

SERFF Tracking Number: CMLM-128177566 State: Arkansas  
Filing Company: Columbian Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: CLIC NCCWL  
Project Name/Number: /

## Filing at a Glance

Company: Columbian Life Insurance Company

Product Name: CLIC NCCWL

TOI: L071 Individual Life - Whole

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

Filing Type: Form

SERFF Tr Num: CMLM-128177566 State: Arkansas

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

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Regina Akulis, ACS, AIRC, AIAA, CCP  
Disposition Date: 04/03/2012

Date Submitted: 03/26/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Regina Akulis, ACS, AIRC, AIAA, CCP

Filing Description:

COLUMBIAN LIFE INSURANCE COMPANY

NAIC #76023 FEIN #16-1321681

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: A similar filing was  
submitted simultaneously to our state of  
domicile, Illinois via the Interstate Compact.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/03/2012

State Status Changed: 04/03/2012

Created By: Regina Akulis, ACS, AIRC, AIAA,  
CCP

Corresponding Filing Tracking Number:

FORM NO. NCCWA-CL, Whole Life Insurance Policy

SERFF Tracking Number: CMLM-128177566 State: Arkansas  
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Company Tracking Number:  
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Product Name: CLIC NCCWL

Project Name/Number: /

FORM NO. 1H850A-CL, Accidental Death Benefit Rider  
FORM NO. 1H851A-CL, Waiver of Premium Rider  
FORM NO. 1H852A-CL, Children's Term Insurance Rider  
FORM NO. 1H853A-CL, Ten Year Level Term Rider  
FORM NO. 1H854A-CL, Other Insured Level Term Rider  
FORM NO. 1H855A-CL, Accelerated Benefit Rider

The above referenced forms are submitted for approval. These are new forms and will not replace any policy forms. These forms will be used with the following previously approved forms:

Form No.	Title/Description	Approved On	DOI File No.
A408-CL	Application for Life Insurance	09/18/2008	40215
A314-CL	Statements Made to the Medical Examiner	03/23/2005	28989
A415-CL	Application for Reinstatement	09/18/2008	40215

There are no unique or innovative features in these forms. The policy specification pages contain hypothetical John Doe data/information. All variable information is bracketed and Statements of Variability are included for all forms. The forms are written in readable language. Licensed agents will market these forms on an individual basis in the ordinary market. These forms are non-participating and will not be illustrated.

In compliance with Ark. Code Ann. 23-79-138, there is a welcome letter that accompanies every policy that lists all the Company and servicing agent information including name, address, and telephone number. There is also an Important Notice form (4548CFG) which will accompany every policy that notifies the insured of the Arkansas Insurance Department address and telephone number.

The Guaranty Association form that accompanies each policy complies with the sample set forth as Appendix B of Rule and Regulation 49.

FORM NO. NCCWA-CL is a Whole Life Insurance Policy. Premiums are payable to age 121. The face amount is payable at the death of the Insured. The application form used to apply for this policy and associated riders was previously approved. Approval information is listed above.

The riders listed below will be used with the Policy FORM NO. NCCWA-CL when requested by the Owner.

FORM NO. 1H850A-CL, Accidental Death Benefit Rider. This rider provides a benefit for death due to accidental causes prior to attained age 70 or policy termination. Premiums based on the issue age of the insured are payable to attained age 70 or the end of the premium payment period of the base policy, whichever comes first, and are level by

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duration. This rider benefit is paid in the same manner as the policy form when the Insured dies by accident subject to the terms outlined in the rider form.

FORM NO. 1H851A-CL, Waiver of Premium Rider. The benefit for this rider is a waiver of premiums on any premium due date in which the insured is continuously disabled for at least six (6) months, and total disability occurred before the first policy anniversary on or after the insured's sixtieth birthday. If the Insured becomes totally disabled after the first Policy Anniversary on or after the Insured's sixtieth (60th) birthday, the premiums will be waived only until the Policy Anniversary on which the Insured attains age sixty-five (65). Premiums that have a due date during the first six months of total disability must be paid, however these premiums will be refunded if the insured is still totally disabled six months after total disability begins. The premiums for the rider are payable until the insured's attained age 65 or the end of the premium payment period of the base policy, whichever comes first, and are level by duration.

FORM NO. 1H852A-CL, Children's Term Insurance Rider. This rider provides level term insurance for all eligible children of the Insured.

FORM NO. 1H853A-CL, Ten Year Renewable Level Term Rider. This rider provides additional level term insurance on the Primary Insured. This rider is renewable to attained age 70.

FORM NO. 1H854A-CL, Other Insured Ten Year Renewable Level Term Rider. This rider provides level term insurance on additional insureds. This rider is renewable to attained age 70.

FORM NO. 1H855A-CL, Accelerated Benefit Rider. At the request of the Owner, this rider provides an acceleration of 50% of the death benefit of the policy, upon diagnosis of the Insured's terminal condition and a life expectancy of 12 months or less.

Actuarial Memorandums are included. Also included with this filing are the required readability certification signed by a Company Officer and the Rule and Regulation 19 Certification of Compliance.

Please contact me if you need any additional information or have any questions. I can be reached by telephone at 607-724-2472, extension 7375 or by email at Regina.Akulis@CFGLife.com.

Sincerely,  
Regina M. Akulis, ACS, AIRC, AIAA, ACP  
Sr. Contract Analyst  
State Narrative:

SERFF Tracking Number: CMLM-128177566 State: Arkansas  
 Filing Company: Columbian Life Insurance Company State Tracking Number:  
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: CLIC NCCWL  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

Regina Akulis, Sr. Contract Analyst Regina.Akulis@CFGLife.com  
 PO Box 1381 607-724-2472 [Phone] 7375 [Ext]  
 Vestal Parkway East 607-724-2801 [FAX]  
 Binghamton, NY 13902

### Filing Company Information

Columbian Life Insurance Company CoCode: 76023 State of Domicile: Illinois  
 PO Box 1381 Group Code: 535 Company Type:  
 Vestal Parkway East Group Name: State ID Number:  
 Binghamton, NY 13902 FEIN Number: 16-1321681  
 (607) 724-2472 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$350.00  
 Retaliatory? Yes  
 Fee Explanation: State of domicile fee is \$50 per form X 7 forms = \$350.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbian Life Insurance Company	\$350.00	03/26/2012	57452525

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 Product Name: CLIC NCCWL  
 Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/03/2012	04/03/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/29/2012	03/29/2012	Regina Akulis, ACS, AIRC, AIAA, CCP	04/03/2012	04/03/2012

SERFF Tracking Number: CMLM-128177566 State: Arkansas  
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Project Name/Number: /

## Disposition

Disposition Date: 04/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: CLIC NCCWL  
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Accelerated Benefit Rider Disclosure Information		Yes
Form	Whole Life Insurance Policy		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Waiver of Premium Rider		Yes
Form	Children's Term Insurance Rider		Yes
Form	Ten Year Renewable Level Term Rider		Yes
Form	Other Insured Ten Year Renewable Level Term Rider		Yes
Form	Accelerated Benefit Rider		Yes

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Product Name: CLIC NCCWL  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/29/2012  
Submitted Date 03/29/2012  
Respond By Date 04/30/2012

Dear Regina Akulis,

This will acknowledge receipt of the captioned filing.

### Objection 1

#### Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

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

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Product Name: CLIC NCCWL  
Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/03/2012  
Submitted Date 04/03/2012

Dear Linda Bird,

### Comments:

Thank you for your letter dated March 29, 2012.

### Response 1

Comments: I have attached 2 documents to the Supporting Documentation tab under the item Accelerated Benefit Disclosures for your information. 6180-CL is the Important Disclosure document that is given at the time the applicant applies for the policy. 6179-CL is the Acceleration Response Letter given at the time the acceleration is requested.

### Related Objection 1

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Accelerated Benefit Rider Disclosure Information

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please don't hesitate to contact me if I can be of further assistance.

Sincerely,

Regina Akulis, ACS, AIRC, AIAA, CCP

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FORM NO. NCCWA-CL	Policy/Cont Whole Life Insurance Initial ract/Fratern Policy al Certificate			54.100	FORM NO. NCCWA-CL.pdf
	FORM NO. 1H850A-CL	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.300	FORM NO. 1H850A-CL.pdf
	FORM NO. 1H851A-CL	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46.300	FORM NO. 1H851A-CL.pdf
	FORM NO. 1H852A-CL	Policy/Cont Children's Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		58.200	FORM NO. 1H852A-CL.pdf

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 Product Name: CLIC NCCWL  
 Project Name/Number: /

FORM NO. Policy/Cont Ten Year Renewable Initial 1H853A-CLract/Fratern Level Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	49.400	FORM NO. 1H853A- CL.pdf
FORM NO. Policy/Cont Other Insured Ten Initial 1H854A-CLract/Fratern Year Renewable al Level Term Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	50.500	FORM NO. 1H854A- CL.pdf
FORM NO. Policy/Cont Accelerated Benefit Initial 1H855A-CLract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	50.500	FORM NO. 1H855A- CL.pdf



# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICES OFFICE: 507 PLUM STREET  
PO BOX 1056  
SYRACUSE, NY 13201-1056

Telephone: (800) 347-0960  
Website: [www.cfglife.com](http://www.cfglife.com)

## IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY

This Policy is a legal contract between the Owner and Columbian Life Insurance Company. This Policy sets forth, in detail, the rights and obligations of the Owner and Columbian Life Insurance Company.

## NOTICE OF THIRTY DAY RIGHT TO EXAMINE POLICY

If this Policy is unsatisfactory, the Owner may return it within thirty (30) days after receiving it. The Policy should be returned to the Company, the Agent through whom it was purchased, or any Agent of the Company; then all premiums paid will be refunded and the Policy will be deemed void from the beginning.

