Filing at a Glance

Company: Genworth Life Insurance Company
Product Name: TLC12
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form

SERFF Tr Num: GEFA-128257021
SERFF Status: Closed-Approved-Closed
Co Tr Num: GL5000 0212

Authors: Brenda Bond, Richard Cromwell, June Lipscomb, Jeanette Mai, Jim Lites, Camisha Jones
Date Submitted: 04/13/2012

State: Arkansas
State Tr Num:

State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 05/03/2012

Disposition Status: Approved-Closed
Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: TLC12
Project Number: TLC12
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Jim Lites
Filing Description:
Re: Genworth Life Insurance Company
NAIC #: 350-70025 FEIN # 91-6027719
INDIVIDUAL LIFE FILING

New Submission - Individual Life Forms Filing
Form No. Description

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Concurrent filing with state of domicile, Delaware
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/03/2012
State Status Changed: 05/03/2012
Created By: Richard Cromwell
Corresponding Filing Tracking Number:

GL5000AR 0212 Flexible Premium Adjustable Life Insurance Policy
GL500R 0212 Guaranteed Minimum Benefit Rider
GL501RAR 0212 Accelerated Benefit Rider for Long Term Care Services
GL502R 0212 Extension of Benefits Rider for Long Term Care Services
GL503R 0212 Return of Premium Benefit Rider
GL500E 0212 Wellness Endorsement
OC502RAR 0212 Long Term Care Insurance - Outline of Coverage
TLC-App 0212 Total Living Coverage application for individual life insurance
TLC-TIAA 0212 Temporary Insurance Application And Agreement (TIAA) for Life/LTC
TLC-Rate 0212 Long Term Care Insurance Potential Rate Increase Disclosure Form
TLC-PW 0212 Long Term Care Insurance Personal Worksheet

Dear Department Representative:

Genworth Life Insurance Company is submitting the above-referenced forms for your Department's review and approval. The forms are new and do not replace any previously submitted or approved forms.

The forms are being filed on a general use basis and will be marketed in the individual life market by the Company's licensed agents. The forms will be marketed on an illustrated basis. The issue ages for the forms are 18 -79 years inclusive.

GL5000AR 0212 - Flexible Premium Adjustable Life Insurance Policy
This from is a non-participating individual universal life insurance policy. The sample policy includes the Schedule which has been drafted in "John Doe" fashion. The actual benefits of the insured will be reflected in the Schedule when the policy is issued.

GL500R 0212 - Guaranteed Minimum Benefit Rider
This rider will be issued automatically with the policy at issuance. There is no additional charge for this rider.

GL501RAR 0212 - Accelerated Benefit Rider for Long Term Care Services
This rider is an individual long term care insurance rider. This rider is not an optional rider and will be sold and issued with the policy. The rider provides for accelerated payments of the Specified Amount to reimburse the owner for incurred qualified long-term care expenses. The monthly charge for this rider is deducted on a monthly basis. The rider includes an optional inflation protection benefit which the owner may elect for an additional charge; this charge is also deducted on a monthly basis.

GL502R 0212 - Extension of Benefits Rider for Long Term Care Services
This rider is an optional individual long-term care insurance rider that can be purchased in conjunction with form GL501R-0212. This optional rider extends the benefits provided by the Accelerated Benefit Rider for Long Term Care Services after the lifetime maximum benefit provided under the Accelerated Benefit Rider for Long Term Care Services has been exhausted. The charge for this rider is deducted on a monthly basis. The rider includes an optional inflation protection benefit which the owner may elect for an additional charge; this charge is also deducted on a monthly basis.

GL503R 0212 - Return of Premium Benefit Rider
This rider is an optional rider that provides a Return of Premium benefit if the policy is surrendered.

GL500E 0212 – Wellness Endorsement
The purpose of the endorsement is to make available to the insured information about long term care costs and the types of care available, as well as information and services that promote wellness knowledge and healthy lifestyles. There is no cost to the endorsement and no requirement to utilize the services offered.

OC502RAR 0212 - Outline of Coverage (LTC)
The outline of coverage is for forms GL501R-0212, Accelerated Benefit Rider for Long Term Care Services, and GL502R-0212, Extension of Benefits Rider for Long Term Care Services. The outline of coverage form will be provided to the applicant prior to application.

TLC-TIAA 0212 - Temporary Insurance Application and Agreement (TIAA) for Life/LTC
This form is a temporary insurance application and agreement form that will be used policy form TLC-App 0212. The form is also intended for use with similarly approved policy forms.

TLC-Rate 0212 - Long Term Care Insurance Potential Rate Increase Disclosure Form
This form is the rate disclosure that will be used with this product. The disclosure form will be given to the applicant at time of application. The form is also intended for use with similarly approved policy forms.

TLC-PW 0212 - Long Term Care Insurance Personal Worksheet
This form is the suitability form that will be used with policy form GL5000-0212 in relation to benefits for long-term care services. The form is also intended for use with similarly approved policy forms in the future.

TLC-App 0212 - Total Living Coverage application for individual life insurance
This application that will be used with policy form GL5000-0212 in conjunction with life application forms GEFA-504. Life application form GEFA-504 was previously approved by your Department effective 05/30/2000. The form is also intended for use with similarly approved policy forms. This application will be used as a paper application or in an

electronic/telephonic process.

Electronic Signature of Forms

Point of Sale forms will be used in printed format, electronic format or over the telephone according to the electronic transactions and signature laws. You have our assurance that appropriate encryption standards have been implemented to prohibit alteration of the application after the applicant's signature.

Application Process

Applications will be used in printed format, electronic format or over the telephone. In the electronic format and telephone format, the agent will either use a pen-based signature pad, PIN numbers, or any other valid electronic signature method. You have our assurance that appropriate encryption standards have been implemented to prohibit alteration of the application after the applicant has signed it.

Additional Information Pertaining to this Submission

Except for variable data, the forms are in final printed form, produced via laser print. Variable text includes the policy's schedule pages, table of contents, Company's addresses and phone numbers, and other duly bracketed text. Variable text will never include amounts or text that is contrary to the state's insurance laws. A Statement of Variability is enclosed.

A Policy Summary is attached to the SERFF Supporting Documentation tab for your information, and will provide a summary of the policy's cost and benefit information. The form will be issued at policy delivery.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to the Company's production printers. Further, the Company reserves the right to change the font and format of the forms, colors, logos, and paper type. Distribution and access may also be via hard copy or electronic media. In all cases, the forms will meet or exceed the minimum standards of your applicable state insurance form readability requirements.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.
State Narrative:

Company and Contact

Filing Contact Information

James Lites, Filing Analyst — james.lites@genworth.com
401 Parkway Place Drive — 888-325-5433 [Phone] 7493 [Ext]
Little Rock, AR 72211 — 434-522-3470 [FAX]

Filing Company Information

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6610 W Broad Street	Group Code: 4011	Company Type: LifeHealth & Annuity
Richmond, VA 23230	Group Name:	State ID Number:
(804) 281-6600 ext. [Phone]	FEIN Number: 91-6027719	

Filing Fees

Fee Required?	Yes
Fee Amount:	$600.00
Retaliatory?	No
Fee Explanation:	11 Forms filed for approval @ $50.00 each = $550.00 Rider Rate Filing = $50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	$600.00	04/13/2012	57959584

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/03/2012	05/03/2012

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	04/23/2012	04/23/2012	Jim Lites	05/01/2012	05/01/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Guaranteed Minimum Benefit Rider	Jim Lites	04/13/2012	04/13/2012
Form	Accelerated Benefit Rider for Long Term Care Services	Jim Lites	04/13/2012	04/13/2012
Form	Extension of Benefits Rider for Long Term Care Services	Jim Lites	04/13/2012	04/13/2012
Form	Return of Premium Benefit Rider	Jim Lites	04/13/2012	04/13/2012
Form	Wellness Endorsement	Jim Lites	04/13/2012	04/13/2012

Disposition

Disposition Date: 05/03/2012
Implementation Date:
Status: Approved-Closed
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Genworth Life Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Filed for Information		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Life Actuarial Documents		No
Supporting Document	Certificate of Compliance R&R 19		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes
Form *(revised)*	Guaranteed Minimum Benefit Rider		Yes
Form *(revised)*	Accelerated Benefit Rider for Long Term Care Services		Yes
Form *(revised)*	Extension of Benefits Rider for Long Term Care Services		Yes
Form *(revised)*	Return of Premium Benefit Rider		Yes
Form *(revised)*	Wellness Endorsement		Yes
Form	Long Term Care Insurance Outline of Coverage		Yes
Form	Total Living Coverage Application for Individual Life Insurance		Yes
Form	Temporary Insurance Application and Agreement (TIAA) for Life/LTC		Yes
Form	Long Term Care Insurance Potential Rate Increase Disclosure Form		Yes
Form	Long Term Care Insurance Personal Worksheet		Yes
Form	Guaranteed Minimum Benefit Rider		Yes
Form	Accelerated Benefit Rider for Long Term Care Services		Yes
Form	Extension of Benefits Rider for Long Term Care Services		Yes
Form	Return of Premium Benefit Rider		Yes
Form	Wellness Endorsement		Yes
Rate	ABR Current Rates		Yes

SERFF Tracking Number:	*GEFA-128257021*	*State:*	*Arkansas*
Filing Company:	*Genworth Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*GL5000 0212*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*TLC12*		
Project Name/Number:	*TLC12/TLC12*		

Rate	EBR Rider Charges	Yes
Rate	IPB Rates for ABR	Yes
Rate	IPB Rates EBR	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/23/2012
Submitted Date	04/23/2012
Respond By Date	05/23/2012

Dear James Lites,

This will acknowledge receipt of the captioned filing.

Objection 1
Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

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

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulleitn 11-83.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/01/2012
Submitted Date	05/01/2012

Dear Linda Bird,

Comments:
Thank you for your problem report of April 23, 2012. We have now had the opportunity to review your concerns, and would address same as follows below:

Response 1

Comments: 1) Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Response:
We do hereby affirm that the Life Insurance Buyers Guide will be provided in every sale of the policy form included in this filing.

2) Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Response:
We do hereby affirm that the Arkansas Life and Health Guaranty Association Notice will be attached to the policy included in this filing, and issued in the State of Arkansas.

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

Response:
A Certificate of Compliance with Arkansas Rule and Regulation 19 is now attached to the SERFF Supporting Documentation tab.

4) Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Response:
We have reviewed the requirements of Arkansas Regulation 34 with our actuarial staff, and do affirm that we are in compliance with said Regulation.

Related Objection 1

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

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

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

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulleitn 11-83.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Certificate of Compliance R&R 19
Comment: R&R Certificate of Compliance attached

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We trust this additional information and form revision will allow you to continue your review and approval of the filing. Please contact me if you have any additional questions or concerns.

Sincerely,
Brenda Bond, Camisha Jones, Jeanette Mai, Jim Lites, June Lipscomb, Richard Cromwell

Amendment Letter

Submitted Date: 04/13/2012

Comments:

Form Type change from CERA to POLA on Form Schedule tab.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GL500R 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Guaranteed Minimum Benefit Rider	Initial				51.400	GL500R 0212 GMBR 4-3-12.pdf
GL501RAR 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accelerated Benefit Rider for Long Term Care Services	Initial				50.300	GL501RAR 0212 ABR 4-12-12.pdf
GL502R 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Extension of Benefits Rider for Long Term Care Services	Initial				52.400	GL502R 0212 EBR 4-3-12.pdf
GL503R	Policy/Contr	Return of	Initial					GL503R 0212

0212	act/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Premium Benefit Rider		52.100	ROP 4-3-12.pdf
GL500E 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Wellness Endorsement	Initial	51.900	GL500E 0212 Wellness 4-3-12.pdf

Form Schedule

Lead Form Number: GL5000AR 0212

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GL5000AR 0212	Policy/Contract/Fraternal Certificate	Flexible Premium Adjustable Life Insurance Policy	Initial		51.400	GL5000AR 0212.pdf
	GL500R 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Guaranteed Minimum Benefit Rider	Initial		51.400	GL500R 0212 GMBR 4-3-12.pdf
	GL501RAR 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Accelerated Benefit Rider for Long Term Care Services	Initial		50.300	GL501RAR 0212 ABR 4-12-12.pdf
	GL502R 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorseme	Extension of Benefits Rider for Long Term Care Services	Initial		52.400	GL502R 0212 EBR 4-3-12.pdf

	nt or Rider				
GL503R 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Return of Premium Benefit Rider	Initial	52.100	GL503R 0212 ROP 4-3-12.pdf
GL500E 0212	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Wellness Endorsement	Initial	51.900	GL500E 0212 Wellness 4-3-12.pdf
OC502RAR 0212	Outline of Coverage	Long Term Care Insurance Outline of Coverage	Initial		OC502RAR 0212 Outline 4-12-12.pdf
TLC-App 0212	Application/Enrollment Form	Total Living Coverage Application for Individual Life Insurance	Initial	52.100	TLC-App_020112_preprint.pdf
TLC-TIAA 0212	Application/Enrollment Form	Temporary Insurance Application and Agreement (TIAA) for Life/LTC	Initial	50.700	TLC-TIAA_020112_preprint.pdf
TLC-Rate 0212	Other	Long Term Care Insurance Potential Rate Increase Disclosure Form	Initial		TLC-Rate_020112_preprint.pdf
TLC-PW 0212	Other	Long Term Care Insurance Personal Worksheet	Initial		TLC-PW_020112_preprint.pdf

Genworth Life Insurance Company

(Hereinafter referred to as "the Company")

A Stock Company	State of Domicile: Delaware
Home Office:	[6610 West Broad Street, Richmond, VA 23230]
Service Center Address:	[3100 Albert Lankford Drive, Lynchburg, VA 24501]
	[P. O. Box 461, Lynchburg, Virginia 24505-0461]
Service Center Phone:	[(888) 325-5433]

This Policy is a legal contract between "You" (the Owner) and "Us" (the Company). In this Policy, "You" and "Your" are defined to mean and refer to the Owner, and "We," "Us," and "Our" are defined to mean and refer to the Company.

CONSIDERATION. This Policy is issued in consideration of the Application for this Policy and the payment of the Initial Premium.

We will pay the Death Benefit Payable to the Beneficiary subject to the provisions of this Policy. Payment will not be made until all of the following have been received at the Service Center:

- this Policy;
- due proof that the Insured died while this Policy was in force;
- a written claim for the death proceeds completed on a form supplied by Us; and
- an authorization, on a form supplied by Us, from a person authorized to allow Us to obtain and disclose information concerning the Insured.

RIGHT TO EXAMINE AND RETURN POLICY. You may return this Policy for any reason within 30 days after its delivery by taking it or mailing it to the Service Center or to any life insurance agent appointed by Us. Immediately upon delivery or mailing to Us, this Policy will be deemed void from the beginning. Any premium paid will be returned.

This Policy is issued for delivery in [State].
The telephone number for the State Insurance Department is [125-456-7890].

READ THIS POLICY CAREFULLY.

This Policy was signed on the Date of Issue.

Patrick B. Kelleher
President

Ward E. Bobitz
Secretary

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

Adjustable Death Benefit
Flexible Premium Payable on the Policy Date
Benefits Vary with Risk Rates and Credited Interest Rates
Nonparticipating – No Dividends

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Copy Of The Application For This Policy ..... Attached

Any Riders, Endorsements, Amendments, Notices, And Other Documents For This Policy, if applicable ..... Attached/Included

1. SUMMARY OF POLICY FEATURES

This Summary is an overview of the important features and operations of Your policy. It is meant to give You a basic understanding of Your policy. **Policy provisions provide specific details not fully described in this Summary. Please read the entire policy carefully.**

THE POLICY. The policy combines life insurance and long term care insurance. The life insurance portion is flexible-premium, adjustable life insurance.

"Flexible-premium" means that You can pay premiums, in addition to the initial premium, subject to limitations stated in the policy. **The policy is NOT a single premium policy. It is NOT guaranteed to remain in effect at the original benefit levels after payment of only one premium. You might have to pay more premiums to keep Your original benefit levels. The Guaranteed Minimum Benefit Rider included in the policy provides for reduction to the Guaranteed Minimum Benefit Values if the Policy would otherwise lapse.**

"Adjustable life insurance" means that the death benefit can be changed subject to limitations stated in the policy.

The long-term care insurance portion is provided in the form of a rider that "accelerates" the Specified Amount shown in the policy's schedule to reimburse covered long term care expenses incurred by the Insured. These accelerated expense reimbursements reduce the amount payable to the beneficiary at the Insured's death, as well as the Policy Value. If You have chosen an additional rider extending benefits for long term care services, the policy provides coverage for these services once accelerated benefit rider payments have been exhausted.

POLICY VALUE. We subtract an expense charge from each premium You pay and credit the rest to the Policy Value. Each policy month We deduct charges for insurance and a monthly administrative fee from the Policy Value. We also credit interest to the Policy Value. Premiums paid and interest credited increase the Policy Value, and the monthly deduction for charges and fees decreases it. In simple terms, if amounts credited exceed amounts deducted, the Policy Value grows; if amounts deducted exceed amounts credited, the Policy Value shrinks. If the Policy Value becomes so small that We cannot deduct a full monthly deduction, then the policy will likely terminate unless: (1) You pay more premiums; (2) policy benefits are reduced to Guaranteed Minimum Benefit Values as provided in the Guaranteed Minimum Benefit Rider; or (3) Your monthly deduction is being waived as described in the policy. Withdrawals reduce the Policy Value.

