

State: Arkansas **Filing Company:** North American Company for Life and Health Insurance
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Form 4583 9-12
Project Name/Number: Form 4583 9-12/Form 4583 9-12

Filing at a Glance

Company: North American Company for Life and Health Insurance
Product Name: Form 4583 9-12
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 11/07/2012
SERFF Tr Num: NALH-128757463
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: FORM 4583 9-12

Implementation: On Approval
Date Requested:
Author(s): Sherry M. Olson
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/13/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** North American Company for Life and Health Insurance
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Form 4583 9-12
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General Information

Project Name: Form 4583 9-12 Status of Filing in Domicile: Pending
Project Number: Form 4583 9-12 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments: North American's domicile state of Iowa is a member of the Interstate Compact; this filing has been submitted to the Compact.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 11/13/2012
State Status Changed: 11/13/2012
Deemer Date: Created By: Sherry M. Olson
Submitted By: Sherry M. Olson Corresponding Filing Tracking Number:

Filing Description:

RE: North American Company for Life and Health Insurance
NAIC # 66974 FEIN # 36-2428931
Form 4583 9-12, Flexible Premium Deferred Annuity Rider

We are filing the above form for review and approval. This is a new form that will replace Form 4583 11-11, which was approved on 1/05/2012 (SERFF Tr #: NALH-127938913).

The forms are laser printed and we reserve the right to change logos, company address, fonts and layouts. We certify the font size will never be less than the minimum 10-point required.

Form 4583 9-12 is a flexible premium deferred annuity rider. The rider is available for issue ages 18-65. It is only available with individual Flexible Premium Adjustable Life Insurance Policy Forms 2540 11-11 and 2560 11-11, which were approved on 1/05/2012 (SERFF Tr #: NALH-127938913). Generally, the rider and policy forms to which it's attached will be available in the bank-, credit union- or corporate-owned life insurance market where they are designed for purchase in connection with non-qualified deferred compensation plans (employee compensation and benefit plans, key person insurance and insurance to cover the costs of providing pre- and post-retirement employee benefits). The employer/corporation is the owner, beneficiary and pays the premiums on policies covering employee/insureds.

The rider is optional and may be added to new issues or to existing policies at the written request of the policyowner. There is no cost for the rider. The rider accumulates flexible premium payments at a declared interest rate. The minimum guaranteed interest rate is 2.0%.

This form differs from Form 4583 11-11 in the following manner:

1. On page 1:

- We added "OF PREMIUMS PAID" to the PREMIUM EXPENSE CHARGE and MINIMUM NONFORFEITURE PERCENT OF PREMIUM EXPENSE CHARGE.
- We added a 20 Day Right to Cancel provision

2. On page 2, we've removed the brackets from the Percent of Accumulation value columns on the Maximum Surrender Charge Schedule and will print the Percent of Accumulation Values for all issue ages instead of varying it to print based on the insured's age at issue.

3. We revised the Owner provision on page 3 to remove "subject to our approval" and to add the notice is effective on the date

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signed unless otherwise specified by the owner.
 4. We added an Annual Report provision to page 3.

For informational purposes, included in this filing is a Statement of Variability that provides the variable ranges and variable text for the bracketed information

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 36223 or at solson@sfgmembers.com

Sincerely,

Sherry Olson
 Senior Contract Analyst
 Corporate Markets Center
 Midland National Life Insurance Company &
 North American Company for Life and Health Insurance

Company and Contact

Filing Contact Information

Sherry Olson, Senior Contract Analyst solson@mnlife.com
 2000 44th St. South, Suite 300 701-433-6223 [Phone]
 Fargo, ND 58103 701-433-8223 [FAX]

Filing Company Information

North American Company for Life and Health Insurance	CoCode: 66974	State of Domicile: Iowa
Principal Office: 4601 Westown Parkway - Suite 300	Group Code: 431	Company Type: Life and Annuity
West Des Moines, IA 50266	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 36-2428931	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form x 1 form
 Per Company: No

Company	Amount	Date Processed	Transaction #
North American Company for Life and Health Insurance	\$50.00	11/07/2012	64646200

SERFF Tracking #:

NALH-128757463

State Tracking #:

Company Tracking #:

FORM 4583 9-12

State:

Arkansas

Filing Company:

North American Company for Life and Health Insurance

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Form 4583 9-12

Project Name/Number:

Form 4583 9-12/Form 4583 9-12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/13/2012	11/13/2012

SERFF Tracking #:

