

**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** ART12SLAX-SLAICO  
**Project Name/Number:** ART12SLAX-SLAICO/ART12SLAX-SLAICO

### Filing at a Glance

Company: Standard Life and Accident Insurance Company  
 Product Name: ART12SLAX-SLAICO  
 State: Arkansas  
 TOI: L04I Individual Life - Term  
 Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Filing Type: Form  
 Date Submitted: 11/28/2012  
 SERFF Tr Num: AMNA-128764968  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: ART12SLAX-SLAICO

Implementation  
 Date Requested:  
 Author(s): Tyra Reed, Amber Adams, Tobie Brink  
 Reviewer(s): Linda Bird (primary)  
 Disposition Date: 12/17/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
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## General Information

Project Name: ART12SLAX-SLAICO Status of Filing in Domicile: Pending  
Project Number: ART12SLAX-SLAICO Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 12/17/2012  
State Status Changed: 12/07/2012  
Deemer Date: Created By: Tobie Brink  
Submitted By: Tobie Brink Corresponding Filing Tracking Number:

Filing Description:  
November 28, 2012

Arkansas Insurance Department  
Compliance - Life and Health  
1200 West Third Street  
Little Rock AR 72201-1904

RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234)  
Form ART12SLAX(10) – Individual Term Life Insurance Policy  
Form ART12SLAX-DPART – Data Page used with Form ART12SLAX(10) (Annual Renewable Term)  
Form ART12SLAX-DP10 – Data Page used with Form ART12SLAX(10) (10 Year Level Premium Period)  
Form ART12SLAX-DP15 – Data Page used with Form ART12SLAX(10) (15 Year Level Premium Period)  
Form ART12SLAX-DP20 – Data Page used with Form ART12SLAX(10) (20 Year Level Premium Period)  
Form ART12SLAX-DP30 – Data Page used with Form ART12SLAX(10) (30 Year Level Premium Period)  
Form CTR12SLAX – Children’s Term Rider  
Form LPW12SLAX – Premium Waiver Benefit Rider  
Form ABR12SLAX-TM – Accelerated Benefit Rider – Terminal Illness  
Form ABR12SLAX-CH - Accelerated Benefit Rider – Chronic Illness  
Form ABR12SLAX-CT - Accelerated Benefit Rider – Critical Illness  
SLTLAAR - Application for Individual Life Insurance  
SERFF Tracking Number: AMNA-128764968  
Company Tracking Number: ART12SLAX-SLAICO

Dear Reviewer:

Please find attached the above listed form for your review and approval. These are new forms and will not replace any previously approved forms. These forms will be used for Standard Life and Accident Insurance Company.

Form ART12SLAX(10) is an individual term life insurance policy with a conversion period. This product will be marketed through agent solicitation. It will be fully underwritten. The level term product’s conversion expiry date is the earliest of the policy anniversary at the end of the level premium period or the policy anniversary on which the insured reaches attained age sixty-five. The annual renewable term (“ART”) product’s conversion expiry date will be the earliest of the tenth policy anniversary or the anniversary on which the insured reaches attained age sixty-five.

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The policy form will be used with more than one term plan. Each term plan will use a distinct and uniquely numbered data page:

Form ART12SLAX-DPART is the uniquely numbered data page that will be used for the ART product. The ART product:

- Has an issue age range of 18-65.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age seventy-five.

Form ART12SLAX-DP10 is the uniquely numbered data page that will be used with the ten-year level premium period product. The ten-year product:

- Has an issue age range of 18-70.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

Form ART12SLAX-DP15 is the uniquely numbered data page that will be used with the fifteen-year level premium period product. The fifteen-year product:

- Has an issue age range of 18-65.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

Form ART12SLAX-DP20 is the uniquely numbered data page that will be used with the twenty-year level premium period product. The twenty-year product:

- Has an issue age range of 18-60.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

Form ART12SLAX-DP30 is the uniquely numbered data page that will be used with the thirty-year level premium period product. The thirty-year product:

- Has an issue age range of 18-50.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

The following riders will be available:

Form CTR12SLAX is a children's level term rider that can be added to the individual term life policy Form ART12SLAX(10) and any future approved policies. The issue age range for the insured child of 0 (15 days) to age 18; the minimum rider death benefit amount is \$1,000; and can be added at the time of issue or post-issue.

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Form LPW12SLAX is a life premium waiver benefit rider that can be added to the individual term life policy Form ART12SLAX(10) and any future approved policies. Form LPW12SLAX provides for waiver of premiums in the event of total disability of the insured.

Form ABR12SLAX-CT is an Accelerated Benefit Rider for Critical Illness. The benefit from the rider may be available if the insured experiences a specific qualifying health event.

Form ABR12SLAX-CH is the Accelerated Benefit Rider for Chronic Illness. The benefit from this rider may be available when the insured is unable to perform two activities of daily living or the insured requires constant supervision due to severe cognitive impairment.

Form ABR12SLAX-TM is the Accelerated Benefit Rider for Terminal Illness. The benefit from this rider may be available when the death of the insured is expected in 24 months or less.

#### Accelerated Benefit Rider Forms – Supporting Documentation

SABR is the Summary and Disclosure Notice. This form will be provided at the time of application and requires the Owner and agent's signature. The form must be returned to the Company with the completed application. The form provides various information regarding the benefit available, possible tax consequences, possible affect on receipt of public funds and other important information.

ABRSLEF(10) is the Accelerated Benefit Election Form that will be sent to the insured after reporting a qualifying condition and will include the offer to accelerate benefits. The form must be signed and returned to effectuate the acceleration. The form demonstrates the effect the acceleration of the death benefit(s) has on the policy and/or covered riders.

SABRE is the Summary and Disclosure Notice provided to the Owner with the Accelerated Benefit Election Form. The form provides various information regarding the benefit available, possible tax consequences, possible affect on receipt of public funds and other important information. This form is sent with the Accelerated Benefit Election Form and requires that the Owner signs the form and return it with the Accelerated Benefit Election Form.

In order for a policy to be eligible for the terminal illness rider, there must be a minimum \$25,000 total death benefit. A policy must have a minimum \$50,000 total death benefit to qualify for the chronic and critical illness riders. The accelerated death benefit riders will not be available on total death benefits exceeding \$1,000,000; this includes any previously issued policies with accelerated benefits.

These riders will be added at the time of application for new issues and available post issue for currently in-force business. These riders will be attached to and made part of the policy. There is no additional premium associated with these riders. An administrative fee, not to exceed \$500, will be deducted upon acceleration.

Neither the chronic nor critical illness rider will issue without the terminal illness rider.

#### Application

SLTLAAR is an individual life insurance application. This application is used in person to person agent solicited scenarios.

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Additional information/supporting documentation included in this submission is as follows:

- Actuarial Memorandum for each plan
- Certificate of Readability
- Statement of Variability
- As the above listed products are issued on a sex-distinct basis, we confirm that the policy will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.
- Telephone application procedures are provided under the supporting documentation tab.
- Payment of the required filing fees have been submitted via EFT.
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

Tobie Brink  
 Life Policy Analyst III

## Company and Contact

### Filing Contact Information

Tobie Brink, Project Coordinator One Moody Plaza Actuarial Product Development 14th Floor Galveston, TX 77550	Tobie.Brink@ANICO.com 409-763-1112 [Phone] 4165 [Ext] 409-766-6933 [FAX]
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### Filing Company Information

Standard Life and Accident Insurance Company Administrative Office: One Moody Plaza 14th Floor Galveston, TX 77550 (409) 763-4661 ext. 5222[Phone]	CoCode: 86355 Group Code: 408 Group Name: FEIN Number: 73-0994234	State of Domicile: Texas Company Type: LifeHealth and Annuity State ID Number:
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$600.00
Retaliatory?	No
Fee Explanation:	\$50 per form.
Per Company:	No

Company	Amount	Date Processed	Transaction #
Standard Life and Accident Insurance Company	\$600.00	11/28/2012	65260172

**SERFF Tracking #:**

AMNA-128764968

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

ART12SLAX-SLAICO

**State:**

Arkansas

**Filing Company:**

Standard Life and Accident Insurance Company

**TOI/Sub-TOI:**

L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

**Product Name:**

ART12SLAX-SLAICO

**Project Name/Number:**

ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/17/2012	12/17/2012
Approved-Closed	Linda Bird	12/07/2012	12/07/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Accelerated Benefit Rider Election Form and Disclosures	Tobie Brink	12/13/2012	12/13/2012
Supporting Document	Certification of Compliance	Tobie Brink	12/04/2012	12/04/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-open filing	Note To Filer	Linda Bird	12/12/2012	12/12/2012
Re-open Filing	Note To Reviewer	Tobie Brink	12/12/2012	12/12/2012

**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
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**Product Name:** ART12SLAX-SLAICO  
**Project Name/Number:** ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Disposition

Disposition Date: 12/17/2012

Implementation Date:

Status: Approved-Closed

Comment: The company has attach the ABR disclosure form to the original submission.

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	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statements of Variability		Yes
Supporting Document	Sample Policy Summary		Yes
Supporting Document	Sample Data Page		Yes
Supporting Document (revised)	Accelerated Benefit Rider Election Form and Disclosures		Yes
Supporting Document	Accelerated Benefit Rider Election Form and Disclosures	Replaced	Yes
Supporting Document	Certification of Compliance		Yes
Form	Individual Term Life Insurance Policy		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Children's Term Rider		Yes

SERFF Tracking #:

AMNA-128764968

State Tracking #:

Company Tracking #:

ART12SLAX-SLAICO

State:

Arkansas

Filing Company:

Standard Life and Accident Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

ART12SLAX-SLAICO

Project Name/Number:

ART12SLAX-SLAICO/ART12SLAX-SLAICO

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Disability Premium Waiver Rider		Yes
Form	Accelerated Benefit Rider – Critical Illness		Yes
Form	Accelerated Benefit Rider – Chronic Illness		Yes
Form	Accelerated Benefit Rider – Terminal Illness		Yes
Form	Application for Individual Life Insurance		Yes

**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
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**Product Name:** ART12SLAX-SLAICO  
**Project Name/Number:** ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Disposition

Disposition Date: 12/07/2012

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	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statements of Variability		Yes
Supporting Document	Sample Policy Summary		Yes
Supporting Document	Sample Data Page		Yes
Supporting Document (revised)	Accelerated Benefit Rider Election Form and Disclosures		Yes
Supporting Document	Accelerated Benefit Rider Election Form and Disclosures	Replaced	Yes
Supporting Document	Certification of Compliance		Yes
Form	Individual Term Life Insurance Policy		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Specifications Page used with Form ART12SLAX(10)		Yes
Form	Children's Term Rider		Yes

SERFF Tracking #:

AMNA-128764968

State Tracking #:

Company Tracking #:

ART12SLAX-SLAICO

State:

Arkansas

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Product Name:

ART12SLAX-SLAICO

Project Name/Number:

ART12SLAX-SLAICO/ART12SLAX-SLAICO

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Disability Premium Waiver Rider		Yes
Form	Accelerated Benefit Rider – Critical Illness		Yes
Form	Accelerated Benefit Rider – Chronic Illness		Yes
Form	Accelerated Benefit Rider – Terminal Illness		Yes
Form	Application for Individual Life Insurance		Yes

SERFF Tracking #:

AMNA-128764968

State Tracking #:

Company Tracking #:

ART12SLAX-SLAICO

State:

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Product Name:

ART12SLAX-SLAICO

Project Name/Number:

ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Amendment Letter

Submitted Date: 12/13/2012

Comments:

Thank you for re-opening the filing. I attached the ABR disclosure used at the time of app.

Thank you,

Tobie Brink

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

### Supporting Document Schedule Item Changes

Satisfied - Item:	Accelerated Benefit Rider Election Form and Disclosures
Comments:	
Attachment(s):	
Form ABR12SLEF(10).pdf STABRE.pdf SLABR.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Accelerated Benefit Rider Election Form and Disclosures</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>Form ABR12SLEF(10).pdf STABRE.pdf</i>	

SERFF Tracking #:

AMNA-128764968

State Tracking #:

Company Tracking #:

ART12SLAX-SLAICO

State:

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Product Name:

ART12SLAX-SLAICO

Project Name/Number:

ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Amendment Letter

Submitted Date: 12/04/2012

Comments:

Good morning,

Please find attached to the supporting documentation tab a certification of compliance.

Thanks,

Tobie Brink

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

### Supporting Document Schedule Item Changes

Satisfied - Item:

Certification of Compliance

Comments:

Attachment(s):

AR - SLAICO Certification of Compliance.pdf

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## Note To Filer

**Created By:**

Linda Bird on 12/12/2012 03:19 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

12/12/2012 03:19 PM

**Subject:**

Re-open filing

**Comments:**

Filing has been re-opened in order for correction to be made.

**State:** Arkansas **Filing Company:** Standard Life and Accident Insurance Company  
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**Project Name/Number:** ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Note To Reviewer

**Created By:**

Tobie Brink on 12/12/2012 10:41 AM

**Last Edited By:**

Tobie Brink

**Submitted On:**

12/12/2012 10:41 AM

**Subject:**

Re-open Filing

**Comments:**

Good morning,

I realized I did not attach the ABR disclosure we use at the time of application. Could you please open the filing and I will add it.

Thank you,  
Tobie Brink

State: Arkansas

Filing Company: Standard Life and Accident Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: ART12SLAX-SLAICO

Project Name/Number: ART12SLAX-SLAICO/ART12SLAX-SLAICO

## 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		Individual Term Life Insurance Policy	Form ART12SLAX(10)	POL	Initial		52.300	Form ART12SLAX(10).PDF
2		Specifications Page used with Form ART12SLAX(10)	Form ART12SLAX-DPART	DDP	Initial		50.100	Form ART12SLAX-DPART.PDF
3		Specifications Page used with Form ART12SLAX(10)	Form ART12SLAX-DP10	DDP	Initial		50.100	Form ART12-DP10.PDF
4		Specifications Page used with Form ART12SLAX(10)	Form ART12SLAX-DP15	DDP	Initial		50.100	Form ART12-DP15.PDF
5		Specifications Page used with Form ART12SLAX(10)	Form ART12SLAX-DP20	DDP	Initial		50.100	Form ART12SLAX-DP20.PDF
6		Specifications Page used with Form ART12SLAX(10)	Form ART12SLAX-DP30	DDP	Initial		50.100	Form ART12SLAX-DP30.PDF
7		Children's Term Rider	Form CTR12SLAX	POLA	Initial		55.400	Form CTR12SLAX.PDF
8		Disability Premium Waiver Rider	Form LPW12SLAX	POLA	Initial		50.200	Form LPW12SLAX.PDF

**State:** Arkansas**Filing Company:** Standard Life and Accident Insurance Company**TOI/Sub-TOI:** L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life**Product Name:** ART12SLAX-SLAICO**Project Name/Number:** ART12SLAX-SLAICO/ART12SLAX-SLAICO**Lead Form Number:**

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
9		Accelerated Benefit Rider – Critical Illness	Form ABR12SLAX-CT	POLA	Initial		52.100	Form ABR12SLAX-CT.PDF
10		Accelerated Benefit Rider – Chronic Illness	Form ABR12SLAX-CH	POLA	Initial		50.400	Form ABR12SLAX-CH.PDF
11		Accelerated Benefit Rider – Terminal Illness	Form ABR12SLAX-TM	POLA	Initial		51.500	Form ABR12SLAX-TM.PDF
12		Application for Individual Life Insurance	SLTLAAR	AEF	Initial		50.300	SLTLAAR.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



**Standard Life**  
and Accident Insurance Company

**POLICY NUMBER** [12345678] [JOHN INSURED] **INSURED**  
**ISSUE DATE** [JANUARY 1, 2012] \$ [100,000] **FACE AMOUNT**

HOME OFFICE: [2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573]  
ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]  
TELEPHONE NUMBER [(888) 519-5819]

*(This telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)*

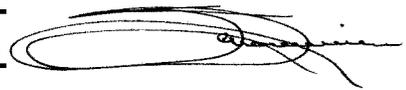
**STANDARD LIFE AND ACCIDENT INSURANCE COMPANY** ("We", "Us", "Our") will pay the Death Benefit to the Beneficiary subject to the provisions of this Policy. The Death Benefit is payable upon receipt at Our Administrative Office of due proof of the Insured's death, if death occurs before this Policy terminates. This Policy is issued in consideration of the Application and payment of the premiums as described within the Policy. This Policy is a legal contract between the Owner ("You", "Your") and Us. **READ YOUR POLICY CAREFULLY.**

**RIGHT TO EXAMINE POLICY.** You may cancel this Policy for any reason within 30 days after You receive it. You must mail or deliver the Policy to Our Administrative Office. Any premium paid, including any Policy Fee or other charges will be refunded to You. The Policy will then be treated as if it were never issued.

Signed at Our Home Office at Galveston, Texas on the Issue Date.

[  ]

[J. Mark Flippin]  
[Secretary]

[  ]

[Steven Schouweiler]  
[President]

---

**INDIVIDUAL TERM LIFE INSURANCE POLICY**

- Premium Paying Period as shown in the Data Section.
  - Convertible.
  - Nonparticipating. Dividends are not payable.
  - Death Benefit payable as a lump sum or as described in the Settlement Options provision.
  - Premiums are adjustable subject to the Guaranteed Maximum Annual Premium.
-

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### CONTRACT AND INTERESTED PERSONS

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**ENTIRE CONTRACT.** This Policy, any endorsements or riders, and the attached Application form the Entire Contract. The term "Application" includes the document so labeled and any supplemental applications or applications for riders, additional benefits, or reinstatements and questionnaires. All statements in the Application, in the absence of fraud, will be deemed representations and not warranties. No statement will be used to contest the Policy or be used to resist a claim under it unless:

- (a) it is contained in the written Application; and,
- (b) a copy of the Application is attached to this Policy on the Issue Date, upon the addition of any rider or upon Reinstatement.

**EFFECTIVE DATE.** This Policy takes effect on the Issue Date shown in the Data Section or as soon thereafter as the initial Premium Payment is received at Our Administrative Office and this Policy has been delivered to You while the Insured is in the same health as stated in the Application.

**OWNER.** The Owner is named in the Data Section. If the Owner is a partnership the rights belong to the partnership as it exists when a right is exercised. Before Termination of the Policy, as stated in the Termination provision, You may exercise the rights of ownership given by this Policy.

If You are a minor or otherwise legally incompetent, first the Insured, then the Beneficiary, if living and legally competent, may exercise all rights of ownership. If You die while the Insured is living, ownership will pass to the contingent owner if one is named. If there is no contingent owner, ownership will pass to Your estate. All rights of the Owner, the contingent owner, and the Beneficiary are secondary to the rights of any Assignee of record and any Irrevocable Beneficiary.

The Owner may change the ownership of the Policy by written request. The change shall take effect on the date the request is signed, unless otherwise specified by the Owner, provided that We shall not be responsible for any payments made or actions taken by Us prior to Our receipt of such request.

**INSURED.** The Insured is the person on whose death the Death Benefit will be paid and who is named as such in the Data Section. The Insured has no ownership rights under this Policy unless the Owner and the Insured are the same person or unless the Owner is not legally competent.

**BENEFICIARY.** The Beneficiary is the person named to receive the Death Benefit of this Policy. The initial Beneficiary is designated in the Application. If changed, the Beneficiary is the person named on the most current written request to change the Beneficiary filed and recorded by Us.

Beneficiaries will be designated as primary (first) or contingent (secondary). All Beneficiaries named as primary or first are in one class. Those named as contingent or secondary are in a different class and will not share in the proceeds of a death claim unless no Beneficiary named as primary survives the Insured as described below. All relationships are in reference to the Insured.