CONDITIONAL GUARANTEES PROVIDED BY RIDER

Return of Premium: The optional Return of Premium Benefit Rider provides that if You surrender the policy on or after the ROP Benefit Date and within the ROP Duration, You will receive the greater of the following:

- the Net Cash Surrender Value; and
- a return of Your initial premium (any premium after the initial premium is not included): minus
  - any amounts paid for long term care expenses; minus
  - any withdrawals; minus
  - any Loan Balance.

Guaranteed Minimum Benefits Values: Except when a Loan Balance exists at the end of the Grace Period, the Guaranteed Minimum Benefit Rider prevents the policy from terminating if premium required to maintain the then current benefit levels is not paid by the end of the Grace Period. In such case, benefits will be reduced to the then current Guaranteed Minimum Benefit Values. Once these values are reduced, You will never have to pay more premiums to keep the policy in effect. A Loan Balance in effect at the end of the Grace Period reduces the Guaranteed Minimum Benefit Values to zero terminating the Guaranteed Minimum Benefit Rider.

EFFECT OF POLICY PROVISIONS ON POLICY PERFORMANCE. Policy performance is affected by a number of variables. The variables that have the biggest effects are Your premium payments, credited interest rates, and the insurance rates We charge. You should monitor these variables closely.

Credited Interest Rates: The credited interest rate is the rate of interest We apply to Your Policy Value each month. It is the variable most likely to change. You should not presume that these rates will remain constant for any extended period. We can adjust the credited interest rate at any time based on factors identified in the policy, but We cannot reduce the rate below the Guaranteed Credited Interest Rate shown in the policy's schedule.

Insurance Rates:
Life Insurance and Accelerated Benefits: The insurance rates are based on the likelihood that a person with characteristics similar to that of the Insured will die or incur long term care expenses in a policy month. These rates will generally increase each year as the insured gets older. The size of the Policy Value can offset the effect of these increasing rates, but generally You should expect the cost of the life insurance and accelerated benefits for long term care services to increase each year. We can change the scheduled rates based on factors identified in the policy, but We will not raise them above the maximum rates shown in the policy's schedule. For the first five policy years, We guarantee not to change the scheduled rates for accelerated benefits for long term care services.

Optional Extension of Benefits and Optional Inflation Protection Benefit: Rates for these benefits may remain unchanged for the life of the policy, BUT We can contractually increase them after the first five policy years. We cannot increase them above the maximum rates shown in the policy's schedule. We can only increase them on a class basis, meaning that We must increase them on an entire group of insureds with similar characteristics and not on individual insureds because of changes in age or individual health. We guarantee not to increase rates for these benefits for the first five policy years.

Premium Payments: Payment of the Initial Premium does not guarantee that the policy will perform as expected or even continue in effect. The Policy Value of Your Policy may be impacted due to the effects of credited interest rates, insurance rates, policy loans, long term care claim payments, and withdrawals. This impact may be positive or negative. If it is negative You may have to pay more premiums to keep the policy in effect.

Monitoring Your Policy's Performance: We will send You an annual report to help You monitor Your policy's performance and compare it to Your objectives when You purchased Your policy. Begin by verifying that Your premium payment will still accomplish Your objective. Then be diligent in comparing actual policy values and benefits to the illustration You received when You purchased Your policy. Ask Your insurance agent to explain anything that You do not understand. You might need to pay more premium to achieve Your insurance objectives. You may request an illustration of future death benefits and policy values from Us at any time. There is no charge for the first illustration You request in a policy year.

IMPORTANT REMINDER: The purpose of this summary is to help You understand the features and operations of Your policy. Some of the optional benefits and features described in this summary may not be a part of the coverage You have chosen for Your policy. This is only a summary. Please read Your policy carefully.

2. SCHEDULE

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

Policy Information

Policy Number:	[123456]*
Policy Date:	[January 1, 2012]
Date of Issue:	[January 1, 2012]

Insured Information

Insured:	[John Doe]
Issue Age:	[35]
Sex:	[Male]
Premium Class:	[Standard No Nicotine]

Owner and Beneficiary Information

Owner:	[As named in the Application or later changed by the Owner.]
Beneficiary:	[As named in the Application or later changed by the Owner.]

Life Insurance Benefit Information

Initial Specified Amount	[$147,624.00]

Premium Information

Initial Premium:	[$75,000]

Fees and Charges

Monthly Administrative Fee:	[$9.30]
Premium Expense Charge:	[9%] of each premium received
Administrative Fee for Withdrawal:	[$25.00]

Interest Rates Credited

Guaranteed Credited Interest Rate:	[3.0% compounded annually]
Credited Interest Rate on Loans:	[3.5% compounded annually]

Interest Rate Charged

Guaranteed Policy Loan Interest Rate:	[5.5% compounded annually]

*__Note:__ This Policy provides life insurance coverage until the death of the Insured if sufficient premiums are paid to keep this Policy in force. The duration and amount of coverage will depend on the amount, timing and frequency of premium payments, the interest credited, any Policy Loans or Withdrawals, Monthly Deductions, any applicable benefit payments, and premium expense charges. This Policy may terminate if the premiums paid plus credited interest are insufficient to continue it in force. **Additional premium may be needed to keep this Policy in force.**

2. SCHEDULE (Continued)

ADDITIONAL BENEFITS PROVIDED BY RIDER

Rider Information

Accelerated Benefit Rider for Long Term Care Services:	Rider Rate Classification:	[Standard]
	Elimination Period:	90 days
	Accelerated Lifetime Maximum:	[$147,624.00]
	Accelerated Monthly Maximum:	[$6,151.00]
	Optional Inflation Protection Benefit:	[Not Included]
	[Simple Benefit Increase Option:	[3%][5%]]
	[Compound Benefit Increase Option:	[3%][5%]]
	Initial Monthly Rider Charge:	[$1.13]
	[Additional charge for the Optional Inflation Protection Benefit:	[$60.31]]
[**Extension of Benefits Rider for Long Term Care Services:**	Rider Rate Classification:	[Standard]
	Extension Lifetime Maximum:	[$147,624.00]
	Extension Monthly Maximum:	[$6,151.00]
	Optional Inflation Protection Benefit:	[Not Included]
	[Simple Benefit Increase Option:	[3%][5%]]
	[Compound Benefit Increase Option:	[3%][5%]]
	Initial Monthly Rider Charge:	[$13.75]
	[Additional charge for the Optional Inflation Protection Benefit:	[$22.72]]]
[Return Of Premium Rider:	ROP Benefit Date:	[01/01/2017]
	ROP Duration:	[20 years]]

2. SCHEDULE (Continued)

ADDITIONAL BENEFITS PROVIDED BY RIDER

Rider Information

Guaranteed Minimum Benefit Rider

The following are the Guaranteed Minimum Benefit Values for this Policy on the Policy Date.

Benefit	**Guaranteed Minimum Benefit Value***
Specified Amount	[$107,945.00]
Accelerated Benefit Rider for Long Term Care Services	
Accelerated Lifetime Maximum	[$107,945.00]
Accelerated Monthly Maximum	[$ 4,497.71]
[Extension of Benefits Rider for Long Term Care Services	
Extension Lifetime Maximum	[$107,945.00]
Extension Monthly Maximum	[$ 4,497.71]]

*Guaranteed Minimum Benefit Values will change over time due to Loans, Withdrawals and Rider Benefit payments. If benefit values have been reduced under the Guaranteed Minimum Benefit Rider, the Guaranteed Minimum Benefit Values applicable on the date of reduction will apply in place of the non-guaranteed values subject to future changes provided in the Policy and attached Riders.

2. SCHEDULE (Continued)

TABLE OF SURRENDER CHARGES*

Policy Year	[Percent Of Policy Value
1	10.0%
2	10.0%
3	10.0%
4	10.0%
5	10.0%
6	10.0%
7	10.0%
8	10.0%
9	10.0%
10	10.0%
11	8.0%
12	6.0%
13	4.0%
14	2.0%
15 and later	0.0%]

[*Maximum Surrender Charges will be capped based on the maximum unused expense allowances prescribed by life insurance nonforfeiture requirements in the Owner's state. The surrender cap will be based on the current Specified Amount in effect.]

2. SCHEDULE (Continued)

TABLE OF MONTHLY RISK RATES FOR POLICY
PER $1,000 OF NET AMOUNT AT RISK

This table shows the Guaranteed Maximum Monthly Risk Rate per $1,000 of Net Amount at Risk for the Policy. The rates shown are for the Insured's Attained Age, sex, and Premium Class for the Policy as shown on page 3. The Guaranteed Maximum Monthly Risk Rates shown below will never change. In no event will the monthly risk rates charged exceed the Guaranteed Maximum Monthly Risk Rates. [The Guaranteed Monthly Risk Rates shown below have been adjusted to include an additional amount for an Increased Cost Rating.]

Attained Age	Guaranteed Maximum Monthly Risk Rate	Attained Age	Guaranteed Maximum Monthly Risk Rate
[35	0.04	68	1.75
36	0.05	69	1.91
37	0.06	70	2.10
38	0.07	71	2.33
39	0.08	72	2.59
40	0.09	73	2.87
41	0.10	74	3.17
42	0.12	75	3.50
43	0.13	76	3.87
44	0.14	77	4.30
45	0.16	78	4.79
46	0.18	79	5.35
47	0.21	80	5.97
48	0.23	81	6.65
49	0.26	82	7.36
50	0.28	83	8.15
51	0.31	84	9.01
52	0.34	85	9.98
53	0.37	86	11.04
54	0.41	87	12.19
55	0.45	88	13.42
56	0.50	89	14.70
57	0.56	90	15.97
58	0.61	91	17.23
59	0.67	92	18.55
60	0.78	93	19.94
61	0.87	94	21.40
62	0.98	95	22.85
63	1.10	96	24.26
64	1.22	97	25.77
65	1.35	98	27.37
66	1.48	99	29.09
67	1.61	100 and older	00.00]

Guaranteed Monthly Risk Rates are not applicable beginning at Attained Age 100 and thereafter.

Refer to the Cost of Insurance for the Policy provision (Section 11.3) of the Policy for more details. The Guaranteed Maximum Monthly Risk Rates shown in the Table above are based on the 2001 Commissioner's Standard Ordinary Select and Ultimate, Smoker or Non-Smoker Mortality Table, Sex Distinct, Age Last Birthday.

2. SCHEDULE (Continued)

TABLE OF END-OF-POLICY-YEAR DEATH BENEFIT FACTORS FOR THE INITIAL SPECIFIED AMOUNT

This table shows the Death Benefit Factor applicable to the Policy during the last Policy Month of each Policy Year. The figures shown are based on the Insured's Attained Age, sex, and the Premium Class for the Policy shown on page 3.

End of Policy Year	Death Benefit Factor	End of Policy Year	Death Benefit Factor
[1	4.7987484	44	1.3535210
2	4.6240977	45	1.3296809
3	4.4572526	46	1.3074004
4	4.2976755	47	1.2866084
5	4.1448804	48	1.2671081
6	3.9984268	49	1.2488507
7	3.8579150	50	1.2317699
8	3.7240158	51	1.2158919
9	3.5954448	52	1.2011905
10	3.4716926	53	1.1876180
11	3.3532990	54	1.1750996
12	3.2400204	55	1.1634915
13	3.1321548	56	1.1525156
14	3.0287322	57	1.1418521
15	2.9298842	58	1.1312572
16	2.8348096	59	1.1204525
17	2.7436360	60	1.1090455
18	2.6561495	61	1.0963598
19	2.5720582	62	1.0813892
20	2.4914814	63	1.0628401
21	2.4141877	64	1.0388009
22	2.3402147	65	1.0064623
23	2.2696082	66 and later	1.0000000]
24	2.2018125		
25	2.1367620		
26	2.0753819		
27	2.0170234		
28	1.9616384		
29	1.9091156		
30	1.8591271		
31	1.8114999		
32	1.7659508		
33	1.7221976		
34	1.6801055		
35	1.6396697		
36	1.6009742		
37	1.5641611		
38	1.5292378		
39	1.4960789		
40	1.4645326		
41	1.4345071		
42	1.4059649		
43	1.3789602		

For an explanation of these factors, refer to the Death Benefit provision (Section 9.1).

2. SCHEDULE (Continued)

ACCELERATED BENEFIT RIDER FOR LONG TERM CARE SERVICES
TABLE OF MONTHLY RISK RATES
PER $1,000 OF RIDER NET AMOUNT AT RISK

This table shows the Guaranteed Maximum Monthly Risk Rate per $1,000 of Rider Net Amount at Risk for the Accelerated Benefit Rider for Long Term Care Services. The rates shown are for the Insured's Attained Age and Rate Classification shown in the Schedule for the Accelerated Benefit Rider for Long Term Care Services. The Guaranteed Maximum Monthly Risk Rates shown below will never change. The monthly risk rates are guaranteed for the first five years and actual rates charged may be lower thereafter. In no event will the monthly risk rates exceed the Guaranteed Maximum Monthly Risk Rates.

Attained Age	Guaranteed Maximum Monthly Risk Rate	Attained Age	Guaranteed Maximum Monthly Risk Rate
[35	0.0143	68	0.3046
36	0.0200	69	0.3348
37	0.0229	70	0.3777
38	0.0258	71	0.4162
39	0.0286	72	0.4549
40	0.0393	73	0.4978
41	0.0472	74	0.5493
42	0.0514	75	0.6009
43	0.0601	76	0.6609
44	0.0643	77	0.7210
45	0.0729	78	0.7939
46	0.0772	79	0.8668
47	0.0816	80	0.9570
48	0.0816	81	1.0557
49	0.0816	82	1.1458
50	0.0816	83	1.2574
51	0.0816	84	1.3690
52	0.0816	85	1.4892
53	0.0816	86	1.6093
54	0.0816	87	1.7338
55	0.0943	88	1.8625
56	0.1030	89	1.9956
57	0.1159	90	2.1372
58	0.1287	91	2.2831
59	0.1416	92	2.4420
60	0.1588	93	2.6136
61	0.1716	94	2.7982
62	0.1888	95	2.9998
63	0.2017	96	3.2230
64	0.2232	97	3.4719
65	0.2446	98	3.7509
66	0.2617	99	4.0557
67	0.2832	100 and older	0.0000]

Guaranteed Monthly Risk Rates are not applicable beginning at Attained Age 100 and thereafter.

Refer to the Rider Charges provision in the Accelerated Benefit Rider for Long Term Care Services for more details.

[2. **SCHEDULE** (Continued)

OPTIONAL INFLATION PROTECTION BENEFIT FOR
ACCELERATED BENEFIT RIDER FOR LONG TERM CARE SERVICES
TABLE OF MONTHLY RATES
PER $1,000 OF ACCELERATED MONTHLY MAXIMUM

This table shows the Guaranteed Maximum Monthly Rate per $1,000 of the original Accelerated Monthly Maximum in effect on the Policy Date for the Optional Inflation Protection Benefit provided under the Accelerated Benefit Rider for Long Term Care Services. The rates shown are for the Insured's Attained Age and Rate Classification shown in the Schedule for the Accelerated Benefit Rider for Long Term Care Services. The Guaranteed Maximum Monthly Rates shown below will never change. The monthly rates are guaranteed for the first five years and actual rates charged may be lower thereafter. In no event will the monthly rates exceed the Guaranteed Maximum Monthly Rates.

Attained Age	**Guaranteed Maximum Monthly Rate**
[35 through 39	9.8057
40	12.2571
41 through 99	14.7085
100 and older	0.0000]

Monthly rates are not applicable beginning at Attained Age 100 and thereafter.

Refer to the Optional Inflation Protection Benefit provision in the Accelerated Benefit Rider for Long Term Care Services for benefit information.]

[2. **SCHEDULE** (Continued)

EXTENSION OF BENEFITS RIDER FOR LONG TERM CARE SERVICES
TABLE OF MONTHLY RATES
PER $1,000 OF EXTENSION MONTHLY MAXIMUM

This table shows the Guaranteed Maximum Monthly Rate per $1,000 of the original Extension Monthly Maximum for the Extension of Benefits Rider for Long Term Care Services. The rates shown are for the Insured's Attained Age and Rate Classification shown in the Schedule for the Extension of Benefits Rider for Long Term Care Services. The Guaranteed Maximum Monthly Rates shown below will never change. The monthly rates are guaranteed for the first five years and actual rates charged may be lower thereafter. In no event will the monthly rates exceed the Guaranteed Maximum Monthly Rates.

Attained Age	**Guaranteed Maximum Monthly Rate**
[35 through 39	2.2353
40	2.7941
41 through 99	3.3529
100 and older	0.0000]

Monthly rates are not applicable beginning at Attained Age 100 and thereafter.

Refer to the Rider Charges provision in the Extension of Benefits Rider for Long Term Care Services for additional information.]

[2. **SCHEDULE** (Continued)

OPTIONAL INFLATION PROTECTION BENEFIT FOR
EXTENSION OF BENEFITS RIDER FOR LONG TERM CARE SERVICES
TABLE OF MONTHLY RATES
PER $1,000 OF EXTENSION MONTHLY MAXIMUM

This table shows the Guaranteed Maximum Monthly Rate per $1,000 of the original Extension Monthly Maximum in effect on the Policy Date for the Optional Inflation Protection Benefit provided under the Extension of Benefits Rider for Long Term Care Services. The rates shown are for the Insured's Attained Age and Rate Classification shown in the Schedule for the Extension of Benefits Rider for Long Term Care Services. The Guaranteed Maximum Monthly Rates shown below will never change. The monthly rates are guaranteed for the first five years and actual rates charged may be lower thereafter. In no event will the monthly rates exceed the Guaranteed Maximum Monthly Rates.

Attained Age	**Guaranteed Maximum Monthly Rate**
[35 through 39	3.6942
40	4.6177
41 through 99	5.5413
100 and older	0.0000]

Monthly rates are not applicable beginning at Attained Age 100 and thereafter.