NALH-128757463

State Tracking #:

Company Tracking #:

FORM 4583 9-12

State:

Arkansas

Filing Company:

North American Company for Life and Health Insurance

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Form 4583 9-12

Project Name/Number:

Form 4583 9-12/Form 4583 9-12

Disposition

Disposition Date: 11/13/2012

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	Statement of Variability		Yes
Supporting Document	Actuarial Memorandum		No
Form	Flexible Premium Deferred Annuity Rider		Yes

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Form 4583 9-12
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Filing Company: North American Company for Life and Health Insurance

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Flexible Premium Deferred Annuity Rider	Form 4583 9-12	POLA	Initial		59.500	Form 4581 9-12.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



Principal Office: 4350 Westown Parkway, West Des Moines, IA 50266
Corporate Markets Center: 2000 44th St. South, Suite 300, Fargo, ND 58103 (800) 283-5433
www.sfgcorpmarkets.com

FLEXIBLE PREMIUM DEFERRED ANNUITY RIDER

RIDER EFFECTIVE DATE: [JANUARY 1, 2012] RIDER MATURITY DATE: [JANUARY 1, 2098]

ANNUITANT: [JOHN DOE] ISSUE AGE AND SEX: [35 MALE]

OWNER: [ABC BANK]

INITIAL PREMIUM: [\$1,000]

FOR ADDITIONAL PREMIUMS, SEE PREMIUM PAYMENT PROVISION

GUARANTEED INTEREST RATE: 2.0%

PREMIUM EXPENSE CHARGE: [3%] OF PREMIUMS PAID

MINIMUM NONFORFEITURE INTEREST RATE: [1.00%]

MINIMUM NONFORFEITURE PERCENT OF PREMIUM EXPENSE CHARGE: 12.5% OF PREMIUMS PAID

MINIMUM NONFORFEITURE ANNUAL CONTRACT CHARGE: \$50.00

BASE POLICY NUMBER: [12345678]

THE DEATH BENEFIT MAY BE LESS THAN THE ACCUMULATION VALUE IF THERE ARE OUTSTANDING POLICY LOANS AND LOAN INTEREST ON THE DATE OF DEATH.

20 DAY RIGHT TO CANCEL

IT IS IMPORTANT TO US THAT YOU ARE SATISFIED WITH THIS RIDER AND THAT IT MEETS YOUR INSURANCE GOALS. READ IT CAREFULLY. IF YOU ARE NOT SATISFIED WITH IT YOU MAY RETURN IT TO CORPORATE MARKETS CENTER OR YOUR AGENT WITHIN 20 DAYS AFTER YOU RECEIVE IT. WITHIN 10 DAYS AFTER WE RECEIVE THE RETURNED RIDER, WE WILL THEN VOID IT AS OF THE RIDER EFFECTIVE DATE AS THOUGH IT WAS NEVER ISSUED AND WE WILL REFUND ALL PREMIUMS THAT HAVE BEEN PAID.

BASE POLICY NUMBER: [12345678]

ANNUITANT: [JOHN DOE]

MAXIMUM SURRENDER CHARGE SCHEDULE

THE MAXIMUM SURRENDER CHARGE IS THE PERCENTAGE OF THE ACCUMULATION VALUE ON THE DATE OF SURRENDER AS SHOWN IN THE TABLE BELOW.

PERCENT OF ACCUMULATION VALUE

RIDER YEAR	ISSUE AGES 0 - 56	ISSUE AGE 57	ISSUE AGE 58	ISSUE AGE 59	ISSUE AGES 60 - 65
1 - 6	3.00%	3.00%	3.00%	3.00%	3.00%
7	2.00%	2.00%	2.00%	2.00%	2.00%
8	2.00%	2.00%	2.00%	2.00%	1.93%
9	2.00%	2.00%	2.00%	1.93%	0.97%
10	1.00%	1.00%	1.00%	0.97%	0.00%
11	1.00%	1.00%	0.97%	0.00%	0.00%
12	1.00%	0.97%	0.00%	0.00%	0.00%
13+	0.00%	0.00%	0.00%	0.00%	0.00%

[ADJUSTMENT TO INTEREST RATE PROVISION

THE COST OF STATE PREMIUM TAX WILL BE AMORTIZED OVER TIME THROUGH A REDUCTION IN THE INTEREST CREDITING RATE. THE ANNUAL DECLARED INTEREST RATE WILL BE REDUCED BY [0.XX%] EACH YEAR FOR A PERIOD OF [Y] YEARS BEGINNING ON THE RIDER EFFECTIVE DATE. THE CREDITED INTEREST RATE WILL NEVER BE LESS THAN THE GUARANTEED INTEREST RATE SHOWN ON PAGE 1.]