Unless changed by endorsement or written request filed at Our Administrative Office:

- (a) two or more class members of the same class will share proceeds equally;

- (b) surviving class members will share equally the proceeds to which a deceased Beneficiary would have been entitled; and,
- (c) if no Beneficiary survives the Insured, proceeds will be paid to the Owner's estate.

A Beneficiary will not share in any proceeds or benefits if:

- (a) the Beneficiary dies within 30 days after the Insured's Death; and,
- (b) Our Administrative Office has not received Proof of Death of the Insured.

If the Beneficiary is not a Natural Person, the Beneficiary must still exist at the time of the Insured's death. All Beneficiary interests are secondary to any Assignment on record at Our Administrative Office.

**CHANGE OF BENEFICIARY.** You may change a Beneficiary by filing a written request, in a form acceptable to Us, at Our Administrative Office, subject to the approval of any Assignee or Irrevocable Beneficiary. A change will not take effect until We receive Your written request and record the change at Our Administrative Office. Once recorded, the change will be effective as of the date You signed the request. The change is superseded and limited by the rights of any Assignee and/or Irrevocable Beneficiary on record.

**IRREVOCABLE BENEFICIARY.** An Irrevocable Beneficiary is a Beneficiary whose rights under the Policy cannot be changed without his or her written consent.

**ASSIGNEE.** This Policy may be assigned or pledged to a Natural Person or a legal entity as security for a debt. The Assignee's rights under this Policy will supersede those of the Beneficiary and the Owner.

**ASSIGNMENT.** No Assignment will bind Us until recorded at Our Administrative Office. We are not obliged to determine that an Assignment is valid or sufficient. Any claim by an Assignee is subject to proof of the validity and extent of the Assignee's interest in the Policy. Unless otherwise specified by the Owner, Assignments will take effect on the date the notice of Assignment is signed by Owner, provided that We will not be responsible for any payments made or actions taken by Us prior to Our receipt of such notice.

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## DEATH BENEFIT

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**DEATH BENEFIT.** The Death Benefit will be equal to:

- (1) the Face Amount shown in the Data Section, plus
- (2) any additional life insurance proceeds provided at the date of the Insured's death by any riders or supplemental benefits, plus
- (3) any Premium paid by You past the end of the Policy Month of the Insured's death; minus
- (4) any unpaid Premiums that may apply during a Grace Period.

Premiums waived under any waiver of premium rider attached to this Policy will not be included in the adjustment.

Payment of the Death Benefit under the terms of this Policy is subject to the Misstatement of Age or Sex, Incontestability, and Suicide provisions of this Policy.

The Death Benefit is payable to the Beneficiary upon:

- (a) Our receipt of satisfactory Proof of Death of the Insured;
- (b) Our receipt of sufficient information necessary to determine the extent of the liability and the appropriate payee legally entitled to the Death Benefit; and
- (c) Removal of any legal impediments to payment of Death Benefit proceeds that result from the action of parties other than Us.

If the Death Benefit is not paid within thirty days from Our receipt and completion of the above items, interest on the Death Benefit will be applied and will:

- (a) accrue from the date of death to the date of payment; and,
- (b) be calculated at an effective rate of 8%.

At Your or the Beneficiary's option, the Death Benefit may be paid in a lump sum or under the Settlement Options provision of this Policy.

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## DEFINITION OF TERMS

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**ATTAINED AGE.** The Insured's Issue Age, as shown in the Data Section, plus the number of Policy Years completed.

**NATURAL PERSON.** A human being only and not a trust, a corporation, or any other legally recognized non-human entity.

**POLICY MONTH.** The first Policy Month begins on the Issue Date and ends on the day preceding the same date in the next calendar month. Each succeeding Policy Month begins on the same date of each calendar month.

**POLICY YEAR.** The period beginning on the Issue Date and ending one year later and each succeeding one year period.

**PROOF OF DEATH.** Includes all of the following:

- (a) a certified death certificate of the Insured or other lawful evidence providing equivalent information;
- (b) a claimant statement;
- (c) this Policy; and,
- (d) any other information We may reasonably require to establish the validity of the claim.

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## GENERAL PROVISIONS

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**CONFORMITY WITH STATE LAW.** This Policy was approved under the authority of the insurance commissioner of the jurisdiction where it is delivered. Any provision of this Policy which, on its effective date, is in conflict with state law for this product type is hereby amended to conform to the state law for this product type as of the provision's effective date.

**NONPARTICIPATING POLICY.** This Policy is nonparticipating. It does not share in Our profits or surplus.

**INCONTESTABILITY.** This Policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from the Issue Date, provided, however, that We may contest at any time without limit for nonpayment of Premium or as to any provision or condition relating to disability benefits or additional benefits for accidental death.

An addition of a rider after this Policy's Issue Date or Reinstatement shall be incontestable after it has been in force during the Insured's lifetime for 2 years after the date of such addition or Reinstatement provided, however, that We may contest at any time without limit for nonpayment of Premium and as to any provision or condition relating to disability benefits or additional benefits for accidental death.

We may only contest this Policy based on material misstatements or omissions in the Application as defined in the Entire Contract provision.

**SUICIDE.** If the Insured, whether sane or insane, dies from suicide within 2 years from the Issue Date of this Policy, We are liable only for the return of any Premiums received. The provisions of this paragraph shall also apply to an addition of a rider. For 2 years following the date of an addition of a rider.

We shall be liable only for the return of Premiums paid, if any, which result from such addition.

**MISSTATEMENT OF AGE OR SEX.** If there is misstatement of age or sex of the Insured, the Death Benefit shall be that which would have been purchased by the Premium at the correct age and sex. Amounts will be based on the rates in use on the Issue Date.

**POWER TO MODIFY.** Only Our President, a Vice President, or the Secretary has the power to:

- (a) change this Policy;
- (b) extend the time for payment of Premiums; or,
- (c) waive any Policy provisions.

Any change in the Policy will be by an endorsement signed by one of the above-named officers.

**NOTICES.** All Notices, Applications, and other correspondence (including requests for a Policy change) required to be sent to Us under the terms of the Policy, or any attached rider, must be mailed or delivered to Our Administrative Office.

**CLAIMS OF CREDITORS.** All payments under this Policy are exempt from the claims of creditors to the extent permitted by law.

**BASIS OF COMPUTATIONS.** Nonforfeiture values are based on the mortality tables and interest rate shown in the Data Section.

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## PREMIUMS

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**PREMIUM PAYMENT.** Premiums will be payable in advance of coverage being effective:

- (a) while the Insured is living;
- (b) starting on the Issue Date;
- (c) during the Premium Paying Period shown in the Data Section; and,
- (d) at the Premium Mode and amount shown in the Data Section.

The first Premium may be paid to Us either through Our duly authorized agent, in exchange for a receipt signed by the agent or at Our Administrative Office. All future Premiums must be paid to Us at Our Administrative Office.

The Premium Mode may be changed with Our consent upon written request.

**SPECIAL MONTHLY PREMIUM.** Special Monthly Premiums are available when Premiums are paid by a pre-authorized deduction from Your bank account or by salary deduction. You are responsible for ensuring the Premium is remitted by the elected method.

Payment by pre-authorized deduction from Your bank account or by salary deduction may be discontinued by You or Us by giving 30 days written notice to the affected party.

If Special Monthly Premiums are discontinued for any reason, the Premiums already due or becoming due must be paid to Us at Our Administrative Office.

**RIGHT TO CHANGE PREMIUM.** We reserve the right to change the Premium for this Policy, subject to the Guaranteed Maximum Annual Premium shown in the Data Section. Any change in Premium:

- (a) will be based on Our future anticipated and emerging experience;
- (b) will be made on a class basis based on the classes initially identified when policies are issued;
- (c) will not result in the distribution of prior profits or recovery of prior losses, nor will any such modification be used to increase the expected profitability of these policies; and,
- (d) will not be based on a change in the Insured's health, occupation or avocation.

The appropriate regulatory authority will be provided any required information regarding the change in Premium. You will be provided with at least 30 days notice of any Premium change.

**GRACE PERIOD.** A Grace Period of 31 days is granted for each Premium Payment after the initial Premium Payment. The Policy will stay in force during this period. No interest is charged on the Premium Payment due during this time. If the Insured dies during the Grace Period, any Premium amount due will be deducted from the Death Benefit. Any payments sent via U.S. mail must be postmarked within the Grace Period.

**LAPSE.** If a Premium is not paid during the Grace Period, the Policy will Terminate on the due date of the first Premium Payment in default.

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## CONVERTIBILITY

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**CONVERSION OPTION.** While this Policy is in force and before the Conversion Expiry Date, as shown in the Data Section, You may convert this Policy to a New Policy on the life of the Insured without evidence of insurability.

You must submit to Us this Policy, a written Application for Conversion, and the first full premium for the New Policy.

**NEW POLICY.** The New Policy must be a permanent life insurance policy, unless otherwise specified in the Data Section. The New Policy:

- (a) must be a product currently offered by Us for conversion and using the same underwriting basis as this Policy;
- (b) will be issued at the Insured's then attained age and based on the rules and rates for the product selected;
- (c) will be issued at an equivalent rate class as this Policy; and,
- (d) will use premium rates in use on the conversion date.

We will assign a rate class that most closely corresponds to the rate class of this Policy based on the underwriting guidelines in use on the conversion date.

The New Policy's Face Amount cannot exceed the Face Amount of this Policy.

The Incontestability and Suicide periods of the New Policy will begin on the Issue Date of this Policy.

Premium Waivers, Children Term Riders and the Accelerated Benefit Riders may be converted to the New Policy, so long as they are available for use with the New Policy.

If the New Policy contains a Disability Waiver of Premium Rider, the benefits under this Rider will not be effective unless:

- (a) the total disability of the Insured commenced after the Issue Date of the New Policy; and,
- (b) the total disability of the Insured is not the result of an injury, disease, or infection that occurred or existed before the Issue Date of the New Policy.

**AUTOMATIC CONVERSION.** If Premiums are being waived under a Disability Waiver of Premium Rider on the Conversion Expiry Date, this Policy will automatically convert to a New Policy, as described below.

- (a) The New Policy will be a whole life insurance policy currently offered by Us for conversion and using the same underwriting basis as this Policy and with premiums payable for life.
- (b) The Face Amount of the New Policy will equal the Face Amount of this Policy.

- (c) The New Policy will be issued at the Insured's then attained age based on rules in use for the product selected, at premium rates currently in use on the conversion date, and with an equivalent rate class to this Policy.

Premiums on the New Policy will be waived while total disability continues. If total disability ceases, any Premiums due thereafter will be payable according to the terms of the New Policy.

**CONVERSION CREDIT.** If you convert this Policy to a permanent life insurance policy prior to the Conversion Credit Expiry Date, as shown in the Data Section, We will provide a Conversion Credit equal to 100% of the annual term premium payable in the year of conversion. Conversions occurring within the first Policy Year will receive a Conversion Credit that is prorated for the amount of time between the Issue Date and the conversion date.

The Conversion Credit does not include the Premium for any Riders attached to this Policy.

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## TERMINATION AND REINSTATEMENT

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**TERMINATION.** Coverage under this Policy will terminate on the first to occur of:

- (a) the Insured's death;
- (b) expiration of the Grace Period;
- (c) the Term Expiry Date, as shown in the Data Section; or,
- (d) full conversion of this Policy.

**REINSTATEMENT.** You may reinstate this Policy after it has Terminated. All of the following conditions must be met:

- (a) the Reinstatement must be within 3 years of the date of Termination and before the Term Expiry Date;
- (b) You must complete a Reinstatement Application and any additionally required questionnaires to prove the Insured is insurable for this Policy at the same classification as on the Issue Date; and,
- (c) all Premiums in arrears must be paid with compound interest. The interest rate will be 6% per year.

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## SETTLEMENT OPTIONS

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**GENERAL PROVISIONS.** All or a part of the Death Benefit proceeds may be applied to any of the following options. Other options can be used if agreed to by Us. We will first discharge in a single sum any liability under an Assignment of this Policy and any applicable Premium-related taxes, fees, or assessments imposed by any Federal, State, Municipal or other taxing authority. The remaining amount is the net settlement amount. The minimum net settlement amount that may be applied to a Settlement Option is \$5,000 for any Payee and the minimum installment payment is \$100.

Settlement Options may be payable on an annual, semiannual, quarterly, or monthly basis. If you elect a Settlement Option, You may choose to withhold the Beneficiary's right to Assign, encumber, or commute any unpaid amount. Except to the extent permitted by law, unpaid amounts are not subject to any claims of a Beneficiary's creditor.

The Settlement Option tables illustrate the minimum guaranteed monthly payment per \$1,000 of the net settlement amount for each Settlement Option.

**SETTLEMENT OPTIONS.** The Settlement Options are:

Option 1: Installments for a Fixed Period. Equal periodic payments will be paid for a fixed number of years, as determined by You or the Beneficiary. The first payment is payable on the settlement date.

At Our option, additional interest may be used in the calculation of the periodic payment.

Option 2: Installments for a Fixed Period and Life Thereafter. Equal periodic payments will be made for a fixed period selected by You or the Beneficiary and while the annuitant is still living thereafter. The first payment is payable on the settlement date.

Option 3: Life Annuity. Equal periodic payments will be paid for as long as the annuitant lives with no payments certain. We have no liability upon the annuitant's death.

Option 4: Payments of a Fixed Amount. Equal periodic payments selected by You or the Beneficiary will be made until the total settlement value, with accumulated interest, is paid. Interest will be paid at the rate for funds left on deposit, but not less than the minimum guaranteed settlement rate shown in the Data Section. The final payment will be the unpaid balance. The first payment is payable on the settlement date. The total payments made in each year must be at least 4% of the net settlement amount.

Option 5: Interest Payments. We will hold the net settlement amount at interest. Interest will be paid at the rate for funds left on deposit, but not less than the minimum guaranteed settlement rate shown in the Data Section. At any time, an amount of at least \$100 may be withdrawn from the amount held. If the amount held on deposit falls below \$5,000, We may pay the entire amount held to the payee. The first payment is payable at the end of the first interest period.

**COMMUTATION OF SETTLEMENT OPTIONS.** Commutation is the payment by Us of a lump sum in lieu of any future annuity payments. In no case may any life-contingent payments under Options 2 or 3 be commuted. Payments under the other options may be commuted. When an option is commuted, the effective interest rate used to compute the settlement option plus 1% will be used to calculate the present value of the future payments.



HOME OFFICE: [2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573]  
ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]  
TELEPHONE NUMBER [(888) 519-5819]

#### **INDIVIDUAL TERM LIFE INSURANCE POLICY**

- Premium Paying Period as shown in the Data Section.
- Convertible.
- Nonparticipating. Dividends are not payable.
- Death Benefit payable as a lump sum or as described in the Settlement Options provision.
- Premiums are adjustable subject to the Guaranteed Maximum Annual Premium.

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**ALPHABETICAL GUIDE TO POLICY PROVISIONS**

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Additional benefits and riders (if any), a copy of the Application, and any supplements are attached to this Policy.

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**DATA PAGE**

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<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

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**INSURED**

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<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

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**PREMIUMS AND RIDERS**

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<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [75] Form [Form ART12SLAX] Level Premium Period [1] Year Term Expiry Date [May 1, 2052]	[\$ 91.00]	[40]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 91.00]	

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**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12SLAX] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 91.00]	[\$ 46.87]	[\$ 24.12]	[\$ 8.46]	[\$ 7.86]

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**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

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[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

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**DATA PAGE CONTINUED**

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<b>POLICY NUMBER</b>	[12345678]	<b>INSURED</b> [JOHN DOE]	[MALE]	[35]
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**CONVERSION SCHEDULE**

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**Conversion Expiry Date:** [May 31, 2022]

**Conversion Credit Expiry Date:** [May 1, 2017]

**[Special Conversion Privilege.** While this Policy is in force and before the third Policy anniversary, You may convert this Policy to a new term life insurance policy on the life of the Insured without evidence of insurability. You must convert the entire Policy.

The new term life insurance policy must be for a level premium period of at least [20] years.

The new term life insurance policy will be subject to any requirements and/or limitations set forth in the Convertibility section of this Policy.]

**DATA PAGE CONTINUED**

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35	[\$91.00	[\$0.00	[\$91.00	[\$91.00
36	\$103.00	\$0.00	\$103.00	\$103.00
37	\$112.00	\$0.00	\$112.00	\$112.00
38	\$116.00	\$0.00	\$116.00	\$116.00
39	\$119.00	\$0.00	\$119.00	\$119.00
40	\$125.00	\$0.00	\$125.00	\$125.00
41	\$131.00	\$0.00	\$131.00	\$131.00
42	\$144.00	\$0.00	\$144.00	\$144.00
43	\$158.00	\$0.00	\$158.00	\$158.00
44	\$174.00	\$0.00	\$174.00	\$174.00
45	\$191.00	\$0.00	\$191.00	\$191.00
46	\$209.00	\$0.00	\$209.00	\$209.00
47	\$226.00	\$0.00	\$226.00	\$226.00
48	\$242.00	\$0.00	\$242.00	\$242.00
49	\$262.00	\$0.00	\$262.00	\$262.00
50	\$279.00	\$0.00	\$279.00	\$279.00
51	\$300.00	\$0.00	\$300.00	\$300.00
52	\$322.00	\$0.00	\$322.00	\$322.00
53	\$343.00	\$0.00	\$343.00	\$343.00
54	\$367.00	\$0.00	\$367.00	\$367.00
55	\$392.00	\$0.00	\$392.00	\$392.00
56	\$422.00	\$0.00	\$422.00	\$422.00
57	\$461.00	\$0.00	\$461.00	\$461.00
58	\$512.00	\$0.00	\$512.00	\$512.00
59	\$579.00	\$0.00	\$579.00	\$579.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74]	\$10,941.00]	\$0.00]	\$10,941.00]	\$10,941.00]

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**DATA SECTION**

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<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

---

<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

---

**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12SLAX] Level Premium Period [10] Year Term Expiry Date [May 1, 2072]	[\$ 134.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 134.00]	

---

**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12SLAX] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 134.00]	[\$ 69.01]	[\$ 35.51]	[\$ 12.46]	[\$ 11.58]

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**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

---

[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

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**DATA SECTION CONTINUED**

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**CONVERSION SCHEDULE**

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**Conversion Expiry Date:** [May 31, 2022]

**Conversion Credit Expiry Date:** [May 1, 2017]

**DATA SECTION CONTINUED**

<b>POLICY NUMBER</b>	[12345678]	<b>INSURED</b>	[JOHN DOE]	[MALE]	[35]
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**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35]	[\$134.00	[\$0.00	[\$134.00	[\$134.00
36	\$134.00	\$0.00	\$134.00	\$134.00
37	\$134.00	\$0.00	\$134.00	\$134.00
38	\$134.00	\$0.00	\$134.00	\$134.00
39	\$134.00	\$0.00	\$134.00	\$134.00
40	\$134.00	\$0.00	\$134.00	\$134.00
41	\$134.00	\$0.00	\$134.00	\$134.00
42	\$134.00	\$0.00	\$134.00	\$134.00
43	\$134.00	\$0.00	\$134.00	\$134.00
44	\$134.00	\$0.00	\$134.00	\$134.00
45	\$759.00	\$0.00	\$759.00	\$759.00
46	\$825.00	\$0.00	\$825.00	\$825.00
47	\$897.00	\$0.00	\$897.00	\$897.00
48	\$939.00	\$0.00	\$939.00	\$939.00
49	\$987.00	\$0.00	\$987.00	\$987.00
50	\$1,056.00	\$0.00	\$1,056.00	\$1,056.00
51	\$1,137.00	\$0.00	\$1,137.00	\$1,137.00
52	\$1,248.00	\$0.00	\$1,248.00	\$1,248.00
53	\$1,368.00	\$0.00	\$1,368.00	\$1,368.00
54	\$1,521.00	\$0.00	\$1,521.00	\$1,521.00
55	\$1,710.00	\$0.00	\$1,710.00	\$1,710.00
56	\$1,902.00	\$0.00	\$1,902.00	\$1,902.00
57	\$2,109.00	\$0.00	\$2,109.00	\$2,109.00
58	\$2,286.00	\$0.00	\$2,286.00	\$2,286.00
59	\$2,490.00	\$0.00	\$2,490.00	\$2,490.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