Refer to the Optional Inflation Protection Benefit provision in the Extension of Benefits Rider for Long Term Care Services for benefit information.]

3. GENERAL DEFINITIONS

The following defined terms are used in this Policy. When they are used, they are capitalized. Note that some terms are defined within the Schedule (Section 2) or in the provisions in which they appear in this Policy.

Accelerated Benefit means the amount of the Specified Amount to be accelerated to pay benefits under an accelerated benefit rider for long term care services attached to this Policy.

Application means the application for this Policy, which includes all sections and forms We have specifically designated as parts of that application, attached to and made a part of this Policy. Application includes: (a) any subsequent Applications submitted to Us to request a change in benefits or to reinstate this Policy; and (b) any amendments to the Application.

Attained Age means the Issue Age shown in the Schedule plus the number of whole years elapsed from the Policy Date.

Beneficiary means the person(s) or entity(ies) named in the Application or in the most recent change on record with Us to receive the Death Benefit Payable upon the death of the Insured.

Cash Surrender Value is, on any day, equal to the Policy Value on that day minus the applicable Surrender Charge.

Contingent Beneficiary means the person(s) or entity(ies) named in the Application or in the most recent change on record with Us to receive the Death Benefit Payable if the Beneficiary is not alive at the Insured's death.

Contingent Owner means the person or entity named in the Application or in the most recent change on record with Us who will become the Owner of this Policy if the Owner dies or ceases to exist before the Insured.

Date of Issue is the date on which this Policy is considered to have been produced. The Date of Issue is shown in the Schedule.

Evidence means evidence of the insurability of the Insured acceptable to Us.

Increased Cost Rating – is the extra cost associated with an increased likelihood that the Insured will die because of medical, activity-related, or other mortality risks. We determine this rating based on information We received and/or acquire during underwriting. This extra cost will be in the form of one or more of the following:

- a table rating for all Policy Years;
- a permanent flat extra for all Policy Years;
- a temporary flat extra for a specific number of Policy Years.

Each Increased Cost Rating is shown in the Schedule.

Initial Premium is the premium received as part of the consideration for this Policy. The Initial Premium is shown in the Schedule.

Initial Specified Amount means the Specified Amount effective on the Policy Date as shown in the Schedule.

Issue Age means the Insured's age on the Policy Date. The Issue Age is shown in the Schedule.

Loan Balance at any time is equal to the sum of all Policy Loans made, minus the sum of all Policy Loan repayments; plus unpaid accrued Policy Loan interest.

Net Cash Surrender Value is, on any day, the Cash Surrender Value on that day minus the Loan Balance.

Notice means a written notice received at the Service Center in a form acceptable to Us. It must include: (a) the Owner's signature; (b) the date the notice was signed; and (c) the Policy Number shown in the Schedule.

Payee means the person to whom We will make benefit payments as provided in Section 13.1 of this Policy.

Owner, You, and **Your** means the person or entity who may exercise the rights set forth in this Policy. On the Policy Date, the Owner and any Contingent Owner are as designated in the Application.

Policy Anniversary means the same day and month as the Policy Date for each succeeding year this Policy remains in force.

Policy Date is the date from which Policy Anniversaries, Policy Years and Policy Months are measured. The Policy Date is shown in the Schedule.

Policy Month(s) and **Policy Year(s)** mean the months and years during which this Policy is in force. Policy Months and Policy Years are measured from the Policy Date.

Policy Value is the value defined in Section 11.1 of this Policy.

Premium Class means the mortality classifications assigned under this Policy. The Premium Class for the Policy is shown in the Schedule.

Request means a written request received at the Service Center in a form acceptable to Us. It must include: (a) the Owner's signature; (b) the date the request was signed; and (c) the Policy Number shown in the Schedule. A Request may be subject to Our approval if applicable.

Rider means a form attached to this Policy that provides additional benefits under this Policy. Any Rider attached to this Policy is shown in the Schedule.

Schedule means the Schedule issued with this Policy on the Policy Date, as well as any subsequent modifications to the Schedule for changes made after the Policy Date.

Service Center means the office of the Company designated for the servicing of this Policy. All correspondence regarding this Policy should be sent to the Service Center. The Service Center address and telephone number are indicated on the cover page of this Policy.

Specified Amount means the Specified Amount in effect under this Policy at any given time while this Policy is in force. The Specified Amount may change as described in this Policy and Riders, as applicable.

Surrender Charge means the charge made against the Policy Value in the event of surrender of this Policy. The Surrender Charge percentages that are applied to the Policy Value to determine the Surrender Charges are listed in the Table of Surrender Charges in the Schedule.

4. GENERAL PROVISIONS

4.1 THE POLICY

The entire Policy consists of the following:

- this Flexible Premium Adjustable Life Insurance Policy, including any applicable endorsements, Riders and amendments; and
- the Application.

The Application is evidenced by the copy that was attached to this Policy at issue or delivery. Any subsequent Application will be evidenced by the copy sent to You for attachment to this Policy following Our approval. For purposes of this provision, any Applications sent to You will be considered to have been attached to this Policy at issue or delivery.

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

You may amend this Policy during the Insured's lifetime with Our consent. Only Our authorized officers can consent to change or waive Policy provisions. Any change or waiver must be made in writing.

4.2 POLICY DATE

The first Policy Year begins on the Policy Date. Subsequent Policy Years begin on the same date each year thereafter. A Policy Anniversary occurs at the beginning of each Policy Year after the first Policy Year. The first Policy Month begins on the Policy Date. Each subsequent Policy Month begins on the same day of the month as the Policy Date unless the month does not contain that day. In such a case, the Policy Month will begin on the first day of the next Policy Month.

Policy Dating When the Initial Premium is Received Before the Date of Issue or for a 1035 Exchange

When the Initial Premium is received before the Date of Issue, the Policy Date of this Policy will be as shown in the Schedule.

Policy Dating When the Initial Premium is Received On or After the Date of Issue

When the Initial Premium is received on or after the Date of Issue, coverage under this Policy will begin on the date of delivery. The Policy Date will be the same as the date of delivery, unless on the date of delivery the Insured's age for insurance purposes would be different from the age shown in the Schedule. In such a case, the Policy Date will be backdated to the last day that the age shown in the Schedule is applicable if You consent to such backdating. If You do not so consent, the Policy Date will be the same as the date of delivery.

The date of delivery is the date on which this Policy is delivered to You and the first premium is paid while all persons proposed for insurance are living and insurable as described in the Application.

4.3 INCONTESTABILITY

With respect to statements made in the original application, this Policy is not contestable after it has been in effect during the Insured's lifetime for a period of two years beginning with the earlier of the Date Insurance Begins and the Date of Issue. With respect to statements made in a supplemental application, the applicable Policy change is not contestable after it has been in effect during the Insured's lifetime for a period of two years beginning with its effective date. With respect to statements made in an application for reinstatement, this Policy is not contestable after it has been in effect during the Insured's lifetime for a period of two years beginning with the date of reinstatement. This Policy is contestable for fraud at any time, even after the two-year period.

Our right to contest this Policy includes the right to contest this Policy for misrepresentation about the Insured's smoking status and the Insured's use of any product containing nicotine.

This provision does not apply to any Rider providing additional benefits under this Policy unless otherwise specified in the Rider.

4.4. ASSIGNMENT

Only You have the right to assign this Policy. No assignment will bind Us until it has been received and recorded at the Service Center. Unless You specify a different date, the assignment will be effective as of the date signed; however, We will not be liable for action taken before We receive the assignment, and We are not responsible for the validity or effect of any assignment of this Policy by You.

An irrevocable Beneficiary must consent to any assignment in writing. If You live in a community property state, We may require Your spouse to give consent.

4.5. MISSTATEMENT

If an Insured's Issue Age or sex is misstated, We will adjust the benefits to the amount that the Initial Premium paid would have purchased on the Policy Date based on the Insured's correct Issue Age and sex. This adjustment, in and of itself, shall not result in termination of the Policy prior to the date of death. The Death Benefit Payable after adjustment shall not be less than the Net Cash Surrender Value that would have been paid had the Policy been surrendered on the date of death of the Insured based upon the misstated age. Our adjustment will be based upon the actual assumptions applied to the Policy during the recalculated period.

4.6 SUICIDE

If the Insured, while sane or insane, dies by suicide within two (2) years beginning with the Date of Issue, the Death Benefit Payable, if any, will be equal to:

- the premiums paid; minus
- the Loan Balance on the date of death; minus
- any Withdrawal Amounts (Section 11.10); minus
- any benefits paid under any Rider attached to this Policy.

Any premiums paid after the date of the Insured's death will be refunded without interest to You, Your estate or to the Beneficiary if You are the Insured. Any Death Benefit Payable will be paid to the Beneficiary.

4.7 NONPARTICIPATING

This Policy does not share in any distribution of surplus. No dividends are payable.

4.8 TERMINATION

This Policy will terminate on the earliest of:

- the date this Policy terminates in accordance with the Grace Period provision (Section 6.4);
- the date of death of the Insured; or
- the date this Policy is surrendered in accordance with the Surrender and Net Cash Surrender Value provision (Section 11.9).

Any payment received after the date of termination will not cause this Policy to continue in force. Any such payment will be refunded without interest.

5. OWNERSHIP AND BENEFICIARY

5.1 OWNER AND BENEFICIARY

The designations of Owner, Contingent Owner, Primary Beneficiary and Contingent Beneficiary are as shown in the Application or as subsequently elected by the Owner in a Notice. If the Insured becomes the Owner, any designation of Contingent Owner is automatically revoked.

The Owner has all rights stated in this Policy. If the Owner is other than the Insured and the Owner dies or ceases to exist during the Insured's lifetime, all rights of the Owner vest in the surviving Contingent Owner and the Contingent Owner becomes the Owner. If there is no surviving Contingent Owner, all ownership rights vest in the Owner's estate (if the Owner is an individual) or the Owner's successor in interest (if the Owner is not a natural person).

The interest of a Beneficiary terminates if that Beneficiary dies or ceases to exist before the Insured dies. Upon the Insured's death, We will pay the proceeds to any surviving Primary Beneficiaries. If there are no surviving Primary Beneficiaries, We will pay the proceeds to any surviving Contingent Beneficiaries. If there are no surviving beneficiaries, We will pay the proceeds to the surviving Owner. If there is no surviving Owner, We will pay the Owner's estate (if the Owner is an individual) or the Owner's successor in interest (if the Owner is not a natural person).

5.2 CHANGE OF OWNER AND BENEFICIARY

You may change the designations of Owner, Contingent Owner, and Primary and Contingent Beneficiary during the Insured's lifetime by providing a Notice to Us. The new designation will take effect as of the date You signed the Notice unless You specify otherwise. Such a change does not affect any payment made or other action taken by Us before the Notice is received. If the designation of Owner is changed, any existing revocable Beneficiary designations and any Contingent Owner designation are automatically revoked. The terms of an irrevocable Beneficiary designation cannot be changed or revoked without the consent of that Beneficiary.

6. PREMIUM PROVISIONS

6.1 PREMIUM PAYMENTS

Any premium paid after the Initial Premium payment should be sent to the Service Center or to the address designated by Us for receipt of premium payments. Payment may be made to a life insurance agent of Ours, but only in exchange for a receipt signed by Our authorized officer and countersigned by the agent.

We reserve the right to limit the amount or frequency of any such additional premium payment.

Unless You request otherwise, any payment made to Us for this Policy will be deemed a premium and not: (a) a repayment of a loan; or (b) a payment for loan interest.

Any payment made to Us, once credited to this Policy, is non-refundable except as otherwise specified in this Policy. No benefits are provided under this Policy on the basis of any premium until that premium is actually paid.

We will not accept any premium payment after the Policy Anniversary on or after the Insured reaches Attained Age 100, except for a payment to remove this Policy from the Grace Period.

Except when a Loan Balance exists at the end of the Grace Period, the Guaranteed Minimum Benefit Rider prevents the policy from terminating if premium required to maintain the then current benefit levels is not paid by the end of the Grace Period. In such case, benefits will be reduced to the then current Guaranteed Minimum Benefit Values. Once these values are reduced, You will never have to pay more premiums to keep the policy in effect. A Loan Balance in effect at the end of the Grace Period reduces the Guaranteed Minimum Benefit Values to zero terminating the Guaranteed Minimum Benefit Rider.

6.2 TIMING OF PAYMENTS

This Policy provides life insurance coverage until the death of the Insured if sufficient premiums to keep this Policy in force are paid. It is important for You to make the necessary premium payments to keep this Policy in force. The duration of coverage under this Policy will depend on: (a) the amount, timing and frequency of premium payments; (b) the interest credited; (c) Policy Loans; (d) Withdrawals; (e) Monthly Deductions; (f) applicable benefit payments; and (g) premium expense charges.

6.3 PREMIUM LIMITS

This Policy is intended to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code of 1986 (IRC) as amended, or under any federal income tax law replacing section 7702. This Policy will qualify as life insurance under IRC Section 7702 as long as the relationship between the Death Benefit and the Policy Value meets the specific requirements of IRC Section 7702. The Death Benefit Factors shown in the Schedule (Section 2) are the means by which this Policy maintains that relationship. The provisions of this Policy are to be interpreted accordingly despite any provision(s) to the contrary. We reserve the right to limit the amount and frequency of additional premium payments.

6.4 GRACE PERIOD

After the first Policy Month, a Grace Period of 65 days is provided under this Policy for payment of the amount required to keep this Policy from terminating. This Policy and all in force Riders will stay in force during the Grace Period. This Policy will enter a Grace Period at the beginning of a Policy Month if:

- the Net Cash Surrender Value is less than the Monthly Deduction for that month; or
- the Loan Balance exceeds the Cash Surrender Value.

At least 30 days prior to the end of the Grace Period, We will give written notice advising that the Policy Value is insufficient to keep this Policy in effect. Such notice will be given to:

- You;
- any assignee of record at their last known address; and
- the person designated by You as Your Representative at the Representative's last known address.

The Grace Period notice will show the payment amount required to prevent this Policy from terminating. If an amount sufficient to remove this Policy from the Grace Period is not paid, this Policy and all Riders will terminate, except as provided in the Guaranteed Minimum Benefit Rider, without value by the later of the following:

- the 35th day after We mail the notice for the Grace Period; and
- the 65th day of the Grace Period.

Death During the Grace Period

If the Insured dies while this Policy is in the Grace Period, the premium required to remove this Policy from the Grace Period as of the date of death will be deducted from the Death Benefit Payable. The amount of this premium will equal the amount of premium required to give this Policy a Net Cash Surrender Value of zero as of the Insured's date of death.

6.5 REINSTATEMENT

If this Policy terminates according to the **Grace Period** provision (Section 6.4), it may be reinstated. The following must be received at the Service Center within three (3) years of the beginning of the Grace Period:

- Evidence of insurability acceptable to Us except as provided in the Reinstatement provision (Section 7.1) of the Accelerated Benefit Rider for Long Term Care Services;
- application for reinstatement;
- payment or reinstatement of the Loan Balance; and
- payment of the premium for reinstatement. The amount of this Premium depends on the date of reinstatement.

If We approve the reinstatement, We will reinstate this Policy if the Insured is alive on the date of approval. Any applicable Surrender Charges on the Policy Date will be reinstated.

The Premium for Reinstatement will equal at least:

- the amount of premium shown in the Grace Period notice; plus
- two Monthly Deductions.

7. CONTINUATION OF INSURANCE BEYOND ATTAINED AGE 100

If this Policy is in force on the day preceding the Policy Anniversary when the Insured is Attained Age 100, this Policy may be continued in force if the Cash Surrender Value on that day is greater than zero. However, if this Policy is in the Grace Period, sufficient premium must be paid prior to the end of the Grace Period in order to continue this Policy in force.

The following will apply to such continuation of coverage:

- no additional premium may be paid;
- interest continues to accumulate on Policy Value;
- Policy Loan repayments will be allowed in accordance with the Loan Interest and Repayment provision (Section 12.3);
- reinstatement of this Policy will be allowed in accordance with the Reinstatement provision (Section 6.5);
- no additional Monthly Deductions will be taken;
- any Riders attached to this Policy which are then in force will be continued;
- Policy Loan interest will continue to accrue;
- New Policy Loans will be allowed if there is sufficient amount that can be loaned; and
- New Withdrawals will be allowed if there is sufficient amount that can be withdrawn.

This Policy will enter the Grace Period after the Insured reaches Attained Age 100 if the Loan Balance exceeds the Cash Surrender Value. Refer to the ***Grace Period*** provision (Section 6.4) for more information.

Except as addressed in this section, no other changes will be made to this Policy as a result of the Insured reaching Attained Age 100.

8. ANNUAL REPORT

An annual report will be sent to You free of charge. An annual report will not be sent if the Policy is being continued as paid up insurance. It will show the following for the period covered by the report:

- the beginning and end dates of the current report period;
- the Policy Values at the beginning and end of the report period;
- Policy activity, including credits and deductions identified by type;
- the Death Benefit at the end of the report period;
- the cash surrender value at the end of the report period;
- the amount of all Policy Loans; and
- any other information required by state law and regulation.

The annual report will also notify You whether Your Policy is in its Grace Period when this report is produced. If asked, We will provide a new projection of future guaranteed values each Policy Year free of charge; thereafter a fee of up to $25.00 may be charged.

9. DEATH BENEFIT PAYABLE

9.1 DEATH BENEFIT

The Death Benefit is the greater of the following:

- the Specified Amount in effect on the date of the Insured's death; and
- the Policy Value on the date of the Insured's death times the Death Benefit Factor for the Specified Amount for the Policy Month of death.