MIDLAND NATIONAL LIFE INSURANCE COMPANY

ACCEPTED BY THE POLICY OWNER

(SIGNATURE)

(SIGNATURE)

(PRINT NAME)

(PRINT NAME)

(TITLE)

(TITLE)

(DATE)

(DATE)

Definitions

Annuitant	The Annuitant is the Insured under the Policy to which this Rider is attached. You may change the Annuitant, subject to Our approval, by Written Notice to Us. You may not change the Annuitant after the Rider Maturity Date.
Rider Effective Date	The date when this Rider begins and from which Rider Anniversaries, years and months are set. We show the Rider Effective Date on page 1 for this Rider.
Rider Anniversary	The day and month every year that is the same as the Rider Effective Date.
Policy	The Policy to which this Rider is attached.
Rider Maturity Date	The date this Rider's Maturity Benefit is payable. The Rider Maturity Date is shown on page 1 for this Rider. You may change the Rider Maturity Date, subject to Our approval, by giving Us Written Notice.
Rider Year	Each successive twelve-month period measured from the Rider Effective Date.

General Provisions

Policy Provisions	This Rider is attached to and made a part of the Policy. It is subject to all provisions of the Policy unless We state otherwise.
Owner	The Owner of this Rider is the Owner of the Policy. You have all ownership rights. You may change this Rider's Owner by Written Notice to Us. After We receive the notice, it will take effect on the date You signed it unless otherwise specified by You, subject to payments made or other action We took before We received the notice.
Termination	This Rider terminates on the earliest of the following: <ol style="list-style-type: none">1. The Rider Maturity Date;2. Termination of the Policy; or3. The date We receive Your Written Notice to surrender this Rider for its full Surrender Value.
Annual Report	We will send You a report yearly which shows the following amounts for this rider as of the end of the current report period: <ol style="list-style-type: none">1. The beginning and end dates of the current period;2. The Accumulation Value at the beginning and at the end of the current report period;3. The total amounts We credited and debited to the rider's value since the last report period;4. The current Death Benefit;5. The Surrender Value; and,6. Any unpaid Loans and loan interest.

Additional reports are available upon request from the Owner. We may charge a service fee that will not exceed \$25 for additional requests.

Values

Premium Payment	<p>Premiums are payable in any way to which We agree. You may mail or deliver Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. You may increase, decrease stop or restart Premiums prior to the Rider Maturity Date. No Premiums are payable after the Rider Maturity Date.</p> <p>In the event Premium payments are stopped, this Rider will continue as a paid-up deferred annuity rider. We will continue to calculate values as stated in the Accumulation Value provision.</p>
Interest Rate	<p>The interest rate used to calculate the Accumulation Value will never be less than the Guaranteed Interest Rate shown on page 1 for this Rider. We will declare an interest rate each July 1 after the first Rider Anniversary. We may use interest rates greater than this rate to calculate the Accumulation Value.</p> <p>We will credit interest of at least 2.5% per year to any Accumulation Value used as collateral for a loan.</p>
Accumulation Value	<p>The Accumulation Value is the sum of the Premiums paid, less the Premium Expense Charge, plus interest, less any partial surrenders and partial surrender fees.</p>
Minimum Guaranteed Value	<p>The Minimum Guaranteed Value is the sum of the Premiums paid, less the Minimum Nonforfeiture Premium Expense Charge and Minimum Nonforfeiture Contract Expense Charge, plus interest at the Minimum Nonforfeiture Interest Rate, less any partial surrenders.</p>
Surrender Value	<p>The Surrender Value is the greater of the following, calculated as of the date of surrender:</p> <ol style="list-style-type: none">1. the Minimum Guaranteed Value, less any loans and loan interest; and,2. the Accumulation Value less any surrender charges, less loans and loan interest.
Basis of Values	<p>All values and death benefits are at least equal to those required by the law of the state where this Rider is delivered. The method used to compute these values and benefits is on file with the state insurance departments. Paid up annuity, cash surrender values and death benefits are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, Model #805. Death benefits will be at least as great as the greater of the Minimum Guaranteed Value and the Accumulation Value, less any loans and loan interest.</p>