DANIEL J. FISCHER  
Secretary

THOMAS E. RATTMANN  
Chairman, President  
and Chief Executive Officer

## WHOLE LIFE INSURANCE POLICY

AMOUNT OF INSURANCE PAYABLE AT DEATH  
PREMIUMS ARE PAYABLE AS SHOWN IN THE POLICY SPECIFICATIONS  
GUARANTEED CASH AND LOAN VALUES  
NON-PARTICIPATING – NO DIVIDENDS PAID

**COLUMBIAN LIFE INSURANCE COMPANY**

**ALPHABETIC GUIDE TO POLICY PROVISIONS**

	<b>PAGE</b>
ASSIGNMENT .....	8
AUTOMATIC PREMIUM LOAN .....	8
BASIS OF VALUES .....	4
BENEFICIARY .....	5
CASH SURRENDER .....	7
DEFINITIONS .....	5
ENTIRE CONTRACT .....	5
FILING OF A DEATH CLAIM .....	6
GENERAL PROVISIONS .....	8
GRACE PERIOD .....	6
INCONTESTABILITY .....	6
LIFE INSURANCE BENEFITS .....	5
LOANS .....	7
MISSTATEMENT OF AGE OR SEX .....	6
NONFORFEITURE OPTIONS .....	6
OWNER .....	5
NON-PARTICIPATING .....	8
PREMIUMS .....	6
REINSTATEMENT .....	7
RIGHT TO EXAMINE POLICY .....	1
SUICIDE .....	6
TABLE OF GUARANTEED VALUES .....	4
TERMINATION .....	8

**INSURED: [JOHN DOE]**

**SEX: [MALE]**

**INSURANCE AGE: [35]**

**POLICY CLASS: [STANDARD NON-TOBACCO]**

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

**ADJUSTABLE POLICY LOAN INTEREST RATE: [4.50]% ANNUALLY**

**POLICY NUMBER: [SPECIMEN]**

**EFFECTIVE DATE: [JANUARY 1, 2012]**

**DATE OF ISSUE: [JANUARY 1, 2012]**

**REINSTATEMENT INT RATE: 6.00% ANNUALLY**

**WHOLE LIFE INSURANCE POLICY**

**AMOUNT OF INSURANCE PAYABLE AT DEATH  
PREMIUMS ARE PAYABLE AS SHOWN IN THE POLICY SPECIFICATIONS  
GUARANTEED CASH AND LOAN VALUES  
NON-PARTICIPATING – NO DIVIDENDS PAID**

SCHEDULE OF BENEFITS AND PREMIUMS FOR:

POLICY NUMBER: [SPECIMEN]

INSURANCE AGE: [35]

\*\*\*\* BENEFIT INFORMATION \*\*\*\*

BENEFIT DESCRIPTION	AMOUNT OF INSURANCE	BENEFIT PERIOD ENDS/MATURES	ANNUAL PREMIUM	PAYABLE FOR	FORM NUMBER
WHOLE LIFE [STANDARD NON-TOBACCO]	[\$100,000]	[JAN 01, 2098]	[\$1,199.00]	[86] YRS	NCCWA-CL
WAIVER OF PREMIUM RIDER	---	[JAN 01, 2042]	[\$91.55]	[30] YRS	1H851A-CL
ACCIDENTAL DEATH RIDER	[\$100,000]	[JAN 01, 2047]	[\$90.00]	[35] YRS	1H850A-CL
OTHER INSURED TEN YEAR RENEWABLE LEVEL TERM RIDER [STANDARD NON-TOBACCO]	[\$100,000]	[JAN 01, 2047]	[\$245.00]	[10] YRS	1H854A-CL
CHILDREN'S TERM INSURANCE RIDER [NON-TOBACCO]	[10 UNITS]	[JAN 01, 2047]	[\$50.00]	[35] YRS	1H852A-CL
TEN YEAR RENEWABLE LEVEL TERM RIDER [STANDARD NON-TOBACCO]	[\$100,000]	[JAN 01, 2047]	[\$247.00]	[10] YRS	1H853A-CL
ACCELERATED BENEFIT RIDER	---	[JAN 01, 2098]	[\$0.00]	---	1H855A-CL

\*\*\*\* TOTAL MODAL PREMIUMS \*\*\*\*  
 MODE OF PAYMENT ELECTED: [ANNUAL]

BEGINNING ON	AT AGE	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY EFT
[JAN 01, 2012]	35	\$1,922.55	\$980.50	\$509.48	\$165.34
[JAN 01, 2042]	65	\$1,831.00	\$933.81	\$485.22	\$157.47
[JAN 01, 2047]	70	\$1,199.00	\$611.49	\$317.74	\$103.11
[JAN 01, 2098]	121	PREMIUMS CEASE]			

ENDORSEMENTS: [ ]

**ENDORSEMENTS:**

**POLICY NUMBER: [SPECIMEN]**

**INSURANCE AGE: [35]**

<b>FORM NO.</b>	<b>DESCRIPTION</b>
[ ]	[ ]

THESE ENDORSEMENTS ARE A PART OF THE POLICY TO WHICH THEY ARE ATTACHED. THEY ARE SUBJECT TO ALL THE POLICY PROVISIONS WHICH ARE CONSISTENT WITH THESE ENDORSEMENTS; IF INCONSISTENCIES OCCUR, THE PROVISIONS OF THESE ENDORSEMENTS WILL APPLY.

## TABLE OF GUARANTEED VALUES

POLICY NUMBER: [SPECIMEN]  
SEX: [MALE]  
INSURANCE AGE: [35]

AMOUNT OF INSURANCE: [\$100,000]  
WHOLE LIFE [STANDARD NON-TOBACCO]

IF ALL PREMIUMS DUE HAVE BEEN PAID, THE GUARANTEED VALUES WILL BE:

END OF POLICY YEAR	ON [JAN 01],	CASH OR LOAN VALUES	REDUCED PAID-UP INSURANCE	[\$100,000] EXTENDED TERM INSURANCE EXPIRES ON
1	[2013	\$0.00	\$0.00	---
2	2014	\$0.00	\$0.00	---
3	2015	\$374.00	\$2,267.99	DEC 10, 2017
4	2016	\$1,227.00	\$7,131.70	FEB 10, 2024
5	2017	\$2,115.00	\$11,783.18	FEB 06, 2029
6	2018	\$3,039.00	\$16,230.07	FEB 15, 2033
7	2019	\$4,000.00	\$20,481.66	APR 17, 2036
8	2020	\$4,995.00	\$24,528.47	JAN 02, 2039
9	2021	\$6,026.00	\$28,387.15	APR 04, 2041
10	2022	\$7,091.00	\$32,056.15	MAR 16, 2043
11	2023	\$8,190.00	\$35,544.57	DEC 14, 2044
12	2024	\$9,325.00	\$38,864.80	JUL 26, 2046
13	2025	\$10,498.00	\$42,030.89	JAN 21, 2048
14	2026	\$11,721.00	\$45,077.94	JUN 04, 2049
15	2027	\$12,994.00	\$48,003.79	SEP 03, 2050
16	2028	\$14,314.00	\$50,803.11	OCT 30, 2051
17	2029	\$15,682.00	\$53,482.80	NOV 28, 2052
18	2030	\$17,091.00	\$56,031.25	DEC 04, 2053
19	2031	\$18,542.00	\$58,456.64	NOV 18, 2054
20	2032	\$20,030.00	\$60,758.33	OCT 12, 2055
AT AGE				
60	2037	\$27,990.00	\$70,611.94	AUG 09, 2059
62	2039	\$31,442.00	\$73,924.83	DEC 02, 2060
65	2042	\$36,767.00	\$78,234.49	OCT 04, 2062]

**BASIS OF GUARANTEED POLICY VALUES**

Cash Values are calculated actuarially as the present of future Death Benefits less the present value of future Adjusted Premiums. The Adjusted Premium for your Policy is: [9.41585].

Paid-Up Insurance is computed actuarially as the reduced Amount of Insurance that the associated Cash Value will purchase for the remainder of the scheduled Benefit Period shown in the Policy Specifications.

Extended Term Insurance is computed actuarially as the duration of time that the associated Cash Value will provide the Amount of Insurance shown in the Policy Specifications.

The mortality rates used to determine the Cash Values, the Paid-Up Insurance amounts and the Extended Term duration are from the 2001 Commissioner's Standard Ordinary Mortality Tables, age nearest birthday. The rates used are smoking distinct if tobacco use status is indicated in the Policy Specifications.

The rates used are sex distinct.

All of the above values are computed:

- using the minimum guaranteed interest rate of 5.00%
- using continuous actuarial functions
- assuming all premiums are paid
- with respect to original Base Coverage information in the Policy Specifications section only. It does not reflect any Indebtedness or Rider values, or any other changes to the original Base Coverage.