The Schedule contains a Table of End-of-Policy-Year Death Benefit Factors for the Specified Amount. Monthly factors not shown in the Table are available upon request.

9.2 DEATH BENEFIT PAYABLE

The Death Benefit Payable under this Policy will be the greater of the following:

- the Death Benefit, minus any Loan Balance; and
- the Residual Death Benefit as described in the Residual Death Benefit provision (Section 9.3).

The Death Benefit Payable will be subject to:

- this Policy's Misstatement, Incontestability, Suicide, Grace Period, and Withdrawal provisions, as applicable;
- Policy Loans (Section 12); and
- the provisions of any accelerated benefit rider for long term care services attached to this Policy.

Any premiums paid after the date of the Insured's death will be refunded to You or Your estate in addition to the Death Benefit Payable, if any, which will be paid to the Beneficiary.

We will pay interest on the Death Benefit Payable if not paid within 30 days after all of the items specified on the face page of the Policy are received at the Service Center. We will pay interest at the rate of 8% a year unless otherwise provided by settlement option.

9.3 RESIDUAL DEATH BENEFIT

The Residual Death Benefit will be 10% of the Initial Specified Amount minus 10% of the sum of the Loan Balance and Withdrawals.

The Residual Death Benefit may not be accelerated under the terms of any Rider.

10. PROCEEDS PAYABLE

Proceeds Payable means:

- the Death Benefit Payable (Section 9.2) to be paid upon the Insured's death; or
- the amount that becomes payable upon surrender of this Policy.

The Proceeds Payable will be paid from the Service Center. This Policy must be returned to Us. Unless paid in accordance with a Settlement Option (Section 13), the Proceeds Payable will be paid in one sum.

11. NONFORFEITURE PROVISIONS

11.1 POLICY VALUE

The Policy Value on the Policy Date is equal to:

- any Net Premium credited on the Policy Date; minus
- the Monthly Deduction for the first Policy Month.

The Net Premium is the premium paid minus the Premium Expense Charge shown in the Schedule (Section 2).

The Policy Value at the beginning of the Policy Month other than the first Policy Month equals:

- the Policy Value at the beginning of the preceding Policy Month accumulated with interest to the beginning of the current Policy Month; plus
- the Net Premiums credited to this Policy since the beginning of the preceding Policy Month, including any interest on such premiums; minus
- the Withdrawal Amount (Section 11.10) for each Withdrawal made since the beginning of the preceding Policy Month including any interest; minus
- any reduction in the Policy Value due to acceleration of the Specified Amount as provided in any accelerated benefit rider for long-term care services attached to this Policy, including any interest; minus
- The Monthly Deduction for the current Policy Month.

The Policy Value on any other day equals:

- the Policy Value at the beginning of the Policy Month accumulated with interest to the day on which the Policy Value is being determined; plus
- the Net Premiums credited to this Policy after the beginning of the Policy Month, including any interest on such premiums; minus
- the Withdrawal Amount (Section 11.10) for each Withdrawal made since the beginning of the Policy Month, including any interest; minus
- any reduction in the Policy Value due to acceleration of the Specified Amount as provided in any accelerated benefit rider for long-term care services attached to this Policy, including any interest.

11.2 MONTHLY DEDUCTION

The Monthly Deduction for a Policy Month includes:

- the Monthly Administrative Fee shown in the Schedule (Section 2); plus
- the monthly Cost of Insurance for the Policy; plus
- any monthly Rider Charge for additional benefits provided by any Rider attached to this Policy.

Monthly Deductions will cease on the Policy Anniversary coinciding with the Insured's Attained Age 100.

11.3 COST OF INSURANCE FOR THE POLICY

The Cost of Insurance for the life insurance portion of this Policy is determined each Policy Month.

The Cost of Insurance for the Death Benefit for a Policy Month equals:

- the Monthly Cost of Insurance Rate per $1,000; times
- the number of thousands of Net Amount at Risk for that Policy Month.

The Monthly Cost of Insurance Rate per $1,000 equals:

- the monthly risk rate per thousand; divided by
- one (1) plus the monthly decimal equivalent of the interest rate used to calculate this Cost of Insurance Rate.

The Net Amount at Risk for a Policy Month equals:

- the Death Benefit; minus
- the Projected Policy Value at the end of the Policy Month.

The Projected Policy Value at the end of a Policy Month is the Policy Value at the beginning of the Policy Month accumulated with interest to the end of the Policy Month at the interest rate(s) assumed to be credited for that Policy Month.

The Cost of Insurance for the Policy does not include charges for the portion of the Net Amount at Risk equal to the difference between the Residual Death Benefit, if in effect, and the remaining Death Benefit.

11.4 MONTHLY RISK RATES

The Table of Guaranteed Monthly Risk Rates for the Policy is shown in the Schedule (Section 2).

11.5 INTEREST RATE

Interest accrues daily and is compounded annually. The Credited Interest Rate used to calculate the Policy Value will never be less than the Guaranteed Credited Interest Rate shown in the Schedule (Section 2). Interest in excess of the Guaranteed Credited Interest Rate may be applied as We determine, but will be credited at least annually.

11.6 CHANGES IN RATES, CHARGES AND FEES

At its sole discretion, the Company may change the monthly risk rates and the Credited Interest Rates for the Policy. The Credited Interest Rate on Policy Loans will not be less than the Guaranteed Credited Interest Rate. The Credited Interest Rate on Policy Loans and the Guaranteed Credited Interest Rate are shown in the Schedule (Section 2). The monthly risk rates for the Policy will not exceed the Guaranteed Maximum Monthly Risk Rates shown in the Table of Monthly Risk Rates for Policy in the Schedule (Section 2).

We will base any change on Our expectations as to future investment earnings, mortality, morbidity, persistency, expenses and taxes. We will not make any change in order to recoup prior losses.

Any change in the monthly risk rates for the Policy will apply to all insureds with the same combination of the following: (a) Attained Age; (b) number of years of insurance in force; (c) Premium Class; (d) sex; and (e) Net Amount at Risk.

Changes in rates will affect the growth of the Policy Value and may also affect the length of time the insurance remains in effect.

11.7 CASH SURRENDER VALUE

The Cash Surrender Value on any day is equal to the Policy Value on that day minus the Surrender Charge on that day.

11.8 SURRENDER CHARGE

A Surrender Charge will be taken upon surrender of this Policy. The Surrender Charge percentages that are applied to the Policy Value to determine the Surrender Charge are listed in the Table of Surrender Charges in the Schedule (Section 2).

11.9 SURRENDER AND NET CASH SURRENDER VALUE

You may surrender this Policy for its Net Cash Surrender Value by filing Notice with Us. Surrender occurs on the date of surrender provided the Insured is living on the date the Notice is signed. This Policy will terminate as of the date of surrender. The Grace Period does not apply to termination due to surrender.

The date of surrender will be the earlier of:

- the first day of the Policy Month on which or after which the date We receive the Notice; and
- the date We process the surrender.

The Net Cash Surrender Value is the amount payable on surrender. It equals:

- the Cash Surrender Value on the date of surrender; minus
- any Loan Balance on the date of surrender.

We may defer payment up to six (6) months after Notice is received.

If the date of surrender is within 30 days after a Policy Anniversary, the Net Cash Surrender Value will not be less than:

- the Net Cash Surrender Value on the Policy Anniversary; minus
- each Policy Loan made since the Policy Anniversary and the accrued interest on each loan; minus
- the Withdrawal Amount for each Withdrawal made since the Policy Anniversary and the interest on each reduction.

11.10 WITHDRAWAL

You may make a Withdrawal by filing Notice with Us. The Withdrawal Date, provided the Insured is then living and this Policy is not then being continued as paid-up insurance in accordance with any paid-up insurance provision provided under this Policy by Rider, will be the date We process the Withdrawal.

The maximum amount that may be paid to You as a Withdrawal will be an amount equal to:

- the Net Cash Surrender Value on the date of Withdrawal minus $275.00; minus
- loan interest to the end of the Policy Year.

Payment to You may be deferred up to six (6) months after Notice is received. However, a Withdrawal to pay premiums to Us will not be deferred.

The Policy Value is reduced on the Withdrawal Date by the Withdrawal Amount. The Withdrawal Amount is equal to:

- the amount paid to You; plus
- the Administrative Fee for Withdrawal shown in the Schedule (Section 2).

The Specified Amount will be decreased on the Withdrawal Date by the Withdrawal Amount.

11.11 BASIS OF COMPUTATIONS

The mortality tables and rates of interest used in calculating minimum Policy Values and net single premiums are shown in the Schedule (Section 2). Policy Values are at least equal to those required by statute in the state in which this Policy was delivered. A detailed statement of the method used to compute these values has been filed with the insurance department of that state.

12. POLICY LOANS

12.1 POLICY LOAN

We will make a Policy Loan upon the sole security and assignment of this Policy. You may obtain the Policy Loan while this Policy is in force by providing a Notice to Us. The amount advanced as a Policy Loan will not exceed:

- the Loan Value; minus
- the Loan Balance on the date the Policy Loan is to be made; minus
- the projected Policy Loan interest to the end of the Policy Year.

The Loan Value is equal to:

- the Policy Value on the date the Loan Value is being determined, projected to the end of the Policy Year at the Guaranteed Minimum Credited Interest Rate shown in the Schedule (Section 2) assuming no premiums are paid for the remainder of the Policy Year; minus
- the Surrender Charge for the Policy Year that includes the date the Loan Value is being determined: minus
- the projected Monthly Deductions for the remainder of the current Policy Year.

12.2 DEFERRAL

We may defer making a Policy Loan up to six (6) months after We receive Notice; however, a loan for payment of premiums to Us will not be deferred.

12.3 LOAN INTEREST AND REPAYMENT

The Guaranteed Policy Loan Interest Rate is shown in the Schedule (Section 2).

Loan interest is due annually at the end of each Policy Year and on the earlier of these dates:

- the date of a Policy Loan repayment; and
- the date of termination of this Policy.

Interest accrues daily from the date a Policy Loan is made and is compounded annually. Policy Loan interest for fractional years will be calculated using simple interest. Interest not paid when due is added to the loan and bears interest at the same rate.

All or any part of a Policy Loan may be repaid during the Insured's lifetime while this Policy is in force. However, a loan that is in existence when this Policy terminates in accordance with the Grace Period provision may not be repaid unless this Policy is reinstated. Before the Insured reaches Attained Age 100, any amount paid to Us that is not clearly identified as a loan repayment will be considered a premium payment. After the Insured reaches Attained Age 100, any amount paid to Us will be considered a loan repayment except a premium payment required to remove this Policy from the Grace Period before the Insured reaches Attained Age 100.

When the Loan Balance exceeds the Cash Surrender Value, this Policy will enter the Grace Period.

13. SETTLEMENT OPTIONS

13.1 PAYMENT OF THE DEATH BENEFIT PAYABLE UPON THE DEATH OF INSURED

When this Policy becomes payable by the death of the Insured, settlement will be made within two (2) months after receipt of due proof of death in a form satisfactory to Us. The Proceeds Payable may be paid in a single sum, under the Interest Option, or left with Us for payment under a mutually agreeable settlement option. The amount applied under an option must be at least $2,000. The amount of each payment under an option must be at least $50.

You may elect or revoke a settlement option at any time before the Proceeds Payable is paid. If no settlement option election is in effect at the time the Proceeds Payable is to be paid, the Payee may make an election. Notice must be filed at the Service Center. Election or revocation will take effect as of the date of the Notice. An election does not affect any payment made or other action that We may take before the Notice is received. A Payee that is not a natural person may elect a settlement option only with Our approval. An assignee cannot elect a settlement option. Change of Owner or Beneficiary automatically revokes any election in effect.

13.2 CLAIMS OF CREDITORS

Unless otherwise provided at the time an alternative is selected, the Payee may not commute, anticipate, assign, alienate nor otherwise encumber any payment under an alternative. Payments under any alternative are exempt from the claims of creditors and from legal process to the extent the law permits.

13.3 DEATH OF PAYEE

Unless otherwise specified, at the death of the last Payee a final payment will be made to the Payee's estate.

13.4 INTEREST

The guaranteed rate of interest for any settlement option is 1% per year, compounded annually. We may declare excess interest annually.

13.5 INTEREST OPTION

Interest payable on the amount of the Proceeds Payable will be paid in the manner agreed upon when the option is elected. If We are then offering an option to place proceeds into a retained asset account, We would require Your prior written consent or the prior written consent of a Payee before Proceeds Payable could be credited to Our retained asset account.

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY

Adjustable Death Benefit

Flexible Premium Payable on the Policy Date

Benefits Vary with Risk Rates and Credited Interest Rates

Nonparticipating – No Dividends

Genworth Life Insurance Company
(Hereinafter referred to as "the Company")

A Stock Company	State of Domicile: Delaware
Home Office:	[6610 West Broad Street, Richmond, VA 23230]
Service Center Address:	[3100 Albert Lankford Drive, Lynchburg, VA 24501]
	[P. O. Box 461, Lynchburg, Virginia 24505-0461]
Service Center Phone:	[(888) 325-5433]

GUARANTEED MINIMUM BENEFIT RIDER

In this Rider, "You" and "Your" are defined to mean and refer to the Owner, and "We," "Us," and "Our" are defined to mean and refer to the Company.

On the Policy Date this Rider is attached to and made a part of the Policy. This Rider is subject to all of the terms, conditions and definitions of the Policy unless stated otherwise in this Rider. READ THIS RIDER CAREFULLY.

CONSIDERATION

This Rider is issued in consideration of:

- the statements made in the Application; and
- payment of the Initial Premium shown in the Schedule.

There is no additional charge for this Rider.

EFFECTIVE DATE

This Rider is issued with the Policy. The effective date of this Rider is the same date as the effective date of the Policy, and its Date of Issue is the Date of Issue of the Policy shown in the Schedule. The Rider does not become effective unless the Policy becomes effective.

DEFINITION

Guaranteed Minimum Benefit Values that apply on the Policy Date are shown in the Schedule for the Specified Amount, Accelerated Lifetime Maximum, Accelerated Monthly Maximum, Extension Lifetime Maximum and Extension Monthly Maximum. These values will be reduced by Rider Benefit payments in the same manner as their corresponding non-guaranteed values change. These changes are described in the Effect Of Rider Benefit Payment provision of the Accelerated Benefit Rider for Long Term Care Services and, if included under the Policy, the Extension of Benefits Rider for Long Term Care Services. Policy Loans and Withdrawals will also reduce these values as described in the Effects of Withdrawals and Loans on Guaranteed Minimum Benefit Values provision below.

If benefit values have been reduced under this Rider, the Guaranteed Minimum Benefit Values applicable on the date of reduction will apply in place of the non-guaranteed values and are subject to future changes provided in the Policy.

EFFECTS OF WITHDRAWALS AND LOANS ON GUARANTEED MINIMUM BENEFIT VALUES
If a Policy Loan or Withdrawal is taken before We have reduced Benefits to the Guaranteed Minimum Benefit Values:

The Guaranteed Minimum Benefit Values (GMBV) for the Specified Amount, Accelerated Lifetime Maximum, Accelerated Monthly Maximum, Extension Lifetime Maximum, and the Extension Monthly Maximum that apply before the reduction in GMBV will be reduced. These values will be reduced proportionately by the ratio of the Loan Balance or reduction in Policy Value due to the Withdrawal amount divided by the Policy Value immediately before the reduction in GMBV for a Policy Loan or at the date of the Withdrawal.

AUTOMATIC REDUCTION OF BENEFITS TO GUARANTEED MINIMUM BENEFIT VALUES
If premium sufficient to remove the Policy from the Grace Period is not paid by the end of the Grace Period:

- We will reduce Benefits to the then applicable Guaranteed Minimum Benefit Values as of the end of the Grace Period; and
- We will guarantee that no additional premium will be required to maintain the Benefits at these Guaranteed Minimum Benefit Values for the remaining duration of the Policy.

REINSTATEMENT
This Rider cannot be reinstated.

RIDER TERMINATION
This Rider and all guarantees provided by this Rider, will terminate on the earliest of:

- the date the Policy terminates;
- the date of death of the Insured; and
- the end of the Grace Period if GMBV has been reduced to zero and the required premium in the Grace Period notice (Section 6.4 of the Policy) has not been paid.

Signed for Genworth Life Insurance Company

Patrick B. Kelleher
President

Ward E. Bobitz
Secretary

Genworth Life Insurance Company

A Stock Company	State of Domicile: Delaware
Home Office:	[6610 West Broad Street, Richmond, VA 23230]
Service Center Address:	[3100 Albert Lankford Drive, Lynchburg, VA 24501]
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Service Center Phone:	[(888) 325-5433]

ACCELERATED BENEFIT RIDER
FOR LONG TERM CARE SERVICES

Receipt of Accelerated Benefits Under This Rider May Be Taxable. Neither the Company Nor Its Agents Can Provide Tax Advice. The Owner Should Seek Assistance From The Owner's Personal Tax Advisor.

This is an individual accelerated benefit rider for long term care services that covers nursing home care, assisted living care, home health care and adult day care.

In this Rider, "You" and "Your" are defined to mean and refer to the Owner, and "We," "Us," and "Our" are defined to mean and refer to the Company.

On the Policy Date, this Rider, also referred to as the "Accelerated Benefit Rider," is attached to and made a part of the Policy. This Rider accelerates the Policy's Specified Amount to reimburse You for expenses the Insured incurs for Qualified Long Term Care Services that are covered under this Rider. It is subject to all of the terms, conditions and definitions of the Policy unless stated otherwise in this Rider. READ THIS RIDER CAREFULLY.