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**DATA SECTION CONTINUED**

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

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ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]

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**DATA SECTION**

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<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

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<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

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**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12SLAX] Level Premium Period [15] Year Term Expiry Date [May 1, 2072]	[\$ 150.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 150.00]	

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**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12SLAX] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 150.00]	[\$ 77.25]	[\$ 39.75]	[\$ 13.95]	[\$ 12.96]

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**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

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[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

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**DATA SECTION CONTINUED**

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<b>POLICY NUMBER</b>	[12345678]	<b>INSURED</b>	[JOHN DOE]	[MALE]	[35]
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**CONVERSION SCHEDULE**

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**Conversion Expiry Date:** [May 31, 2027]

**Conversion Credit Expiry Date:** [May 1, 2017]

**DATA SECTION CONTINUED**

**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35]	[\$150.00]	[\$0.00]	[\$150.00]	[\$150.00]
36	\$150.00	\$0.00	\$150.00	\$150.00
37	\$150.00	\$0.00	\$150.00	\$150.00
38	\$150.00	\$0.00	\$150.00	\$150.00
39	\$150.00	\$0.00	\$150.00	\$150.00
40	\$150.00	\$0.00	\$150.00	\$150.00
41	\$150.00	\$0.00	\$150.00	\$150.00
42	\$150.00	\$0.00	\$150.00	\$150.00
43	\$150.00	\$0.00	\$150.00	\$150.00
44	\$150.00	\$0.00	\$150.00	\$150.00
45	\$150.00	\$0.00	\$150.00	\$150.00
46	\$150.00	\$0.00	\$150.00	\$150.00
47	\$150.00	\$0.00	\$150.00	\$150.00
48	\$150.00	\$0.00	\$150.00	\$150.00
49	\$150.00	\$0.00	\$150.00	\$150.00
50	\$1,056.00	\$0.00	\$1,056.00	\$1,056.00
51	\$1,137.00	\$0.00	\$1,137.00	\$1,137.00
52	\$1,248.00	\$0.00	\$1,248.00	\$1,248.00
53	\$1,368.00	\$0.00	\$1,368.00	\$1,368.00
54	\$1,521.00	\$0.00	\$1,521.00	\$1,521.00
55	\$1,710.00	\$0.00	\$1,710.00	\$1,710.00
56	\$1,902.00	\$0.00	\$1,902.00	\$1,902.00
57	\$2,109.00	\$0.00	\$2,109.00	\$2,109.00
58	\$2,286.00	\$0.00	\$2,286.00	\$2,286.00
59	\$2,490.00	\$0.00	\$2,490.00	\$2,490.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

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**DATA SECTION CONTINUED**

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

---

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]

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**DATA PAGE**

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<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

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**INSURED**

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<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

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**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12SLAX] Level Premium Period [20] Year Term Expiry Date [May 1, 2072]	[\$ 176.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 176.00]	

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**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12SLAX] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 176.00]	[\$ 90.64]	[\$ 46.64]	[\$ 16.37]	[\$ 15.21]

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**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

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[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**CONVERSION SCHEDULE**

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**Conversion Expiry Date:** [May 31, 2032]

**Conversion Credit Expiry Date:** [May 1, 2017]

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

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ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35	[\$176.00	[\$0.00	[\$176.00	[\$176.00
36	\$176.00	\$0.00	\$176.00	\$176.00
37	\$176.00	\$0.00	\$176.00	\$176.00
38	\$176.00	\$0.00	\$176.00	\$176.00
39	\$176.00	\$0.00	\$176.00	\$176.00
40	\$176.00	\$0.00	\$176.00	\$176.00
41	\$176.00	\$0.00	\$176.00	\$176.00
42	\$176.00	\$0.00	\$176.00	\$176.00
43	\$176.00	\$0.00	\$176.00	\$176.00
44	\$176.00	\$0.00	\$176.00	\$176.00
45	\$176.00	\$0.00	\$176.00	\$176.00
46	\$176.00	\$0.00	\$176.00	\$176.00
47	\$176.00	\$0.00	\$176.00	\$176.00
48	\$176.00	\$0.00	\$176.00	\$176.00
49	\$176.00	\$0.00	\$176.00	\$176.00
50	\$176.00	\$0.00	\$176.00	\$176.00
51	\$176.00	\$0.00	\$176.00	\$176.00
52	\$176.00	\$0.00	\$176.00	\$176.00
53	\$176.00	\$0.00	\$176.00	\$176.00
54	\$176.00	\$0.00	\$176.00	\$176.00
55	\$1,710.00	\$0.00	\$1,710.00	\$1,710.00
56	\$1,902.00	\$0.00	\$1,902.00	\$1,902.00
57	\$2,109.00	\$0.00	\$2,109.00	\$2,109.00
58	\$2,286.00	\$0.00	\$2,286.00	\$2,286.00
59	\$2,490.00	\$0.00	\$2,490.00	\$2,490.00
60	\$2,736.00	\$0.00	\$2,736.00	\$2,736.00
61	\$3,036.00	\$0.00	\$3,036.00	\$3,036.00
62	\$3,402.00	\$0.00	\$3,402.00	\$3,402.00
63	\$3,813.00	\$0.00	\$3,813.00	\$3,813.00
64	\$4,245.00	\$0.00	\$4,245.00	\$4,245.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

---

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]

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**DATA PAGE**

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<b>POLICY NUMBER</b>	[12345678]	[MAY 1, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

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<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b> "Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

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**PREMIUMS AND RIDERS**

---

<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95] Form [Form ART12SLAX] Level Premium Period [30] Year Term Expiry Date [May 1, 2072]	[\$ 248.00]	[60]
[NAME OF A RIDER] Form [Rider Form Number]	[Rider Prem]	[ ]
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	[\$ 248.00]	

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**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12SLAX] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 248.00]	[\$ 127.72]	[\$ 65.72]	[\$ 23.06]	[\$ 21.43]

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**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

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[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**CONVERSION SCHEDULE**

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**Conversion Expiry Date:** [May 31, 2042]

**Conversion Credit Expiry Date:** [May 1, 2017]

**DATA PAGE CONTINUED**

<b>POLICY NUMBER</b>	[12345678]	<b>INSURED</b>	[JOHN DOE]	[MALE]	[35]
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**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35]	[\$248.00]	[\$0.00]	[\$248.00]	[\$248.00]
36	\$248.00	\$0.00	\$248.00	\$248.00
37	\$248.00	\$0.00	\$248.00	\$248.00
38	\$248.00	\$0.00	\$248.00	\$248.00
39	\$248.00	\$0.00	\$248.00	\$248.00
40	\$248.00	\$0.00	\$248.00	\$248.00
41	\$248.00	\$0.00	\$248.00	\$248.00
42	\$248.00	\$0.00	\$248.00	\$248.00
43	\$248.00	\$0.00	\$248.00	\$248.00
44	\$248.00	\$0.00	\$248.00	\$248.00
45	\$248.00	\$0.00	\$248.00	\$248.00
46	\$248.00	\$0.00	\$248.00	\$248.00
47	\$248.00	\$0.00	\$248.00	\$248.00
48	\$248.00	\$0.00	\$248.00	\$248.00
49	\$248.00	\$0.00	\$248.00	\$248.00
50	\$248.00	\$0.00	\$248.00	\$248.00
51	\$248.00	\$0.00	\$248.00	\$248.00
52	\$248.00	\$0.00	\$248.00	\$248.00
53	\$248.00	\$0.00	\$248.00	\$248.00
54	\$248.00	\$0.00	\$248.00	\$248.00
55	\$248.00	\$0.00	\$248.00	\$248.00
56	\$248.00	\$0.00	\$248.00	\$248.00
57	\$248.00	\$0.00	\$248.00	\$248.00
58	\$248.00	\$0.00	\$248.00	\$248.00
59	\$248.00	\$0.00	\$248.00	\$248.00
60	\$248.00	\$0.00	\$248.00	\$248.00
61	\$248.00	\$0.00	\$248.00	\$248.00
62	\$248.00	\$0.00	\$248.00	\$248.00
63	\$248.00	\$0.00	\$248.00	\$248.00
64	\$248.00	\$0.00	\$248.00	\$248.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

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**DATA PAGE CONTINUED**

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**POLICY NUMBER** [12345678]      **INSURED** [JOHN DOE]      [MALE]      [35]

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**GUARANTEED MAXIMUM ANNUAL PREMIUMS**

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ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	[\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$0.00]	\$74,775.00]	\$74,775.00]



**Standard Life**  
and Accident Insurance Company

HOME OFFICE: [2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573]

ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]

TELEPHONE NUMBER [(888) 519-5819]

*(The telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)*

### **CHILDREN'S TERM RIDER**

This Rider is attached to and made part of Your Policy. Except as provided in this Rider, all other terms, provisions, and conditions of Your Policy remain the same. Additional Premium is required for this Rider, as shown on the Policy's Data Sections.

### **RIDER AND INTERESTED PERSONS**

**RIDER.** This Rider is issued by Standard Life and Accident Insurance Company ("We", "Us", "Our") and is a part of the Policy to which it is attached. All terms and provisions of the Policy that apply will be construed to be part of this Rider. Any capitalized terms not defined in this Rider have the meaning given in the Policy to which this Rider is attached.

**RIDER BENEFICIARY.** Unless otherwise specified by the Owner in the Application for this Rider or in a later Beneficiary designation, the Rider Beneficiary is the Owner. If the Rider Beneficiary is dead, the proceeds of this Rider will go to the Insured Child's estate. Rider Beneficiaries may be designated and changed according to the Policy's Beneficiary provision.

**RIDER BENEFIT.** Upon the death of an Insured Child, We will pay the Rider Beneficiary the amount shown on the Policy's Data Sections, subject to the terms of this Rider and the Policy. We must receive due proof that the Insured Child's death occurred before the Rider's Expiry Date, while this Rider is in force, and before the policy anniversary following the Insured Child's 25th birthday.

**INSURED CHILD.** The person on whose death the Rider Benefit is paid. An Insured Child must be at least 15 days old and one of the following;

- A child, stepchild, or legally adopted child of the Insured age 18 or younger on the Effective Date of this Rider and specified in the Application for this Rider and meeting our underwriting standards;
- A child subsequently born of the Insured; or
- A child subsequently adopted by the Insured if the child is under 18 years of age at the time of adoption.

**COVERAGE EFFECTIVE DATE.** Coverage for any Insured Child will become effective on the later of:

- (1) This Rider's Effective Date
- (2) The adoption date; or
- (3) The date the Insured Child is 15 days old.

**COVERAGE EXPIRY DATE.** The insurance on any Insured Child under this Rider will end on the policy anniversary following that child's 25th birthday. Misstatement of age will not extend coverage under this Rider past that date. Coverage for any Insured Child does not extend past the Rider Expiry Date, regardless of age.

**RIDER EXPIRY DATE.** This Rider expires on the policy anniversary on which the Insured reaches attained age 65, as shown on the Data Sections.

**RIDER EFFECTIVE DATE.** The Effective Date of this Rider is shown on the Policy's Data Sections.

## CONVERTIBILITY

**CONVERSION OPTION.** While this Rider is in force, You may convert the term insurance provided on any Insured Child to any level premium permanent life insurance policy offered by Us on the date of conversion, without evidence of insurability. Conversion must take place on or before the earlier of:

- (1) the policy anniversary that follows the Insured Child's 25th birthday;
- (2) the Rider Expiry Date; or
- (3) the Insured's death.

If conversion occurs due to the death of the Insured, the conversion privilege must be exercised within 60 days from the date of the Insured's death.

If conversion occurs as a result of the Insured Child's 25th birthday, the Rider expiring, or the Insured's death, then up to 5 times the amount of coverage provided by this Rider may be converted, not to exceed \$50,000.

You must submit to Us a written application for conversion and the first full premium for the new policy.

The new policy will be issued at the Insured Child's then Attained Age, at standard rates, and based on the rules of the product selected.

The Insured Child's coverage under this Rider ceases upon conversion.

The new policy's effective date will be the conversion date.

The new policy will contain a disability waiver of premium rider if one is available with the product selected.

If the new policy contains a disability waiver of premium rider, the benefits under the rider will not be effective unless:

- (a) the total disability of the Insured commenced after the Issue Date of the new policy; and,
- (b) the total disability of the Insured is not the result of an injury, disease, or infection that occurred or existed before the Issue Date of the new policy.

## GENERAL PROVISIONS

**REINSTATEMENT.** To reinstate this Rider, You must provide Us with information necessary to satisfy Us that each Insured Child under this Rider is then insurable. The provisions for Reinstatement in the Policy must also be met.

**TERMINATION.** This Rider's benefits will not be payable if death of any Insured Child occurs after this Rider terminates. This Rider will terminate immediately upon the first to occur of the following:

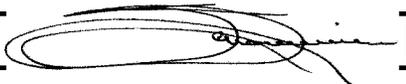
- (1) the date the Grace Period for the Policy expires;
- (2) the date the Insured dies unless this Rider is converted according to the Conversion provision of this Rider;
- (3) the date the Policy matures, expires, or is surrendered; or
- (4) the Rider Expiry Date.

If You wish to terminate this Rider because the Insured has no remaining child age 25 or younger or for any other reason, You must send Us a written request to terminate this Rider. This Rider will terminate as of the date to which premiums have been paid. No further premium will be charged. If Termination is a result of the Insured's death then We will refund any unearned Premium to You.

Signed for the Company at [Galveston, Texas].

[  ]

[J. Mark Flippin]  
[Secretary]

[  ]

[Steven Schouweiler]  
[President]



**Standard Life**  
and Accident Insurance Company

HOME OFFICE: [2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573]

ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]

TELEPHONE NUMBER [(888) 519-5819]

*(The telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)*

**DISABILITY PREMIUM WAIVER RIDER**

This Rider is a part of the Policy to which it is attached (the "Policy") issued by Standard Life and Accident Insurance Company (the "Company"). All terms and provisions of the Policy that apply will be construed to be a part of this Rider.

**DATE OF ISSUE.** The Date of Issue of this Rider will be the Date of Issue of the Policy it is attached to, unless it is otherwise endorsed on the Policy.

**BENEFIT.** The Company will waive premiums due after total disability begins and while it continues. The Company must have received proof to satisfy it that:

- (1) the Insured is totally disabled; and
- (2) the total disability has existed for at least 6 consecutive months.

No premiums that become due before the Insured's 15th birthday will be waived.

Premiums waived will not be:

- (1) a lien against the Policy; or
- (2) deducted from any settlement.

While premiums are waived, no change will be made in:

- (1) nonforfeiture provisions;
- (2) loan provisions; or
- (3) frequency of premium payments.

**TOTAL DISABILITY.** "Total Disability" means complete incapacity of the Insured caused by bodily injury or disease. It must prevent the Insured from engaging in any gainful employment or occupation for which the Insured is or becomes qualified by reason of education, training, or experience. The permanent loss of:

- (1) the entire sight of both eyes;
- (2) both hands at or above the wrist;
- (3) both feet at or above the ankle; or
- (4) both one hand at or above the wrist and one foot at or above the ankle is considered total disability.

**AGE.** Whenever used, "age 60" means the Policy anniversary the Insured reaches Attained Age 60.

**WRITTEN NOTICE OF CLAIMS.** The Company's Home Office must receive the Owner's written claim for waiver of premiums:

- (1) while the Insured lives;
- (2) not later than the Insured's Attained Age 60;
- (3) while the Insured's total disability continues; and
- (4) not later than 1 year after the due date of the first premium in default, unless the Owner can show that a later claim was made as soon as was reasonably possible.

The Company will not waive a premium due more than 1 year before the Company receives the written claim. If total disability begins during the grace period of a premium in default, or if a premium due after total disability begins is in default and is not to be waived, failure to pay that premium does not in itself make the claim invalid. Such unpaid premiums, if premium waiver benefits are allowed, must be paid to the Company with compound interest at 6% per year; and if not paid previously, they will be deducted from the amount payable in settlement of the Policy.

**PROOF OF TOTAL DISABILITY AND CONTINUANCE.** After receipt of a claim, the Company can demand proof that the total disability exists and continues, but it cannot do so more often than once a year after 1 year of continuous disability. The Company may require that a doctor selected by the Company make a physical examination of the Insured. The Company will not waive any premiums if the Insured:

- (1) fails to furnish proof of total disability within a reasonable time; or
- (2) refuses to be examined.

Payment of premiums must resume on the next premium due date after the Insured ceases to be totally disabled.

**LIMITATIONS ON COVERAGE.** Premium waiver will not be granted if total disability begins:

- (1) while the Policy is not in force;
- (2) after Policy lapse, whether or not it remains in force as extended term or paid-up insurance; or
- (3) on or after the Insured's Attained Age 60.

**EXCLUSIONS.** Premium Waiver will not be granted if total disability existed on or before the Date of Issue; or if it is a direct or indirect result of:

- (1) attempted intentional self-destruction or self-mutilation, whether the Insured was sane or insane;
- (2) any act attributable to riot or war, declared or undeclared, whether or not the Insured is in military service;
- (3) the voluntary or involuntary administration, taking, or injection of a drug, sedative, or narcotic, unless administered by and taken when and as prescribed by a physician; or
- (4) injury, disease, or infection that existed or occurred before the Date of Issue.

**TERMINATION.** The Rider will terminate on the first to occur of:

- (1) the date the grace period for any unpaid premium expires, even if the Policy continues as extended term or reduced paid-up insurance;
- (2) the date the Policy matures or is surrendered; or
- (3) the next Policy anniversary after the Insured's Attained Age 60.

The Company will terminate this Rider if the Owner asks the Company to do so in writing. The Owner must return this Policy to the Company for endorsement. The Rider will terminate on the date to which premiums have been paid. After that date, premiums for this Rider will not be payable.

**PREMIUM CONSIDERATION.** The premium for this Rider:

- (1) is shown on the Policy Data Section;
- (2) must be paid with and the same way as the Policy's premium; and
- (3) will cease when the Rider terminates.

Signed for the Company at [Galveston, Texas].

[ *J. Mark Flippin* ]

[SECRETARY]

[ *[Signature]* ]

[PRESIDENT]



HOME OFFICE: [2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573]  
ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]  
TELEPHONE NUMBER [(888) 519-5819]

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### **ACCELERATED BENEFIT RIDER FOR CRITICAL ILLNESS**

**NOTICE: Payment of an Accelerated Benefit under this Rider will terminate the Base Policy and/or Covered Rider(s) for which the Accelerated Benefit is paid. Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider.**

**Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.**

This Rider is attached to and made a part of Your Base Policy. Except as provided in this Rider, all other terms, provisions, and conditions of Your Base Policy remain the same. No additional Premium is required for this Rider.

Capitalized terms not defined in this Rider have the meaning given in the Base Policy to which this Rider is attached.

Election of an Accelerated Benefit may only be beneficial if the Qualifying Event results in significant deterioration of the Rider Insured's life expectancy.

Upon acceleration, You will not receive the full Death Benefit, but rather a reduced amount defined below as the Accelerated Benefit Payment.

### **DEFINITIONS**

**Base Policy** - The Policy to which this Rider is attached.

**Rider Insured** - The Insured under the Base Policy or any Insured under a Covered Rider. Benefits may be payable under this Rider if a Rider Insured experiences a Qualifying Event.