Benefits

Loans	<p>You may borrow an amount up to the maximum loan amount available on the sole security of the Policy to which this rider is attached. The maximum loan amount available will be the Surrender Value.</p> <p>Loan interest accrues daily at 6.0% per year, which is calculated at 5.66% in advance. Interest is due in advance. When You make a loan, and at each rider anniversary, loan interest is due and payable in advance to the next Rider Anniversary. We add interest not paid when due to the loan balance and it will bear interest at the same rate as the loan. We will refund any unearned interest if You repay the loan.</p> <p>You may repay all or any part of the loan at any time while this Rider is in effect by mailing or delivering payment to Us.</p> <p>When the loan amount exceeds the greater of the Minimum Guarantee Value and the Accumulation Value less any surrender charges, the Rider will lapse without value 60 days after We send a notification to Your last known address and to any assignee's last known address. The Rider will stay in effect if You pay the amount shown on the notification to Us within 60 days.</p> <p>We can postpone the loan for 6 months, except for loans to pay any Premiums to Us.</p>
Surrender Charge	<p>If You surrender this Rider during the first twelve Rider Years, We will impose a Surrender Charge. The Surrender Charge will be the amount of interest credited during the prior 12 months, or since the Rider Effective Date if the Rider has been in effect less than 12 months, less the amount of interest that would have been credited had the interest rate been equal to an interest rate of 0.20598% per month. The Surrender Charge will not exceed the Maximum Surrender Charge shown on page 2. The Surrender Charge will never be greater than the amount allowed by law.</p>

Types of Surrenders

There are two types of surrenders:

1. **Total:** You surrender this Rider for its full Surrender Value.
2. **Partial:** You take out part of the Surrender Value.

You may request a total or partial surrender of this Rider at any time prior to the Rider Maturity Date by giving Us Written Notice. The amount available for surrender is the Surrender Value.

You may not make a partial surrender during the first two Rider Years. You can make one partial surrender each following Rider Year. The amount taken out cannot exceed the Accumulation Value minus the partial surrender fee. For partial surrender amounts exceeding 15% of the Accumulation Value on the date of the partial surrender request, the partial surrender fee is the percent of Accumulation Value shown on page 2 multiplied by the amount of the partial surrender in excess of 15% of the Accumulation Value. For all other partial surrender amounts, the partial surrender fee is zero. We will reduce the Accumulation Value by the amount surrendered plus the partial surrender fee.

We may defer payment of any surrender amount for up to six months.

Death Benefit

If You or the Annuitant dies before the Rider Maturity Date, the Death Benefit is the greater of the following, calculated as of the date of death:

1. the Minimum Guaranteed Value, less any loans and loan interest; and,
2. the Accumulation Value, less any loans and loan interest.

We will pay the Death Benefit in one lump sum, unless You or the beneficiary request otherwise and We approve the request.

Maturity Benefit

If this Rider is in effect on the Rider Maturity Date, We will pay the greater of the following to You in one lump sum, unless You request otherwise and We approve the request:

1. the Minimum Guaranteed Value, less any loans and loan interest; and,
2. the Accumulation Value, less any loans and loan interest.

Midland National Life Insurance Company


Secretary

SERFF Tracking #:

NALH-128757463

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

FORM 4583 9-12

State:

Arkansas

Filing Company:

North American Company for Life and Health Insurance

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Form 4583 9-12

Project Name/Number:

Form 4583 9-12/Form 4583 9-12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Arkansas Regulation 49, Arkansas Code Annotated 23-79-138, and Arkansas Regulation 34 do not apply to this rider. Our certification regarding Rule & Regulation 19 and our readability certification are attached.		
Attachment(s):			
Form 4583 9-12 AR Cert.pdf Form 4583 9-12 readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Application Form 82-52 (10-12) or 82-47 (10-12), which were submitted on 11/1/2012 (SERFF Tr#: NALH-128752337) may be used to apply for this rider.		
Attachment(s):			
Form 82-47 _10-12_ rev 10-22-12.pdf Form 82-52 _10-12_.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Form 4583 9-12 STATEMENT OF VARIABILITY.pdf			

TO: Arkansas Department of Insurance
FROM: North American Company for Life and Health Insurance
DATE: November 7, 2012
RE: Rider Form 4583 9-12

North American Company for Life and Health Insurance certifies that the referenced forms comply with Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.