TAXATION: This Rider is intended to be federally tax-qualified long term care insurance under Section 7702B(b) of the Internal Revenue Code of 1986, as amended (herein referred to as the "Code").

CONFORMITY WITH INTERNAL REVENUE CODE: If on its effective date this Rider does not comply with the requirements of the Code, it will be treated as if it had been amended to comply with the requirements of the Code as of such effective date. Because this Rider is guaranteed renewable, We will inform You in writing of any such required change to any provisions of this Rider. You will be given the choice of accepting the change or retaining this Rider without the change.

AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PROFESSIONAL TAX ADVISOR TO ASSESS THE EFFECT OF THIS RIDER ON YOUR INDIVIDUAL TAX SITUATION.

YOU HAVE AN UNCONDITIONAL RIGHT TO RETURN THIS RIDER DURING THE FIRST 30 DAYS. You may return this Rider for any reason within 30 days after its delivery by taking it or mailing it to the Service Center or to any life insurance agent appointed by Us. Immediately upon delivery or mailing to Us, the Policy and this Rider will be deemed void from the beginning and You will not be entitled to any Benefits. Any premium paid will be returned.

NOTICE TO OWNER: This Rider may not cover all of the costs associated with long term care which may be incurred by the Insured during the period of coverage. You are advised to review carefully all limitations in the Policy and this Rider.

THIS RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If the Insured is eligible for Medicare, review the Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare. We will provide You with a copy of the guide upon request.

CAUTION: The issuance of this Rider is based upon the responses to the questions on the Application for the Policy and this Rider. A copy of the Application is enclosed. If any answers are incorrect or untrue, We may have the right to deny Benefits or rescind this Rider, subject to the Incontestability Period provision (Section 7.3). The best time to clear up any questions is now, before a Claim arises! If, for any reason, any answers are incorrect, contact the Service Center at the address and telephone number shown above.

RENEWABILITY: This Rider is guaranteed renewable. This means that We may not, on Our own, cancel or reduce coverage provided by this Rider. Subject to the Rider Termination provision (Section 1.2), this Rider will remain in force as long as the Policy remains in force and the required charges for this Rider are paid.

CONSIDERATION: This Rider is issued in consideration of:

- the statements made in the Application; and
- payment of the Initial Premium shown in the Schedule.

RIDER CHARGES: The monthly charge for this Rider will be included in the Monthly Deduction for the Policy. The Initial Monthly Rider Charge for this Rider is shown in the Schedule. The monthly charge for this Rider is equal to:

- the monthly charge for this Rider without the Optional Inflation Protection Benefit; plus
- the monthly charge for the Optional Inflation Protection Benefit, if included.

The monthly charge for this Rider without the Optional Inflation Protection Benefit is equal to:

- the applicable monthly risk rate per $1,000 of Rider Net Amount at Risk, divided by 1,000; multiplied by
- the Rider Net Amount at Risk (which is equal to the Specified Amount reduced by the Policy Value);

as those amounts apply on the date the charge is made.

The monthly charge for the Optional Inflation Protection Benefit, if included, is equal to:

- the applicable monthly rate per $1,000 of the Accelerated Monthly Maximum, divided by 1,000; multiplied by
- the initial Accelerated Monthly Maximum in effect on the Policy Date.

Subject to rate requirements applicable in the Policy delivery State, We may change the monthly risk rates or monthly rates for this Rider and the Optional Inflation Protection Benefit, if included, on any Policy Anniversary. Any rate change will be made only when We change the rates on a class basis for all riders We have issued on the same form as this Rider that are delivered in the same State as this Rider. However, the rate change will never exceed the Guaranteed Maximum Monthly Risk Rates and Guaranteed Maximum Monthly Rates shown in the Schedule. We will base any change on Our expectations as to future investment earnings, mortality, morbidity, persistency, expenses and taxes. We will not make any change in order to recoup prior losses. We will give You at least 60 days' prior written notice before the effective date of any rate change.

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1. THE RIDER TAKING EFFECT AND REMAINING IN FORCE

1.1 EFFECTIVE DATE

This Rider is issued with the Policy. Its effective date is the same date as the effective date of the Policy. Its Date of Issue is the Date of Issue of the Policy shown in the Schedule. This Rider will not become effective unless the Policy becomes effective.

1.2 RIDER TERMINATION

This Rider will terminate on the earliest of:

- the date the Policy terminates as described in the Policy;
- the date the Accelerated Lifetime Maximum is exhausted; or
- the date of death of the Insured.

Except as specified above, this Rider may not be terminated unless the Policy is also terminated.

Upon termination of this Rider, no further Benefits will be paid under this Rider except as provided under the Extended Benefits When Policy and Rider Lapse While Confined provision (Section 1.3).

1.3 EXTENDED BENEFITS WHEN POLICY AND RIDER LAPSE WHILE CONFINED

If the Policy and this Rider terminate due to lapse while the Insured is Confined in a Nursing Facility, Assisted Living Facility or Hospice Care Facility, the Insured will continue to be eligible for the Benefit until the earliest of the following:

- the date the Insured's continuous Confinement ceases;
- the date the Accelerated Lifetime Maximum is exhausted; or
- the date the Insured ceases to meet the requirements of the Eligibility for the Payment of Benefits provision (Section 3.1).

For purposes of this provision, continuous Confinement includes:

- being transferred to another Nursing Facility or Assisted Living Facility;
- receiving another level of care in the same Nursing Facility or Assisted Living Facility; or
- transferring back to a Nursing Facility or Assisted Living Facility from a temporary or acute hospitalization for which Benefits are payable for expenses incurred to reserve the Insured's accommodations in the Nursing Facility or Assisted Living Facility.

Except as stated above, this provision is subject to:

- the Elimination Period;
- the Accelerated Monthly Maximum and Accelerated Lifetime Maximum as shown in the Schedule; and
- all other applicable provisions of this Rider and the Policy.

If the Insured's Benefits are continued under this provision, the Death Benefit Payable under the Policy will not be paid.

2. DEFINITIONS

The following defined terms are used in this Rider. When they are used, they are capitalized. Unless otherwise defined in this Rider, defined terms shall have the meanings ascribed to them in the Policy. Note that some terms are defined in the provisions in which they appear in the Policy or in this Rider.

Accelerated Lifetime Maximum means the combined total amount that can be paid for Covered Expenses under the Long Term Care Benefit (Section 3.3) and Alternative Care Benefit (Section 3.4). The Accelerated Lifetime Maximum as of the Policy Date is shown in the Schedule. The Accelerated Lifetime Maximum will:

- increase if the Optional Inflation Protection Benefit is in effect; or
- decrease due to Withdrawals, Benefit payments made under this Rider, or payment of the Death Benefit Payable under the Policy.

Accelerated Monthly Maximum means the combined total amount We will pay under the Long Term Care Benefit (Section 3.3) for Covered Expenses incurred during a calendar month for Facility Care, Home and Community Care, Respite Care, Hospice Care and International Coverage (subject to the International Coverage Limitations). It is also used to determine the maximum amount payable for Incidental Care and Services. The Accelerated Monthly Maximum as of the Policy Date is shown in the Schedule. The Accelerated Monthly Maximum will:

- increase if the Optional Inflation Protection Benefit is in effect; or
- decrease due to Withdrawals.

Activities of Daily Living (ADLs) means the following self-care functions:

- **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** Moving into or out of a bed, chair or wheelchair.

Adult Day Care means a program of social and/or health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home. The program must either:

- be licensed or certified by the State to provide such services for a specified number of individuals; or
- provide such services to six (6) or more individuals.

Assisted Living Care means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living, or Substantial Supervision provided to persons who have Severe Cognitive Impairment.

Assisted Living Facility means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its confined inpatients in accordance with the authority granted by a license or certification issued by the federal government or the State in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy each of the following:

- it maintains records for all care and services provided to each confined inpatient;
- it has an awake employee on duty in the facility who is trained and ready to provide its confined inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- it has an awake employee who is aware of the whereabouts of its confined inpatients;
- it provides three (3) meals a day and accommodates special dietary needs;
- it has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- it has the appropriate methods and procedures to provide necessary assistance to confined inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility does NOT include any of the following:

- a facility that does not fully satisfy the above definition;
- a clinic or hospital (including a sub-acute care or rehabilitation hospital);
- a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- a Nursing Facility; or
- the Insured's Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which the Insured is a Confined inpatient, We will consider the Insured to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

Benefit means each of the Benefits for which this Rider provides payment. Benefits may change in accordance with the terms of the Policy and this Rider.

Caregiver Training means the training of a family member, friend, or other person to provide care for the Insured in his or her Home when that person will not be paid to care for the Insured. Caregiver Training consists of training in the proper use and care of a therapeutic device or an appropriate care giving procedure. It does not include training received when the Insured is Confined in a hospital, Nursing Facility or Assisted Living Facility unless it is reasonably expected that the training will make it possible for the Insured to return to his or her Home where the Insured can be cared for by the person receiving the training.

Chronically Ill or **Chronically Ill Individual** refers to a person who has been certified by a Licensed Health Care Practitioner as:

- being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

Claim means a Request for payment of Benefits under this Rider.

Confinement or **Confined** means the Insured is present as a resident inpatient in a facility, other than his or her Home, during a period in which the Insured incurs Covered Expenses.

Coverage means the Benefits provided under this Rider.

Covered Care means only those Qualified Long Term Care Services for which this Rider pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limit.

Covered Expenses means costs the Insured incurs for which a payment may be made under this Rider. Each Benefit defines the Covered Expenses for which payment may be made under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Current Eligibility Certification is a written certification by a Licensed Health Care Practitioner who is not a member of the Insured's Immediate Family certifying that the Insured is Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Custodial Care means non-skilled care provided:

- in accordance with the Plan of Care that helps the Insured perform Activities of Daily Living; or
- when the Insured suffers from Severe Cognitive Impairment.

Elimination Period means the number of days, as stated in the Schedule, on which the Insured must incur Covered Expenses before Benefits become payable for Facility Care. Only Covered Expenses incurred for Facility Care, Home and Community Care, and Hospice Care may be used to satisfy the Elimination Period. Days used to satisfy the Elimination Period do not need to be consecutive and can be accumulated over time. Covered Care the Insured receives and related Covered Expenses that are otherwise excluded from payment because of the Non-Duplication provision (Section 5.2), including days for which Medicare covers expenses, may also be used to satisfy this requirement. The Elimination Period must only be satisfied once during the Insured's lifetime.

Emergency Medical Response Systems means the installation of, and any ongoing fees pertaining to, any type of medical alert system.

Formal or Informal Provider means a person other than an Immediate Family member unless otherwise permitted pursuant to the Exclusion provision (Section 5.1), who provides care in the Insured's Home which:

- is consistent with the needs addressed in the Plan of Care;
- is necessary to enable the Insured to continue to remain safely at Home; and
- is necessary because the Insured is Chronically Ill.

The provider may be independent and does not need to be associated with an agency or provider organization.

Home means the place where the Insured lives or stays. This could be a: house; condominium; apartment; unit in a congregate care community; or similar residential environment. Home does NOT include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

Home Health or Personal Care Services means assistance the Insured receives in his or her Home from a Formal or Informal Provider with: simple health care tasks; personal hygiene; managing medications; performing Activities of Daily Living; and supervision needed when the Insured has Severe Cognitive Impairment.

Homemaker and Chore Care means the following tasks a Formal or Informal Provider furnishes in the Insured's Home: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to the Insured's safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from the Insured's Home. Homemaker and Chore Care does not include any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

Home Modifications, Assistive Devices and Supportive Equipment means items that are intended to relieve the Insured's need for direct physical assistance; and (as stated in the Plan of Care) are expected to enable the Insured to remain safely in the Insured's Home for at least 90 days after the date of purchase or first rental. These items may include:

- ramps to permit the Insured movement from one level of the Insured's Home to another;
- grab bars to assist the Insured in toileting, bathing or showering;
- hospital beds, wheelchairs or crutches for the Insured;
- adaptive equipment to enable independent feeding and dressing, such as specialized utensils and fasteners; and
- pumps and other devices for intravenous injection.

Excluded are any expenses pertaining to: home repair or remodeling; the purchase, rental, installation or servicing of an elevator, escalator, garage door opener, swimming pool, hot tub, Jacuzzi or whirlpool type tub, or other similar items or services; items that will, other than incidentally, increase the value of the Insured's Home; and artificial limbs, teeth, corrective lenses, hearing aids, or equipment placed in the Insured's body either temporarily or permanently.

Hospice Care means services designed to provide palliative care and alleviate the Insured's physical, emotional, spiritual and social discomforts when the Insured is:

- Chronically Ill; and
- terminally ill (has six (6) months or less to live, as determined by a Physician).

Hospice Care Facility means a facility that provides a formal Hospice Care program directed by a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the State in which it is located, if such license or certification is required. A Hospice Care Facility may be licensed or certified as a Nursing Facility, Assisted Living Facility, or other type of health care facility. A Hospice Care Facility does not mean a hospital, clinic, a community living center, or a place that provides residential or retirement care only.

Immediate Family means the Insured's Spouse or Partner or anyone who is related to the Insured or the Insured's Spouse or Partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

Licensed Health Care Practitioner means any of the following:

- a Physician;
- a Nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Medicaid means any State medical assistance program under Title XIX of the Social Security Act, as amended.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Nurse means someone who is licensed as a registered graduate nurse (RN), licensed practical nurse (LPN), or licensed vocational nurse (LVN) and is practicing within the scope of that license.

Nursing Care means care, furnished on a Physician's orders, that requires the specialized skills of a Nurse or must be performed by or under the continual, direct and immediate supervision of a Nurse to meet a person's need to: (a) improve or maintain health; and (b) receive Substantial Supervision when needed due to Severe Cognitive Impairment or Substantial Assistance with Activities of Daily Living.

Nursing Facility is a facility, not excluded below, that is engaged primarily in providing continual (24 hours-a-day, every day) Nursing Care to all of its confined inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. The facility must have at least one full-time (at least 30 hours per week) Nurse. A Nurse must be on duty or on call in the facility at all times. The facility must maintain a daily record of all care and services provided to its confined inpatients.

Excluded Places: A Nursing Facility does NOT include any of the following:

- a facility that does not fully satisfy the above definition;
- a clinic or hospital (including a sub-acute care or rehabilitation hospital);
- a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- an Assisted Living Facility; or
- the Insured's Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing or unit in which the Insured is Confined, We will consider the Insured to be in a Nursing Facility only if such ward, wing or unit satisfies the above definition of a Nursing Facility.

Out-of-Country Nursing Facility is an institution, not excluded below, that:

- is located outside of the United States;
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable for a Nursing Facility under the Facility Care Benefit, subject to the Excluded Places Limitation below;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;
- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from the inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For purposes of this definition, a **Graduate Nurse** is a person who:

- completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places Limitation: The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- The Insured's Home or any other residential establishment or environment, including an ocean going vessel.

Plan of Care is a written, individualized plan for care and support services for the Insured that:

- has been developed as a result of an assessment and incorporates any information provided by the Insured's personal Physician;
- has been prescribed by a Licensed Health Care Practitioner who is not a member of the Insured's Immediate Family;
- fairly, accurately and appropriately addresses the Insured's long term care and support service needs; and
- specifies: the type, frequency and duration of all services required to meet those needs, and the types of providers that are appropriate to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner and the Insured's personal Physician. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care must be updated as the Insured's needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to the Insured's personal Physician, when requested. No more than one Plan of Care may be in effect at a time.

Physician has the same meaning as set forth in Section 1861(r)(1) of the Social Security Act, as amended, and means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs such function or action.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, rehabilitative, and maintenance or personal care services which:

- are required by a Chronically Ill Individual; and
- are provided pursuant to a Plan of Care.

As used above, "maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the Insured is Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Note: To be eligible for Coverage it is not sufficient for the care and services to only be Qualified Long Term Care Services. In addition, such care and services must also meet the definition of Covered Care.

Representative means a person or entity legally empowered to represent You.

Respite Care means temporary care the Insured receives in order to provide short-term relief for the person who normally and primarily provides the Insured with care in the Insured's Home on a regular, unpaid basis. The Plan of Care must state:

- the name of the unpaid caregiver for whom the respite is being provided;
- the period of respite; and
- the Covered Care the Insured will require in order to replace care normally provided by the unpaid caregiver.

Respite Care can be received:

- in the Insured's Home; or
- during a temporary stay in a Nursing Facility or Assisted Living Facility.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that:

- is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Spouse or Partner means the person to whom the Insured:

- is joined by marriage;
- is joined by a relationship legally recognized under State law as entitled to the same rights and benefits of married persons; or
- lives within a committed domestic relationship. He or she can be unrelated to the Insured, or a relative in the Insured's same family generation, such as the Insured's brother, sister or first cousin. The Insured and such person cannot be joined to anyone else by: (a) marriage; or (b) a domestic relationship legally recognized under State law.

State, unless otherwise indicated, refers to the District of Columbia, any territory or possession of the United States, or any one of the 50 states within the United States.

Substantial Assistance is either Hands-on Assistance or Standby Assistance, where:

- **Hands-on Assistance** means the physical assistance (minimal, moderate or maximal) of another person without which the Insured would be unable to perform an Activity of Daily Living; or
- **Standby Assistance** means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while he or she is performing an Activity of Daily Living.

Substantial Supervision is continual supervision which may include cueing by verbal prompting, gestures, or other demonstrations, by another nearby person that is necessary to protect an Insured who has a Severe Cognitive Impairment from threats to his or her health or safety (such as may result from wandering).

United States includes all fifty (50) States, the District of Columbia and any territory or possession recognized by the United States as a territory or possession of the United States.