**Base Policy Insured** - The person named as the Insured in the Base Policy.

**Covered Rider** - Any Rider attached to the Base Policy providing permanent or term life insurance, excluding accidental death benefits and Child Term Riders.

**Eligible Death Benefit** - The total Death Benefit under the Base Policy and any Covered Riders attributable to a Rider Insured who has experienced a Qualifying Event.

**Physician** - A doctor of medicine or osteopathy, practicing within the scope of their license, issued by the jurisdiction in the United States of America in which the services are rendered. Physician cannot be the Owner, the Rider Insured, or a member of the Owner or Rider Insured's immediate family. Immediate family includes parents, step-parents, grandparents, spouse, domestic partner, children (natural, adopted, or step), siblings, grandchildren or in-laws.

## BENEFITS

**Accelerated Benefit** - Subject to the terms of this Rider, We will pay You an Accelerated Benefit during the lifetime of a Rider Insured, upon proof that the Rider Insured has experienced a Qualifying Event, as defined below. The Accelerated Benefit will be paid:

- a. upon Your election, and
- b. in lieu of payment of the Eligible Death Benefit.

No Accelerated Benefit will be paid for any Qualifying Event that occurs on or before the date of issue of the Base Policy or Covered Rider(s) to which this Rider is attached.

No Accelerated Benefit will be paid for any Qualifying Event that results from any self-inflicted injury or attempted suicide.

**Accelerated Benefit Payment** - The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the following deductions:

- a. the actuarial discount, as determined by Us;
- b. an administrative charge not to exceed \$500; and,
- c. any policy debt, if the qualifying Rider Insured is also the Base Policy Insured.

The Accelerated Benefit Payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

The actuarial discount is determined by the following factors:

- a. the Eligible Death Benefit;
- b. the cash surrender value of the Base Policy;
- c. any future premiums required to be paid to keep the Eligible Death Benefit in force;
- d. any future anticipated dividends for the Base Policy;
- e. the Accelerated Benefit Interest Rate in effect; and,
- f. Our determination of the future expected mortality of the qualifying Rider Insured.

The Accelerated Benefit Payment will be calculated as a lump sum. You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

The Accelerated Benefit Payment will be paid to You or Your estate while the Rider Insured is living, unless otherwise designated by You.

If the Rider Insured dies after the periodic payments begin, the remaining payments will be paid pursuant to the Beneficiary provision of the Base Policy, unless otherwise designated by You.

**Accelerated Benefit Interest Rate** - An interest rate We declare, not to exceed the greater of:

- a. the yield on 90-day Treasury Bills on the Election Date; or,
- b. the current maximum adjustable policy loan interest rate allowed by law.

## PROCESS FOR ACCELERATING BENEFITS

**Reporting** - You must report to Us a Qualifying Event, at Our Administrative Office, within 365 days following the occurrence of the Qualifying Event. You must provide Us written proof, satisfactory to Us, that a Rider Insured has experienced a Qualifying Event. Written proof should include:

- a. a certification from a Physician that the Rider Insured has experienced a Qualifying Event; and,
- b. complete records of the Rider Insured's medical history, diagnoses, and treatments.

We reserve the right to have the Rider Insured examined by a Physician of Our own choosing, when and as often as We may deem necessary, while an Election of Accelerated Benefits is pending. Such examination will be made at Our expense.

We will not evaluate a claim until at least 30 days after a Qualifying Event.

**Offer** - If We determine benefits are payable under this Rider, We will make You an offer of an Accelerated Benefit Payment and demonstrate the impact the Election will have on the benefits of the Base Policy or Covered Rider. We will provide You with an Accelerated Benefit Election Form, which must be completed and returned to Us within 60 days of receipt.

**Election** - Following the receipt of Our offer, You may elect to accelerate the Eligible Death Benefit. You must provide Us with written consent from any Assignee or Irrevocable Beneficiary. We may require that You return Your Base Policy with Your Accelerated Benefit Election Form to Our Administrative Office.

The Accelerated Benefit Payment will be paid to You in lieu of the Eligible Death Benefit. The Base Policy and/or any Covered Rider(s) contributing to the Eligible Death Benefit will terminate upon the Election Date.

The Accelerated Benefit Payment for the Base Policy Insured will first pay all debt on the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a Covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

If the Rider Insured dies after reporting a Qualifying Event, but before You receive the Accelerated Benefit Payment, then We will rescind the Offer and pay the Death Benefit pursuant to the Base Policy and/or Covered Rider(s).

**Election Date** - The Election Date is the date You sign the Accelerated Benefit Election Form.

### QUALIFYING EVENTS

An Accelerated Benefit may be requested if a Rider Insured experiences a Qualifying Event covered by this Rider while the Base Policy is in force. The Qualifying Events covered by this Rider are:

- a. **Heart Attack** (myocardial infarction) - The death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. Heart Attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack. The diagnosis of a Heart Attack must be made by a Physician board certified in Cardiology and based on the presence of:
  1. associated new EKG changes which support the diagnosis; and,
  2. elevation of cardiac enzymes above standard laboratory levels.
- b. **Stroke** - A cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis resulting in paralysis or other measurable neurological deficit which persists for 96 hours following the occurrence of the Stroke. Stroke does not include transient ischemic attacks. The diagnosis of a Stroke must be made by a Physician board certified in Neurology.
- c. **Invasive Cancer** - A disease which is characterized by the presence and uncontrolled growth and spread of malignant cells and the invasion of normal tissue. Invasive Cancer must be diagnosed by a pathological or clinical diagnosis. Invasive Cancer does not include:
  1. any skin cancer, except invasive malignant melanoma into the dermis or deeper;
  2. pre-malignant lesions, benign tumors, or polyps;
  3. early prostate cancer diagnosed as T1N0M0 or equivalent staging; or,
  4. carcinoma in-situ.

- d. **Diagnosis of End Stage Renal Failure** - The irreversible and total failure of both kidneys which requires the undergoing of renal transplantation or regular renal dialysis.
- e. **Major Organ Transplant** - The receipt by transplant of any of the following organs or tissues; heart, lung, liver, kidney, pancreas, small intestine or bone marrow. The Rider Insured must be registered on the United Network of Organ Sharing.
- f. **Diagnosis of ALS** (Amyotrophic Lateral Sclerosis) by a qualified Physician.
- g. **Blindness** - The total and permanent loss of sight in both eyes as a result of disease or injury and results in a reduced life expectancy. Total loss of sight in an eye is defined as corrected vision of 20/200 or worse.
- h. **Paralysis** - The complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days. Paralysis must be confirmed by a Physician board certified in Neurology.
- i. **Arterial Aneurysms** - A localized widening (dilatation) of an artery, vein, or the heart. The diagnosis of an Arterial Aneurysm must be made by a Physician board certified in Cardiology.
- j. **Central Nervous System Tumors** - Diagnosis of any abnormal solid growth involving the central nervous system (brain and/or spinal cord) by a Physician.
- k. **Major Multi-System Trauma** - Any major accident or injury resulting in significant alteration of any three (3) body systems which requires hospitalization and extended rehabilitation, results in permanent impairment of the function and/or altered ability to perform Activities of Daily Living, and significantly alters the Rider Insured's life expectancy. The Activities of Daily Living are:
- Bathing - including washing oneself by sponge bath, or in a tub or shower, including the task of getting into and out of the tub or shower.
  - Continence - the ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
  - Dressing - the ability to put on and take off all items of clothing and any necessary braces, fasteners, or artificial limbs.
  - Eating - the ability to feed oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.
  - Toileting - the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
  - Transferring - the ability to move into and out of a bed, chair, or wheelchair.
- l. **Auto-Immune Deficiency Syndrome (AIDS)** - Advanced HIV infection that is associated with an AIDS-defining condition (P. carinii pneumonia, esophageal candidiasis, wasting, Kaposi's sarcoma, disseminated mycobacterium avium infection, tuberculosis, cytomegalovirus disease, HIV-associated dementia, recurrent bacterial pneumonia, toxoplasmosis, immunoblastic lymphoma, chronic cryptosporidiosis, Burkitt lymphoma, disseminated histoplasmosis, invasive cervical cancer and chronic herpes simplex) and has been diagnosed by a Physician.
- m. **Severe Disease of Any Organ** - Severe Disease of Any Organ system is any illness that is life-threatening, requires inpatient hospital care, and will significantly alter the Rider Insured's life expectancy, as diagnosed by a Physician.
- n. **Severe Central Nervous System Disease** - Severe disease of the central nervous system, brain and/or spinal cord, as diagnosed by a Physician that is life threatening and significantly alters the Rider Insured's life expectancy, as diagnosed by a Physician. Severe Central Nervous System Disease includes, but is not limited to, progressive multiple sclerosis, Parkinson's Disease, Huntington's chorea and encephalitis which permanently alters a portion of the cerebrum.

- o. **Major Burns** - The diagnosis by a Physician board certified in plastic surgery, that the Rider Insured has sustained third degree burns covering at least 40% of the surface area of the Rider Insured's body.
- p. **Loss of Limbs** - The complete and permanent severance of two or more limbs through or above the elbow or knee joint due to trauma or accident and results in a reduced life expectancy. Loss of Limbs as a result of disease process is excluded from this definition.

**GENERAL TERMS**

**Termination** - This Rider will terminate at the earliest of:

- a. the date when the Base Policy to which this Rider is attached terminates;
- b. the date the Base Policy becomes extended term insurance coverage under any default benefit or nonforfeiture option; or
- c. the date we receive the Owner's written request to terminate this Rider.

**Reinstatement** - This Rider may be reinstated pursuant to the Reinstatement provision in the Base Policy to which this Rider is attached.

**Incontestability** - This Rider is contestable on the same basis as the Base Policy to which it is attached.

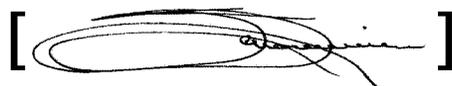
**Legal Requirements** - If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Signed at Our Home Office at [Galveston, TX] on the Issue Date.



[J. Mark Flippin]  
[Secretary]



[Steven Schouweiler]  
[President]



HOME OFFICE: [2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573]

ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]

TELEPHONE NUMBER [(888) 519-5819]

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### **ACCELERATED BENEFIT RIDER FOR CHRONIC ILLNESS**

**NOTICE: Payment of an Accelerated Benefit under this Rider will terminate the Base Policy and/or Covered Rider(s) for which the Accelerated Benefit is paid. Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider.**

**Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.**

This Rider is attached to and made a part of Your Base Policy. Except as provided in this Rider, all other terms, provisions, and conditions of Your Base Policy remain the same. No additional Premium is required for this Rider.

Capitalized terms not defined in this Rider have the meaning given in the Base Policy to which this Rider is attached.

Election of an Accelerated Benefit may only be beneficial if the Covered Chronic Illness results in significant deterioration of the Rider Insured's life expectancy.

Upon acceleration, You will not receive the full Death Benefit, but rather a reduced amount defined below as the Accelerated Benefit Payment.

### **DEFINITIONS**

**Base Policy** - The Policy to which this Rider is attached.

**Rider Insured** - The Insured under the Base Policy or any Insured under a Covered Rider. Benefits may be payable under this Rider if a Rider Insured has a Covered Chronic Illness.

**Base Policy Insured** - The person named as the Insured in the Base Policy.

**Covered Rider** - Any Rider attached to the Base Policy providing permanent or term life insurance, excluding accidental death benefits and Child Term Riders.

**Eligible Death Benefit** - The total Death Benefit under the Base Policy and any Covered Riders attributable to a Rider Insured who has a Covered Chronic Illness.

**Covered Chronic Illness** - A Covered Chronic Illness is an illness or physical condition in which the Rider Insured:

- a. is unable to perform at least two (2) Activities of Daily Living, without Substantial Assistance from another person, due to a loss of functional capacity for a period of at least ninety (90) days; or,
- b. requires supervision by another person to protect the Rider Insured from threats to health and safety due to the Rider Insured's Severe Cognitive Impairment.

**Licensed Health Care Practitioner** - A Licensed Health Care Practitioner must be a physician, a registered professional nurse, or a licensed social worker. The Licensed Health Care Practitioner must be acting within the scope of their license, issued by the jurisdiction of the United States of America in which the services are rendered, when certifying to the Rider Insured's loss of functional capacity.

The Licensed Health Care Practitioner cannot be the Owner, the Rider Insured, or a member of the Owner or Rider Insured's immediate family. Immediate family includes parents, step-parents, grandparents, spouse, domestic partner, children (natural, adopted, or step), siblings, grandchildren or in-laws.

**Substantial Assistance** - Substantial Assistance means hands-on or stand-by assistance. Hands-on assistance means the physical assistance of another person without which the Rider Insured would be unable to perform an Activity of Daily Living. Stand-by assistance means the presence of another person within arm's reach of the Rider Insured that is necessary to prevent, by physical intervention, injury to the Rider Insured while the Rider Insured is performing an Activity of Daily Living.

**Activities of Daily Living** - The Activities of Daily Living are:

- a. Bathing - including washing oneself by sponge bath, or in a tub or shower, including the task of getting into and out of the tub or shower.
- b. Continence - the ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
- c. Dressing - the ability to put on and take off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- d. Eating - the ability to feed oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by a feeding tube or intravenously.
- e. Toileting - the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- f. Transferring - the ability to move into and out of a bed, chair, or wheelchair.

**Severe Cognitive Impairment** - Severe Cognitive Impairment is the deterioration or loss of intellectual capacity that is:

- a. comparable to, and includes, Alzheimer's Disease and similar forms of irreversible dementia; and,
- b. measured by clinical evidence and standardized tests which reliably measure impairment in:
  1. short-term or long-term memory;
  2. orientation to people, places, or time;
  3. deductive or abstract reasoning; or
  4. judgment as it relates to safety awareness.

## **BENEFITS**

**Accelerated Benefit** - Subject to the terms of this Rider, We will pay You an Accelerated Benefit during the lifetime of a Rider Insured, upon proof that the Rider Insured has a Covered Chronic Illness, as defined above. The Accelerated Benefit will be paid:

- a. upon Your election, and
- b. in lieu of payment of the Eligible Death Benefit.

No Accelerated Benefit will be paid within the first two policy years of the Issue Date of the Base Policy for a Covered Chronic Illness.

No Accelerated Benefit will be paid for any Covered Chronic Illness that results from any self-inflicted injury or attempted suicide.

**Accelerated Benefit Payment** - The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the following deductions:

- a. the actuarial discount, as determined by Us;

- b. an administrative charge not to exceed \$500; and,
- c. any policy debt, if the qualifying Rider Insured is also the Base Policy Insured.

The Accelerated Benefit Payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

The actuarial discount is determined by the following factors:

- a. the Eligible Death Benefit;
- b. the cash surrender value of the Base Policy;
- c. any future premiums required to be paid to keep the Eligible Death Benefit in force;
- d. any future anticipated dividends for the Base Policy;
- e. the Accelerated Benefit Interest Rate in effect; and,
- f. Our determination of the future expected mortality of the qualifying Rider Insured..

The Accelerated Benefit Payment will be calculated as a lump sum. You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

The Accelerated Benefit Payment will be paid to You or Your estate while the Rider Insured is living, unless otherwise designated by You.

If the Rider Insured dies after the periodic payments begin, the remaining payments will be paid pursuant to the Beneficiary provision of the Base Policy, unless otherwise designated by You.

**Accelerated Benefit Interest Rate** - An interest rate We declare, not to exceed the greater of:

- a. the yield on 90-day Treasury Bills on the Election Date; or,
- b. the current maximum adjustable policy loan interest rate allowed by law.

### PROCESS FOR ACCELERATING BENEFITS

**Reporting** - You must provide Us written proof, satisfactory to Us, that the Rider Insured has a Covered Chronic Illness. Written proof should include:

- a. a certification from a Licensed Health Care Practitioner that the Rider Insured has a Covered Chronic Illness; and,
- b. complete records of the Rider Insured's medical history, diagnoses, and treatments.

A Licensed Health Care Practitioner must certify to the 90-day loss of functional capacity within the twelve (12) months immediately preceding the Election Date.

We reserve the right to have the Rider Insured examined by a Physician of Our own choosing, when and as often as We may deem necessary, while an Election of Accelerated Benefits is pending. Such examination will be made at Our expense.

**Offer** - If We determine benefits are payable under this Rider, We will make You an offer of an Accelerated Benefit Payment and demonstrate the impact the Election will have on the benefits of the Base Policy or Covered Rider. We will provide You with an Accelerated Benefit Election Form, which must be completed and returned to Us within 60 days of receipt.

**Election** - Following the receipt of Our offer, You may elect to accelerate the Eligible Death Benefit. You must provide Us with written consent from any Assignee or Irrevocable Beneficiary. We may require that You return Your Base Policy with Your Accelerated Benefit Election Form to Our Administrative Office.

The Accelerated Benefit Payment will be paid to You in lieu of the Eligible Death Benefit. The Base Policy and/or any Covered Rider(s) contributing to the Eligible Death Benefit will terminate upon the Election Date.

The Accelerated Benefit Payment for the Base Policy Insured will first pay all debt on the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a Covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

If the Rider Insured dies after reporting a Covered Chronic Illness, but before You receive the Accelerated Benefit Payment, then We will rescind the Offer and pay the Death Benefit pursuant to the Base Policy and/or Covered Rider(s).

**Election Date** - The Election Date is the date You sign the Accelerated Benefit Election Form.

### GENERAL TERMS

**Termination** - This Rider will terminate at the earliest of:

- a. the date when the Base Policy to which this Rider is attached terminates;
- b. the date the Base Policy becomes extended term insurance coverage under any default benefit or nonforfeiture option; or
- c. the date we receive the Owner's written request to terminate this Rider.

**Reinstatement** - This Rider may be reinstated pursuant to the Reinstatement provision in the Base Policy to which this Rider is attached.

**Incontestability** - This Rider is contestable on the same basis as the Base Policy to which it is attached.

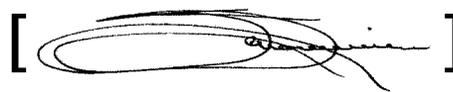
**Legal Requirements** - If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Signed at Our Home Office at [Galveston, TX] on the Issue Date.



[J. Mark Flippin]  
[Secretary]



[Steven Schouweiler]  
[President]



HOME OFFICE: [2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573]  
ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]  
TELEPHONE NUMBER [(888) 519-5819]

*(The telephone number above is available for Policyholders to make inquiries or obtain information about coverage and provide assistance in resolving complaints.)*

### **ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS**

**NOTICE: Payment of an Accelerated Benefit under this Rider will terminate the Base Policy and/or Covered Rider(s) for which the Accelerated Benefit is paid. Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider.**

**Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.**

This Rider is attached to and made a part of Your Base Policy. Except as provided in this Rider, all other terms, provisions, and conditions of Your Base Policy remain the same. No additional Premium is required for this Rider.

Capitalized terms not defined in this Rider have the meaning given in the Base Policy to which this Rider is attached.

Upon acceleration, You will not receive the full Death Benefit, but rather a reduced amount defined below as the Accelerated Benefit Payment.

### **DEFINITIONS**

**Base Policy.** The Policy to which this Rider is attached.

**Rider Insured.** The Insured under the Base Policy or any Insured under a Covered Rider. Benefits may be payable under this Rider if a Rider Insured has a Terminal Illness.

**Base Policy Insured.** The person named as the Insured in the Base Policy.

**Covered Rider.** Any Rider attached to the Base Policy providing permanent or term life insurance, excluding accidental death benefits and Child Term Riders.

**Eligible Death Benefit.** The total Death Benefit under the Base Policy and any Covered Riders attributable to a Rider Insured who has a Terminal Illness.

**Terminal Illness.** An illness or chronic condition that is reasonably expected to result in the death of the Rider Insured within 24 months or less.