Carmen R. Walter, FSA, MAAA
Assistant Vice President, Product Development
Corporate Markets
North American Company for Life and Health Insurance

Date: November 6, 2012

READABILITY CERTIFICATE

Name and Address of Insurer North American Company for Life and Health Insurance
Corporate Markets Center
2000 44th Street South, Ste. 300 Fargo, ND 58103

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Form 4583 9-12	Flexible Premium Deferred Annuity Rider	59.5

Carmen R. Walter

Signature

Carmen Walter

Typed Name

Assistant Vice President – Corporate Markets Product Development
Title

November 6, 2012

Date



**Application for
Policy Reinstatement or Change**

1. Name of Insured (First, Middle and Last)		Birth date	Birthplace	Sex	Marital Status			
2. Residence Address (Street, City, State, Zip)			Social Security No.	Height ft. in.	Weight lbs.			
3. Policy Number	4. Occupation / Title and Gross Annual Compensation \$			Telephone # (home): (business):				
5a. Owner Name and Address		5b. Social Security or Tax ID No.						
		5c. Relationship to Proposed Insured						
6. Policy Change requested: <input type="checkbox"/> Reconsideration of Rate Class <input type="checkbox"/> Reinstatement <input type="checkbox"/> Other: _____								
7. Life Insurance and annuities in force and pending: If None, check here: <input type="checkbox"/>								
Company	Policy #	Personal or Business	Pending	Issue Year	Benefit Amount	ADB Amount	WP Amount	Intention of Replacement or Change
			<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/>					<input type="checkbox"/> Y <input type="checkbox"/> N

Provide details for all "Yes" answers to questions 8-18 below.

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>8. Are you a U.S. citizen? (If "No", complete appropriate questionnaire.)</td> </tr> <tr> <td></td> <td></td> <td>9. Have you ever used:</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>a) Cigarettes? Date last used: _____</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>b) Other nicotine products? Date last used: _____</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>10. Have you ever had an application for insurance declined, postponed or rated?</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>11. Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes", complete appropriate questionnaire.)</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>12. Do you currently engage in or within the next two years do you intend to engage in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes", complete appropriate questionnaire.)</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	8. Are you a U.S. citizen? (If "No", complete appropriate questionnaire.)			9. Have you ever used:	<input type="checkbox"/>	<input type="checkbox"/>	a) Cigarettes? Date last used: _____	<input type="checkbox"/>	<input type="checkbox"/>	b) Other nicotine products? Date last used: _____	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you ever had an application for insurance declined, postponed or rated?	<input type="checkbox"/>	<input type="checkbox"/>	11. Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes", complete appropriate questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you currently engage in or within the next two years do you intend to engage in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes", complete appropriate questionnaire.)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td></td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>13. Are you currently a pilot, student pilot or crew member in any type of aircraft or within the next two years do you intend to become a pilot, student pilot, or crew member in any type of aircraft? (If "Yes", complete appropriate questionnaire.)</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>14. Except for traffic violations, have you ever pled guilty to or been convicted of a felony or misdemeanor?</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>15. Within the past five years, have you been convicted of or pled guilty to any moving violations?</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>16. Have you ever pled guilty to or been convicted of driving while under the influence of alcohol or drugs?</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>17. Your driver's license #: _____ State: _____</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td>18. Do your parents or siblings have a history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder?</td> </tr> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	13. Are you currently a pilot, student pilot or crew member in any type of aircraft or within the next two years do you intend to become a pilot, student pilot, or crew member in any type of aircraft? (If "Yes", complete appropriate questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	14. Except for traffic violations, have you ever pled guilty to or been convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	15. Within the past five years, have you been convicted of or pled guilty to any moving violations?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have you ever pled guilty to or been convicted of driving while under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	17. Your driver's license #: _____ State: _____	<input type="checkbox"/>	<input type="checkbox"/>	18. Do your parents or siblings have a history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder?
Yes	No																																													
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you a U.S. citizen? (If "No", complete appropriate questionnaire.)																																												
		9. Have you ever used:																																												
<input type="checkbox"/>	<input type="checkbox"/>	a) Cigarettes? Date last used: _____																																												
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<input type="checkbox"/>	<input type="checkbox"/>	18. Do your parents or siblings have a history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder?																																												

Details for questions 8-18:

**Application for Policy Reinstatement or Change
Evidence of Insurability**

1a. Name and address of Personal Physician:

1b. Date and reason last consulted:

1c. Name and Address of physician **most recently** consulted if different than above:

1d. Date and reason for most recent consultation:

1e. List any currently prescribed medications:

2. Have you ever had or been treated, diagnosed or been given advice by a medical professional for:

Yes No

 a. Elevated cholesterol, high blood pressure, transient ischemic attack (TIA), stroke or circulation disorder?

 b. Chest pain, heart attack, heart murmur, irregular heart rate, or other disease or disorder of the heart?

 c. Cancer, tumor, polyp or blood disease or disorder?

 d. Immune system disease or disorder, except those related to the Human Immunodeficiency Virus (AIDS virus)?

 e. Diabetes, kidney, or urinary disease or disorder?

 f. Crohn's disease, colitis, ulcer, diverticulitis, hepatitis, or any disease of the esophagus or liver?

 g. Sleep apnea, asthma, emphysema, lung or respiratory disease or disorder?

 h. Depression, mental illness, anxiety or seizure disorder?

 i. Breast, uterus, ovaries, testicles or prostate disease or disorder, or sexually transmitted diseases?

 j. Arthritis, lupus, fibromyalgia or other skin, bone, joint or muscle disease or disorder?

3. Excluding minor illnesses and minor injuries not requiring treatment, other than above, have you ever:

 a. Within the last five years, consulted any other physician or medical practitioner, or had a diagnostic test, such as an electrocardiogram (EKG), chest X-ray, laboratory test or other study?

 b. Within the last five years, received medical treatment or advice, including medication, or been hospitalized or had surgery?

 c. Within the last five years, applied for, or received benefits, because of injury, accident, sickness, or disability?

 d. Sought or received treatment for, or been arrested for, the use of alcohol, marijuana, or drugs?

 e. Used narcotics, cocaine, LSD, marijuana, amphetamines, or barbiturates, unless administered on the advice of a physician?

4. Have you ever:

 Been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?

5. Details for questions 2-4. Give details for each YES answer.

Question Number	Condition/Diagnosis	Approximate Dates/Duration	Treatment	Physician Name & Address

Agreement and Authorization

Each person who signs below represents and agrees that the statements and answers recorded on this application are given to obtain this insurance and are to the best of their knowledge and belief, true, complete, and correctly recorded. Fraud or material misrepresentation in the application will make this agreement invalid, and North American Company for Life and Health Insurance's (the "Company") only liability shall be to refund any advance payment made.

It is agreed that the Policy will not be reinstated or a change will not be effected, and the Company will have no liability until: (a) this application is approved; and (b) all money required for reinstatement and/or change has been paid. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility and health must remain as described in this application. If these requirements are met, insurance will be in effect on the effective date of the reinstatement or change. By accepting the reinstated policy or changed policy, the Owner consents to any changes or corrections made by the Company, except that changes in the insurance amount, the risk class, the insurance plan, gender or benefits will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application and has received copies of the Fair Credit Reporting Act Notification, Notice of Insurance Information Practices, and the Medical Information Bureau Notification.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, MIB, Inc (MIB), consumer reporting agency, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me and any information as to employment, other insurance coverage, or other non-medical information about me to give to the Company or its reinsurers, any and all such information. I authorize North American, or its reinsurers, to make a brief report of my personal health information to MIB. I authorize all of these sources, except MIB, to give records or knowledge to any agency that the Company employs to collect and transmit such information. The Company will not release any information to any person or organization **except** to reinsuring companies, MIB, or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may authorize later. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. I understand that I may request a copy of this authorization and that a photographic copy will be as valid as the original, and either shall remain in effect for a period of two years from the date signed. I have the right to revoke this authorization by notifying the Company in writing. The Company may rely on my authorization prior to receiving my notice of revocation. I understand that no sales representative has the Company's authority to accept risk, pass on insurability, or make or void, save or change any conditions or provisions of the application, policy or receipt, as applicable.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

FRAUD STATEMENT – Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Authorized individuals are signing on behalf of the entity purchasing the life insurance and each individual is authorized and empowered to individually or collectively enter into contracts and financial transactions including the purchase of life insurance. The entity is duly organized and existing in compliance with all laws and regulations. The entity shall notify the Company in writing of a change in or revocation of authorized individuals. The authorized individuals and the entity agree to indemnify the Company for liability of any kind arising out of any acts or omissions taken by the Company upon their instructions and in reliance on their representations to the Company in connection with the policy.

Signed at _____ Date _____
City State

Signature of Proposed Insured

Signature of Owner (If Owner is corporation, trust or other entity, include title of signee.)