3. BENEFIT PROVISIONS

3.1 LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

In order for the Insured to be eligible for Benefits:

- the Insured must be Chronically Ill;
- We must receive a Current Eligibility Certification for the Insured; and
- We must receive ongoing proof which demonstrates that the Covered Care is needed due to the Insured continually being Chronically Ill. The proof can be based on information from:
  - care providers;
  - personal Physicians;
  - other Licensed Health Care Practitioners; or
  - other sources.

CONDITIONS FOR RECEIVING BENEFITS

Benefits will be paid as reimbursement for expenses incurred on the Insured's behalf if all of the following conditions are met:

- You must elect to accelerate the Specified Amount by submitting a Claim for Benefits under this Rider.
- The payment of any Benefit amount must be approved by any irrevocable Beneficiary.
- The Insured must meet the above Eligibility for the Payment of Benefits requirements.
- The expenses must qualify as Covered Expenses.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to the Plan of Care.
- Except as stated in the Extended Benefits When Policy and Rider Lapse While Confined provision (Section 1.3), the Policy and this Rider must be in force on the date(s) the Covered Care is received.
- Any applicable Elimination Period must be satisfied.
- The Insured must not have exhausted the Accelerated Lifetime Maximum or any hourly, daily, monthly, annual or lifetime limits applicable to the specific Benefit being Claimed.
- You and the Insured must meet the requirements for payment in accordance with all of the provisions of this Rider and the Policy.
- The care, services, and costs of items for which Benefits are claimed must meet the definition of Qualified Long Term Care Services.
- Regarding the International Coverage Benefit, a copy of the Insured's passport, airline ticket or other proof acceptable to Us verifying that the Insured is outside the United States during the time the Insured is receiving care and services under the International Coverage Benefit.

Once We determine that the Insured is eligible for Benefits, the Insured's eligibility for Benefits will continue for as long as the Insured continues to be Chronically Ill and has not exhausted the Accelerated Lifetime Maximum. We reserve the right to perform periodic reassessments of the Insured's eligibility to receive Benefits.

3.2 PRIVILEGED CARE® COORDINATION SERVICES

PRIVILEGED CARE COORDINATION SERVICES
These services are available when the Insured qualifies as being Chronically Ill and requires Covered Care.

These services are intended to help identify the Insured's care needs and community resources available to deliver care when the Insured is Chronically Ill. Privileged Care Coordination Services are furnished by a Privileged Care Coordination Team provided by Us at Our own expense. We will pay for these services when the Insured receives them while this Rider is in effect. These payments will NOT count against any payment limits.

To receive these services You or Your Representative should contact Us at Our Service Center.

ABOUT THE PRIVILEGED CARE COORDINATION SERVICES
These services will provide the Insured with access to a team of qualified individuals who will review the Insured's specific situation and provide the following services:

- Conduct assessments of the Insured's functional and cognitive capabilities and personal needs for care and services on an ongoing basis.
- Work with the Insured to identify the specific care, services and providers required to meet the Insured's needs.
- Develop and suggest initial and subsequent Plans of Care to assist the Insured in meeting his or her needs.
- Provide the initial and ongoing Current Eligibility Certifications.
- Assist You in completing initial claims forms, if requested.
- Monitor the Insured's care needs on an ongoing basis to help the Insured receive appropriate care while the Insured is Chronically Ill.

The **Privileged Care Coordination Team** includes a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically Ill Individual.

PRIVILEGED CARE COORDINATION SERVICES ARE VOLUNTARY
The Insured is not required to use these Privileged Care Coordination Services. The Insured may, at no expense to Us, use any other Licensed Health Care Practitioner to provide a Plan of Care, Current Eligibility Certification, or assistance in coordinating services.

BENEFITS PAID WILL NOT REDUCE ANY PAYMENT LIMITS
Expenses paid for Privileged Care Coordination Services will not reduce the amount available under this Rider.

PAYMENT LIMITATIONS
Payment for Privileged Care Coordination Services is NOT subject to: any Elimination Period requirement; the Accelerated Lifetime Maximum; the Accelerated Monthly Maximum, or any other payment limits. Payment for these services cannot be used to satisfy any Elimination Period requirement and does not qualify for the Waiver of Monthly Deduction Benefit (Section 3.6).

Privileged Care Coordination Services will not be provided for care or services that are provided outside the United States.

3.3. LONG TERM CARE BENEFIT

THE BENEFIT
Under this Benefit We will pay for Covered Expenses described below which are incurred by the Insured while he or she is Chronically Ill.

COVERED EXPENSES
Covered Expenses means expenses the Insured incurs for:

- **Facility Care** which means:
  - all levels of care (skilled, intermediate and custodial care), including Nursing Care, Assisted Living Care, Custodial Care, and meals and room charges, provided by a Nursing Facility or Assisted Living Facility while the Insured is Confined in the Nursing Facility or Assisted Living Facility; or
  - bed reservation of the Insured's room accommodations up to 60 days per calendar year in a Nursing Facility, Assisted Living Facility or Hospice Care Facility when Confinement is interrupted by a temporary absence. We will pay up to the lesser of: the Covered Expenses incurred to reserve the Insured's accommodations; or the amount We would have otherwise paid if the Insured had remained in the Nursing Facility, Assisted Living Facility or Hospice Care Facility.
- **Home and Community Care** which means:
  - health care services provided in the Insured's Home by a: Nurse; licensed physical therapist; occupational therapist; respiratory therapist; or speech therapist;
  - Home Health or Personal Care Services provided in the Insured's Home by a Formal or Informal Provider;
  - Homemaker and Chore Care provided in the Insured's Home by a Formal or Informal Provider; or
  - attendance at an Adult Day Care program in the community while the Insured is living at Home.
- **Respite Care** for up to 30 days per calendar year.
- **Hospice Care** at Home, in the community, or in a Hospice Care Facility. This Benefit will not be paid at the same time as any other Benefit except for: Privileged Care Coordination Services; or Incidental Care and Services when Hospice Care is received at Home.
- **Incidental Care and Services** listed below which are intended to enable the Insured to remain safely in his or her Home and are stated in, and furnished in accordance with, the Plan of Care:
  - Caregiver Training;
  - Emergency Medical Response Systems; or
  - Home Modifications, Assistive Devices and Supportive Equipment.
- **International Coverage** which means:
  - Home and Community Care received outside the United States; or
  - care or services received in an Out-of-Country Nursing Facility.

EXCLUDED EXPENSES
Covered Expenses do not include charges, fees or other expenses for any: living quarters other than as provided above for care in a Nursing Facility or Assisted Living Facility; services of a Physician, hospital or laboratory; medications; or any items or services provided for the Insured's comfort and convenience including, but not limited to, such items as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

PAYMENT LIMITATIONS

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Accelerated Lifetime Maximum;
- the payment limitations described below; and
- all other provisions and conditions of the Policy and this Rider.

No Benefits will be paid for Incidental Care and Services expenses once the total amount payable for such expenses equals three (3) times the Accelerated Monthly Maximum. For all other Covered Care, We will pay up to the Covered Expenses the Insured incurs during a calendar month, but not more than the Accelerated Monthly Maximum, subject to the International Coverage Limitations.

International Coverage Limitations: When care and services are received outside the United States:

- not more than 50% of the Accelerated Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month in an Out-of-Country Nursing Facility;
- not more than 25% of the Accelerated Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month for Home and Community Care and is limited to a Policy lifetime maximum of 365 days of Benefits for care and services received;
- no Benefits will be paid for expenses incurred more than 4 calendar years after the date the first expense payable under this Benefit is incurred under the Policy;
- this Benefit is not payable at the same time as any other Benefit;
- payment for periods less than a full calendar month will be pro-rated based on:
  - a 30-day month; and
  - the number of days for which payment is being made; and
- no payment will be made if it is prohibited by: applicable United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically; or any other governmental pronouncement. This includes, but is not limited to, Benefits otherwise payable for care delivered in a foreign country to which travel is prohibited under federal law.

3.4 ALTERNATIVE CARE BENEFIT

For expenses not specifically covered under this Rider.

THE BENEFIT

Under this Benefit We will pay for Covered Expenses incurred for Alternative Care. Prior approval by Us is required.

COVERED EXPENSES

Covered Expenses for Alternative Care means the expenses the Insured incurs for Qualified Long Term Care Services that:

- are furnished in accordance with a Mutual Agreement;
- are not specifically covered under another Benefit;
- are not specifically excluded from payment;
- are cost-effective alternatives to care and services available under this Rider;
- are clearly specified in the Plan of Care and in the Mutual Agreement;
- are received after Our written approval of the Mutual Agreement;
- are received while the Mutual Agreement is in effect; and
- are incurred while the Insured's insurance is in force under the Policy and this Rider.

DEFINITION

The **Mutual Agreement** is a written document agreed to by Us, You, an irrevocable Beneficiary, if any, the Insured and the Insured's Physician that sets forth:

- the care and services, devices and treatments that will be considered as Covered Care under this Benefit;
- how any Elimination Period requirement affects payment under this Benefit; and
- the duration and payment maximums for Covered Care under this Benefit.

The Mutual Agreement will not waive any rights You or We have under this Rider.

The Mutual Agreement may be discontinued at any time by either You or Us without affecting Your right to Benefits otherwise remaining under this Rider.

PAYMENT LIMITATIONS

Payment of this Benefit is subject to:

- the Elimination Period requirement, if any, set forth in the Mutual Agreement;
- the Accelerated Lifetime Maximum;
- the payment limits set forth in the Mutual Agreement; and
- all other provisions and conditions of the Policy and this Rider.

3.5 OPTIONAL INFLATION PROTECTION BENEFIT

This Optional Inflation Protection Benefit is only provided under this Rider if You selected it in the Application.

THE BENEFIT

On each Policy Anniversary, while this Rider and this Benefit are in effect, We will automatically increase: the then current Accelerated Monthly Maximum; and the remaining Accelerated Lifetime Maximum. The amount of the annual increases will depend upon the Optional Inflation Protection Benefit Option that is in effect as shown in the Schedule. Any increase in the Accelerated Monthly Maximum will apply only to expenses incurred on or following the date of each such increase. Once an Option is in effect, it cannot be changed to another Option. The Options are described as follows:

Simple Benefit Increase Option

If this Option is in effect, the Accelerated Monthly Maximum will increase on each Policy Anniversary by an amount equal to the percentage (as shown in the Schedule) of the initial Accelerated Monthly Maximum on the Policy Date. The remaining Accelerated Lifetime Maximum will increase by the same proportion that the Accelerated Monthly Maximum increased.

Compound Benefit Increase Option

If this Option is in effect, the Accelerated Monthly Maximum will increase on each Policy Anniversary by an amount equal to the percentage (as shown in the Schedule) of the Accelerated Monthly Maximum in effect immediately prior to the increase, without adjustment for Withdrawals. The remaining Accelerated Lifetime Maximum will increase by the same proportion that the Accelerated Monthly Maximum increased.

TERMINATION OF THE OPTIONAL INFLATION PROTECTION BENEFIT

Increases provided under the Optional Inflation Protection Benefit will continue until the Accelerated Lifetime Maximum is exhausted or this Benefit is terminated. If You provide Notice to terminate this Benefit, increases under this Benefit and future charges for this Benefit will cease as of the later of the first day of the Policy Month following:

- the date We receive the Notice; or
- the termination date stated in the Notice.

3.6 WAIVER OF MONTHLY DEDUCTION BENEFIT

We will waive all Monthly Deductions (Section 11.2 of the Policy) when Benefits are paid for Facility Care, Home and Community Care or Hospice Care when such care is received in the United States.

This waiver will begin with the first Monthly Deduction following the date such Benefits are first paid. This waiver will stop when the Insured is no longer receiving any of the Benefits described in the preceding paragraph. When this waiver stops, Monthly Deductions will resume as scheduled.

4. EFFECT OF BENEFIT PAYMENT

4.1 EFFECT OF RIDER BENEFIT PAYMENT

When a Benefit payment is made under this Rider, it will:

- reduce the remaining Accelerated Lifetime Maximum by the amount of the Benefit payment; and
- reduce the Policy's Specified Amount by an amount equal to:
  - the Benefit payment amount; multiplied by
  - the Specified Amount in effect prior to the Benefit payment; divided by
  - the remaining Accelerated Lifetime Maximum in effect prior to the Benefit payment; and
- reduce the Policy Value by an amount equal to:
  - the Benefit payment amount; multiplied by
  - the Policy Value in effect prior to the Benefit payment; divided by
  - the remaining Accelerated Lifetime Maximum in effect prior to the Benefit payment.

In no event will the reduction in the Policy Value exceed the amount of reduction to the Specified Amount.

Reductions to the Specified Amount resulting directly from Benefit payments made under this Rider will **NOT** cause a reduction in the Accelerated Monthly Maximum.

4.2 EFFECT OF WITHDRAWAL

When a Withdrawal is made under the Policy, it will:

- reduce the remaining Accelerated Lifetime Maximum by the amount of the Withdrawal;
- reduce the Accelerated Monthly Maximum by an amount equal to:
  - the amount of the Withdrawal; multiplied by
  - the Accelerated Monthly Maximum in effect prior to the Withdrawal; divided by
  - the Accelerated Lifetime Maximum in effect prior to the Withdrawal; and
- reduce the Specified Amount and Policy Value by the amount of the Withdrawal as described in the Policy (Section 11.10).

Any reduction in the Accelerated Monthly Maximum will apply only to expenses incurred on or following the date of the Withdrawal. A Withdrawal will also affect the Guaranteed Minimum Benefit Values as described in the Guaranteed Minimum Benefit Rider.

4.3 EFFECT ON POLICY LOAN

When a Policy Loan is outstanding at the time a Benefit payment is made under this Rider, a portion of the Benefit payment will be allocated to reduce the outstanding Policy Loan. The amount allocated for Policy Loan repayment will equal:

- the Benefit payment; multiplied by
- the Loan Balance in effect prior to the Policy Loan repayment; divided by
- the remaining Accelerated Lifetime Maximum.

The remaining portion of the Benefit payment will be paid in accordance with the terms of this Rider. A Policy Loan will also affect the Guaranteed Minimum Benefit Values as described in the Guaranteed Minimum Benefit Rider.

4.4 EFFECT OF DEATH BENEFIT PAYMENT

When the Death Benefit Payable is paid under the Policy:

- the Specified Amount and Policy Value will be reduced to zero; and
- the Accelerated Lifetime Maximum will be reduced to zero and no further Benefits will be paid under this Rider.

5. EXCLUSIONS AND LIMITATIONS

This section states the conditions under which Benefit payments will be limited, or not available at all, even if the Insured otherwise qualifies for Benefits. Benefits for which the Insured otherwise qualifies will not be limited or excluded by type of illness, treatment, medical condition or accident except as provided below.

5.1 EXCLUSIONS

We will not pay Benefits for any expenses incurred for any Covered Care:

- for which no charge is normally made in the absence of insurance;
- provided outside the United States, unless specifically provided for by a Benefit;
- provided by the Insured's Immediate Family. We will not consider care to have been provided by a member of the Insured's Immediate Family when:
  - he or she is a regular employee of the organization that is providing the services;
  - such organization receives payment for the services; and
  - he or she receives no compensation other than the normal compensation for employees in her or his job category;
- provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to the Insured or the Insured's estate;
- resulting from illness, treatment or medical condition arising out of:
  - war or any act of war, whether declared or not; or
  - attempted suicide or an intentionally self-inflicted injury; or
- for the Insured's alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

5.2 NON-DUPLICATION

Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- any other federal, State or other government health or long term care program, or law, except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

6. CLAIMS PROVISIONS

Processing of claims, including claim determinations and payments, will be subject to and administered in compliance with the laws of the Policy delivery State.

NOTE: No Benefits will be paid under this Rider after the Death Benefit Payable has been paid. See the Effect of Death Benefit Payment provision (Section 4.4) of this Rider.

6.1 NOTIFYING US ABOUT A CLAIM AND INITIATING THE CLAIM PROCESS

You must initiate the Claim process within 30 days of the date Covered Expenses are incurred, or as soon as reasonably possible thereafter. Providing early notification to Our Claims department can help greatly with the Claims process. Early notice may also provide additional time to plan for the Insured's Covered Care. You or Your Representative may contact Us when the Insured first becomes Chronically Ill, even before the Insured has incurred Covered Expenses.

In order to initiate Your Claim with Us, You or Your Representative must contact Us at Our Administrative Office by phone or in writing, and provide Us with the following:

- Your name;
- Your Policy Number (as shown in the Schedule); and
- an address to which Our claim forms should be sent.

In addition, We will make available certain information to help You or Your Immediate Family plan for long term care. Please see the Information and Referral Services provision (Section 6.10).

6.2 CLAIM FORMS

Once You contact Us to initiate a Claim, We will send You the claim forms You will need to file with Us in order for Us to determine:

- the Insured's eligibility for the payment of Benefits; and
- whether Benefits are payable for Covered Expenses.

If You or Your Representative do not receive the claim forms from Us within 15 days, We can begin reviewing Your Claim without the claim forms. To review a Claim in this manner, You must provide Us with a letter that includes the information outlined in the Completing Claim Forms and Required Documentation provision (Section 6.4). The letter must be sent to Us at Our Administrative Office.

6.3 ASSISTANCE WITH COMPLETING CLAIM FORMS

You or Your Representative may phone Us or contact Us in writing if You require assistance with Your Claim or completing claim forms.