**TABLE OF GUARANTEED VALUES  
TEN YEAR RENEWABLE LEVEL TERM RIDER**

POLICY NUMBER: [SPECIMEN]  
SEX: [MALE - STANDARD NON-TOBACCO]  
INSURANCE AGE: [35]

**OPTION A**

<b>INSURED'S AGE</b>	<b>CURRENT RENEWAL PREMIUM</b>	<b>GUARANTEED MAXIMUM RENEWAL PREMIUM</b>
[45]	\$415.00	\$913.00
55	\$770.00	\$1,694.00
65	\$2,037.00	\$4,481.00]

**OPTION B**

<b>BEGINNING OF TERM INSURANCE YEAR</b>	<b>AMOUNT OF TERM INSURANCE</b>	
11	[\$96,154.00	
12	\$92,308.00	
13	\$88,462.00	
14	\$84,615.00	
15	\$80,769.00	
16	\$76,923.00	
17	\$73,077.00	
18	\$69,231.00	<b>CURRENT RENEWAL PREMIUM</b>
19	\$65,385.00	
20	\$61,539.00	[\$247.00]
21	\$57,692.00	
22	\$53,846.00	
23	\$50,000.00	
24	\$46,154.00	
25	\$42,308.00	
26	\$38,462.00	
27	\$34,615.00	<b>GUARANTEED MAXIMUM RENEWAL PREMIUM</b>
28	\$30,769.00	
29	\$26,923.00	
30	\$23,077.00	
31	\$19,231.00	[\$515.00]
32	\$15,385.00	
33	\$11,539.00	
34	\$7,692.00	
35	\$3,846.00]	

**TABLE OF GUARANTEED VALUES  
OTHER INSURED TEN YEAR RENEWABLE LEVEL TERM RIDER**

**POLICY NUMBER:** [SPECIMEN]  
**SEX:** [FEMALE - STANDARD NON-TOBACCO]  
**INSURANCE AGE:** [35]

**OPTION A**

<b>INSURED'S AGE</b>	<b>CURRENT RENEWAL PREMIUM</b>	<b>GUARANTEED MAXIMUM RENEWAL PREMIUM</b>
[45]	\$378.00	\$822.00
55	\$616.00	\$1,344.00
65	\$1,358.00	\$2,978.00]

**OPTION B**

<b>BEGINNING OF TERM INSURANCE YEAR</b>	<b>AMOUNT OF TERM INSURANCE</b>	
11	[\$96,154.00	
12	\$92,308.00	
13	\$88,462.00	
14	\$84,615.00	
15	\$80,769.00	
16	\$76,923.00	
17	\$73,077.00	
18	\$69,231.00	<b>CURRENT RENEWAL PREMIUM</b>
19	\$65,385.00	
20	\$61,539.00	[\$245.00]
21	\$57,692.00	
22	\$53,846.00	
23	\$50,000.00	
24	\$46,154.00	
25	\$42,308.00	
26	\$38,462.00	
27	\$34,615.00	<b>GUARANTEED MAXIMUM RENEWAL PREMIUM</b>
28	\$30,769.00	
29	\$26,923.00	
30	\$23,077.00	
31	\$19,231.00	[\$508.00]
32	\$15,385.00	
33	\$11,539.00	
34	\$7,692.00	
35	\$3,846.00]	

## DEFINITIONS

YOU and YOUR means the Owner of this Policy.

WE, OUR and US means Columbian Life Insurance Company.

The INSURED means the individual named as the Insured in this Policy. The Insured may or may not be the Owner.

POLICY ANNIVERSARY means the same date in each succeeding year as the Effective Date.

INSURANCE AGE, shown in the Policy Specifications Pages, means the age of the Insured on his or her birthday nearest the Policy Effective Date.

## ENTIRE CONTRACT

This Policy, including any attached riders, endorsements and the application, including any supplemental applications, is the entire contract. All statements made in the application are assumed to be representations and not warranties. No statement will be used to contest this Policy or defend against a claim unless it is contained in the application or a supplemental application.

This Policy may be subject to laws that will change its provisions. Any changes to this Policy must be in writing and agreed to by both the Owner and one of Our Officers. This Policy will be endorsed to reflect any change.

## LIFE INSURANCE BENEFITS

The benefits payable at the death of the Insured will be the sum of:

- (A) The amount of insurance then in force; and
- (B) Any insurance on the life of the Insured provided by benefit riders; and
- (C) The portion of any premium actually paid, and that has not been waived under any waiver of premium rider, that applies to a period beyond the Policy month in which the Insured dies.

LESS:

- (A) Any Policy Loan and loan interest to the date of death; and
- (B) The part of any unpaid premium that applies to the Grace Period provided the Insured dies within the Grace Period.

**OWNER.** The Insured is the Owner of this Policy unless another person is named as Owner on the application. If the Owner is not the Insured, and dies before the Insured, all rights of ownership will belong to the Owner's estate unless otherwise provided.

The Owner may be changed by proper written notice sent to Us. When We record the change of ownership, it will be effective from the date the notice was signed. We are not responsible for any action We take before We receive the notice.

Unless the Policy states otherwise, the Owner can exercise all rights under it. These include the right to change the Beneficiary, assign the policy and change the Owner. All living Owners must act together with respect to this Policy.

**BENEFICIARY.** One or more persons may be named as Beneficiary on the application. Unless otherwise stated, all Beneficiaries will share equally in the amounts payable. The Life Insurance Benefits payable to any Beneficiary who dies before the Insured will be paid to any remaining Beneficiaries.

A Secondary Beneficiary may be named to take the place of a Beneficiary who dies while the Insured is living. If no Beneficiary is alive on the date the Insured dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary may be changed by proper written notice to Us, unless the Beneficiary has been designated as irrevocable, in which case the written consent of the irrevocable beneficiary is also required. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed. We are not responsible for any action We take before We receive the notice.

**FILING OF A DEATH CLAIM.** Claim to the Life Insurance Benefits is made by providing due proof of the Insured's death. Due proof of death shall consist of a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. Upon receipt of such proof, the benefits will be paid to the Beneficiary. We will pay interest from the date of death until the date of payment at a rate not less than required by state law.

## **INCONTESTABILITY**

We may not contest this Policy after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue except for nonpayment of premium. A reinstatement of coverage will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers in the written application for reinstatement.

## **MISSTATEMENT OF AGE OR SEX**

If the Insured's age or sex has been misstated, We will adjust the amount payable. The adjustment will be based on the amount which the premiums would have purchased at the correct age or sex.

## **SUICIDE**

If the Insured commits suicide within two (2) years from the Date of Issue and while this Policy is in force, the amount We pay will be limited to a refund of all premiums paid that have not been waived under any waiver of premium rider LESS: any Policy Loan and loan interest to the date of death.

## **PREMIUMS**

Premiums are payable for the number of years shown on Page 3. The premium amount and payment frequencies are shown on Page 3. Payment is due in advance on the first day of each payment period, starting on the Effective Date. A receipt signed by one or more Company Officers will be issued at the request of the Owner.

## **GRACE PERIOD**

We allow a Grace Period for paying each premium except the first. If a premium has not been paid by its due date, the Policy will stay in force for thirty-one (31) days. If death occurs during the Grace Period, the premium due and unpaid will be deducted from the Life Insurance Benefits.

**OPTIONS WHEN POLICY LAPSES.** If a premium is not paid by the end of the Grace Period, this Policy will lapse. All insurance will end when the Policy lapses, unless it has a Surrender Value. If there is a Surrender Value, You may choose one of the options described in the Nonforfeiture Options Provision. You must choose an option within sixty (60) days after the premium due date. If no option is elected, We will continue coverage under the Extended Term Insurance option when this option is available. If Extended Term Insurance is not available, We will continue coverage under Paid-Up Insurance.

**NONFORFEITURE OPTIONS.** You may choose one of the following options provided the Insured is then living.

- (A) **Paid-Up Insurance.** You may continue this Policy as Paid-Up insurance. The amount of Paid-Up insurance is determined by applying the Surrender Value as a single premium based on the Insured's sex and current age. The terms of this Policy will continue to apply.
- (B) **Extended Term Insurance.** You may continue this Policy as Extended Term Insurance if this Policy is in a Standard Policy Class as stated on Page 2. The new amount of insurance will be the amount of insurance stated on Page 4 of this Policy; LESS any Policy Loan and Interest at the Policy Loan Interest Rate in effect at the time the Policy lapses. The Extended Term Insurance will continue in force for as long as the Surrender Value will provide.
- (C) **Surrender For Cash.** You can take the Surrender Value in cash. We have the right to delay a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

## REINSTATEMENT

This Policy may be reinstated at any time within five (5) years after the premium default, unless it has been surrendered for cash. To do so, You must:

- (A) Give proof of insurability; and
- (B) Pay all unpaid premiums with interest at the Reinstatement Interest Rate stated on Page 2; and
- (C) Pay or reinstate any Policy Loan and loan interest.

## CASH SURRENDER

You may surrender this Policy for cash at any time. This is done by giving Us written notice and returning this Policy to Us. If You do so, a Surrender Value is determined. We have the right to delay payment of a cash surrender for up to six (6) months. If payment of a cash surrender is deferred thirty (30) days or more, interest will be paid by the Company for the time of deferment at a rate not less than the minimum interest rate required by state law.

**SURRENDER VALUE.** The Surrender Value of this Policy is:

- (A) The portion of any premium paid that applies to a period beyond the Policy month of surrender; plus
- (B) The cash value of this Policy, as stated on Page 4, adjusted to the surrender date.

LESS:

- (A) Any Policy Loan with interest at the Policy Loan Interest Rate; and
- (B) Any unpaid premium.

## LOANS

You may obtain a loan from Us under the conditions which follow:

- (A) You assign a portion of the death proceeds equal to the outstanding loan balance to Us. This Policy is the sole security of the loan.
- (B) We may defer payment for up to six (6) months unless the loan is to pay premiums on policies with Us.

**LOAN VALUE.** The most You can borrow is the Surrender Value on the loan date; LESS loan interest to the next Policy Anniversary.