**Physician.** A doctor of medicine or osteopathy, practicing within the scope of their license, issued by the jurisdiction in the United States of America in which the services are rendered. Physician cannot be the Owner, the Rider Insured, or a member of the Owner or Rider Insured's immediate family. Immediate family includes parents, step-parents, grandparents, spouse, domestic partner, children (natural, adopted, or step), siblings, grandchildren or in-laws.

## BENEFITS

**Accelerated Benefit.** Subject to the terms of this Rider, We will pay You an Accelerated Benefit during the lifetime of a Rider Insured, upon proof that the Rider Insured has a Terminal Illness, as defined above. The Accelerated Benefit will be paid:

- a. upon Your election, and
- b. in lieu of payment of the Eligible Death Benefit.

No Accelerated Benefit will be paid for any Terminal Illness that results from any self-inflicted injury or attempted suicide.

**Accelerated Benefit Payment.** The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the following deductions:

- a. the actuarial discount, as determined by Us;
- b. an administrative charge not to exceed \$500; and,
- c. any policy debt, if the qualifying Rider Insured is also the Base Policy Insured.

The Accelerated Benefit Payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

The actuarial discount is determined by the following factors:

- a. the Eligible Death Benefit;
- b. the cash surrender value of the Base Policy;
- c. any future premiums required to be paid to keep the Eligible Death Benefit in force;
- d. any future anticipated dividends for the Base Policy;
- e. the Accelerated Benefit Interest Rate in effect; and,
- f. a mortality table for terminally ill individuals, as determined by Us.

The Accelerated Benefit Payment will be calculated as a lump sum. You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

The Accelerated Benefit Payment will be paid to You or Your estate while the Rider Insured is living, unless otherwise designated by You.

If the Rider Insured dies after the periodic payments begin, the remaining payments will be paid pursuant to the Beneficiary provision of the Base Policy, unless otherwise designated by You.

**Accelerated Benefit Interest Rate.** An interest rate We declare, not to exceed the greater of:

- a. the yield on 90-day Treasury Bills on the Election Date; or,
- b. the maximum current adjustable policy loan interest rate allowed by law.

## PROCESS FOR ACCELERATING BENEFITS

**Reporting.** You must provide Us written proof, satisfactory to Us, that a Rider Insured has a Terminal Illness. Written proof should include:

- a. a certification from a Physician that the Rider Insured has a Terminal Illness; and,
- b. complete records of the Rider Insured's medical history, diagnoses, and treatments.

We reserve the right to have the Rider Insured examined by a Physician of Our own choosing when and as often as We may deem necessary, while an Election of Accelerated Benefits is pending. Such examination will be made at Our expense.

**Offer.** If We determine benefits are payable under this Rider, We will make You an offer of an Accelerated Benefit Payment and demonstrate the impact the Election will have on the benefits of the Base Policy or Covered Rider. We will provide You with an Accelerated Benefit Election Form, which must be completed and returned to Us within 60 days of receipt.

**Election.** Following the receipt of Our offer, You may elect to accelerate the Eligible Death Benefit. You must provide Us with written consent from any Assignee or Irrevocable Beneficiary. We may require that You return Your Base Policy with Your Accelerated Benefit Election Form to Our Administrative Office.

The Accelerated Benefit Payment will be paid to You in lieu of the Eligible Death Benefit. The Base Policy and/or any Covered Rider(s) contributing to the Eligible Death Benefit will terminate upon the Election Date.

The Accelerated Benefit Payment for the Base Policy Insured will first pay all debt on the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a Covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

If the Rider Insured dies after reporting a Terminal Illness, but before You receive the Accelerated Benefit Payment, then We will rescind the Offer and pay the Death Benefit pursuant to the Base Policy and/or Covered Rider(s).

**Election Date.** The Election Date is the date You sign the Accelerated Benefit Election Form.

## GENERAL TERMS

**Termination.** This Rider will terminate at the earliest of:

- a. the date when the Base Policy to which this Rider is attached terminates;
- b. the date the Base Policy becomes extended term insurance coverage under any default benefit or nonforfeiture option; or
- c. the date we receive the Owner's written request to terminate this Rider.

**Reinstatement.** This Rider may be reinstated pursuant to the Reinstatement provision in the Base Policy to which this Rider is attached.

**Incontestability.** This Rider is contestable on the same basis as the Base Policy to which it is attached.

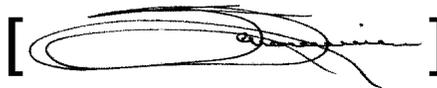
**Legal Requirements.** If the Owner is required by law to elect Accelerated Benefits to meet the claims of creditors, whether in bankruptcy or otherwise, Accelerated Benefits will not be available.

If the Owner is required by a government agency to elect Accelerated Benefits to apply for, obtain, or keep a government benefit or entitlement, Accelerated Benefits will not be available.

Signed at Our Home Office at [Galveston, TX] on the Issue Date.



[J. Mark Flippin]  
[Secretary]



[Steven Schouweiler]  
[President]



**APPLICATION FOR LIFE INSURANCE**

**1. PRIMARY PROPOSED INSURED**

Name \_\_\_\_\_  
First Middle Initial Last  
 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Birthstate/Birthplace \_\_\_\_\_  
 Marital Status:  Married  Single  Separated  Widowed  Divorced  
 Have you ever used tobacco or nicotine in any form? .....  Yes  No  
(Tobacco or nicotine includes cigarettes, cigars, pipes, chewing tobacco, nicotine patches or other products containing nicotine. If "Yes," when was tobacco or nicotine last used?) Month/Year \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Years at Residence \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Employer Name \_\_\_\_\_  
 Occupation/Job Title \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Job Duties (Be Specific) \_\_\_\_\_ Date of Employment \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 U.S. Citizen:  Yes  No If No, type of Visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

**2. ADDITIONAL PROPOSED INSURED**

Name \_\_\_\_\_  
First Middle Initial Last  
 Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Birthstate/Birthplace \_\_\_\_\_  
 Marital Status:  Married  Single  Separated  Widowed  Divorced  
 Have you ever used tobacco or nicotine in any form? .....  Yes  No  
(Tobacco or nicotine includes cigarettes, cigars, pipes, chewing tobacco, nicotine patches or other products containing nicotine. If "Yes," when was tobacco or nicotine last used?) Month/Year \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Years at Residence \_\_\_\_\_ Annual Income \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Relationship to Primary Proposed Insured \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Employer Name \_\_\_\_\_  
 Occupation/Job Title \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Job Duties (Be Specific) \_\_\_\_\_ Date of Employment \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 U.S. Citizen:  Yes  No If No, type of Visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

**3. OWNER** (If other than Primary Proposed Insured)

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Relationship to Primary Proposed Insured \_\_\_\_\_ If Trust, date created \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contingent Owner (if any) \_\_\_\_\_  
First Name Middle Initial Last Name

Relationship to Primary Proposed Insured \_\_\_\_\_

**4. SECONDARY OR ALTERNATE ADDRESSEE** (Optional Secondary Addressee for notification of past due premiums)

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**5. CHILDREN PROPOSED FOR INSURANCE** (Complete for children term rider)

Last Name	First Name	MI	Relationship to Primary Proposed Insured	Date of Birth (MM/DD/YYYY)	Age	Ht.	Wt.	Sex (M/F)	Social Security Number

- a. Has the name of any child age 18 or younger been omitted?  Yes (Explain) \_\_\_\_\_  No
- b. Is any child NOT living at the same address as the Primary Proposed Insured?  Yes (Explain) \_\_\_\_\_  No

**6. BENEFICIARY FOR PRIMARY PROPOSED INSURED** (Unless specified, all beneficiaries in the same class share equally)

Primary: Last Name	First Name	MI	Relationship to Primary Proposed Insured	Date of Birth (MM/DD/YYYY)	Sex (M/F)	Social Security Number	Date of Trust (MM/DD/YYYY)	% Payable

Contingent: Last Name	First Name	MI	Relationship to Primary Proposed Insured	Date of Birth (MM/DD/YYYY)	Sex (M/F)	Social Security Number	Date of Trust (MM/DD/YYYY)	% Payable

Special beneficiary settlement options:  Yes  No (If Yes, complete and submit the state appropriate form for Additional Beneficiary Page)

**7. BENEFICIARY FOR ADDITIONAL PROPOSED INSURED** (Unless specified, all beneficiaries in the same class share equally)

Primary: Last Name	First Name	MI	Relationship to Additional Proposed Insured	Date of Birth (MM/DD/YYYY)	Sex (M/F)	Social Security Number	Date of Trust (MM/DD/YYYY)	% Payable

Special beneficiary settlement options:  Yes  No (If Yes, complete and submit the state appropriate form for Additional Beneficiary Page)

## 8. PRODUCT INFORMATION

- a. Plan of insurance (Specify number of years if Term) \_\_\_\_\_ Face Amount \$ \_\_\_\_\_
- c. Premium amount \$ \_\_\_\_\_
- d. If all Proposed Insured(s) are acceptable risks on a nonrated basis, but the premium quoted will not purchase the face amount requested:  
 Do NOT change premium. Change face amount.     Do NOT change face amount. Change premium.  
 Amount paid with application \$ \_\_\_\_\_

## 9. RIDERS/BENEFITS (Complete insurability application, if necessary)

- a. Optional benefits/riders  
 Premium Waiver  
 Children Term \$ \_\_\_\_\_  
 Other: Type of Rider \_\_\_\_\_ Name of Insured \_\_\_\_\_  
 Face Amount \$ \_\_\_\_\_

## 10. INSURANCE AND REPLACEMENTS

- a. Do you have existing life insurance or annuity coverage? .....  Yes  No  
 If Yes, provide details. \_\_\_\_\_
- b. Will the insurance applied for replace or use cash values of any existing life insurance or annuity issued by any company? ....  Yes  No  
 If Yes, indicate which one below. **Agent must provide and complete the appropriate replacement form.**
- c. Total Insurance/Annuities in force on Proposed Insured(s): If none in force indicate "NONE".

Full Name of Company	Policy Number	Issue Date	Insured's Name	Plan	Amount	See "10b"

Accidental Death \$ \_\_\_\_\_ Company \_\_\_\_\_

## 11. PRIMARY PROPOSED INSURED FAMILY HISTORY - COMPLETE IF FACE AMOUNT IS \$100,000 OR GREATER

### Parents:

	Is parent living (Yes/No)	Age if living	Age at death	Cause of death
Father				
Mother				

### Siblings:

Number of living \_\_\_\_\_

Number deceased \_\_\_\_\_

Age at death	Cause of death

- a. Did (Does) anyone in the immediate family have a history of heart disease or stroke/cerebral vascular accident? .....  Yes  No  
 Age at diagnosis \_\_\_\_\_
- b. Did (Does) anyone in the immediate family have a history of internal cancer or melanoma? .....  Yes  No  
 Type \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

**12. ADDITIONAL PROPOSED INSURED FAMILY HISTORY - COMPLETE IF FACE AMOUNT IS \$100,000 OR GREATER**

**Parents:**

	Is parent living (Yes/No)	Age if living	Age at death	Cause of death
Father				
Mother				

**Siblings:**

Number of living \_\_\_\_\_  
 Number deceased \_\_\_\_\_

Age at death	Cause of death

- a. Did (Does) anyone in the immediate family have a history of heart disease or stroke/cerebral vascular accident? .....  Yes  No  
 Age at diagnosis \_\_\_\_\_
- b. Did (Does) anyone in the immediate family have a history of internal cancer or melanoma? .....  Yes  No  
 Type \_\_\_\_\_ Age at diagnosis \_\_\_\_\_

**13. FAMILY PHYSICIAN, SPECIALIST OR CLINIC**

a. Family physician, specialist or clinic of **Primary Proposed Insured:**

Provider Name \_\_\_\_\_ Date last visited \_\_\_\_\_  
 Reason for visit \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b. Family physician, specialist or clinic of **Additional Proposed Insured:**

Provider Name \_\_\_\_\_ Date last visited \_\_\_\_\_  
 Reason for visit \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**14. MEDICAL HISTORY QUESTIONS - LIFETIME**

(For questions 14a through 16c, underline the reason for any Yes answer(s) and give complete details as requested in Section 17.)

- a. Is any Proposed Insured taking any medication(s)? .....  Yes  No  
 If Yes, list medications and prescribed dosages \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HAS ANY PROPOSED INSURED EVER BEEN DIAGNOSED, TREATED, TESTED POSITIVE FOR, OR BEEN GIVEN MEDICAL ADVICE BY A MEMBER OF THE MEDICAL PROFESSION FOR:**

- b. a disease or disorder for a heart attack, heart murmur, chest pains, irregular heartbeat, stroke, high blood pressure, anemia or any disease or abnormality of the heart, blood or blood vessels? .....  Yes  No
- c. a disease or disorder for cancer, a tumor or abnormal growth of any kind? .....  Yes  No
- d. human immunodeficiency virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? ...  Yes  No

**15. MEDICAL HISTORY QUESTIONS - LAST TEN YEARS**

**HAS ANY PROPOSED INSURED, WITHIN THE LAST TEN YEARS EVER BEEN DIAGNOSED, TREATED, TESTED POSITIVE FOR, OR BEEN GIVEN MEDICAL ADVICE BY A MEMBER OF THE MEDICAL PROFESSION FOR A DISEASE OR DISORDER FOR:**

- a. seizure, depression, anxiety, psychiatric treatment or counseling, paralysis, dizziness or any disease or abnormality of the brain or nervous system? .....  Yes  No
- b. asthma, emphysema, chronic bronchitis, sleep apnea, tuberculosis, Chronic Obstructive Pulmonary Disease (COPD) or any disease or abnormality of the respiratory system? .....  Yes  No
- c. any disease or abnormality of the stomach, intestines, rectum, pancreas, or liver, including cirrhosis, hepatitis and colitis?.....  Yes  No
- d. any disease or abnormality of the kidneys, urinary bladder, prostate or genital system, including sugar or blood in the urine?..  Yes  No
- e. diabetes or any disease of the thyroid or other gland? .....  Yes  No
- f. arthritis, lupus, physical deformity, any disease of the bones, muscles or joints, or any disease or abnormality of the eyes, ears or skin?.....  Yes  No
- g. treatment or counseling for use of alcohol or alcoholism?.....  Yes  No
- h. treatment or counseling for drug use or used marijuana, cocaine, heroin, barbiturates, amphetamines, hallucinogenics, narcotics or other habit-forming drugs, other than those prescribed by a physician? .....  Yes  No
- i. does any Proposed Insured currently have any medical concerns for which you have not consulted a doctor or had any consultation, testing or investigation recommended by a doctor which has not yet been completed? .....  Yes  No
- j. if any Proposed Insured(s) is less than one year old, give birth weight: \_\_\_\_ lb. \_\_\_\_ oz. Was birth premature?.....  Yes  No

**16. MEDICAL HISTORY QUESTIONS - LAST FIVE YEARS**

**HAS ANY PROPOSED INSURED, WITHIN THE LAST FIVE YEARS:**

- a. consulted or been treated or examined by any physician or practitioner for any cause not previously mentioned in this application? .....  Yes  No
- b. had treadmill EKG or other cardiovascular test, chest X-ray, blood or other laboratory test? .....  Yes  No
- c. had a surgical operation or been under observation or treatment in any hospital or clinic or been advised to have an operation which was not performed? .....  Yes  No

**17. MEDICAL HISTORY EXPLANATIONS**

(Give full details below of all Yes answers to questions 14a through 16c)

Question	Person	Reason, condition, disease, injury, etc.	Date
% of Recovery	Name of attending physician	Attending physician address: Number/Street City State	

Question	Person	Reason, condition, disease, injury, etc.	Date
% of Recovery	Name of attending physician	Attending physician address: Number/Street City State	

Question	Person	Reason, condition, disease, injury, etc.	Date
% of Recovery	Name of attending physician	Attending physician address: Number/Street City State	

## 17. MEDICAL HISTORY EXPLANATIONS

Question	Person	Reason, condition, disease, injury, etc.	Date
% of Recovery	Name of attending physician	Attending physician address: Number/Street City State	

Question	Person	Reason, condition, disease, injury, etc.	Date
% of Recovery	Name of attending physician	Attending physician address: Number/Street City State	

## 18. INSURANCE HISTORY AND NON-MEDICAL HAZARDS

- a. Has any Proposed Insured, in the past five (5) years, applied for life, accident or health insurance or for reinstatement of any such insurance that was declined, postponed, cancelled or withdrawn or modified as to plan, amount or rate? .....  Yes  No  
If Yes, give details. \_\_\_\_\_
- b. Has any Proposed Insured in the last six (6) months, applied for — or is any Proposed Insured contemplating applying for — other insurance with this, or any other, company? .....  Yes  No  
If Yes, state how much and to whom. \_\_\_\_\_
- c. Has any Proposed Insured, in the past five (5) years, made — or is any Proposed Insured contemplating making — flights as a pilot, student pilot, crew member, or observer? .....  Yes  No  
If Yes, complete and submit the appropriate questionnaire.
- d. Has any Proposed Insured, in the past five (5) years, engaged in or does any Proposed Insured intend to engage in mountain climbing, rock climbing, racing, SCUBA diving, hang-gliding, ballooning or skydiving? .....  Yes  No  
If Yes, complete and submit the appropriate questionnaire.
- e. Has any Proposed Insured, in the past five (5) years, been convicted of a felony? .....  Yes  No  
If Yes, give details including county and state of conviction. \_\_\_\_\_
- f. Is any Proposed Insured currently on parole or probation? .....  Yes  No  
If Yes, give details. \_\_\_\_\_
- g. Has any proposed insured in the last two (2) years resided outside of the United States for more than four (4) weeks? .....  Yes  No
- h. Does any proposed insured plan to travel outside of the United States for more than four (4) weeks? .....  Yes  No  
If Yes, complete and submit the Foreign Travel Questionnaire.

### Primary Proposed Insured

- i. Driver's license number \_\_\_\_\_ State \_\_\_\_\_
- j. Have you had a charge or conviction of DWI/DUI or reckless driving in the last five (5) years? .....  Yes  No  
If Yes, give details. \_\_\_\_\_
- k. Do you have any other moving violations in the last five (5) years? .....  Yes  No  
If Yes, give details. \_\_\_\_\_

### Additional Proposed Insured

- l. Driver's license number \_\_\_\_\_ State \_\_\_\_\_
- m. Have you had a charge or conviction of DWI/DUI or reckless driving in the last five (5) years? .....  Yes  No  
If Yes, give details. \_\_\_\_\_
- n. Do you have any other moving violations in the last five (5) years? .....  Yes  No  
If Yes, give details. \_\_\_\_\_



**AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION**

I hereby authorize any physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, insurance support organization, business partner, pharmacy, pharmacy benefit manager, government agency, group policy holder, employer, benefit plan administrator, the MIB, Inc., the Department of Motor Vehicle Registration, and paramedical facility to provide to Standard Life and Accident Insurance Company, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on Standard Life and Accident Insurance Company's or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other applicant for coverage, including information relating to medical history, medical conditions, treatment, hospitalizations or confinements, ailments, and/or drug, alcohol or tobacco usage of the Applicant(s). It is understood that Standard Life and Accident Insurance Company underwriters, claim examiners, reinsurers, attorneys, or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I understand that after this information is disclosed, the recipient may redisclose it resulting in loss of protection by federal regulations.

I understand that:

1. such information will be used by Standard Life and Accident Insurance Company for underwriting and insurability determinations;
2. I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain life insurance coverage;
3. a picture copy or photocopy of this authorization shall be as valid as the original; and
4. any authorized representative of the proposed insured is entitled to receive a copy of this authorization upon request. This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization at any time, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Life Underwriting Department of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, P.O. Box 1720, Galveston, Texas 77553. I may inspect or copy any information used or disclosed under this authorization, if signed.

