261]	[41]	[0.69371]
[7]	[0.06464]	[42]	[0.76255]
[8]	[0.06713]	[43]	[0.84261]
[9]	[0.07009]	[44]	[0.93559]
[10]	[0.07336]	[45]	[1.03979]
[11]	[0.07694]	[46]	[1.15598]
[12]	[0.08052]	[47]	[1.28229]
[13]	[0.08348]	[48]	[1.41608]
[14]	[0.08582]	[49]	[1.56217]
[15]	[0.08878]	[50]	[1.72462]
[16]	[0.09267]	[51]	[1.90529]
[17]	[0.09766]	[52]	[2.10403]
[18]	[0.10373]	[53]	[2.31881]
[19]	[0.11074]	[54]	[2.54714]
[20]	[0.11962]	[55]	[2.78668]
[21]	[0.12958]	[56]	[3.02529]
[22]	[0.13986]	[57]	[3.26016]
[23]	[0.14983]	[58]	[3.50624]
[24]	[0.15980]	[59]	[3.76572]
[25]	[0.17148]	[60]	[4.03907]
[26]	[0.18565]	[61]	[4.30976]
[27]	[0.20294]	[62]	[4.57407]
[28]	[0.22303]	[63]	[4.85566]
[29]	[0.24500]	[64]	[4.80711]
[30]	[0.26789]	[65]	[4.75903]
[31]	[0.29172]	[66]	[4.71144]
[32]	[0.31586]	[67]	[4.66433]
[33]	[0.34109]	[68]	[4.61769]
[34]	[0.36773]	[69]	[4.57151]
[35]	[0.39763]	[70]	[4.52579]

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**LAPSE PROTECTION RIDER DATA CONTINUED**

<b>Contract Year</b>	<b>Monthly Rate</b>	<b>Contract Year</b>	<b>Monthly Rate</b>
[71]	[4.48054]	[79]	[4.13439]
[72]	[4.43573]	[80]	[4.09305]
[73]	[4.39137]	[81]	[4.05212]
[74]	[4.34746]	[82]	[4.01160]
[75]	[4.30399]	[83]	[3.97148]
[76]	[4.26095]	[84]	[3.93177]
[77]	[4.21834]	[85]	[3.89245]
[78]	[4.17615]	[86]	[3.85352]

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PROCESSING DATE: [XXX XX, XXXX]  
POLICY NO. [XX XXX XXX]

**LAPSE PROTECTION RIDER DATA CONTINUED**

**NO-LAPSE CHARGE FOR SALES EXPENSES RATE TABLE**  
(see Rider to Provide Lapse Protection for details)

	Initial Rate	Ultimate Rate	Premium Allocation Amount
Contract Date	[2.50%]	[2.50%]	[\$503.50]

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RIDER DATA CONTINUED ON NEXT PAGE

**LAPSE PROTECTION RIDER DATA CONTINUED**

**Table of Maximum No-Lapse Default Charges per \$1,000 of Basic Insurance Amount**

<b>Contract Year</b>	<b>Maximum No-Lapse Default Charge</b>	<b>Contract Year</b>	<b>Maximum No-Lapse Default Charge</b>
[1-5]	[N/A]	[40]	[2.76797]
[6]	[0.40154]	[41]	[2.95113]
[7]	[0.83654]	[42]	[3.15766]
[8]	[1.07139]	[43]	[3.39782]
[9]	[1.08026]	[44]	[3.67677]
[10]	[1.09008]	[45]	[3.98936]
[11]	[1.10082]	[46]	[4.33793]
[12]	[1.11157]	[47]	[4.71687]
[13]	[1.12045]	[48]	[5.11824]
[14]	[1.12746]	[49]	[5.55652]
[15]	[1.13633]	[50]	[6.04386]
[16]	[1.14802]	[51]	[6.58587]
[17]	[1.16297]	[52]	[7.18208]
[18]	[1.18119]	[53]	[7.82642]
[19]	[1.20222]	[54]	[8.51141]
[20]	[1.22885]	[55]	[9.23004]
[21]	[1.25875]	[56]	[9.94587]
[22]	[1.28959]	[57]	[10.65048]
[23]	[1.31950]	[58]	[11.38873]
[24]	[1.34940]	[59]	[12.16717]
[25]	[1.38444]	[60]	[12.98720]
[26]	[1.42696]	[61]	[13.79928]
[27]	[1.47883]	[62]	[14.59220]
[28]	[1.53910]	[63]	[15.43699]
[29]	[1.60499]	[64]	[15.29132]
[30]	[1.67367]	[65]	[15.14710]
[31]	[1.74516]	[66]	[15.00433]
[32]	[1.81758]	[67]	[14.86299]
[33]	[1.89328]	[68]	[14.72306]
[34]	[1.97318]	[69]	[14.58453]
[35]	[2.06289]	[70]	[14.44738]
[36]	[2.16755]	[71]	[14.31161]
[37]	[2.29465]	[72]	[14.17719]
[38]	[2.44323]	[73]	[14.04412]
[39]	[2.59976]	[74]	[13.91238]

RIDER DATA CONTINUED ON NEXT PAGE

**LAPSE PROTECTION RIDER DATA CONTINUED**

<b>Contract Year</b>	<b>Maximum No-Lapse Default Charge</b>	<b>Contract Year</b>	<b>Maximum No-Lapse Default Charge</b>
[75]	[13.78196]	[81]	[13.02635]
[76]	[13.65284]	[82]	[12.90479]
[77]	[13.52501]	[83]	[12.78444]
[78]	[13.39846]	[84]	[12.66530]
[79]	[13.27317]	[85]	[12.54734]
[80]	[13.14914]	[86]	[12.43057]

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END OF RIDER DATA