**LOAN INTEREST.** Loan interest at an adjustable rate will be determined by Us annually as of the Policy Anniversary. It will apply during a policy year to new or outstanding loans, including a loan continued after any reinstatement of the Policy. Loan interest will be payable on each Policy Anniversary. This interest will accrue from day to day between anniversaries. Any interest not paid when due will be added to the loan and bear interest at the applicable loan interest rate.

The maximum loan interest rate allowed by law is (A) or (B), whichever is larger:

- (A) The Monthly Average of the Composite Yield on Seasoned Corporate Bonds as published by Moody's Investors Service, Inc., for the calendar month ending two months before the date as of which the loan interest rate is determined;
- (B) The rate used to compute the cash surrender values under the Policy during the applicable period plus one percent per annum.

If the above Average is no longer published, this will happen. A rate will be used in its place which is set by law or by regulation of the insurance supervisory official of the state in which this Policy is delivered. The loan interest rate determined for a policy anniversary will be affected by the maximum rate allowed by law for that anniversary in this way:

- (A) If the maximum rate is  $\frac{1}{2}\%$  or more, lower than the previous loan interest rate, that previous rate will be decreased on the Policy Anniversary so it is equal to or less than the maximum rate.
- (B) If the maximum rate is  $\frac{1}{2}\%$  or more, higher than the previous loan interest rate, that previous rate may be increased on the Policy Anniversary. But, it may not be higher than the maximum rate.

We will give written notice of the initial rate of interest applicable to a cash loan when the loan is made. We will give written notice of the initial rate of interest applicable to an automatic premium loan as soon as it is reasonably practical to do so after making the loan.

When several automatic premium loans are made in the same policy year the interest applicable to the first such loan will apply to the remaining loans in that year. And, no notices about those loans will be given.

If a loan interest rate is to be changed on a Policy Anniversary we will send written notice of the new rate at least thirty-one (31) days before the anniversary. Written notice from Us means notice mailed to the last known address of the Owner and of any assignee of record.

**LOAN REPAYMENT.** You may repay all or part of a loan at any time this Policy is in force. Any loan or loan interest not repaid will be deducted from the proceeds payable on death, maturity, or surrender.

Whenever the loan amount, with interest, is more than the most You can borrow as referenced above, Your Policy will terminate thirty-one (31) days after We have mailed notice to the last known address of the Owner and any assignees of record.

## **AUTOMATIC PREMIUM LOAN**

If this benefit is in effect a loan will be made from the Cash Value to pay premiums that are not paid before the end of the Grace Period. The Loan provisions apply to the loan and interest which will be charged from the overdue premium due date. If the loan value is not enough to pay the overdue premium, we will use the loan value to pay the next smaller method of premium payment that it will cover. If the loan value is not enough to pay a monthly premium, this Policy will lapse. The Options When Policy Lapses provision of the policy will apply if a loan cannot be made for payment of the premium.

The Automatic Premium Loan benefit may be elected in the application for the Policy. It may be elected later by sending a written request to Us. The benefit will be in effect for premiums due after the request is received in our Administrative Service Office during the Grace Period for that premium. This benefit may be cancelled at any time. The cancellation will apply to premiums due after the date we receive a written notice of cancellation at our Administrative Service Office.

## **GENERAL PROVISIONS**

**ASSIGNMENT.** You may assign the proceeds of this Policy. The rights of the Beneficiary become subject to that assignment. We are not bound by any assignment unless it is received in written form at our Administrative Service Office. If there is already an assignment on record, We will require You to confirm the change in assignment. We assume no responsibility for the validity of any assignment.

**NON-PARTICIPATING.** This Policy is Non-Participating. No dividends will be paid.

**TERMINATION.** All privileges and rights of the Owner under this Policy and any accompanying riders terminate when any of the following events occur:

- (A) You surrender Your Policy for cash;
- (B) The Policy lapses because the loan amount, with interest, exceeds the most You could borrow;
- (C) The date this Policy matures as shown on the Policy Specifications Page is reached. In this case, We will pay the Surrender Value;
- (D) The Policy lapses, after the end of the Grace Period, because of nonpayment of premium; or
- (E) The Insured dies.



# **COLUMBIAN LIFE INSURANCE COMPANY**

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICES OFFICE: 507 PLUM STREET  
PO BOX 1056  
SYRACUSE, NY 13201-1056

Telephone: (800) 347-0960  
Website: [www.cfglife.com](http://www.cfglife.com)

## **WHOLE LIFE INSURANCE POLICY**

**AMOUNT OF INSURANCE PAYABLE AT DEATH  
PREMIUMS ARE PAYABLE AS SHOWN IN THE POLICY SPECIFICATIONS  
GUARANTEED CASH AND LOAN VALUES  
NON-PARTICIPATING – NO DIVIDENDS PAID**

# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

## ACCIDENTAL DEATH BENEFIT RIDER

### BENEFITS

We agree to pay an additional benefit to the Beneficiary if the Insured dies by accident while the Policy and this Rider are in force. The additional benefit is the amount of the Accidental Death Benefit stated in the Policy Specifications Pages. Proof of accidental death must be given to the Company.

Accidental death means that:

1. Death was caused directly by an accidental injury to the body;
2. Death was not caused in any way by a factor other than accidental injury;
3. Death occurred within one hundred eighty (180) days from the date the accidental injury was sustained; and
4. Death did not result from one or more of the causes listed below.

### RISKS NOT ASSUMED

Accidental Death Benefit is not payable if the Insured's death was caused or contributed to by:

1. Suicide, while sane or insane; or
2. Active participation in a riot, insurrection or terrorist activity; or
3. Any act attributed to riot or war, declared or undeclared, whether or not the Insured is in military services; or
4. An infection not occurring as a direct result or consequence of the accidental bodily injury; or
5. Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity; or
6. Travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger; or
7. Voluntary intake or use by any means of poison gas or fumes, unless a direct result of an occupational accident; or
8. Committing or attempting to commit a felony; or
9. Participation in an illegal occupation or activity; or
10. While the Insured is incarcerated; or
11. Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
12. Intoxication as defined by the jurisdiction where the accident occurred.

### INCONTESTABILITY

We may not contest a claim under this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

### TERMINATION

This Rider will terminate on the earliest of the following:

- (a) The date the Policy terminates for any reason; or
- (b) The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or

- (c) The first Policy Anniversary nearest the Insured's seventieth (70th) birthday; or
- (d) The date the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
- (e) The date the Policy or this Rider lapse because of nonpayment of premium.

Termination of this Rider will not prejudice the payment of benefits for any accident that occurred while this Rider was in force.

### GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider does not have any cash or loan value. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown in the Policy Specifications.



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

## WAIVER OF PREMIUM RIDER

### BENEFIT

A premium for the Policy does not have to be paid provided:

1. The Insured becomes totally disabled before the first Policy Anniversary nearest the Insured's sixty-fifth (65<sup>th</sup>) birthday;
2. The Policy and this Rider are in force on a premium paying basis on the date the total disability begins;
3. The Insured is totally disabled on the premium due date;
4. The Insured has been totally disabled continuously for six (6) months on the premium due date; and
5. All the requirements of this Rider are met.

"Premium" for the Policy includes all benefits under the policy as well as optional riders. These benefits will continue in force as long as the waiver benefit is in effect. If the Insured becomes totally disabled after the first Policy Anniversary nearest the Insured's sixtieth (60<sup>th</sup>) birthday, the premiums will be waived only until the first Policy Anniversary nearest the Insured's attained age sixty-five (65), provided the Insured continues to be totally disabled and meets all other conditions of this Rider.

### NOTICE OF CLAIM

Written notice of a claim under this Rider must be given to us while the Insured is alive and remains totally disabled. Failure to give such notice will not result in a reduction or denial of benefits provided:

1. It is not reasonably possible to give the notice; and
2. The notice is given as soon as it is reasonably possible.

No premium which fell due more than one year before the Company received written notice of claim at its Administrative Service Office will be waived.

### PREMIUMS REFUNDED OR WAIVED

Premiums that have a due date during the first six (6) months of total disability must be paid. These premiums will be refunded if the Insured is still totally disabled six (6) months after the total disability begins. There will be no refund of any premium paid if the due date was before or after a period of total disability.

Premiums that have a due date more than six (6) months after the beginning of the total disability do not have to be paid provided the Insured remains totally disabled on the due date.

If total disability starts during the Grace Period, any premium due for the Grace Period must be paid. Premiums that have been waived will not be deducted from the policy proceeds.

### TOTAL DISABILITY

**During the first twenty-four (24) months, total disability** means the Insured is unable to perform the substantial and material duties of their job due to sickness or accidental bodily injury.

**After the first twenty-four (24) month, total disability** means the Insured, due to sickness or accidental bodily injury, is unable to perform any of the substantial and material duties or their job, or any other job for which they become reasonably suited by education, training or experience.

Before the Insured has attained his sixteenth (16<sup>th</sup>) birthday, working means attending school.

## **EXCLUSIONS**

Premiums will not be waived if total disability was caused or contributed to by:

1. Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; or
2. Any act attributed to riot or war, declared or undeclared, whether or not the Insured is in military service; or
3. Active participation in a riot, insurrection or terrorist activity; or
4. Committing or attempting to commit a felony; or
5. Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
6. Voluntary intake or use by any means of any poison, gas or fumes, unless a direct result of an occupational accident; or
7. Intoxication as defined by the jurisdiction where the total disability occurred; or
8. Participation in an illegal occupation or activity.

## **PROOF OF DISABILITY**

Proof of total disability must be given to us at reasonable times when requested by us. Our medical representatives must be permitted to examine the Insured at reasonable times at our expense. During the first two (2) years after total disability begins, We will not require proof more than once every thirty (30) days. After two (2) years from the date total disability begins, We will not require proof, including medical examinations more than once a year.