**APPLICATION DECLARATIONS AND AGREEMENTS**

Each of the undersigned declare for themselves, and all other interested parties, that all of the answers in all pages of this application and any supplements to it are full, complete and true to the best of their knowledge and belief. They also agree that: (1) these answers as written: (i) were given to induce the Company to issue a Policy; and (ii) shall form the basis for and become a part of any Policy issued on this application; (2) except as otherwise provided in the conditional receipt, no Policy will be effective until it is: (i) issued; (ii) delivered to the Applicant; and (iii) the full first premium paid, all during the lifetime and good health of the insured(s); (3) the Company may issue a policy different from that specified in this application by listing the difference(s) on the Policy Data Page, and acceptance of such different Policy will be a ratification of the changes except that no change in: (i) amount of insurance; (ii) classification; (iii) plan of insurance; or (iv) benefits, will be effective unless agreed to by the Applicant in writing; (4) the Company is not bound by any statements made by anyone or any other facts known to anyone concerning any Proposed Insured(s) if not in writing in this application or any supplement, amendment, or modification to it which has been approved by the Company; and (5) only the President or a Vice President or Secretary of the Company has the authority to waive any of the Company rights or requirements or to waive or alter any of the provisions of: (i) this application and any supplement, amendment or modification to this application which has been approved by the Company; or (ii) any Policy issued on this application including any supplement, amendment or modification to this application which has been approved by the Company.

**FRAUD WARNING**

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.

**FCRA / MIB ACKNOWLEDGEMENT**

I have received the notification about the Federal Fair Credit Reporting Act and the MIB, Inc.

**APPLICATION SIGNATURES**

If Conditional Receipt to be attached, I hereby certify that I have read and received the conditional receipt, and agree to its terms. I understand that the company will not permit acceptance of my deposit or detachment of the conditional receipt unless this statement is true (if one given).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Primary Proposed Insured (or guardian, if Proposed Insured is under age 16)

\_\_\_\_\_  
Signed at: City, State, Country

\_\_\_\_\_  
Signature of additional person(s) proposed for insurance

\_\_\_\_\_  
Witnessed by: Signature of licensed agent

\_\_\_\_\_  
Signature of additional person(s) proposed for insurance

\_\_\_\_\_  
Print agent's name

\_\_\_\_\_  
Signature of owner if other than Proposed Insured



**19. SOLICITING AGENT'S REPORT: THESE QUESTIONS MUST BE ANSWERED IN EVERY CASE**

- a. How long have you personally known the Proposed Insured? Years \_\_\_\_\_ Months \_\_\_\_\_
- b. By whom will premiums be paid?  Owner  Applicant  Other (If "Other," explain.) \_\_\_\_\_
- c. What is your estimate of the Premium Payor's annual income? \$ \_\_\_\_\_ and worth? \$ \_\_\_\_\_
- d. If the Proposed Insured is a child, how much insurance does the Parent/Premium Payor have in force on his/her own life? \$ \_\_\_\_\_
- e. Give any other surname(s) used by any Proposed Insured in the last five years. \_\_\_\_\_
- f. If beneficiary is not a relative, explain insurable interest. \_\_\_\_\_
- g. Did you see each person proposed for insurance when the application was completed? .....  Yes  No
- h. Was beneficiary present during the completion of the application? .....  Yes  No
- i. As agent, do you certify that, on the date of this application, you asked the Proposed Insured each question in the application, recorded the answers given you, witnessed such person's signature, and collected the initial premium shown in the application?.....  Yes  No
- j. Do you have knowledge of any health history of any Proposed Insured not listed on this application? .....  Yes  No
- k. As agent, did you determine this Applicant's insurable objective and/or financial need? .....  Yes  No
- l. As agent, do you have knowledge or reason to believe that replacement of existing insurance may be involved? .....  Yes  No
- m. As agent, have you complied with state replacement regulations? .....  Yes  No
- n. As agent, did you include individualized sales proposals in your presentations? .....  Yes  No  
(If the Primary Proposed Insured is replacing an existing plan(s) with this Policy, the comparative information forms for each Policy to be replaced, and copies of all sales material, MUST be included with this application sent to the Home Office.)
- o. If a child, are there any other minor age siblings in the home?.....  Yes  No  
If Yes, do they have the same amount of coverage in force or applied for? .....  Yes  No  
If No, explain \_\_\_\_\_

\_\_\_\_\_  
Dated at: City, State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Writing Number

\_\_\_\_\_  
Agent Email

\_\_\_\_\_  
Licensed Agent's Signature

\_\_\_\_\_  
Phone

**20. SPECIAL ISSUE INSTRUCTIONS TO HOME OFFICE**

Are commissions to be split? .....  Yes  No  
(If Yes, list both agents' names and writing numbers.)

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Agent's Writing Number \_\_\_\_\_ %

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Agent's Writing Number \_\_\_\_\_ %

Special Instructions \_\_\_\_\_

**21. REQUIREMENTS ORDERED: SEE CURRENT UNDERWRITING GUIDELINES FOR REQUIREMENTS**

Indicate which of the following was (were) ordered by producer:

Oral fluid test collected by agent .....  Yes  No

Date collected? \_\_\_\_\_  Lab ticket attached or affix barcode here: \_\_\_\_\_

Inspection ordered? .....  Yes  No

If Yes, give name of inspection service used. \_\_\_\_\_

- Exam by physician, full blood, HOS       EKG       X-ray       Paramed, full blood, HOS
- Full blood, physical measurements, HOS     Paramed, HOS \_\_\_\_\_     Other \_\_\_\_\_

Name of approved paramed company? \_\_\_\_\_

Were medical records (APS) ordered by producer? .....  Yes  No

If Yes, give physician/clinic name \_\_\_\_\_

Did you pay for the attending physician's statement? .....  Yes  No

If Yes, enter check # \_\_\_\_\_ and amount \$ \_\_\_\_\_

Has the application been reviewed for omissions and errors? .....  Yes  No

If Yes, by (name) \_\_\_\_\_

**22. NOTES TO UNDERWRITERS**

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**23. BILLING DATA**

a. Mode:       Annual     Semi-Annual     Quarterly     Monthly PAC     List Bill

b. Method:     Direct: (Fill in name and address where premium notices are to be sent, ONLY IF OTHER than those of Primary Proposed Insured.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Preauthorized Check Authorization (PAC): (Complete "Preauthorized Check Authorization" section 24 and attach a void check)

Salary Deduction:

Name \_\_\_\_\_ Group Number \_\_\_\_\_

Weekly Amount \_\_\_\_\_

Biweekly Amount \_\_\_\_\_

Semi-Monthly Amount \_\_\_\_\_

Monthly Amount \_\_\_\_\_



**24. AUTHORIZATION TO MY BANK - PREAUTHORIZED CHECK AUTHORIZATION**

**Bank Information**

**Checking**       **Savings**

\_\_\_\_\_  
Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

We will not draft from your account until underwriting approves your application.

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

\_\_\_\_\_  
Date Signed

✓ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Routing Number



**CONDITIONAL RECEIPT**

**THIS RECEIPT SHALL BE VOID IF ALTERED OR MODIFIED**

**Standard Life and Accident Insurance Company  
Mailing Address [ P.O. Box 696850, San Antonio, TX 78269 ]**

**PREMIUM CHECK(S) MUST BE MADE PAYABLE TO STANDARD LIFE AND ACCIDENT INSURANCE COMPANY.  
DO NOT MAKE CHECK(S) PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

I have received \$ \_\_\_\_\_ in connection with an application for life insurance. If each of the following four conditions is satisfied fully, then, subject to the maximum amount limitation described below, insurance as provided by the terms and conditions of the Policy applied for will become effective on the effective date, as defined below.

1. The payment received with the application must equal the minimum initial premium required for the plan(s) and amount(s) of insurance applied for and the mode of premium payment selected;
2. All medical examinations and tests required under the Company's initial application requirements must be completed and the reports of those medical examinations and tests must be received at the company's Home Office within 45 days after the date of this receipt;
3. On the effective date, as defined below, all persons proposed for insurance must be in good health and insurable at standard premium rates for the plan(s) and amount(s) of insurance requested in the application.
4. There is no material misrepresentation in the application.

**MAXIMUM AMOUNT LIMITATION:** At no time and in no event shall the total liability of the Company under this receipt and all other receipts providing conditional insurance coverage with the Company on the lives of all the persons proposed for insurance exceed \$500,000.

**EFFECTIVE DATE MEANS THE LATEST OF:** (a) the date of completion of the application; (b) the date of completion of all medical exams and tests required by the Company; and (c) if the Applicant requests a Policy date which is later than the date of this receipt, the Policy date requested by the Applicant.

**REFUND OF PAYMENT:** If one or more of the above conditions 1, 2, 3 or 4 have not been satisfied fully within 45 days after the date of this receipt, the Company's liability is limited to a refund of the amount paid. Only the President, a Vice President or Secretary of the Company has the authority to waive any of the Company rights or requirements, or to waive or alter any of the provisions of this receipt or amend it in any way.

Date	Signed at: City	State	Country
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\_\_\_\_\_  
Signature of Licensed Agent

I have read this Conditional Receipt. It has been explained to me by the agent.

\_\_\_\_\_  
Signature of Primary Proposed Insured (or guardian, if Proposed Insured is under age 16)

\_\_\_\_\_  
Signature of Owner (if other than Primary Proposed Insured)



**AGENT: THIS NOTICE MUST BE LEFT WITH THE PROPOSED INSURED.**

**Standard Life and Accident Insurance Company**  
**Mailing Address: [P.O. Box 696850, San Antonio, TX 78269 ]**

In connection with your application, Standard Life and Accident Insurance Company (Standard Life), or its reinsurers, may obtain medical and other information for evaluation purposes. Standard Life may obtain that information from MIB, Inc. or any medical professional, medically related facility, insurance support organization or insurance company who possesses information about the care, treatment or advice given you or your family. That information could concern drugs, alcoholism or mental illness. Standard Life may also obtain an investigative consumer report on you.

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

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866.692.6901. If you question the accuracy of the information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

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

Fair Credit Reporting Act Pre-notification – Federal and state laws require notification that, with your application, we may request an investigative consumer report. In addition, such a report may be requested subsequently to update our records or if you apply for additional coverage. Upon written request, we will inform you whether or not an investigative consumer report was requested and, if such report was requested, the address and telephone number of the investigative agency to which the request was made. By contacting the local office and providing the proper identification, you may inspect, or for the appropriate fee, receive a copy of such report. Typically, the report will contain information as to character, general reputation, personal characteristics, and mode of living, which information is obtained through an interview with you or an adult member of your family, employers or business associates, financial sources, friends, neighbors, or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment including occupational duties, financial information, driving record, sports and recreational activities, health history, use of alcohol or drugs if any, living conditions and type of community.

**SERFF Tracking #:**

AMNA-128764968

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

ART12SLAX-SLAICO

**State:**

Arkansas

**Filing Company:**

Standard Life and Accident Insurance Company

**TOI/Sub-TOI:**

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

**Product Name:**

ART12SLAX-SLAICO

**Project Name/Number:**

ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
AR SLAICO.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability		
Comments:			
Attachment(s):			
SLAICO AR Form ART12SLAX-DPART SOV.pdf SLAICO AR Form ART12SLAX-DP10 SOV.pdf SLAICO AR Form ART12SLAX-DP15 SOV.pdf SLAICO AR Form ART12SLAX-DP20 SOV.pdf SLAICO AR Form ART12SLAX-DP30 SOV.pdf SLAICO AR Form CTR12SLAX SOV.pdf SLAICO AR Form LPW12SLAX SOV.pdf SLAICO AR Form ABR12SLAX-CH SOV.pdf SLAICO AR Form ABR12SLAX-CT SOV.pdf SLAICO AR Form ABR12SLAX-TM SOV.pdf SLAICO AR Form ART12SLAX(10) SOV.pdf SLTLAAR SOV.pdf			

**SERFF Tracking #:**

AMNA-128764968

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

ART12SLAX-SLAICO

**State:**

Arkansas

**Filing Company:**

Standard Life and Accident Insurance Company

**TOI/Sub-TOI:**

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

**Product Name:**

ART12SLAX-SLAICO

**Project Name/Number:**

ART12SLAX-SLAICO/ART12SLAX-SLAICO

**Item Status:****Status Date:**

Satisfied - Item:

Sample Policy Summary

Comments:

Attachment(s):

SLAICO Policy Summary.pdf

**Item Status:****Status Date:**

Satisfied - Item:

Sample Data Page

Comments:

Attached is a sample data page for a 30 year term with the riders submitted in this filing: Children's Term Rider, Disability Premium Waiver Rider, Accelerated Benefit Rider -- Terminal Illness, Accelerated Benefit Rider -- Critical Illness, Accelerated Benefit Rider -- Chronic Illness.

Attachment(s):

AR Sample Data Page - Form ART12SLAX-DP30.pdf

**Item Status:****Status Date:**

Satisfied - Item:

Accelerated Benefit Rider Election Form and Disclosures

Comments:

Attachment(s):

Form ABR12SLEF(10).pdf

STABRE.pdf

SLABR.pdf

**Item Status:****Status Date:**

Satisfied - Item:

Certification of Compliance

Comments:

Attachment(s):

AR - SLAICO Certification of Compliance.pdf



## READABILITY CERTIFICATION

We hereby certify that the following form(s), meet the requirements of the Readability Insurance Policies Act:

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form ART12SLAX(10)	Individual Whole Life Insurance Policy	52.3
Form ART12SLAX-DPART	Individual Whole Life Insurance Policy Data Page	50.1
Form ART12SLAX-DP10	Individual Whole Life Insurance Policy Data Page	50.1
Form ART12SLAX-DP15	Individual Whole Life Insurance Policy Data Page	50.1
Form ART12SLAX-DP20	Individual Whole Life Insurance Policy Data Page	50.1
Form ART12SLAX-DP30	Individual Whole Life Insurance Policy Data Page	50.1
Form CTR12SLAX	Children's Term Rider	55.4
Form LPW12SLAX	Disability Premium Waiver Rider	50.2
Form ABR12SLAX-TM	Accelerated Benefit Rider - Terminal Illness	51.5
Form ABR12SLAX-CH	Accelerated Benefit Rider - Chronic Illness	50.4
Form ABR12SLAX-CT	Accelerated Benefit Rider - Critical Illness	52.1
SLTLAAR	Application for Individual Life Insurance Policy	50.3

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Rex D. Hemme  
Senior Vice President & Actuary  
Standard Life and Accident Insurance Company  
11/10/2012



## Standard Life and Accident Insurance Company

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Tobie Brink, Life Policy Analyst III  
Product Development – Actuarial  
Home Office : One Moody Plaza, 14<sup>th</sup> Floor  
Galveston, Texas 77550

e-mail: [tobie.brink@anico.com](mailto:tobie.brink@anico.com)  
Phone: (409) 763-4661 x 4265  
Fax: (409) 766-6522

November 28, 2012

Arkansas Insurance Department  
Compliance - Life and Health  
1200 West Third Street  
Little Rock AR 72201-1904

**RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234)**  
**Form ART12SLAX(10) - Individual Term Life Insurance Policy**  
**Form ART12SLAX-DPART - Data Page used with Form ART12SLAX(10) (Annual Renewable Term)**  
**Form ART12SLAX-DP10 - Data Page used with Form ART12SLAX(10) (10 Year Level Premium Period)**  
**Form ART12SLAX-DP15 - Data Page used with Form ART12SLAX(10) (15 Year Level Premium Period)**  
**Form ART12SLAX-DP20 - Data Page used with Form ART12SLAX(10) (20 Year Level Premium Period)**  
**Form ART12SLAX-DP30 - Data Page used with Form ART12SLAX(10) (30 Year Level Premium Period)**  
**Form CTR12SLAX - Children's Term Rider**  
**Form LPW12SLAX - Premium Waiver Benefit Rider**  
**Form ABR12SLAX-TM - Accelerated Benefit Rider - Terminal Illness**  
**Form ABR12SLAX-CH - Accelerated Benefit Rider - Chronic Illness**  
**Form ABR12SLAX-CT - Accelerated Benefit Rider - Critical Illness**  
**SLTLAAR - Application for Individual Life Insurance**  
**SERFF Tracking Number: AMNA-128764968**  
**Company Tracking Number: ART12SLAX-SLAICO**

Dear Reviewer:

Please find attached the above listed form for your review and approval. These are new forms and will not replace any previously approved forms. These forms will be used for Standard Life and Accident Insurance Company.

**Form ART12SLAX(10)** is an individual term life insurance policy with a conversion period. This product will be marketed through agent solicitation. It will be fully underwritten. The level term product's conversion expiry date is the earliest of the policy anniversary at the end of the level premium period or the policy anniversary on which the insured reaches attained age sixty-five. The annual renewable term ("ART") product's conversion expiry date will be the earliest of the tenth policy anniversary or the anniversary on which the insured reaches attained age sixty-five.

The policy form will be used with more than one term plan. Each term plan will use a distinct and uniquely numbered data page:

**Form ART12SLAX-DPART** is the uniquely numbered data page that will be used for the ART product. The ART product:

- Has an issue age range of 18-65.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age seventy-five.

Form ART12SLAX-DP10 is the uniquely numbered data page that will be used with the ten-year level premium period product. The ten-year product:

- Has an issue age range of 18-70.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

Form ART12SLAX-DP15 is the uniquely numbered data page that will be used with the fifteen-year level premium period product. The fifteen-year product:

- Has an issue age range of 18-65.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

Form ART12SLAX-DP20 is the uniquely numbered data page that will be used with the twenty-year level premium period product. The twenty-year product:

- Has an issue age range of 18-60.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

Form ART12SLAX-DP30 is the uniquely numbered data page that will be used with the thirty-year level premium period product. The thirty-year product:

- Has an issue age range of 18-50.
- Is issued on a sex-distinct basis.
- Has a minimum face amount of \$50,000 and no specified maximum amount.
- Will expire on the policy anniversary on which the insured reaches attained age ninety-five.

The following riders will be available:

Form CTR12SLAX is a children's level term rider that can be added to the individual term life policy Form ART12SLAX(10) and any future approved policies. The issue age range for the insured child of 0 (15 days) to age 18; the minimum rider death benefit amount is \$1,000; and can be added at the time of issue or post-issue.

Form LPW12SLAX is a life premium waiver benefit rider that can be added to the individual term life policy Form ART12SLAX(10) and any future approved policies. Form LPW12SLAX provides for waiver of premiums in the event of total disability of the insured.

Form ABR12SLAX-CT is an Accelerated Benefit Rider for Critical Illness. The benefit from the rider may be available if the insured experiences a specific qualifying health event.

Form ABR12SLAX-CH is the Accelerated Benefit Rider for Chronic Illness. The benefit from this rider may be available when the insured is unable to perform two activities of daily living or the insured requires constant supervision due to severe cognitive impairment.

Form ABR12SLAX-TM is the Accelerated Benefit Rider for Terminal Illness. The benefit from this rider may be available when the death of the insured is expected in 24 months or less.

### **Accelerated Benefit Rider Forms – Supporting Documentation**

**SABR** is the Summary and Disclosure Notice. This form will be provided at the time of application and requires the Owner and agent's signature. The form must be returned to the Company with the completed application. The form provides various information regarding the benefit available, possible tax consequences, possible affect on receipt of public funds and other important information.

**ABRSLEF(10)** is the Accelerated Benefit Election Form that will be sent to the insured after reporting a qualifying condition and will include the offer to accelerate benefits. The form must be signed and returned to effectuate the acceleration. The form demonstrates the effect the acceleration of the death benefit(s) has on the policy and/or covered riders.