6.4 COMPLETING CLAIM FORMS AND REQUIRED DOCUMENTATION

The claim forms must be completed and signed by You, the Insured and any irrevocable Beneficiary. Our claim forms will include instructions explaining the information You must provide to Us and how to submit the claim forms to Us. Review the claim forms and instructions carefully. Answer all questions and send all required information to the address on the claim forms. The information You submit to Us must be in the form of written documentation acceptable to Us and must:

- describe and confirm that the Insured is Chronically Ill;
- include a Current Eligibility Certification from a Licensed Health Care Practitioner;
- describe and confirm the Covered Care the Insured is receiving;
- include a copy of the Plan of Care;
- include copies of itemized bills, paid invoices and, if necessary, cancelled checks or other verifiable proof of payment for Covered Expenses ("Proofs of Loss"). These items should include information sufficient to enable Us to identify and, if necessary, contact the provider of the Covered Care;
- include copies of documents and explanations of benefits related to any Medicare coverage, coverage under any other federal, State, or other government health care program or law, except Medicaid, or any other coverage if applicable to the Claim; and
- provide Us with written authorization to evaluate the Claim which is included with the claim forms.

A determination regarding the Insured's eligibility for payment of Benefits and whether Benefits are payable for Covered Expenses cannot be made until We receive the above information. You may also be required to provide Us with copies of other records and documents, such as hospital records, which We may reasonably require in addition to the information above before a determination can be made.

Except as required by law, documentation relating to Your Claim must be provided to Us in English.

6.5 PROOFS OF LOSS – SUBMISSION REQUIREMENTS

If the Insured incurs Covered Expenses subsequent to the submission of initial claim forms, You are required to provide Us with Proofs of Loss with respect to those Covered Expenses no later than 90 days after the end of the Coverage month in which the Covered Expenses were incurred. If it is not reasonably possible to provide Us with Proofs of Loss within the 90 days, You must provide Proofs of Loss as soon as reasonably possible after the 90 days.

We will not deny a Claim for failure to provide Us with timely Proofs of Loss if We are provided with Proofs of Loss no later than one (1) year from the date Proofs of Loss are otherwise required. Unless We are provided with proof, in a form satisfactory to Us, that You were incapacitated or incapable of providing Us with Proofs of Loss within the one (1) year period, or unless prohibited by law, any portion of the Claim for which Proofs of Loss are not timely submitted may be denied for failure to provide Us with Proofs of Loss within the one (1) year period.

6.6 HOW WE DETERMINE INITIAL AND ONGOING ELIGIBILITY FOR THE PAYMENT OF BENEFITS

In order for Us to determine the Insured's initial eligibility for the payment of Benefits, We:

- must be in receipt of completed claim forms and Proofs of Loss; and
- will obtain information about the Insured from the Insured's personal Physician, You and the Insured directly.

In addition, at Our expense, We may:

- consult with any Licensed Health Care Practitioners, agencies and other care providers the Insured used or is currently using; or
- require the Insured to participate in a medical or physical examination or assessment.

In order for Us to determine the Insured's ongoing eligibility for the payment of Benefits, at periodic intervals, We may:

- obtain information about the Insured from the Insured's personal Physician, the Insured, and You directly;
- consult with any Licensed Health Care Practitioners, agencies and other care providers the Insured used or is currently using; or
- at Our expense, require the Insured to participate in a medical or physical examination or assessment.

In addition, You will be required to assist Us in periodically updating the Plan of Care and provide Us with Current Eligibility Certifications. When a Licensed Health Care Practitioner has certified that the Insured is unable to perform Activities of Daily Living for an expected period of at least ninety (90) days due to a loss of functional capacity and the Insured is in claim status, the certification cannot be rescinded and additional certifications may not be required until after the expiration of the ninety-day period. You will also be required to provide Us with a copy of the Insured's Medicare Explanation(s) of Benefits (or similar form for other plans or programs subject to the Non-Duplication or other provisions of the Exclusions and Limitations section) to help Us determine which Covered Expenses (if any) are excluded from Coverage under this Rider.

We may use third party service providers to assist Us in gathering information related to Our determination of both the Insured's initial and ongoing eligibility for the payment of Benefits. Certain third party service providers may be Our affiliates. If We use Our affiliates, We will notify You prior to use. You will have the right to request that We use third party service providers who are not affiliated with Us.

In certain instances, to assist Us in determining initial or ongoing eligibility for the payment of Benefits or whether the Insured incurred Covered Expenses, We may require that the Insured participate in a sworn recorded interview or a formal proceeding.

We will notify You in writing of Our determination regarding the Insured's eligibility for the payment of Benefits.

6.7 TIME OF PAYMENT OF BENEFITS

If We determine that the Insured is eligible for the payment of Benefits, We will promptly pay Benefits for Covered Expenses provided for in the initial Proofs of Loss. In the event that Benefits are payable in the future, and upon Our receipt of subsequent Proofs of Loss, We will pay Benefits for Covered Expenses the Insured incurs at the end of each monthly period following Our first Benefit payment date.

6.8 TO WHOM BENEFITS ARE PAID - PAYMENT OF CLAIMS

While You are living, unless otherwise assigned in accordance with the Direct Payment of Benefits to Providers - Assignment of Benefits provision (Section 6.9), all Benefit payments for Covered Expenses are payable to You. Any Benefits for Covered Expenses that are unpaid at Your death may be paid to Your estate.

If, upon Your death, Benefits are payable to an estate, We may pay up to $5,000 of those Benefits directly to someone related to You by blood or marriage who is deemed by Us to be entitled to receive the Benefit payment. We will be discharged from any liability to the extent of any such payment made in good faith.

In accordance with Section 6.9, We may pay all or a portion of any Benefits for Covered Expenses to the provider of the Covered Care. We do not require that Covered Care be provided by a specific facility, entity or person provided all other requirements of this Rider have been satisfied.

6.9 DIRECT PAYMENT OF BENEFITS TO PROVIDERS – ASSIGNMENT OF BENEFITS

We may require that You provide Us with a written assignment of the Benefits due under this Rider authorizing Us to pay such Benefits directly to a Nursing Facility, Assisted Living Facility, Hospice Care Facility, Adult Day Care, or Formal or Informal Provider providing the care to the Insured for which We are paying Benefits for Covered Expenses. The care provider must also agree to the assignment of Benefits in writing. You must notify Us in writing of any change or termination of any such assignment of Benefits. Unless a particular assignment was made at Our request, We do not assume any responsibility for the validity or effect of an assignment of Benefits. Our payment of Benefits pursuant to an assignment of Benefits will fully satisfy any obligations We may have for payment of Benefits under this Rider.

6.10 INFORMATION AND REFERRAL SERVICES

You and Your Immediate Family may contact Us to request information or referral services related to long term care resources or the development of a long term care plan. We will provide certain information or services to You or Your Immediate Family, at no cost, to assist You or Your Immediate Family with assessing individual long term care needs or identifying local long term care service providers. Additional information or services may also be made available to You or Your Immediate Family that You or Your Immediate Family may choose to purchase at an additional cost.

The information or services made available to You or Your Immediate Family under this provision may be provided by independent, non-affiliated entities. These entities are solely responsible to You for the provision of any information or services offered, or accessed, by You or Your Immediate Family and We make no representations, warranties or promises regarding any providers, services or information offered, or accessed, by You or Your Immediate Family.

If You choose to purchase additional information or services outside of the information or services offered by Us, any cost incurred by You is Your responsibility. No Rider or Policy Benefits are payable for any costs You may incur as a result of Your purchase of any additional information or services.

6.11 RIGHT TO RECOVER AN EXCESS PAYMENT

If, at any time, We make a payment in excess of Benefits payable under this Rider (an “Excess Payment”), We have the right to recover such Excess Payment from any person to whom, or for whom, or with respect to whom, such Excess Payment was made. In the event that such Excess Payment is not returned to Us within 60 days of Our request to return the Excess Payment, We may deduct the amount of such Excess Payment from Your future Benefit payments, if applicable and where permitted by law.

Except in the event that this Policy or Rider is rescinded in accordance with the Incontestability Period provision (Section 7.3), We have the right to recover any payment for Benefits made by Us in error and any payment for Benefits made as a result of fraud by any party including, but not limited to, You, the Insured, or the Insured’s care providers.

6.12 APPEALING A CLAIM DECISION

We will inform You, in writing, if a Claim, or any part of a Claim, is denied and the reason for the denial as soon as reasonably possible after Our receipt of all information needed to make a decision regarding Your Claim.

Appealing Our Determination That The Benefit Trigger Is Not Met

If We deny Your Claim based on Our determination that the requirements of the Eligibility For The Payment Of Benefits provision (Section 3.1), referred to below as the "Benefit Trigger", have not been met, We will give written notice to You and Your authorized Representative, if any, of:

- the specific reason We determined that the Benefit Trigger has not been met; and
- Your right to appeal the Benefit Trigger denial to Us for a review by Our internal staff.

Written request to appeal Our determination that the Benefit Trigger has not been met must be sent to Us, with any additional supporting information, within 180 calendar days after receipt of Our Benefit Trigger determination notice. The internal appeal review will be made by a person not involved in the initial determination to deny Your Claim; and will take into consideration all available data and other information provided to Us. Within 30 calendar days of Our receipt of all necessary information upon which a final determination can be made We will provide written notice:

- explaining Our determination; and
- any rights You have, under the laws and regulations of the Policy delivery State, to an independent third party review of Our Benefit Trigger determination after exhaustion of Our internal appeal process.

Appealing Our Determination For Other Denial Reasons

Within 60 days of Your receipt of Our written explanation for denying Your Claim, You may make a written request for additional information regarding the denial. Within 45 days of the date of Our receipt of Your written request We will:

- provide You with a written explanation of the reasons for the denial; and
- make available to You the information We used to determine the denial.

Within 120 days of Our denial, if You believe that Our determination to deny Your Claim is in error, You may **"**Appeal**"** Our determination to deny Your Claim as follows:

- You must send Us a written Appeal (no special form is required) that explains to Us why You believe We should change Our decision to deny Your Claim. You may authorize someone else to act for You in this Appeal process.
- The written Appeal should include the names, addresses and phone numbers of any care providers You believe We should contact to learn more about the Insured's Eligibility for the Payment of Benefits and the Covered Care the Insured received. The written Appeal should include any Physician, health care professionals and other care providers who treated the Insured, and any facilities from which the Insured received care, treatment, services, equipment or other items.

Following Your Appeal, You will be sent written notice and explanation of Our final determination within 30 days of Our receipt of all necessary information upon which a final determination can be made. In the event We change Our determination to deny Your Claim, We will promptly pay any Benefits due.

6.13 LEGAL ACTIONS

You may not bring any legal action against Us seeking Benefit payments under this Rider until 60 days after Proofs of Loss have been received by Us. You may not bring any legal action against Us seeking Benefit payments under this Rider more than the greater of:

- three (3) years from the date Proofs of Loss have been received by Us; and
- the minimum time period to which We can limit the taking of legal actions against the Rider under the laws of the State in which the Policy is delivered.

7. GENERAL PROVISIONS

7.1 REINSTATEMENT

If the Policy to which this Rider is attached is reinstated, this Rider will also be reinstated, subject to the same terms and conditions of the Reinstatement provision (Section 6.5 of the Policy), unless the Accelerated Lifetime Maximum has been exhausted.

Upon reinstatement, this Rider will:

- only provide Benefits for Covered Care received after the date of reinstatement; and
- remain subject to all terms and conditions of the Policy and this Rider.

If, however, the Insured was Chronically Ill when the Policy and this Rider lapsed and, if the reinstatement is requested within five (5) months after the date of the lapse, then in lieu of submitting Evidence, the Policy and this Rider may be reinstated by submitting to Us satisfactory proof that the Insured is Chronically Ill. Upon reinstatement, this Rider will:

- provide Benefits for Covered Care received after the date of the lapse as if Coverage had remained in force; and
- remain subject to all terms and conditions of the Policy and this Rider.

7.2 INCONTESTABILITY PERIOD

A misstatement by You or the Insured in any Application for the Policy or this Rider may be used to rescind (void) or cancel this Rider or deny an otherwise valid Claim. During the first six (6) months following the Date of Issue of this Rider, We may take such action only if the misstatement was material to the issuance of this Rider. After the first six (6) months, but before the end of the first twenty-four (24) months, We may take such action only if the misstatement was material to both: the issuance of this Rider; and the Claim for which Benefits are being sought. After this Rider has been in force for twenty-four (24) months from the Date of Issue, We can take such action only if We can show that You or the Insured knowingly and intentionally misrepresented relevant facts relating to the Insured's health. No Benefits will be paid under this Rider if it is rescinded or canceled.

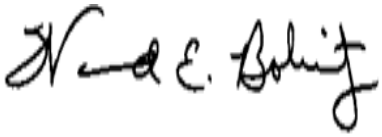
In the event of the death of the Insured, this provision will not apply to the remaining Death Benefit Payable under the Policy which is governed by the Incontestability provision (Section 4.3 of the Policy).

7.3 CONFORMITY WITH STATE STATUTES

If any provision of this Rider is in conflict with the statutes of the Policy delivery State shown on the cover of the Policy, the affected provisions of this Rider will automatically be deemed amended to meet the minimum requirements of such statutes.

Signed for Genworth Life Insurance Company.

Patrick B. Kelleher
President



Ward E. Bobitz
Secretary

Genworth Life Insurance Company

A Stock Company	State of Domicile: Delaware
Home Office:	[6610 West Broad Street, Richmond, VA 23230]
Service Center Address:	[3100 Albert Lankford Drive, Lynchburg, VA 24501]
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Service Center Phone:	[(888) 325-5433]

EXTENSION OF BENEFITS RIDER FOR LONG TERM CARE SERVICES

(Extending Benefits provided under the Accelerated Benefit Rider for Long Term Care Services)

This is an individual extension of benefits rider for long term care services that covers nursing home care, assisted living care, home health care and adult day care.

In this Rider, "You" and "Your" are defined to mean and refer to the Owner, and "We," "Us," and "Our" are defined to mean and refer to the Company.

On the Policy Date, this Rider, also referred to as the "Extension of Benefits Rider," is attached to and made a part of the Policy. This Rider extends Benefits provided under the Accelerated Benefit Rider for Long Term Care Services, herein referred to as the "Accelerated Benefit Rider." It reimburses You for expenses the Insured incurs for Qualified Long Term Care Services covered under this Rider after Benefit payments have exhausted the Accelerated Lifetime Maximum provided under the Accelerated Benefit Rider. This Rider is subject to all of the terms, conditions and definitions of the Policy and the Accelerated Benefit Rider unless stated otherwise in this Rider. READ THIS RIDER CAREFULLY.

CONFORMITY WITH INTERNAL REVENUE CODE: If on its effective date this Rider does not comply with the requirements of the Internal Revenue Code of 1986, as amended (herein referred to as the "Code"), it will be treated as if it had been amended to comply with the requirements of the Code as of such effective date. Because this Rider is guaranteed renewable, We will inform You in writing of any such required change to any provisions of this Rider. You will be given the choice of accepting the change or retaining this Rider without the change.

AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PROFESSIONAL TAX ADVISOR TO ASSESS THE EFFECT OF THIS RIDER ON YOUR INDIVIDUAL TAX SITUATION.

YOU HAVE AN UNCONDITIONAL RIGHT TO RETURN THIS RIDER DURING THE FIRST 30 DAYS. You may return this Rider for any reason within 30 days after its delivery by taking it or mailing it to the Service Center or to any life insurance agent appointed by Us. Immediately upon delivery or mailing to Us, any charges applicable to the Rider will be reversed, this Rider will be deemed void from the beginning and You will not be entitled to any Benefits set forth in this Rider.

NOTICE TO OWNER: This Rider may not cover all of the costs associated with long term care which may be incurred by the Insured during the period of coverage. You are advised to review carefully all limitations in the Policy, the Accelerated Benefit Rider and this Rider.

CAUTION: The issuance of this Rider is based upon the responses to the questions on the Application for the Policy and this Rider. A copy of the Application is enclosed. If any answers are incorrect or untrue, We may have the right to deny Benefits or rescind this Rider, subject to the Incontestability Period provision (Section 7.3). The best time to clear up any questions is now, before a Claim arises! If, for any reason, any answers are incorrect, contact the Service Center at the address and telephone number shown above.

TAXATION: This Rider is intended to be federally tax-qualified long term care insurance under Section 7702B(b) of the Code.

THIS RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If the Insured is eligible for Medicare, review the Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare. We will provide You with a copy of the guide upon request.

RENEWABILITY: This Rider is guaranteed renewable. This means that We may not, on Our own, cancel or reduce coverage provided by this Rider. Subject to the Rider Termination provision (Section 1.2), this Rider will remain in force as long as the Policy remains in force and the required charges for this Rider are paid.

CONSIDERATION: This Rider is issued in consideration of:

- the statements made in the Application; and
- payment of the Initial Premium shown in the Schedule.

RIDER CHARGES: The monthly charge for this Rider will be included in the Monthly Deduction for the Policy. The Initial Monthly Rider Charge for this Rider is shown in the Schedule.

The monthly charge for this Rider is equal to:

- the Extension Monthly Maximum divided by 1,000; multiplied by
- the sum of: (1) the applicable monthly rate per $1,000 of Extension Monthly Maximum for this Rider; plus (2) any applicable monthly rate per $1,000 for the Optional Inflation Protection Benefit, if included.

Subject to rate requirements applicable in the Policy delivery State, We may change the monthly rates for this Rider and the Optional Inflation Protection Benefit, if included, on any Policy Anniversary. Any rate change will be made only when We change the rates on a class basis for all riders We have issued on the same form as this Rider that are delivered in the same State as this Rider. However, the rate change will never exceed the Guaranteed Maximum Monthly Rates shown in the Schedule. We will base any change on Our expectations as to future investment earnings, mortality, morbidity, persistency, expenses and taxes. We will not make any change in order to recoup prior losses. We will give You at least 60 days' prior written notice before the effective date of any rate change.