If We are not given proof or medical examinations when requested, premiums will again be payable on the policy. Where it is not reasonably possible to give such proof, benefits will not be reduced or denied provided:

1. The proof is given as soon as it is reasonably possible; and
2. It is given within one year from the time it is requested.

## **INCONTESTABILITY**

We may not contest a claim under this Rider because of incorrect answers to questions in the application for this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

## **TERMINATION**

This Rider will terminate on the earliest of the following:

- (a) The date the Policy terminates for any reason; or
- (b) The first Policy Anniversary nearest the Insured's sixty-fifty (65<sup>th</sup>) birthday; or
- (c) The date of the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
- (d) The date the Policy or this Rider lapse because of nonpayment of premium.

Termination of this Rider will not affect any claim which began while it was in force.

## GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. There are no cash or loan values for this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown in the Policy Specifications.



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

## CHILDREN'S TERM INSURANCE RIDER

### BENEFIT

If an Insured Child dies while covered under this Rider and while this Rider is in force, the death benefit of this Rider will be paid to the Beneficiary. Claim to the death benefit under this Rider is made by filing a claim form with Us at Our Administrative Service Office and giving Us satisfactory proof of the Insured Child's death. The payment is subject to all terms of this Rider and the Policy.

This Rider provides a death benefit of \$1,000 per unit on each Insured Child. The number of units is stated on the Policy Specifications Pages.

If the Insured dies while this Rider is in force, any insurance under this Rider will remain in force. Payment of premiums for this Rider will no longer be required. The other terms of this Rider will continue to apply. This benefit will not be provided if the Insured commits suicide within two (2) years after the Date of Issue of the Policy.

### INSURED CHILDREN

Natural born children, stepchildren and legally adopted children of the Insured may become Insured Children under this Rider.

Each such child will be an Insured Child on the Date of Issue of this Rider if he or she is:

1. Named in the application for this Rider; and
2. More than 14 days old and less than 19 years old on the Date of Issue of this Rider.

Each such child acquired by the Insured after the date of application will automatically become an Insured Child if he or she is less than 19 years old when acquired. Coverage begins on the latest of:

- (a) The date the child is 15 days old; or
- (b) The date the child is acquired or legally adopted; or
- (c) The Date of Issue of this Rider.

Coverage of each Insured Child ends on the earlier of:

- (d) The policy date of the new policy for the Insured Child under the Early Conversion option; or
- (e) The policy date of the new policy if the Insured Child exercises the conversion benefit upon marriage; or
- (f) The Insured Child's 25th birthday; or
- (g) The first Policy Anniversary nearest the Insured's 70th birthday.

### BENEFICIARY

The Beneficiary under this Rider will be as named in the application for this Rider. If no Beneficiary is named, the Insured will be the Beneficiary. If no Beneficiary is alive on the date an Insured Child dies, the Owner or the Owner's estate will be the Beneficiary, unless otherwise provided.

The Beneficiary of this Rider may be changed by a proper written notice to us. When We record the notice, the change of Beneficiary will be effective from the date the notice was signed. We are not responsible for any action We take before We receive the notice.

Neither a change of Owner nor a change of Beneficiary for the Policy will change the Beneficiary for this Rider.

## **MISSTATEMENT OF AGE OF AN INSURED CHILD**

If the age of any Insured Child has been misstated, benefits will be based on the premiums actually paid and the correct age of the Insured Child.

## **DEATH OF OWNER**

If the Policy Owner dies, the Insured, if living, will become Owner of this Rider. If the Insured is not living, the Owner's estate will be owner of the insurance on each Insured Child's life.

## **CASH SURRENDER OPTION AFTER DEATH OF INSURED**

This Rider does not have a surrender value while the Insured is living.

If this Rider is being continued in force after the death of the Insured as stated in the "Benefit" section of this Rider, it has a value. Upon the written request of the Owner and the surrender of this Rider We will pay the Paid-Up Rider Value. This Rider will then terminate. We have six (6) months from the date We receive a written request in which to pay the Paid-Up Rider Value.

**Paid-Up Rider Value.** The Paid-Up Rider Value for each Insured Child is the net single premium for the future guaranteed Life Insurance Benefits on that Insured Child under this Rider. This net single premium is based on the following assumptions:

- (1) Mortality rates according to the Commissioners' 2001 Standard Ordinary Composite Ultimate Mortality Table, age nearest birthday; and
- (2) Interest at a rate shown in the Policy Specifications Pages; and
- (3) Immediate payment of death claims.

For thirty (30) days after each policy anniversary, this value will not be less than on the anniversary. The values of this Rider are not less than the minimum values required by the laws of the jurisdiction in which this Rider is delivered.

## **REINSTATEMENT**

The Reinstatement Provision of the Policy also applies to this Rider. In addition to the requirements stated in the Policy, each Insured Child must be an acceptable insurance risk. If any Insured Child is not an acceptable insurance risk, this Rider may still be placed back in force. However, each Insured Child who is not an acceptable insurance risk will not be covered after reinstatement.

## **CONVERSION BENEFIT**

Insurance on an Insured Child under this Rider may be converted to a new policy on the life of the Insured Child. Evidence that the Insured Child is a good insurance risk will not be required. Conversion may be made only at the following times (later called the date of conversion):

- A. On the date coverage of the Insured Child ends under this Rider. Application for conversion must be received by Us before such date.
- B. Upon marriage of the Insured Child prior to their 25th birthday. Application for conversion must be received by Us within ninety (90) days after the date of marriage.
- C. An Early Conversion Option is available while the Insured Child is between the ages of 22 and 25. Application for Early Conversion of this Rider must be received by Us in writing prior to the Insured Child's 25th birthday.
- D. On the date of the Insured's death if the Insured commits suicide within two (2) years of the Date of Issue of the Policy. Application for conversion must be received by Us in writing within thirty-one (31) days after the Insured's death.

CONDITIONS - Conversion is subject to these conditions:

1. Any premiums for this Rider and all the Policy premiums due more than thirty-one (31) days before the date of the application must have been paid; and
2. The first premium for the new policy must be paid to the Administrative Service Office.

NEW POLICY - The new policy will be issued as follows:

- (a) The Policy Date of the new policy will be the date of conversion; and

- (b) The Insurance Age will be based on the Insured Child's attained age on the Policy Date of the new policy as defined under the new policy; and
- (c) The Face Amount may not exceed five (5) times the death benefit under this Rider unless the Insured Child has elected for Early Conversion. (If converted under the Early Conversion option, the Face Amount may not exceed the current death benefit of this Rider.); and
- (d) The plan may be any life plan (except term insurance) then issued by the Company, subject to our rules as to amount, age and rating. However, at least one plan will always be available for conversion; and
- (e) The premium will be based on the rates in effect on the Policy Date of the new policy; and
- (f) The time period of the Incontestability and Suicide provisions will be computed from the Date of Issue of this Rider; and
- (g) The new policy will not include any additional benefits for accidental death or disability or any other additional benefits provided by rider unless agreed to by Us.

**INCONTESTABILITY**

We may not contest a claim under this Rider after it has been in force during the Insured Child's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured Child's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

**TERMINATION**

This Rider will terminate on the earliest of the following:

- 1. The date the Policy terminates for any reason other than the death of the Insured; or
- 2. The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
- 3. The first Policy Anniversary nearest the Insured's 70th birthday; or
- 4. The date the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
- 5. The date the Policy or this Rider lapse because of nonpayment of premium; or
- 6. The date the Policy is changed to any other plan of life insurance, except as stated below.

If the Policy is changed to any other plan of life insurance, this Rider may be continued under the new policy only if:

- (a) Premiums for the new policy are payable at least until the first Policy Anniversary nearest the Insured's 70th birthday; and
- (b) A written request for continuation is made at the same time the policy is changed; and
- (c) The premium for this Rider is paid along with the first premium for the new policy.

The Date of Issue of this Rider and the date the benefit ceases will not change.

**GENERAL PROVISIONS**

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specifications Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown in the Policy Specifications.

 DANIEL J. FISCHER Secretary	 THOMAS E. RATTMANN Chairman, President And Chief Executive Officer
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# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

## TEN YEAR RENEWABLE LEVEL TERM RIDER

### BENEFIT

We will pay to the Beneficiary the amount of term insurance in effect under this Rider at the Insured's death, upon receiving proof that the Insured died before this Rider's Term Expiry Date. This Rider's Term Expiry Date is the Initial Term Expiry Date unless this Rider is renewed. If it is renewed as a Level Term under Option A below, the Term Expiry Date is the tenth policy anniversary after the latest renewal, but not later than the policy anniversary nearest the Insured's 70<sup>th</sup> birthday. If it is renewed with the Decreasing Death Benefit under Option B below, the Term Expiry Date is the policy anniversary nearest the Insured's 70<sup>th</sup> birthday.

The Policy Specifications Pages show the amount of term insurance on the Insured, this Rider's Initial Term Expiry Date and the premiums for this benefit.

### PREMIUMS

There are two sets of premiums for this Rider shown on the Policy Specifications Pages: Current Premiums and Guaranteed Maximum Renewal Premiums. The premiums for the first ten policy years will be determined from the Current Premium Schedule. After premiums have been paid for ten years, we may change the annual premium for any subsequent policy year. The new premium may be less than or greater than the premium under the Current Premium Schedule. It will never exceed the premium shown in the Guaranteed Maximum Premium Schedule.

The renewal premiums are adjustable but will never exceed the premium shown on the Guaranteed Maximum Premium Schedule for that year.