Agent certification

(1)To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; (2) that I gave the Medical Information Bureau Notification, Notice of Insurance Information Practices and Fair Credit Reporting Act Notification to the Proposed Insured; (3) to the best of my knowledge and belief, the applicant **does** **does not** have any existing life insurance or annuities; and, the insurance applied for **does** **does not** replace existing insurance.

Signature of Agent Date Agent's No.



North American Company
for Life and Health Insurance
Since 1886

Regular Issue
Application for Life Insurance -- Part 1

1. Name of Proposed Insured (First, Middle and Last)		Birth date	Birthplace	Sex	Marital Status
2. Residence Address (Street, City, State, Zip)			Social Security No.	Height ft. in.	Weight Lbs.
2a. Secondary Addressee (Name, Street, City, State, Zip)					
3. Occupation (Title and Duties)		Gross Annual Compensation \$	Telephone Numbers (Home) (Bus)		
4. Owner Name (If Trust, Name and Date of Trust)			Social Security or Tax ID No.		
Owner Address (Street, City, State, Zip)			Relationship to proposed Insured		
5a. Beneficiary			5b. Relationship		
6a. Plan Applied for (Name of Product)			6b. Sub-account (If Applicable)		
6c. Amount Applied for \$		6d. Death Benefit Option: <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> Other _____			
7. Changes to existing North American policy #: _____. Describe:		8. Additional Benefits:			
9a. Premium \$		9b. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other			
10. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete appropriate questionnaire)					
11a. Do you have existing annuity contracts or life insurance policies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," complete 11b.)					

11b. Policies in Force:

Company	Face Amount	Indicate		Intention of Replacement or Change	
		Personal	Business	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11c. Policies Applied for / Indicate Below or None:

Company	Amount	Net Amount at Risk	Indicate	
			Personal	Business
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
[PRINCIPAL OFFICE • WEST DES MOINES, IA 50266
CORPORATE MARKETS CENTER • 2000 44TH STREET SOUTH, STE. 300 • FARGO, ND 58103
PHONE (800) 283-5433 • FAX: (701) 433-8596]

**Application for Life Insurance -- Part 1,
Evidence of Insurability**

Provide details for all "Yes" answers to questions 12-20 below.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="padding-left: 20px;">12. Have you ever used:</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 20px;">a) Cigarettes? Date last used: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 20px;">b) Other nicotine products? Date last used: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>13. Have you ever had an application for insurance declined, postponed or rated?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>14. Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes", complete appropriate questionnaire.)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>15. Do you currently engage in or within the next two years do you intend to engage in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes", complete appropriate questionnaire.)</td> </tr> </table>	Yes	No	12. Have you ever used:	<input type="checkbox"/>	<input type="checkbox"/>	a) Cigarettes? Date last used: _____	<input type="checkbox"/>	<input type="checkbox"/>	b) Other nicotine products? Date last used: _____	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever had an application for insurance declined, postponed or rated?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes", complete appropriate questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	15. Do you currently engage in or within the next two years do you intend to engage in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes", complete appropriate questionnaire.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="padding-left: 20px;">16. Are you currently a pilot, student pilot or crew member in any type of aircraft or within the next two years do you intend to become a pilot, student pilot, or crew member in any type of aircraft? (If "Yes", complete appropriate questionnaire.)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding-left: 20px;">17. Except for traffic violations, have you ever pled guilty to or been convicted of a felony or misdemeanor?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>18. Within the past five years, have you been convicted of or pled guilty to any moving violations?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>19. Have you ever pled guilty to or been convicted of driving while under the influence of alcohol or drugs?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>20. Your driver's license #: _____ State: _____</td> </tr> </table>	Yes	No	16. Are you currently a pilot, student pilot or crew member in any type of aircraft or within the next two years do you intend to become a pilot, student pilot, or crew member in any type of aircraft? (If "Yes", complete appropriate questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	17. Except for traffic violations, have you ever pled guilty to or been convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	18. Within the past five years, have you been convicted of or pled guilty to any moving violations?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have you ever pled guilty to or been convicted of driving while under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	20. Your driver's license #: _____ State: _____
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Details for questions 12-20 (include dates):

Question Number	Date	Details

21. Yes No Do your parents or siblings have a history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder? If "Yes," give details, including relationship, condition, current age, or age at death.