**SABRE** is the Summary and Disclosure Notice provided to the Owner with the Accelerated Benefit Election Form. The form provides various information regarding the benefit available, possible tax consequences, possible affect on receipt of public funds and other important information. This form is sent with the Accelerated Benefit Election Form and requires that the Owner signs the form and return it with the Accelerated Benefit Election Form.

In order for a policy to be eligible for the terminal illness rider, there must be a minimum \$25,000 total death benefit. A policy must have a minimum \$50,000 total death benefit to qualify for the chronic and critical illness riders. The accelerated death benefit riders will not be available on total death benefits exceeding \$1,000,000; this includes any previously issued policies with accelerated benefits.

These riders will be added at the time of application for new issues and available post issue for currently in-force business. These riders will be attached to and made part of the policy. There is no additional premium associated with these riders. An administrative fee, not to exceed \$500, will be deducted upon acceleration.

Neither the chronic nor critical illness rider will issue without the terminal illness rider.

#### Application

**SLTLAAR** is an individual life insurance application. This application is used in person to person agent solicited scenarios.

Additional information/supporting documentation included in this submission is as follows:

- Actuarial Memorandum for each plan
- Certificate of Readability
- Statement of Variability
- As the above listed products are issued on a sex-distinct basis, we confirm that the policy will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.
- Telephone application procedures are provided under the supporting documentation tab.
- Payment of the required filing fees have been submitted via EFT.
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

*Tobie Brink*

Tobie Brink  
Life Policy Analyst III

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ART12SLAX-DPART

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This memorandum was prepared for use with Form ART12SLAX-DPART, specifications page used with individual term life policy Form ART12SLAX(10) for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following variable fields, considered illustrative:

Policy Number - will be a unique identifying number systematically assigned by the company.

Issue Date - will be the date the policy was issued by the company.

Owner - will be the Owner's name as provided in the application.

Face Amount - the amount of the death benefit will be a minimum of \$50,000 and no specified maximum.

Insured Name - will be the Insured's name as provided in the application.

Issue Age - will be the Insured's age. The applicable range for this product is 18-65. This plan will use age nearest birthday for issue age.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

Standard Non-Nicotine User  
Standard Nicotine User  
Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

Initial Annual Premium - will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information and the face amount of the policy, and includes the amount of the annual policy fee.

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 75.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - one year

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

Total Initial Annual Premium - is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee amount - the policy fee for this product is currently \$60.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

Modal Premium Amounts - will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Special Conversion Privilege - only available on Annual Renewable Term and allows the insured to convert from ART to a level term period of 20 or 30 years.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ART12SLAX-DP10

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This memorandum was prepared for use with Form ART12SLAX-DP10, specifications page used with individual term life policy Form ART12SLAX(10) for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following variable fields, considered illustrative:

Policy Number - will be a unique identifying number systematically assigned by the company.

Issue Date - will be the date the policy was issued by the company.

Owner - will be the Owner's name as provided in the application.

Face Amount - the amount of the death benefit will be a minimum of \$50,000 and no specified maximum.

Insured Name - will be the Insured's name as provided in the application.

Issue Age - will be the Insured's age. The applicable range for this product is 18-70. This plan will use age nearest birthday for issue age.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

Standard Non-Nicotine User  
Standard Nicotine User  
Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

Initial Annual Premium - will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information and the face amount of the policy, and includes the amount of the annual policy fee.

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - one year

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

Total Initial Annual Premium - is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee amount - the policy fee for this product is currently \$60.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

Modal Premium Amounts - will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Special Conversion Privilege - only available on Annual Renewable Term and allows the insured to convert from ART to a level term period of 20 or 30 years.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ART12SLAX-DP15

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This memorandum was prepared for use with Form ART12SLAX-DP15, specifications page used with individual term life policy Form ART12SLAX(10) for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following variable fields, considered illustrative:

Policy Number - will be a unique identifying number systematically assigned by the company.

Issue Date - will be the date the policy was issued by the company.

Owner - will be the Owner's name as provided in the application.

Face Amount - the amount of the death benefit will be a minimum of \$50,000 and no specified maximum.

Insured Name - will be the Insured's name as provided in the application.

Issue Age - will be the Insured's age. The applicable range for this product is 18-65. This plan will use age nearest birthday for issue age.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

Standard Non-Nicotine User  
Standard Nicotine User  
Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

Initial Annual Premium - will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information and the face amount of the policy, and includes the amount of the annual policy fee.

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - one year

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

Total Initial Annual Premium - is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee amount - the policy fee for this product is currently \$60.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

Modal Premium Amounts - will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Special Conversion Privilege - only available on Annual Renewable Term and allows the insured to convert from ART to a level term period of 20 or 30 years.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ART12SLAX-DP20

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This memorandum was prepared for use with Form ART12SLAX-DP20, specifications page used with individual term life policy Form ART12SLAX(10) for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following variable fields, considered illustrative:

Policy Number - will be a unique identifying number systematically assigned by the company.

Issue Date - will be the date the policy was issued by the company.

Owner - will be the Owner's name as provided in the application.

Face Amount - the amount of the death benefit will be a minimum of \$50,000 and no specified maximum.

Insured Name - will be the Insured's name as provided in the application.

Issue Age - will be the Insured's age. The applicable range for this product is 18-60. This plan will use age nearest birthday for issue age.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

Standard Non-Nicotine User  
Standard Nicotine User  
Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

Initial Annual Premium - will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information and the face amount of the policy, and includes the amount of the annual policy fee.

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - one year

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

Total Initial Annual Premium - is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee amount - the policy fee for this product is currently \$60.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

Modal Premium Amounts - will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Special Conversion Privilege - only available on Annual Renewable Term and allows the insured to convert from ART to a level term period of 20 or 30 years.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ART12SLAX-DP30

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This memorandum was prepared for use with Form ART12SLAX-DP30, specifications page used with individual term life policy Form ART12SLAX(10) for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following variable fields, considered illustrative:

Policy Number - will be a unique identifying number systematically assigned by the company.

Issue Date - will be the date the policy was issued by the company.

Owner - will be the Owner's name as provided in the application.

Face Amount - the amount of the death benefit will be a minimum of \$50,000 and no specified maximum.

Insured Name - will be the Insured's name as provided in the application.

Issue Age - will be the Insured's age. The applicable range for this product is 18-50. This plan will use age nearest birthday for issue age.

Class - The rate class of the Insured as of the Issue Date will display in this field. The range of possible rate classes which can apply to an Insured are:

Standard Non-Nicotine User  
Standard Nicotine User  
Preferred Plus Non-Nicotine User  
Preferred Non-Nicotine User  
Preferred Nicotine User  
Standard Plus Non-Nicotine User  
Standard Non-Nicotine User  
Standard Nicotine User

Sex - the policy is issued on a sex distinct basis. The applicable range for this field is Male or Female.

Initial Annual Premium - will be the Initial Annual Premium for the policy issued. This amount is based on the Insured's information and the face amount of the policy, and includes the amount of the annual policy fee.

Years Payable - the total number of years premiums are payable.

Individual Term Life Insurance to Age [] - is the age at which the policy expires. The age will not be less than age 95.

Form - is the Policy form to which the data page is attached.

Level Premium Period - the period the premium remains level - one year

Term Expiry Date - the date the term expires

Name of Rider - the name of any Rider that may be available with this product.

Rider Form number - the form number of any such Rider.

Rider Premium - the amount of premium charged for the Rider.

Total Initial Annual Premium - is the total amount of initial premium which is a sum of the base policy plus any riders and/or supplemental benefits.

Policy Fee amount - the policy fee for this product is currently \$60.00. While we do not foresee changing the amount of the fee with any frequency, it is filed as variable to allow for changes at the policy level. A reasonable range for the policy fee would be \$0 (no policy fee) to \$100.00.

Current Premium Mode - this field will display the premium payment mode in effect on the date of issue, as selected by the Owner/Applicant. The applicable range for this field is: Annual, Semi-Annual, Quarterly, or Monthly.

Modal Premium Amounts - will display the amount of premiums based on the available premium modes. Amounts shown will include the applicable policy fee.

Basis of Values for Settlement Options - this statement sets forth the minimum guaranteed settlement rates. Although we do not anticipate any changes to this statement, should the interest rate change, We would like to reserve the right to change it, if necessary. A reasonable range for the interest rate would be 1% - 3%.

Conversion Expiry Date - is the earliest of the tenth policy anniversary or the anniversary on which the insured reached attained age sixty-five. Each insured, regardless of issue age, will have a minimum 5 year conversion privilege.

Conversion Credit Expiry Date - will be the policy's fifth policy anniversary.

Special Conversion Privilege - only available on Annual Renewable Term and allows the insured to convert from ART to a level term period of 20 or 30 years.

Guaranteed Maximum Annual Premiums - the guaranteed maximum premiums that will be charged in a given year.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form CTR12SLAX

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This memorandum was prepared for use with Form CTR12SLAX a children's term rider for Standard Life and Accident Insurance Company, to be used with Form ART12SLAX(10) and any future applicable products. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.
- Any change or modification to a variable item shall be administered in accordance with requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form LPW12SLAX

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This memorandum was prepared for use with Form LPW12SLAX a disability premium waiver rider for Standard Life and Accident Insurance Company, to be used with Form ART12SLAX(10) and any future applicable products. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.
- Any change or modification to a variable item shall be administered in accordance with requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ABR12SLAX-CH

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This memorandum was prepared for use with Form ABR12SLAX-CH an accelerated benefit rider for Standard Life and Accident Insurance Company, to be used with Form ART12SLAX(10) and any future applicable products. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.
- Any change or modification to a variable item shall be administered in accordance with requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ABR12SLAX-CT

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This memorandum was prepared for use with Form ABR12SLAX-CT an accelerated benefit rider for Standard Life and Accident Insurance Company, to be used with Form ART12SLAX(10) and any future applicable products. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.
- Any change or modification to a variable item shall be administered in accordance with requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ABR12SLAX-TM

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This memorandum was prepared for use with Form ABR12SLAX-TM an accelerated benefit rider for Standard Life and Accident Insurance Company, to be used with Form ART12SLAX(10) and any future applicable products. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.
- Any change or modification to a variable item shall be administered in accordance with requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## Form ART12SLAX(10)

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This memorandum was prepared for use with Form ART12SLAX(10) an individual term life policy for Standard Life and Accident Insurance Company. Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following permissible variable material:

Home Office Address  
Administrative Office Address  
Business (telephone number)  
Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

The form also contains the following variable fields, considered illustrative:

Policy Number  
Issue Date

The information printed in the above fields will vary on an individual basis. The information within the field will be established on the date of issue and will not change during the lifetime of the policy.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.
- Any change or modification to a variable item shall be administered in accordance with requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

# Statements of Variability

Standard Life and Accident Insurance Company

## SLTLAAR

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This memorandum was prepared for use with form SLTLAAR, a life application for Standard Life and Accident Insurance Company.

Variable material contained within the form denoted by use of brackets.

### Variable Material

The form contains the following permissible variable material:

Mailing Address  
Administrative Office Address  
Home Office Address  
Telephone Number

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

**Medical Information Bureau (MIB) Pre-notification** - the MIB pre-notice text has been denoted as variable material to allow for updates as provided by the MIB. This field will not vary on an individual basis and would only be updated should updates from the MIB, Inc. be required for new issues.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and make any changes necessary to correct typographical errors or to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.



Policy Number: 12345678  
Page 1 of 2

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY  
ADMINISTRATIVE OFFICE: [P O BOX 1850, GALVESTON TX 77550]  
TELEPHONE NUMBER [(888) 519-5819]

Insured: JOHN DOE  
Issue Age: 35

Date Prepared: 10/1/2012  
Sex: MALE

"Age" means age nearest birthday

Plan of Insurance: INDIVIDUAL TERM LIFE INSURANCE TO AGE [95]	Guaranteed Initial Annual Premium(1)	Years Payable
Level Premium Period: [30] Years	[\$248.00]	[60]
Additional Benefit(s):		
[Disability Premium Waiver]	[\$39.00]	[25]
[Children's Term Rider]	[\$75.00]	[30]
[Accelerated Benefit Rider for Terminal Illness]	[\$0.00]	
[Accelerated Benefit Rider for Chronic Illness]	[\$0.00]	
[Accelerated Benefit Rider for Critical Illness]	[\$0.00]	

Attained Age	Death Benefit	Guaranteed Annual Premium(1)
35	\$ 100,000	\$ 362.00
36	\$ 100,000	\$ 362.00
37	\$ 100,000	\$ 362.00
38	\$ 100,000	\$ 362.00
39	\$ 100,000	\$ 362.00
45	\$ 100,000	\$ 362.00
55	\$ 100,000	\$ 362.00
65	\$ 100,000	\$ 4,701.00

Attained Age is the Insured's Issue Age plus the number of Policy Years completed.

..... Cost Comparison Disclosure .....

Indexes Per \$1000	Base Policy	
	10 YR	20 YR
Surrender Cost Index	3.97	3.97
Net Payment Cost Index	3.97	3.97

These indexes are useful only for comparison of the relative costs of two or more similar policies. An explanation of the intended use of these Indexes is provided in the Life Insurance buyer's Guide.



Policy Number: 12345678  
Page 1 of 2

#### FOOTNOTES

- (1) Premiums shown are on an annual basis. For the actual premiums, if on any other basis, refer to your policy.

This policy summary is a brief description of the highlights of the plan. This is a policy summary only, and is not a contract. See your policy for exact terms and conditions.

If you have any questions concerning this statement, you may contact us at:

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

[Address 1]  
[Address 2]  
[Telephone]

or, you may contact your agent:

[Agent Name]  
[Agent Address 1]  
[Agent Address 2]  
[Agent Telephone]

---

**DATA SECTION**

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<b>POLICY NUMBER</b>	[12345678]	[October 2, 2012]	<b>ISSUE DATE</b>
<b>OWNER</b>	[JOHN DOE]	[\$100,000]	<b>FACE AMOUNT</b>

---

**INSURED**

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<b>INSURED NAME</b>	[JOHN DOE]	[35]	<b>ISSUE AGE</b>
			"Age" means age [nearest] birthday
<b>CLASS</b>	[STANDARD NICOTINE NON-USER]	[MALE]	<b>SEX</b>

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**PREMIUMS AND RIDERS**

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<b>BENEFIT DESCRIPTION</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>
INDIVIDUAL TERM LIFE INSURANCE TO AGE [95]	[\$ 248.00]	[60]
Form [Form ART12SLAX(10)]		
Level Premium Period [30] Year		
Term Expiry Date [October 2, 2072]		
[DISABILITY PREMIUM WAIVER]	[\$39.00]	[25]
Form [Form LPW12SLAX]		
[CHILDREN'S TERM RIDER]	[\$ 75.00]	[30]
Form [Form CTR12SLAX]		
Child Death Benefit [\$ 10,000]		
Rider Expiry Date [October 2, 2042]		
[ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS]	[\$0.00]	
Form [Form ABR12SLAX-TM]		
[ACCELERATED BENEFIT RIDER FOR CHRONIC ILLNESS]	[\$0.00]	
Form [Form ABR12SLAX-CH]		
[ACCELERATED BENEFIT RIDER FOR CRITICAL ILLNESS]	[\$0.00]	
Form [Form ABR12SLAX-CT]		
<b>TOTAL INITIAL ANNUAL PREMIUM</b>	<b>[\$ 362.00]</b>	

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**INITIAL PREMIUM BY PAYMENT MODE**

---

INCLUDES PREMIUMS FOR [Form ART12SLAX(10)] AND ANY RIDERS AND ANNUAL POLICY FEE OF \$[60.00]  
YOUR INITIAL PREMIUM MODE IS: [ANNUAL]

<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>[MONTHLY]</b>	<b>SPECIAL MONTHLY</b>
[\$ 362.00]	[\$ 186.43]	[\$ 95.93]	[\$ 33.66]	[\$ 31.28]

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**BASIS OF VALUES FOR SETTLEMENT OPTIONS**

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[The minimum guaranteed settlement rates are based on 1.5% interest and the Annuity 2000 mortality table. The age at settlement is the annuitant's age last birthday adjusted downward by one year for each full five year period that has elapsed since January 1, 2000.]

Upon Your request, We will provide You the settlement option tables.

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DATA SECTION CONTINUED

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POLICY NUMBER [12345678] INSURED [JOHN DOE] [MALE] [35]

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CONVERSION SCHEDULE

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Conversion Expiry Date: [May 31, 2042]

Conversion Credit Expiry Date: [May 1, 2017]

DATA SECTION CONTINUED

POLICY NUMBER [12345678] INSURED [JOHN DOE] [MALE] [35]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
[35]	[\$248.00]	[\$114.00]	[\$362.00]	[\$362.00]
36	\$248.00	\$114.00	\$362.00	\$362.00
37	\$248.00	\$114.00	\$362.00	\$362.00
38	\$248.00	\$114.00	\$362.00	\$362.00
39	\$248.00	\$114.00	\$362.00	\$362.00
40	\$248.00	\$114.00	\$362.00	\$362.00
41	\$248.00	\$114.00	\$362.00	\$362.00
42	\$248.00	\$114.00	\$362.00	\$362.00
43	\$248.00	\$114.00	\$362.00	\$362.00
44	\$248.00	\$114.00	\$362.00	\$362.00
45	\$248.00	\$114.00	\$362.00	\$362.00
46	\$248.00	\$114.00	\$362.00	\$362.00
47	\$248.00	\$114.00	\$362.00	\$362.00
48	\$248.00	\$114.00	\$362.00	\$362.00
49	\$248.00	\$114.00	\$362.00	\$362.00
50	\$248.00	\$114.00	\$362.00	\$362.00
51	\$248.00	\$114.00	\$362.00	\$362.00
52	\$248.00	\$114.00	\$362.00	\$362.00
53	\$248.00	\$114.00	\$362.00	\$362.00
54	\$248.00	\$114.00	\$362.00	\$362.00
55	\$248.00	\$114.00	\$362.00	\$362.00
56	\$248.00	\$114.00	\$362.00	\$362.00
57	\$248.00	\$114.00	\$362.00	\$362.00
58	\$248.00	\$114.00	\$362.00	\$362.00
59	\$248.00	\$114.00	\$362.00	\$362.00
60	\$248.00	\$75.00	\$323.00	\$323.00
61	\$248.00	\$75.00	\$323.00	\$323.00
62	\$248.00	\$75.00	\$323.00	\$323.00
63	\$248.00	\$75.00	\$323.00	\$323.00
64	\$248.00	\$75.00	\$323.00	\$323.00
65	\$4,701.00	\$0.00	\$4,701.00	\$4,701.00
66	\$5,163.00	\$0.00	\$5,163.00	\$5,163.00
67	\$5,631.00	\$0.00	\$5,631.00	\$5,631.00
68	\$6,135.00	\$0.00	\$6,135.00	\$6,135.00
69	\$6,657.00	\$0.00	\$6,657.00	\$6,657.00
70	\$7,290.00	\$0.00	\$7,290.00	\$7,290.00
71	\$7,998.00	\$0.00	\$7,998.00	\$7,998.00
72	\$8,928.00	\$0.00	\$8,928.00	\$8,928.00
73	\$9,909.00	\$0.00	\$9,909.00	\$9,909.00
74	\$10,941.00	\$0.00	\$10,941.00	\$10,941.00

DATA SECTION CONTINUED

POLICY NUMBER [12345678] INSURED [JOHN DOE] [MALE] [35]

GUARANTEED MAXIMUM ANNUAL PREMIUMS

ATTAINED AGE	ANNUAL PREMIUM	RIDER(S)	TOTAL ANNUAL PREMIUM	TOTAL PREMIUM BY CURRENT PREMIUM MODE
75	\$12,069.00	\$0.00	\$12,069.00	\$12,069.00
76	\$13,299.00	\$0.00	\$13,299.00	\$13,299.00
77	\$14,727.00	\$0.00	\$14,727.00	\$14,727.00
78	\$16,395.00	\$0.00	\$16,395.00	\$16,395.00
79	\$18,321.00	\$0.00	\$18,321.00	\$18,321.00
80	\$20,421.00	\$0.00	\$20,421.00	\$20,421.00
81	\$22,812.00	\$0.00	\$22,812.00	\$22,812.00
82	\$25,302.00	\$0.00	\$25,302.00	\$25,302.00
83	\$27,987.00	\$0.00	\$27,987.00	\$27,987.00
84	\$30,960.00	\$0.00	\$30,960.00	\$30,960.00
85	\$34,281.00	\$0.00	\$34,281.00	\$34,281.00
86	\$37,962.00	\$0.00	\$37,962.00	\$37,962.00
87	\$41,982.00	\$0.00	\$41,982.00	\$41,982.00
88	\$46,290.00	\$0.00	\$46,290.00	\$46,290.00
89	\$50,835.00	\$0.00	\$50,835.00	\$50,835.00
90	\$55,578.00	\$0.00	\$55,578.00	\$55,578.00
91	\$60,039.00	\$0.00	\$60,039.00	\$60,039.00
92	\$64,689.00	\$0.00	\$64,689.00	\$64,689.00
93	\$69,594.00	\$0.00	\$69,594.00	\$69,594.00
94]	\$74,775.00]	\$ 0.00]	\$74,775.00]	\$74,775.00]



# Accelerated Benefit Election Form

Standard Life and Accident Insurance Company  
2450 SOUTH SHORE BLVD., LEAGUE CITY TX 77573

Policy Numbers: \_\_\_\_\_

page 1 of 3

## 1. RIDER INSURED

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Daytime telephone  
( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 2. OWNER

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Daytime telephone  
( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 3. ELIGIBLE DEATH BENEFIT ACCELERATED DUE TO

- Terminal Illness
- Chronic Illness
- Critical Illness

Qualifying Event: \_\_\_\_\_

Date of occurrence of Qualifying Event: \_\_\_\_\_

## 4. EFFECT ON COVERAGE

Coverages*:	Death Benefit Before Acceleration	Amount Eligible	Death Benefit After Acceleration
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____



Premium: (for all coverages)	Before Acceleration	After Acceleration
	\$ _____	\$ _____
Cash Surrender Value	Before Acceleration	After Acceleration
	\$ _____	\$ _____
Policy Debt	Before Acceleration	After Acceleration
	\$ _____	\$ _____

\*Upon acceleration, any Rider attached to the Base Policy will be treated as though the Base Policy Insured has died. Any conversion privilege offered under any Rider must be exercised, if desired, at the time of election. Complete and submit the appropriate request for policy change with this election form.