Any premium change will be:

- Guaranteed for one year;
- Based on our future expectations as to mortality, expenses, interest and persistency;
- On a uniform basis for Insureds of the same insurance age, sex, tobacco status and class; and
- For those Insureds whose coverage has been in force for the same length of time.

Premiums will be reviewed annually by the Company. Any change in premium will be determined in accordance with the procedure on file with the Insurance Department of the state in which this policy has been delivered and will not be the result of deterioration of health.

Written notice of the premium change will be given prior to the time any change takes effect.

The portion of any premium paid which applies to a period beyond the date of death will be refunded. If the Insured dies during the 30-day grace period of an unpaid premium, we will deduct from the death proceeds that portion of the overdue premium to the date of death.

### TERM OF RIDER

The Rider Term Period ends on the Rider's Term Expiry Date. Without proof of insurability, this Rider may be renewed on the Rider's Term Expiry Date by choosing either of the two renewal options listed below. At the end of each ten year term period under Option A, prior to age 70, you may choose to renew under either Option; however, once Option B is chosen, Option A is no longer available.

**OPTION A: 10 Year Renewable Level Term.** The renewed 10 Year Renewable Level Term Rider will be for the same face amount of insurance as shown on the Policy Specification Pages. You may choose this option by notifying Us sixty (60) days prior to the renewal date. The Policy and this Rider must be in force at the time of renewal. Premiums to be paid when you renew are shown on the Policy Specification Pages. If a 10 year term period ends after the Insured reaches age 60, this Rider may be renewed for a final period that ends when the Insured reaches age 70.

**OPTION B: Decreasing Term.** Renewal of this Rider as a Decreasing Term at the end of the initial 10 year term period will be automatic if you continue to pay premiums in accordance with the premium schedule for the initial ten year term period, adjustable annually never to exceed the Guaranteed Maximum Renewal Premium for that Term period, as determined by Us in accordance with the Premium provision, within the grace period. If Option B is chosen at the end of a subsequent ten year term period under Option A, the premium due will be in accordance with the premium schedule for the term immediately preceding the change in options, adjusted annually as set forth in the Premium Provision. The premium paying period will be to age 70 of the Insured and will provide for a decreasing death benefit. The amount of term insurance in this Rider will decrease annually on each policy anniversary date. A new Table of Decreasing Term life Insurance Amounts will be issued at the time of such a change. The Decreasing Term Table on the Policy Specification Pages shows the decreasing amount of term insurance on the amount of term insurance initially purchased.

## **EXCHANGE**

The term insurance provided by this Rider may be exchanged without evidence of insurability for a new policy on any permanent life plan available at the time of exchange. The exchange must take place while this Rider is in force and no later than the Insured's age 65. We need a completed application from you to make the exchange.

The amount of the new policy must meet our minimum amount requirements and may not be greater than the amount of term insurance in force through this Rider on the date of exchange. However, if this Rider has been renewed under Option B, then the exchange of this Rider will be limited to 80% of the decreasing term amount in force on the date of exchange.

The new policy will be in the same premium class as this Rider. Its premium rate will be based on the Insured's age on the date of exchange. The new Policy's Date of Issue will be the date of exchange which must be on a premium due date for this Rider.

**Carry-Over of Insured Disability Premium Payment Benefit.** The new Policy may contain this benefit for a premium without evidence of insurability, if it is in force in this Rider, available at the Insured's age on the exchange date, and if the Insured is not then disabled at the time the new policy begins. Other riders may be included in the new Policy if we agree to them.

## **MISSTATEMENT OF AGE**

If the age of the Insured has been misstated, benefits will be based on the premiums actually paid and the correct age of the Insured.

## **INCONTESTABILITY**

We may not contest a claim under this Rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

## **TERMINATION**

This Rider will terminate on the earliest of the following:

1. The date the Policy terminates for any reason other than the death of the Insured; or
2. The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
3. The first Policy Anniversary nearest the Insured's 70th birthday; or
4. The date the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
5. The date the Policy or this Rider lapse because of nonpayment of premium.

**GENERAL PROVISIONS**

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specification Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown in the Policy Specifications.



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

## OTHER INSURED TEN YEAR RENEWABLE LEVEL TERM RIDER

### OTHER INSURED

Other Insured means each person so named in the application or applications for this Rider.

### BENEFIT

We will pay to the Beneficiary the amount of term insurance in effect under this Rider at the Other Insured's death, upon receiving proof that the Other Insured died before this Rider's Term Expiry Date. This Rider's Term Expiry Date is the Initial Term Expiry Date unless this Rider is renewed. If it is renewed as a Level Term under Option A below, the Term Expiry Date is the tenth policy anniversary after the latest renewal, but not later than the policy anniversary nearest the Other Insured's 70<sup>th</sup> birthday. If it is renewed with the Decreasing Death Benefit under Option B below, the Term Expiry Date is the policy anniversary nearest the Other Insured's 70<sup>th</sup> birthday.

The Policy Specification Pages show the amount of term insurance on the Other Insured, this Rider's Initial Term Expiry Date and the premiums for this benefit.

### PREMIUMS

There are two sets of premiums for this Rider shown on the Policy Specification Pages: Current Premiums and Guaranteed Maximum Renewal Premiums. The premiums for the first ten policy years will be determined from the Current Premium Schedule. After premiums have been paid for ten years, we may change the annual premium for any subsequent policy year. The new premium may be less than or greater than the premium under the Current Premium Schedule. It will never exceed the premium shown in the Guaranteed Maximum Premium Schedule.

The renewal premiums are adjustable but will never exceed the premium shown on the Guaranteed Maximum Premium Schedule for that year.

Any premium change will be:

- Guaranteed for one year;
- Based on our future expectations as to mortality, expenses, interest and persistency;
- On a uniform basis for Other Insureds of the same insurance age, sex, tobacco status and class; and
- For those Insureds whose coverage has been in force for the same length of time.

Premiums will be reviewed annually by the Company. Any change in premium will be determined in accordance with the procedure on file with the Insurance Department of the state in which this policy has been delivered and will not be the result of deterioration of health.

Written notice of the premium change will be given prior to the time any change takes effect.

The portion of any premium paid which applies to a period beyond the date of death will be refunded. If the Other Insured dies during the 30-day grace period of an unpaid premium, we will deduct from the death proceeds that portion of the overdue premium to the date of death.

## TERM OF RIDER

The Rider Term Period ends on the Rider's Term Expiry Date. Without proof of insurability, this Rider may be renewed on the Rider's Term Expiry Date by choosing either of the two renewal options listed below. At the end of each ten year term period under Option A, prior to age 70, you may choose to renew under either Option; however, once Option B is chosen, Option A is no longer available.

**OPTION A: 10 Year Renewable Level Term.** The renewed 10 Year Renewable Level Term Rider will be for the same face amount of insurance as shown on the Policy Specification Pages. You may choose this option by notifying Us sixty (60) days prior to the renewal date. The Policy and this Rider must be in force at the time of renewal. Premiums to be paid when you renew are shown on the Policy Specification Pages. If a 10 year term period ends after an Other Insured reaches age 60, this Rider may be renewed for a final period that ends when the Other Insured reaches age 70.

**OPTION B: Decreasing Term.** Renewal of this Rider as a Decreasing Term at the end of the initial 10 year term period will be automatic if you continue to pay premiums in accordance with the premium schedule for the initial ten year term period, adjustable annually never to exceed the Guaranteed Maximum Renewal Premium for that Term period, as determined by Us in accordance with the Premium provision, within the grace period. If Option B is chosen at the end of a subsequent ten year term period under Option A, the premium due will be in accordance with the premium schedule for the term immediately preceding the change in options, adjusted annually as set forth in the Premium Provision. The premium paying period will be to age 70 of the Other Insured and will provide for a decreasing death benefit. The amount of term insurance in this Rider will decrease annually on each policy anniversary date. A new Table of Decreasing Term life Insurance Amounts will be issued at the time of such a change. The Decreasing Term Table on the Policy Specification Pages shows the decreasing amount of term insurance on the amount of term insurance initially purchased.

## EXCHANGE

**Exchange Before Death.** The term insurance provided by this Rider may be exchanged without evidence of insurability for a new policy on any permanent life plan available at the time of exchange. The exchange must take place while this Rider is in force and no later than the Other Insured's 65th birthday. We need a completed application from you to make the exchange. The amount of the new policy must meet our minimum amount requirements and may not be greater than the amount of term insurance in force through this Rider on the date of exchange. However, if this Rider has been renewed under Option B, then the exchange of this Rider will be limited to 80% of the decreasing term amount in force on the date of exchange. The new policy will be in the same premium class as this Rider. Its premium rate will be based on the Other Insured's age on the date of exchange. The new policy's Date of Issue will be the date of exchange which must be on a premium due date for this Rider.

**Exchange After Death.** This exchange may be made if the Insured in this Policy dies before any Other Insured. In that event, any Other Insured may exchange this Rider for a new policy on any permanent life plan available at the time of exchange, in the full amount of this Rider.

This exchange must take place within 45 days of the Insured's death, during which time the Other Insured will remain insured for the Rider amount. The new policy's Date of Issue will be the Insured's date of death. All other requirements, as stated in the Exchange Before Death section above, apply to this exchange.

## MISSTATEMENT OF AGE

If the age of the Other Insured has been misstated, benefits will be based on the premiums actually paid and the correct age of the Other Insured.

## INCONTESTABILITY

We may not contest a claim under this Rider after it has been in force during the Other Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Other Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

## TERMINATION

This Rider will terminate on the earliest of the following:

1. The date the Policy terminates for any reason other than the death of the Insured; or
2. The date Extended Term Insurance or Paid-Up Insurance becomes effective under the "Options When Policy Lapses" section of the Policy; or
3. The first Policy Anniversary nearest the Other Insured's 70th birthday; or
4. The date the Policy Owner's written request to terminate this Rider is received at our Administrative Service Office; or
5. The date the Policy or this Rider lapse because of nonpayment of premium.

## GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all of the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The premium for this Rider is shown on the Policy Specification Pages. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown in the Policy Specifications.



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

# COLUMBIAN LIFE INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL  
ADMINISTRATIVE SERVICE OFFICE: [SYRACUSE, NY]

## ACCELERATED BENEFIT RIDER

**RECEIPT OF ACCELERATED BENEFITS FROM THIS RIDER MAY BE TAXABLE. THEREFORE, WE RECOMMEND THAT YOU CONTACT YOUR PERSONAL TAX ADVISOR WHEN MAKING DECISIONS ABOUT ELECTING TO RECEIVE AND USE BENEFITS FROM THIS RIDER.**

### DEFINITIONS

**Life Insurance Benefits** means the death benefit as stated in the provisions of the Policy, excluding additional death benefits added by Rider. If the coverage under the Policy includes term insurance under a Rider attached to the Policy, such term insurance is not included in the benefit calculations under this Rider.

**Terminal Illness** means a non-correctable medical condition which, in the best medical judgment of a physician, will result in the death of the Insured within twelve (12) months from the date of diagnosis.

**Immediate Family** means a spouse, children, parents, grandparents, grandchildren, brothers and sisters of the Insured and their spouses.

Physician means an individual, other than the Owner, the Insured or a member of the Insured's immediate family, who is licensed to practice medicine and/or treat illness in the state in which treatment is received.

### BENEFIT

The Owner may elect to receive an advance on the death benefit as stated in the provisions of the Policy when the Insured is diagnosed by a physician as having a Terminal Illness as defined in this Rider. The Owner may request, and make proper claim for the Accelerated Benefit during the lifetime of the Insured. Such request is also subject to the consent of any Irrevocable Beneficiary or Assignee of record. The Accelerated Benefit is equal to fifty percent (50%) of the Insured's death benefit. We will pay this amount less:

1. Any loan (and unpaid loan interest) on the Policy;
2. Any minimum premium required to keep the Insured's coverage in force for the twelve (12) month period following the date the Accelerated Benefit is calculated;
3. An Administrative Service Fee of \$250.00.

### COST OF BENEFIT

There is no charge for this prior to the time the Owner requests payment of the Accelerated Benefit. At the time such payment is made, we will deduct a \$250 Administrative Service Fee from the amount of the payment. We will establish a lien against the death benefit of the Policy equal to the amount of the Accelerated benefit, plus accrued interest at the Accelerated Benefit interest rates. The Owner may repay to us, all or any portion of the lien or lien interest at any time.

Each year as of the Policy Anniversary, the Accelerated Benefit interest rate will be determined by us. It will equal the greater of:

- The then current yield on the 90-day Treasury Bill on the date of application for an Accelerated Benefit payment;  
or
- The then current maximum adjustable loan interest rate based on *Moody's Corporate Bond Yield Averages – Monthly Average Corporates*, as published by Moody's Investor's Service, Inc. or any successor to that service, for the calendar month ending two (2) months before the date of application for an Accelerated Benefit payment.

## CONDITIONS

To qualify for this benefit, the Owner must provide evidence satisfactory to Us that the Insured has a Terminal Illness as defined in this Rider. Part of that evidence must be a certification by a licensed physician.

Such diagnosis must be made: 1) on or after the Rider effective date; and 2) while this Rider and the Policy are in force.

If the Insured dies after the Accelerated Benefit is elected, but before we pay the benefit, we will pay the death benefit as if the Accelerated Benefit had not been elected.

## EFFECT ON POLICY BENEFITS

At the death of the Insured, we will deduct the lien from the death benefit of the Policy. Upon surrender of the Policy, the lien will be deducted from the Surrender Value of the Policy.

## CLAIMS

**Notice of Claim** – Written notice of a claim must be given to us any time after the date the Insured develops a Terminal Illness as defined in this Rider. This may be sent directly to the Company or to one of our authorized agents.

**Claim Forms** – Within fifteen (15) days of receiving notice, we will send claim forms to the Owner; otherwise his or her prior notice will be accepted as Proof of Loss.

**Proof of Loss** – Written proof of the Insured's Terminal Illness must be received by us Before we will advance the Accelerated Benefit. Proof will include a properly completed Claim Form and Physician Statement. We may request additional medical information from the physician submitting the statement. We may require, at our expense, an additional examination by a physician that we choose. In the event of conflicting opinions, eligibility for the benefit shall be determined by a third physician that is mutually acceptable to the Owner and us.

We must receive an assignment form making us the assignee of the Owner's rights under the Policy for the amount of the Accelerated Benefit.

We must receive the release of any collateral assignees and the approval of any irrevocable beneficiaries. A spousal release may also be applicable in community property states.

**Time Payment of Claims** – All benefits described in this Rider will be available as soon as we receive due Proof of Loss.

**Payment of Claims** – Only the Owner has the right to the Accelerated Benefit payment under the Insured's coverage. Upon the death of the Owner, we will pay the benefit of this Rider, if the benefit is requested prior to the Owner's death, to his or her estate.

## INCONTESTABILITY

We may not contest a claim under this Rider because of incorrect answers to questions in the application for this rider after it has been in force during the Insured's lifetime for two (2) years after the Date of Issue.

A reinstatement of coverage under this Rider will be incontestable after it has been in force during the Insured's lifetime for two (2) years from the date of reinstatement. Any contest concerning reinstated coverage will be based on the answers written in the application for reinstatement.

## TERMINATION

This Rider will terminate:

1. If the Policy terminates for any reason; or
2. Upon written request by the Owner.

## GENERAL PROVISIONS

This Rider is attached to and is part of the Policy. This Rider is subject to all the statements of the Policy that apply to and are not in conflict with the statements of this Rider. The Date of Issue of this Rider is the Date of Issue of the Policy shown on Page 2 unless another Date of Issue is shown in the Policy Specifications.

## DISCLOSURES

This Rider may affect the Owner's ability to receive certain government benefits or entitlement because the Accelerated Benefit may be considered an asset in determining eligibility.

The Accelerated Benefit may be taxable. As with all tax matters. The Owner should consult his or her personal tax advisor to determine the current tax consequences prior to making any election. This benefit is not available if either the Owner or the Insured is required by a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

The Accelerated Benefit is an early payment of a portion of life insurance proceeds. Payment of the Accelerated Benefit will cause the Insured's coverage to have significant benefit changes.



DANIEL J. FISCHER  
Secretary



THOMAS E. RATTMANN  
Chairman, President  
And Chief Executive Officer

SERFF Tracking Number: CMLM-128177566 State: Arkansas  
 Filing Company: Columbian Life Insurance Company State Tracking Number:  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: CLIC NCCWL  
 Project Name/Number: /

## Supporting Document Schedules

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

**Satisfied - Item:** Flesch Certification

**Comments:**

Readability and Certification of Compliance are attached. Our compliance with the Consumer Information Notice is demonstrated in the Filing Description on the General Information tab.

**Attachments:**

AR Readability Certification.pdf  
 AR\_CertofCompliance with Rule 19.pdf

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

**Satisfied - Item:** Application

**Comments:**

The policy and riders included in this filing will be used with previously approved application forms. Details including form numbers, dates of approval and file numbers are described in the Filing Description on the General Information tab.

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

**Satisfied - Item:** Life & Annuity - Acturial Memo

**Comments:**

**Attachments:**

ActMemo - NCCWA-CL.pdf  
 AM\_CIR\_1H852A-CL.pdf  
 AM\_10YT\_1H853A-CL.pdf  
 AM\_10YT\_1H854A-CL.pdf  
 AM\_AccelDB\_1H855A-CL.pdf

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

**Satisfied - Item:** Statements of Variability

**Comments:**

SERFF Tracking Number: CMLM-128177566 State: Arkansas  
Filing Company: Columbian Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: CLIC NCCWL  
Project Name/Number: /

**Attachments:**

SOV [1H854A-CL].pdf  
SOV [1H855A-CL].pdf  
SOV [NCCWA-CL].pdf  
SOV [1H850A-CL].pdf  
SOV [1H851A-CL].pdf  
SOV [1H852A-CL].pdf  
SOV [1H853A-CL].pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Accelerated Benefit Rider  
Disclosure Information

**Comments:**

**Attachments:**

6180-CL.pdf  
6179-CL.pdf



**DATE: March 26, 2012**

**TO: STATE OF ARKANSAS DEPARTMENT OF INSURANCE**

**RE:** FORM NO. NCCWA-CL, Whole Life Insurance Policy  
FORM NO. 1H850A-CL, Accidental Death Benefit Rider  
FORM NO. 1H851A-CL, Waiver of Premium Rider  
FORM NO. 1H852A-CL, Children's Term Insurance Rider  
FORM NO. 1H853A-CL, Ten Year Renewable Level Term Rider  
FORM NO. 1H854A-CL, Other Insured Ten Year Renewable Level Term Rider  
FORM NO. 1H855A-CL, Accelerated Benefit Rider

**\*\*Please note, some forms were combined with the Policy form for the purpose of scoring.**

This is to certify that the attached forms have achieved the required Flesch Reading Ease Test Score. These forms comply with the requirements of Ark. Stat. Ann 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

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Regina M Akulis, ACS, AIAA, AIRC, CCP  
Sr. Contract Analyst

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

Insurer: Columbian Life Insurance Company

Form Number(s): NCCWA-CL, Whole Life Insurance Policy

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



\_\_\_\_\_  
Signature of Company Officer

Dorothy M. Klie, FLMI, AIRC

\_\_\_\_\_  
Name

Assistant Vice President, Policy Filing and Assistant Secretary

\_\_\_\_\_  
Title

March 19, 2012

\_\_\_\_\_  
Date

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for 1H854A-CL**

**March 23, 2012**

FORM NO. 1H854A-CL – Other Insured Ten Year Renewable Term Rider

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 3:

- Company officer signatures and titles are bracketed to provide for change.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for 1H855A-CL**

**March 23, 2012**

### FORM NO. 1H855A-CL – Accelerated Death Benefit Rider

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 3:

- Company officer signatures and titles are bracketed to provide for change.