Relationship to Proposed Insured	Condition	Current Age	Age at Death

**Application for Life Insurance – Part 1,
Evidence of Insurability**

1a. Name and address of Personal Physician:

1b. Date and reason last consulted:

1c. Name and Address of physician **most recently** consulted if different than above:

1d. Date and reason for most recent consultation:

1e. List any currently prescribed medications:

2. Have you ever had or been treated, diagnosed or been given advice by a medical professional for:

Yes No

a. Elevated cholesterol, high blood pressure, transient ischemic attack (TIA), stroke or circulation disorder?

b. Chest pain, heart attack, heart murmur, irregular heart rate, or other disease or disorder of the heart?

c. Cancer, tumor, polyp or blood disease or disorder?

d. Immune system disease or disorder, except those related to the Human Immunodeficiency Virus (AIDS virus)?

e. Diabetes, kidney, or urinary disease or disorder?

f. Crohn's disease, colitis, ulcer, diverticulitis, hepatitis, or any disease of the esophagus or liver?

g. Sleep apnea, asthma, emphysema, lung or respiratory disease or disorder?

h. Depression, mental illness, anxiety or seizure disorder?

i. Breast, uterus, ovaries, testicles or prostate disease or disorder, or sexually transmitted diseases?

j. Arthritis, lupus, fibromyalgia or other skin, bone, joint or muscle disease or disorder?

3. Excluding minor illnesses or minor injuries not requiring treatment, other than above, have you ever:

a. Within the last five years, consulted any other physician or medical practitioner, or had a diagnostic test, such as an electrocardiogram (EKG), chest X-ray, laboratory test or other study?

b. Within the last five years, received medical treatment or advice, including medication, or been hospitalized or had surgery?

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4. Have you ever:

Been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?

5. Details for questions 2-4. Give details for each YES answer.

Question Number	Condition/Diagnosis	Approximate Dates/Duration	Treatment	Physician Name & Address

STATEMENT OF VARIABILITY:
Form 4583 9-12

The following is a list of bracketed items and the corresponding range of text and/or values that appear on the rider form and specification pages 1 and 2.

<u>Bracketed Item</u>	<u>Variable Text/Range</u>														
Company logo, address, website and officer signature	This information is bracketed for future flexibility in the event any of this information should change.														
Rider Effective Date	Effective date of the rider														
Rider Maturity Date	Anniversary date closest to annuitant's age 121														
Annuitant	Annuitant's name at issue														
Issue Age and Sex	Annuitant's issue age and sex at issue														
Owner	Owner's name at issue														
Initial Premium	Initial premium payment														
Premium Expense Charge	<p>Range: 0%-3.5%, based upon state of issue. The charge is 0%, except in the following states, where the ranges are:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Range</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">CA</td> <td style="text-align: center;">0-2.35%</td> </tr> <tr> <td style="text-align: center;">ME</td> <td style="text-align: center;">0-2.00%</td> </tr> <tr> <td style="text-align: center;">NV</td> <td style="text-align: center;">0-3.50%</td> </tr> <tr> <td style="text-align: center;">SD</td> <td style="text-align: center;">0-1.25%</td> </tr> <tr> <td style="text-align: center;">WV</td> <td style="text-align: center;">0-1.00%</td> </tr> <tr> <td style="text-align: center;">WY</td> <td style="text-align: center;">0-1.00%</td> </tr> </tbody> </table> <p>In these states, the charge will be less than the maximum shown if the policyowner requests the cost be amortized over time through a lower crediting rate.</p>	<u>State</u>	<u>Range</u>	CA	0-2.35%	ME	0-2.00%	NV	0-3.50%	SD	0-1.25%	WV	0-1.00%	WY	0-1.00%
<u>State</u>	<u>Range</u>														
CA	0-2.35%														
ME	0-2.00%														
NV	0-3.50%														
SD	0-1.25%														
WV	0-1.00%														
WY	0-1.00%														
Minimum Nonforfeiture Interest Rate	Range: 1-3%. Varies based on the rider's effective date in accordance with calendar year changes to the minimum nonforfeiture interest rate														
Base Policy Number	The policy number of the base policy to which the rider is attached.														
Adjustment to Interest Rate Provision	<p>This provision applies in CA, ME, NV, SD, WV, WY only. This provision will print on page 2 when elected by the policyowner. Within the Adjustment to Interest Rate provision, the following fields vary:</p> <p>[0.XX%] represents the reduction to the current interest rate. The range is 0.00%-0.50% and varies based on the amount of the premium tax and the number of years the policyowner elects to amortize the amount.</p> <p>[Y] represents the period of years the current interest rate is reduced. The range is 5-10 years and varies at the policyowner's choice.</p>														