### 5. ACCELERATED BENEFIT PAYMENT

The Accelerated Benefit Payment is the:

Total Eligible Death Benefit	\$ _____	reduced by:
An Actuarial Discount	\$ _____	reduced by:
An Administrative Charge	\$ _____	reduced by:
Any Policy Debt	\$ _____	equaling.
<b>Total Accelerated Benefit Payment:</b> (or cash surrender value, if greater)	\$ _____	

Lump Sum

Periodic Payments

Please specify the non-life contingent Settlement Option elected (refer to Your Base Policy for available Settlement Options).

Frequency for Periodic Payments (choose one):

Annual

Semi-Annual

Quarterly

Monthly

### FRAUD WARNING

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

### IMPORTANT NOTICES

Payment of Accelerated Benefits will eliminate the Death Benefit otherwise payable under the Base Policy or Covered Rider(s). Receipt of Accelerated Benefits may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.

Receipt of Accelerated Benefits may be a taxable event. Please consult your personal tax advisor or attorney to determine the tax status of any benefits paid under this rider.

### SIGNATURES

I understand and agree that by signing below:

- I accept the offer for the Accelerated Benefit Payment.
- The coverage(s) will be affected as shown above.
- I will not receive any future death benefit on the coverage(s) accelerated.



- This election for accelerated benefits is voluntary and without coercion on the part of any third party.

---

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

I, as Assignee and/or Irrevocable Beneficiary of the Policy Numbers specified above, consent to the acceleration of the Eligible Death Benefit as applied for. I understand that the Accelerated Death Benefit Payment will be paid to the Owner and will eliminate the death benefit available upon the death of the Rider Insured.

---

Signature of Assignee (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Irrevocable Beneficiary (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



**THIS SUMMARY PROVIDES A BRIEF DESCRIPTION OF THE BASIC FEATURES OF THE ACCELERATED BENEFIT RIDERS LISTED BELOW. THIS IS NOT AN INSURANCE CONTRACT, BUT ONLY A SUMMARY OF THE COVERAGE PROVIDED BY EACH RIDER.**

**Your policy may contain some or all of the Accelerated Benefit Riders described in this summary and disclosure notice. You should check Your policy to determine which, if any, of these riders have been attached to Your policy.**

**Payment of an Accelerated Benefit means that Your Base Policy or Covered Rider(s), for which the Accelerated Benefit is paid, will terminate. The death benefit that would have been paid to the Beneficiary after the death of the Rider Insured will be paid to You prior to the death of the Rider Insured. You will not receive the full death benefit, but rather a reduced amount called the Accelerated Benefit Payment.**

**Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider. Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.**

There is no additional premium required for these Riders.

An administrative fee, not to exceed \$500, will be deducted from the Accelerated Benefit Payment.

**Accelerated Benefit Rider for Terminal Illness** – Covers an illness or chronic condition that is reasonably expected to result in the death of the Rider Insured within 24 months or less.

**Accelerated Benefit Rider for Chronic Illness** – Covers an illness or physical condition in which the Rider Insured:

- a. is unable to perform at least two (2) Activities of Daily Living, without Substantial Assistance from another person, due to a loss of functional capacity for a period of at least ninety (90) days; or,
- b. requires supervision by another person to protect the Rider Insured from threats to health and safety due to the Rider Insured's Severe Cognitive Impairment.

The Activities of Daily Living are bathing, continence, dressing, eating, toileting and transferring.

**Severe Cognitive Impairment** – Severe Cognitive Impairment is the deterioration or loss of intellectual capacity that is:

- a. comparable to, and includes, Alzheimer's Disease and similar forms of irreversible dementia; and,
- b. measured by clinical evidence and standardized tests which reliably measure impairment in, short term or long term memory, orientation to people, places, or time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

No Accelerated Benefit will be paid within the first two policy years of the Issue Date of the Base Policy under the Accelerated Benefit Rider for Chronic Illness.

**Accelerated Benefit Rider for Critical Illness** – Critical Illness means the Rider Insured has experienced one of the following Qualifying Events:

- a. **Heart Attack** (myocardial infarction) – The death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. Heart Attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack. The diagnosis of a Heart Attack must be made by a Physician board certified in Cardiology and based on the presence of:
  - 1. associated new EKG changes which support the diagnosis; and,
  - 2. elevation of cardiac enzymes above standard laboratory levels.
- b. **Stroke** – A cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis resulting in paralysis or other measurable neurological deficit which persists for 96 hours following the occurrence of the Stroke. Stroke does not include transient ischemic attacks. The diagnosis of a Stroke must be made by a Physician board certified in Neurology.

- c. **Invasive Cancer** – A disease which is characterized by the presence and uncontrolled growth and spread of malignant cells and the invasion of normal tissue. Invasive Cancer must be diagnosed by a pathological or clinical diagnosis. Invasive Cancer does not include:
1. any skin cancer, except invasive malignant melanoma into the dermis or deeper;
  2. pre-malignant lesions, benign tumors, or polyps;
  3. early prostate cancer diagnosed as T1N0M0 or equivalent staging; or,
  4. carcinoma in-situ.
- d. **Diagnosis of End Stage Renal Failure** – The irreversible and total failure of both kidneys which requires the undergoing of renal transplantation or regular renal dialysis.
- e. **Major Organ Transplant** – The receipt by transplant of any of the following organs or tissues; heart, lung, liver, kidney, pancreas, small intestine or bone marrow. The Rider Insured must be registered on the United Network of Organ Sharing.
- f. **Diagnosis of ALS (Amyotrophic Lateral Sclerosis)** by a qualified Physician.
- g. **Blindness** – The total and permanent loss of sight in both eyes as a result of disease or injury and results in a reduced life expectancy. Total loss of sight in an eye is defined as corrected vision of 20/200 or worse.
- h. **Paralysis** – The complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days. Paralysis must be confirmed by a Physician board certified in Neurology.
- i. **Arterial Aneurysms** – A localized widening (dilatation) of an artery, vein, or the heart. The diagnosis of an Arterial Aneurysm must be made by a Physician board certified in Cardiology.
- j. **Central Nervous System Tumors** – Diagnosis of any abnormal solid growth involving the central nervous system (brain and/or spinal cord) by a Physician.
- k. **Major Multi-System Trauma** – Any major accident or injury resulting in significant alteration of any three (3) body systems which requires hospitalization and extended rehabilitation, results in permanent impairment of the function and/or altered ability to perform Activities of Daily Living, and significantly alters the Rider Insured's life expectancy.
- l. **Auto-Immune Deficiency Syndrome (AIDS)** – Advanced HIV infection that is associated with an AIDS defining condition (P. carinii pneumonia, esophageal candidiasis, wasting, Kaposi's sarcoma, disseminated mycobacterium avium infection, tuberculosis, cytomegalovirus disease, HIV associated dementia, recurrent bacterial pneumonia, toxoplasmosis, immunoblastic lymphoma, chronic cryptosporidiosis, Burkitt lymphoma, disseminated histoplasmosis, invasive cervical cancer and chronic herpes simplex) and has been diagnosed by a Physician.
- m. **Severe Disease of Any Organ** – Severe Disease of Any Organ system is any illness that is life-threatening, requires inpatient hospital care and, and will significantly alter the Rider Insured's life expectancy, as diagnosed by a Physician.
- n. **Severe Central Nervous System Disease** – Severe disease of the central nervous system, brain and/or spinal cord, as diagnosed by a Physician that is life threatening and significantly alters the Rider Insured's life expectancy, as diagnosed by a Physician. Severe Central Nervous System Disease includes, but is not limited to, progressive multiple sclerosis, Parkinson's Disease, Huntington's chorea and encephalitis which permanently alters a portion of the cerebrum.
- o. **Major Burns** – The diagnosis by a Physician board certified in plastic surgery, that the Rider Insured has sustained third degree burns covering at least 40% of the surface area of the Rider Insured's body.
- p. **Loss of Limbs** – The complete and permanent severance of two or more limbs through or above the elbow or knee joint due to trauma or accident and results in a reduced life expectancy. Loss of Limbs as a result of disease process is excluded from this definition.

No Accelerated Benefit will be paid under the Accelerated Benefit Rider for Critical Illness for any Qualifying Event that occurs on or before the date of issue of the Base Policy to which this Rider is attached.

No Accelerated Benefit will be paid under any Accelerated Benefit Rider for a condition that results from any self inflicted injury or attempted suicide.

The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the actuarial discount, as determined by Us; an administrative charge not to exceed \$500; and any policy debt, if the qualifying Rider Insured is also the Base Policy Insured. The Accelerated Benefit Payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a Covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

I acknowledge that I have reviewed this Summary and Disclosure Notice and have been provided a copy for my records.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date



## SUMMARY AND DISCLOSURE NOTICE FOR ACCELERATED BENEFITS

**THIS SUMMARY PROVIDES A BRIEF DESCRIPTION OF THE BASIC FEATURES OF THE ACCELERATED BENEFIT RIDERS LISTED BELOW. THIS IS NOT AN INSURANCE CONTRACT, BUT ONLY A SUMMARY OF THE COVERAGE PROVIDED BY EACH RIDER.**

**Your Policy may contain some or all of the Accelerated Benefit Riders described in this summary and disclosure notice. You should check your Policy to determine which, if any, of these riders have been attached to your Policy. Payment of an Accelerated Benefit means that your Base Policy or covered Rider(s), for which the Accelerated Benefit is paid, will terminate. The Death Benefit that would have been paid to the beneficiary after the death of the Rider Insured will be paid to you prior to the death of the Rider Insured. You will not receive the full Death Benefit, but rather a reduced amount called the Accelerated Benefit payment.**

**Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to you under this Rider. Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.**

In order to receive Accelerated Benefits, you must request the payment of an Accelerated Benefit and show proof that the Rider Insured has met the qualifying conditions of one of the Accelerated Benefit Riders, as described below.

There is no additional premium required for these Riders.

An administrative fee, not to exceed \$500, will be deducted from the Accelerated Benefit payment.

**Accelerated Benefit Rider for Terminal Illness** – Covers an illness or chronic condition that is reasonably expected to result in the death of the Rider Insured within 24 months or less.

**Accelerated Benefit Rider for Chronic Illness** – Covers an illness or physical condition in which the Rider Insured:

- a. is unable to perform at least two (2) activities of daily living, without substantial assistance from another person, due to a loss of functional capacity for a period of at least ninety (90) days; or,
- b. requires supervision by another person to protect the Rider Insured from threats to health and safety due to the Rider Insured's severe cognitive impairment.

The activities of daily living are bathing, continence, dressing, eating, toileting and transferring.

**Severe Cognitive Impairment** – Severe cognitive impairment is the deterioration or loss of intellectual capacity that is:

- a. comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia; and,
- b. measured by clinical evidence and standardized tests which reliably measure impairment in, short term or long term memory, orientation to people, places, or time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

No Accelerated Benefit will be paid within the first two policy years of the issue date of the Base Policy under the Accelerated Benefit Rider for chronic illness.

**Accelerated Benefit Rider for Critical Illness** – Critical illness means the Rider Insured has experienced one of the following qualifying events:

- a. **Heart Attack** (myocardial infarction) – The death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. Heart attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack. The diagnosis of a heart attack must be made by a physician board certified in cardiology and based on the presence of:
  1. associated new EKG changes which support the diagnosis; and,
  2. elevation of cardiac enzymes above standard laboratory levels.

- b. **Stroke** – A cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis resulting in paralysis or other measurable neurological deficit which persists for 96 hours following the occurrence of the stroke. Stroke does not include transient ischemic attacks. The diagnosis of a stroke must be made by a physician board certified in neurology.
- c. **Invasive Cancer** – A disease which is characterized by the presence and uncontrolled growth and spread of malignant cells and the invasion of normal tissue. Invasive cancer must be diagnosed by a pathological or clinical diagnosis. Invasive cancer does not include:
  1. any skin cancer, except invasive malignant melanoma into the dermis or deeper;
  2. premalignant lesions, benign tumors, or polyps;
  3. early prostate cancer diagnosed as T1N0M0 or equivalent staging; or,
  4. carcinoma in situ.
- d. **Diagnosis of End Stage Renal Failure** – The irreversible and total failure of both kidneys which requires the undergoing of renal transplantation or regular renal dialysis.
- e. **Major Organ Transplant** – The receipt by transplant of any of the following organs or tissues; heart, lung, liver, kidney, pancreas, small intestine or bone marrow. The Rider Insured must be registered on the United Network of Organ Sharing.
- f. **Diagnosis of ALS (Amyotrophic Lateral Sclerosis)** by a qualified physician.
- g. **Blindness** – The total and permanent loss of sight in both eyes as a result of disease or injury and results in a reduced life expectancy. Total loss of sight in an eye is defined as corrected vision of 20/200 or worse.
- h. **Paralysis** – The complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days. Paralysis must be confirmed by a physician board certified in neurology.
- i. **Arterial Aneurysms** – A localized widening (dilatation) of an artery, vein, or the heart. The diagnosis of an arterial aneurysm must be made by a physician board certified in cardiology.
- j. **Central Nervous System Tumors** – Diagnosis of any abnormal solid growth involving the central nervous system (brain and/or spinal cord) by a physician.
- k. **Major Multi System Trauma** – Any major accident or injury resulting in significant alteration of any three (3) body systems which requires hospitalization and extended rehabilitation, results in permanent impairment of the function and/or altered ability to perform activities of daily living, and significantly alters the Rider Insured's life expectancy.
- l. **Auto Immune Deficiency Syndrome (AIDS)** – Advanced HIV infection that is associated with an AIDS defining condition (P. carinii pneumonia, esophageal candidiasis, wasting, Kaposi's sarcoma, disseminated mycobacterium avium infection, tuberculosis, cytomegalovirus disease, HIV associated dementia, recurrent bacterial pneumonia, toxoplasmosis, immunoblastic lymphoma, chronic cryptosporidiosis, Burkitt lymphoma, disseminated histoplasmosis, invasive cervical cancer and chronic herpes simplex) and has been diagnosed by a physician.
- m. **Severe Disease of Any Organ** – Severe disease of any organ system is any illness that is life threatening, requires inpatient hospital care and, and will significantly alter the Rider Insured's life expectancy, as diagnosed by a physician.
- n. **Severe Central Nervous System Disease** – Severe disease of the central nervous system, brain and/or spinal cord, as diagnosed by a physician that is life threatening and significantly alters the Rider Insured's life expectancy, as diagnosed by a physician. Severe central nervous system disease includes, but is not limited to, progressive multiple sclerosis, Parkinson's Disease, Huntington's chorea and encephalitis which permanently alters a portion of the cerebrum.
- o. **Major Burns** – The diagnosis by a physician board certified in plastic surgery, that the Rider Insured has sustained third degree burns covering at least 40% of the surface area of the Rider Insured's body.
- p. **Loss of Limbs** – The complete and permanent severance of two or more limbs through or above the elbow or knee joint due to trauma or accident and results in a reduced life expectancy.

No Accelerated Benefit will be paid under the Accelerated Benefit Rider for critical illness for any qualifying event that occurs on or before the date of issue of the Base Policy to which this Rider is attached.

No Accelerated Benefit will be paid under any Accelerated Benefit Rider for a condition that results from any self inflicted injury or attempted suicide.

The Accelerated Benefit payment will be equal to the Eligible Death Benefit less the actuarial discount, as determined by us; an administrative charge not to exceed \$500; and any policy debt, if the qualifying Rider Insured is also the Base Policy Insured. The Accelerated Benefit payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If you elect periodic payments, you may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

**I acknowledge that I have reviewed this Summary and Disclosure Notice and have been provided a copy for my records.**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

## CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

Rule & Regulation 19  
Rule & Regulation 49  
ACA 23-79-138 and Bulletin 15-2009  
ACA 23-80-206 (Flesch Certification, minimum of 40)

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form ART12SLAX(10)	Individual Term Life Insurance Policy	52.3
Form ART12SLAX-DPART	Specifications Page used with Form ART12SLAX(10)	50.1
Form ART12SLAX-DP10	Specifications Page used with Form ART12SLAX(10)	50.1
Form ART12SLAX-DP15	Specifications Page used with Form ART12SLAX(10)	50.1
Form ART12SLAX-DP20	Specifications Page used with Form ART12SLAX(10)	50.1
Form ART12SLAX-DP30	Specifications Page used with Form ART12SLAX(10)	50.1



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Rex D. Hemme  
Senior Vice President & Actuary  
Standard Life and Accident Insurance Company

**SERFF Tracking #:**

AMNA-128764968

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

ART12SLAX-SLAICO

**State:**

Arkansas

**Filing Company:**

Standard Life and Accident Insurance Company

**TOI/Sub-TOI:**

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

**Product Name:**

ART12SLAX-SLAICO

**Project Name/Number:**

ART12SLAX-SLAICO/ART12SLAX-SLAICO

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/09/2012	Replaced 12/17/2012	Supporting Document	Accelerated Benefit Rider Election Form and Disclosures	12/13/2012	Form ABR12SLEF(10).pdf STABRE.pdf