# Columbian Life Insurance Company

## Memorandum of Variable Material for NCCWA-CL

March 23, 2012

### FORM NO. NCCWA-CL – Whole Life Insurance Policy

Page 1:

- Administrative Service Office address, telephone number and web address are bracketed to provide for change.
- Company officer signatures and titles are bracketed to provide for change.

Page 2:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Insured, Sex (M,F), Insurance Age (min. 0 – max. 80 age nearest birthday), Policy Class (Standard Non-Tobacco, Standard Tobacco, Standard Juvenile, Rated Non-Tobacco, Rated Tobacco, Rated Juvenile, Preferred), Amount of Insurance (min. \$25,000 – max. \$20,000,000; minimum for Preferred is \$100,000), Policy Number, Effective Date, Date of Issue.
- Adjustable Policy Loan Interest Rate is bracketed as that is subject to change as provided in the Loan provision of the Policy. The maximum is based on the larger of either the rate used to compute the cash surrender values under the Policy during the applicable period plus one percent per annum, or the Monthly Average of the Composite Yield on Seasoned Corporate Bonds as published by Moody's Investor's Service, Inc.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

Page 3-1:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number, Insurance Age, Premium Class (appears under plan of insurance), Amount of Insurance, Benefit Period Ends/Matures, Annual Premium, Payable For, Mode of Payment Elected (Annual, Semi-Annual, Quarterly, Monthly EFT), Beginning On, At Age, Annual, Semi-Annual, Quarterly, Monthly EFT.
- The Endorsements field is bracketed to provide for endorsement forms that may be filed for use with this form at a later date as well as those that are referenced in our filing letter. This field will display only the form number of the endorsement that is added to the policy. Any endorsement form displayed, will be filed and approved by the Department prior to us.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" and is bracketed as that will vary by Insured.

## Form No. NCCWA-CL – Whole Life Insurance Policy Cont'd

### Page 3-2:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number and Insurance Age.
- The Endorsements field is bracketed to provide for the addition of form numbers and endorsement language that may be filed for use with this form at a later date. Any endorsement language printed on this page would be approved prior to use. This page may also be used in circumstances when there has been a change made to the policy after issue. For example, if a rider is added after issue of the policy, a new set of specification pages will be sent along with the rider, that reflects the rider information. In this circumstance, Page 3-2 may be used to indicate a rider was added and specify the Date of Issue specific to the rider form.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" is bracketed as that will vary by Insured.

### Page 4:

- John Doe hypothetical data is bracketed on this page as it will vary by Insured. This includes the following fields: Policy Number, Sex, Insurance Age, Amount of Insurance, Premium Class (appears next to plan), and the Table of Guaranteed Values for all durations listed. This includes Policy Year, "On" date, Cash or Loan Values, Reduces Paid-Up Insurance, and the Amount of Extended Term as well as the Extended Term Expiry Dates.
- The Annual Value Factor per \$1,000 of Amount of Insurance is bracketed as that will vary by Insured.
- The policy number in the bottom right-hand corner of the page currently says, "Specimen" is bracketed as that will vary by Insured.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for 1H850A-CL**

**March 23, 2012**

### FORM NO. 1H850A-CL – Accidental Death Benefit Rider

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 2:

- Company officer signatures and titles are bracketed to provide for change.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for 1H851A-CL**

**March 23, 2012**

### FORM NO. 1H851A-CL – Waiver of Premium Rider

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 3:

- Company officer signatures and titles are bracketed to provide for change.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for 1H852A-CL**

**March 23, 2012**

### FORM NO. 1H852A-CL – Children’s Term Insurance Rider

Page 1:

- Company’s Administrative Service Office is bracketed to provide for change.

Page 3:

- Company officer signatures and titles are bracketed to provide for change.

# **Columbian Life Insurance Company**

## **Memorandum of Variable Material for 1H853A-CL**

**March 23, 2012**

FORM NO. 1H853A-CL – Ten Year Renewable Level Term Rider

Page 1:

- Company's Administrative Service Office is bracketed to provide for change.

Page 3:

- Company officer signatures and titles are bracketed to provide for change.

**Important Disclosures**  
**Accelerated Benefit Rider**

This briefly describes the provisions of the Accelerated Benefit Rider. Consult your rider for specific information. Please read your policy and rider carefully.

The Accelerated Benefit Rider allows you to elect to receive an advance on the death benefit of the policy when the Insured is diagnosed as having a non-correctable fatal illness which, in the best medical judgment of a physician, will result in the death of the insured within twelve (12) months from the date of the diagnosis. Diagnosis must be made during the time the rider and the policy are in force.

The Accelerated Benefit is equal to fifty percent (50%) of the insured's base policy death benefit. We will pay this amount less any loan (and unpaid loan interest) on the policy, any additional minimum premium required to keep the policy in force for the next twelve (12) month period, and an Administrative Service Fee of \$250.00. The policy loan and unpaid loan interest will be repaid. No additional premiums will be payable for the next twelve (12) month period. If the insured is still living at the end of this period, regular premium payments as specified in the policy will be required in order to keep the policy in force. We will establish a lien against the death benefit of the policy equal to the amount of the Accelerated Benefit, plus accrued interest at the Accelerated Benefit interest rates. At the death of the insured, we will deduct the lien from the death benefit of the policy. If the Policy has a Surrender Value, the total amount of the lien and any policy loans and loan or lien interest will be deducted from the Surrender Value of the policy. If the total of all liens, loans and loan interest equals or exceeds the death benefit of the Policy, the Policy will terminate.

RECEIPT OF ACCELERATED BENEFITS MAY BE TAXABLE. YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES PRIOR TO MAKING ANY ELECTION.

The rider may affect your ability to receive certain government benefits or entitlements. The Accelerated Benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

The Accelerated Benefit Rider is not long-term care insurance and does not provide long-term care benefits.

There is no premium charge for the rider, however, there is a \$250 Administrative Service Fee for processing an Accelerated Benefit payment.

I hereby acknowledge that I have received a copy of this statement. I understand that there is no premium charge for the rider, but there will be a \$250 Administrative Service Fee for processing an Accelerated Benefit payment. I understand that the rider may affect my ability to receive certain government benefits or entitlements and that receipt of an Accelerated Benefit may be taxable.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Owner

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Licensed Agent

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Date

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Signature of Applicant/Owner

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Date

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Printed Name of Applicant/Owner

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Social Security Number

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Signature of Licensed Agent

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License No.

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Date



**COLUMBIAN LIFE INSURANCE COMPANY**

Home Office: Chicago, IL

Administrative Service Office:

507 PLUM STREET • PO BOX 1056 • SYRACUSE, NY 13201-1056

Dear \_\_\_\_\_ :

We have received your request for Accelerated Benefit payment. Please review the following information carefully before electing to receive this benefit.

As specified in your Rider, the Accelerated Benefit amount is equal to 50% of your policy's death benefit. Processing of the Accelerated Benefit payment is subject to an administrative service fee of \$250, which will be deducted from the payment. The minimum amount of premium required to keep the policy in force for the next 12-month period, as well as any unpaid loan and loan interest, will also be deducted from the benefit payment.

Payment of the benefit will result in a lien against the death benefit of the policy equal to the amount of the Accelerated Benefit plus accrued interest as specified in your rider. You are under no OBLIGATION to repay this lien. However, if you choose to do so, you can repay all or any portion of the lien or lien interest at any time.

Your election to receive this benefit will have the following effects on your policy:

- ◆ The policy death benefit will be reduced by 50%.
- ◆ The cash value of the policy will be reduced by the amount of the Accelerated Benefit.
- ◆ Any outstanding loan amount will be reduced to \$0.
- ◆ There will be no change in premiums. Because premiums will be deducted from the benefit payment as indicated above, no additional premiums will be payable for the next twelve-month period. If the insured is still living at the end of this period, regular premium payments as specified in the policy will be required in order to keep the policy in force.
- ◆ There will be no future charges for this benefit.
- ◆ There will be no reduction in any Accidental Death Benefit amount of insurance or premium.
- ◆ No other claim for Accelerated Benefit can be made; this benefit is available only once during the lifetime of the Insured.

Receipt of Accelerated Benefits may be taxable. You should consult your personal tax advisor to determine the current tax consequences prior to making any election.

The Accelerated Benefit payment may affect your ability to receive certain government benefits or entitlements. The Accelerated Benefit may be considered an asset in determining eligibility. You should contact your local Medicaid Unit and the Social Security Administration for more information.

If, after reviewing this information and consulting with the appropriate parties, you still wish to apply for the accelerated benefit payment, please complete and sign the enclosed Accelerated Benefit Statement and return it to us. If an irrevocable beneficiary has been designated or your policy has been assigned, you must obtain the written consent of the beneficiary and/or assignee in Section C of the form.

If you have any questions, please call me at \_\_\_\_\_ .

Sincerely,

[cc. irrevocable beneficiary if applicable]