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1. THE RIDER TAKING EFFECT AND REMAINING IN FORCE

1.1 EFFECTIVE DATE

This Rider is issued with the Policy. Its effective date is the same date as the effective date of the Policy. Its Date of Issue is the Date of Issue of the Policy shown in the Schedule. This Rider will not become effective unless the Policy becomes effective.

1.2 RIDER TERMINATION

This Rider will terminate on the earliest of:

- the date the Policy terminates as described in the Policy;
- the date the Extension Lifetime Maximum is exhausted;
- the date of death of the Insured; or
- the later of:
  - the date We received Notice from You requesting termination of this Rider; or
  - the termination date stated in the Notice.

Upon termination of this Rider, no further Benefits will be paid under this Rider except as provided under the Extended Benefits When Policy and Rider Lapse While Confined provision (Section 1.3).

1.3 EXTENDED BENEFITS WHEN POLICY AND RIDER LAPSE WHILE CONFINED

If the Policy and this Rider terminate due to lapse while the Insured is Confined in a Nursing Facility, Assisted Living Facility or Hospice Care Facility, the Insured will continue to be eligible for Benefits until the earliest of the following:

- the date the Insured's continuous Confinement ceases;
- the date the Extension Lifetime Maximum is exhausted; or
- the date the Insured ceases to meet the requirements of the Eligibility for the Payment of Benefits provision (Section 3.2).

For purposes of this provision, continuous Confinement includes:

- being transferred to another Nursing Facility or Assisted Living Facility;
- receiving another level of care in the same Nursing Facility or Assisted Living Facility; or
- transferring back to a Nursing Facility or Assisted Living Facility from a temporary or acute hospitalization for which Benefits are payable for expenses incurred to reserve the Insured's accommodations in the Nursing Facility or Assisted Living Facility.

Except as stated above, this provision is subject to:

- the Extension Monthly Maximum and Extension Lifetime Maximum shown in the Schedule; and
- all other applicable provisions of this Rider and the Policy.

If the Insured's Benefits are continued under this provision, the Death Benefit Payable under the Policy will not be paid.

2: DEFINITIONS

The following defined terms are used in the Rider. When they are used, they are capitalized. Unless otherwise defined in this Rider, defined terms shall have the meanings ascribed to them in the Policy or in the Accelerated Benefit Rider. Note that some terms are defined in the provisions in which they appear in the Policy, in the Accelerated Benefit Rider, or in this Rider.

Extension Lifetime Maximum means the combined total amount that can be paid for Covered Expenses under the Extended Long Term Care Benefit (Section 3.4) and Extended Alternative Care Benefit (Section 3.5). The Extension Lifetime Maximum as of the Policy Date is shown in the Schedule. The Extension Lifetime Maximum will:

- increase if the Optional Inflation Protection Benefit is in effect; or
- decrease due to Benefit payments made under this Rider.

Extension Monthly Maximum means the combined total amount We will pay under the Extended Long Term Care Benefit (Section 3.4) for Covered Expenses incurred during a calendar month for Facility Care, Home and Community Care, Respite Care, Hospice Care, and International Coverage (subject to the International Coverage Limitations). It is also used to determine the maximum amount payable for Incidental Care and Services. The Extension Monthly Maximum as of the Policy Date is shown in the Schedule. The Extension Monthly Maximum will increase if the Optional Inflation Protection Benefit is in effect.

3. BENEFIT PROVISIONS

3.1 EXTENSION OF ACCELERATED BENEFIT RIDER COVERAGE

This Rider extends the Coverage provided under the Accelerated Benefit Rider by providing Benefits which become effective for the Insured when his or her Accelerated Lifetime Maximum under the Accelerated Benefit Rider is exhausted. There is no Elimination Period requirement under this Rider.

The specific Benefits to which this extension applies are:

- Privileged Care® Coordination Services (Section 3.3);
- the Extended Long Term Care Benefit (Section 3.4); and
- the Extended Alternative Care Benefit (Section 3.5).

PROVISIONS OF THE ACCELERATED BENEFIT RIDER APPLICABLE TO THIS RIDER
Unless stated otherwise in this Rider, the definitions, terms, exclusions and limitations which govern the payment of Benefits under this Rider are described in the Accelerated Benefit Rider and in the Policy.

If Benefits that are subject to the Extension Monthly Maximum become payable partly under both this Rider and the Accelerated Benefit Rider because the Accelerated Lifetime Maximum has been exhausted during the month, the maximum amount payable under all such Benefits is limited to the greater of:

- the Accelerated Monthly Maximum; or
- the Extension Monthly Maximum.

Benefits payable under this Rider for Incidental Care and Services and International Coverage will:

- be reduced by the respective amounts for which payment is made for such care under the Accelerated Benefit Rider; and
- not be provided if the respective lifetime maximum Benefit for such care has been exhausted under the Accelerated Benefit Rider.

3.2 LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

In order for the Insured to be eligible for Benefits:

- the Insured must be Chronically Ill;
- We must receive a Current Eligibility Certification for the Insured; and
- We must receive ongoing proof which demonstrates that the Covered Care is needed due to the Insured continually being Chronically Ill. The proof can be based on information from:
  - care providers;
  - personal Physicians;
  - other Licensed Health Care Practitioners; or
  - other sources.

CONDITIONS FOR RECEIVING BENEFITS

Benefits will be paid as reimbursement for expenses incurred on the Insured's behalf if all of the following conditions are met:

- You must submit a Claim for Benefits under this Rider.
- The expense must be incurred after the Accelerated Lifetime Maximum of the Accelerated Benefit Rider has been exhausted.
- The Insured must meet the above Eligibility for the Payment of Benefits requirements.
- The expenses must qualify as Covered Expenses.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to the Plan of Care.
- Except as stated in the Extended Benefits When Policy and Rider Lapse While Confined provision (Section 1.3), this Rider must be in force on the date(s) the Covered Care is received.
- The Insured must not have exhausted the Extension Lifetime Maximum or any hourly, daily, monthly, annual or lifetime limits applicable to the specific Benefit being Claimed.
- You and the Insured must meet the requirements for payment in accordance with all of the provisions of this Rider and the Policy.
- The care, services, and costs of items for which Benefits are claimed must meet the definition of Qualified Long Term Care Services.
- Regarding the International Coverage Benefit, a copy of the Insured's passport, airline ticket or other proof acceptable to Us verifying that the Insured is outside the United States during the time the Insured is receiving care and services under the International Coverage Benefit.

Once We determine that the Insured is eligible for Benefits, the Insured's eligibility for Benefits will continue for as long as the Insured continues to be Chronically Ill and has not exhausted the Extension Lifetime Maximum. We reserve the right to perform periodic reassessments of the Insured's eligibility to receive Benefits.

3.3 PRIVILEGED CARE® COORDINATION SERVICES

PRIVILEGED CARE COORDINATION SERVICES
This Rider extends the Privileged Care Coordination Services Benefit that was provided in the Accelerated Benefit Rider. Except as set forth in the Payment Limitations provision below, the Privileged Care Coordination Services Benefit is described in the Accelerated Benefit Rider (Section 3.2).

PAYMENT LIMITATIONS
Payment for Privileged Care Coordination Services is NOT subject to: the Extension Lifetime Maximum; the Extension Monthly Maximum; or any other payment limits.

Privileged Care Coordination Services will not be provided for care or services that are provided outside the United States.

3.4 EXTENDED LONG TERM CARE BENEFIT

THE BENEFIT
Under this Benefit We will pay for Covered Expenses described below which are incurred by the Insured while he or she is Chronically Ill.

COVERED EXPENSES
Covered Expenses means expenses the Insured incurs for:

- **Facility Care** which means:
  - all levels of care (skilled, intermediate and custodial care), including Nursing Care, Assisted Living Care, Custodial Care, and meals and room charges, provided by a Nursing Facility or Assisted Living Facility while the Insured is Confined in the Nursing Facility or Assisted Living Facility; or
  - bed reservation of the Insured's room accommodations up to 60 days per calendar year in a Nursing Facility, Assisted Living Facility or Hospice Care Facility when Confinement is interrupted by a temporary absence. We will pay up to the lesser of: the Covered Expenses incurred to reserve the Insured's accommodations; or the amount We would have otherwise paid if the Insured had remained in the Nursing Facility, Assisted Living Facility or Hospice Care Facility.
- **Home and Community Care** which means:
  - health care services provided in the Insured's Home by a: Nurse; licensed physical therapist; occupational therapist; respiratory therapist; or speech therapist;
  - Home Health or Personal Care Services provided in the Insured's Home by a Formal or Informal Provider;
  - Homemaker and Chore Care provided in the Insured's Home by a Formal or Informal Provider; or
  - attendance at an Adult Day Care program in the community while the Insured is living at Home.
- **Respite Care** for up to 30 days per calendar year.
- **Hospice Care** at Home, in the community, or in a Hospice Care Facility. This Benefit will not be paid at the same time as any other Benefit except for: Privileged Care Coordination Services; or Incidental Care and Services when Hospice Care is received at Home.
- **Incidental Care and Services** listed below which are intended to enable the Insured to remain safely in his or her Home and are stated in, and furnished in accordance with, the Plan of Care:
  - Caregiver Training;
  - Emergency Medical Response Systems; or
  - Home Modifications, Assistive Devices and Supportive Equipment.
- **International Coverage** which means:
  - Home and Community Care received outside the United States; or
  - care and services received in an Out-of-Country Nursing Facility

EXCLUDED EXPENSES
Covered Expenses do not include charges, fees or other expenses for any: living quarters other than as provided above for care in a Nursing Facility or Assisted Living Facility; services of a Physician, hospital or laboratory; medications; or any items or services provided for the Insured's comfort and convenience including, but not limited to, such items as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

PAYMENT LIMITATIONS
Payment of this Benefit is subject to:
- the Extension Lifetime Maximum;
- the payment limitations described below; and
- all other provisions and conditions of the Policy and this Rider.

No Benefits will be paid for Incidental Care and Services expenses once either:
- the maximum amount payable under the Accelerated Benefit Rider for Incidental Care and Services expenses has been paid; or
- the total amount payable under both this Rider and the Accelerated Benefit Rider for Incidental Care and Services expenses equals three (3) times the Extension Monthly Maximum.

For all other Covered Care, We will pay up to the Covered Expenses the Insured incurs during a calendar month, but not more than the Extension Monthly Maximum, subject to the International Coverage Limitations.

International Coverage Limitations: When care and services are received outside the United States:
- not more than 50% of the Extension Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month in an Out-of-Country Nursing Facility;
- not more than 25% of the Extension Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month for Home and Community Care and is limited to a Policy lifetime maximum of 365 days of Benefits for care and services received;
- no Benefits will be paid for expenses incurred more than 4 calendar years after the date the first expense payable under this Benefit is incurred under the Policy;
- this Benefit is not payable at the same time as any other Benefit;
- payment for periods less than a full calendar month will be pro-rated based on:
  - a 30-day month; and
  - the number of days for which payment is being made; and
- no payment will be made if it is prohibited by: applicable United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically; or any other governmental pronouncement. This includes, but is not limited to, Benefits otherwise payable for care delivered in a foreign country to which travel is prohibited under Federal law.

3.5 EXTENDED ALTERNATIVE CARE BENEFIT

For expenses not specifically covered under this Rider.

THE BENEFIT

Under this Benefit We will pay for Covered Expenses incurred for Extended Alternative Care. Prior approval by Us is required.

COVERED EXPENSES

Covered Expenses for Extended Alternative Care means the expenses the Insured incurs for Qualified Long Term Care Services that:

- are furnished in accordance with a Mutual Agreement;
- are not specifically covered under another Benefit;
- are not specifically excluded from payment;
- are cost-effective alternatives to care and services available under this Rider;
- are clearly specified in the Plan of Care and in the Mutual Agreement;
- are received after Our written approval of the Mutual Agreement;
- are received while the Mutual Agreement is in effect; and
- are incurred while the Insured's insurance is in force under the Policy and this Rider.

DEFINITION

The **Mutual Agreement** is a written document agreed to by Us, You, the Insured and the Insured's Physician that sets forth:

- the care and services, devices and treatments that will be considered as Covered Care under this Benefit; and
- the duration and payment maximums for Covered Care under this Benefit.

The Mutual Agreement will not waive any rights You or We have under this Rider.

The Mutual Agreement may be discontinued at any time, by either You or Us, without affecting Your right to Benefits otherwise remaining under this Rider.

PAYMENT LIMITATIONS

Payment of this Benefit is subject to:

- the Extension Lifetime Maximum;
- the payment limits set forth in the Mutual Agreement; and
- all other provisions and conditions of the Policy and this Rider.

3.6 OPTIONAL INFLATION PROTECTION BENEFIT

This Optional Inflation Protection Benefit is only provided under this Rider if You selected it in the Application.

THE BENEFIT

On each Policy Anniversary, while this Rider and this Benefit are in effect, We will automatically increase: the then current Extension Monthly Maximum; and the remaining Extension Lifetime Maximum. The amount of the annual increases will depend upon the Optional Inflation Protection Benefit Option that is in effect as shown in the Schedule. Any increase in the Extension Monthly Maximum will apply only to expenses incurred on or following the date of each such increase. Once an Option is in effect, it cannot be changed to another Option. The Options are described as follows:

Simple Benefit Increase Option

If this Option is in effect, the Extension Monthly Maximum will increase on each Policy Anniversary by an amount equal to the percentage (as shown in the Schedule) of the initial Extension Monthly Maximum on the Policy Date. The remaining Extension Lifetime Maximum will increase by the same proportion that the Extension Monthly Maximum increased.

Compound Benefit Increase Option

If this Option is in effect, the Extension Monthly Maximum will increase on each Policy Anniversary by an amount equal to the percentage (as shown in the Schedule) of the Extension Monthly Maximum in effect immediately prior to the increase, without adjustment for Withdrawals. The remaining Extension Lifetime Maximum will increase by the same proportion that the Extension Monthly Maximum increased.

TERMINATION OF THE OPTIONAL INFLATION PROTECTION BENEFIT

Increases provided under this Optional Inflation Protection Benefit will continue until the Extension Lifetime Maximum is exhausted or this Benefit is terminated. If You provide Notice to terminate this Benefit:

- the Optional Inflation Protection Benefit will also be terminated under the Accelerated Benefit Rider; and
- increases under this Benefit and future charges for this Benefit will cease as of the later of the first day of the Policy Month following:
  - the date We receive the Notice; or
  - the termination date stated in the Notice.

3.7 WAIVER OF MONTHLY DEDUCTION BENEFIT

When this Rider pays a Benefit for Covered Expenses, the Policy will be deemed paid-up during the remaining lifetime of the Insured.

3.8 NONFORFEITURE BENEFIT

This Rider will provide a reduced Extension Lifetime Maximum if Your Policy terminates (Section 4.8 of the Policy), for any reason other than the Insured's death after this Rider has been in force for at least three (3) years. This Nonforfeiture Benefit applies in lieu of the Benefits described in this Rider. When the Nonforfeiture Benefit applies, this Rider will be deemed to be in paid-up status (with no further Premium becoming due).

The amount of the reduced Extension Lifetime Maximum is the greater of:

- the Extension Monthly Maximum applicable at the time of termination of the Policy; and
- the sum of all monthly charges paid by You for this Rider, less the amount by which any Return of Premium Benefit provided by Rider, if applicable, exceeds the Net Cash Surrender Value on the date of termination.

In no event will the reduced Extension Lifetime Maximum exceed the Extension Lifetime Maximum in effect at the time this Rider terminates.

Benefits payable upon termination of the Policy:

- are subject to the reduced Extension Lifetime Maximum as described in this Benefit;
- are subject to the Extension Monthly Maximum applicable at the time of termination;
- will not begin prior to the date they would have begun had the Accelerated Benefit Rider remained in force assuming full monthly Benefits had been paid; and
- are limited to those Benefits that would be payable under this Rider in the same manner as if there had been no termination of the Policy, except that annual benefit increases provided under the Optional Inflation Protection Benefit, if included, will cease.

3.9 CONTINGENT NONFORFEITURE BENEFIT

We will notify You prior to any change in monthly rates for this Rider. Anytime the cumulative amount of all such increases over the initial monthly rate equals or exceeds the percentage applicable to the Insured's Issue Age shown in the following table, You will have the right to either:

- reduce Benefits so monthly rates are not increased; or
- convert to the Shortened Benefit Period Option provision in this Section.

The notification will also inform You that the occurrence of a default or lapse, at any time during the 120-day period following the date the monthly rate increases, will automatically be deemed to be Your election to convert to the Shortened Benefit Period Option.

SHORTENED BENEFIT PERIOD OPTION

This Option provides paid-up Benefits with a reduced Extension Lifetime Maximum. The amount of the reduced Extension Lifetime Maximum is the greater of:

- the Extension Monthly Maximum applicable at the time of lapse; or
- the sum of all monthly charges for this Rider, less the amount by which any Return of Premium Benefit provided by Rider, if applicable, exceeds the Net Cash Surrender Value on the date of termination.

In no event will the reduced Extension Lifetime Maximum exceed the Extension Lifetime Maximum in effect at the time the Policy lapses.

Benefits payable upon conversion:

- are subject to the reduced Extension Lifetime Maximum as described in this Option;
- are subject to the Extension Monthly Maximum applicable at the time of termination;
- will not commence prior to the date they would have been payable had the Accelerated Benefit Rider remained in force, assuming the Accelerated Monthly Maximum was payable each month; and
- are limited to those Benefits that would be payable under this Rider in the same manner as if there had been no termination, except that annual benefit increases provided under the Optional Inflation Protection Benefit, if included, will cease.

Triggers Indicating Substantial Cumulative Increases In Monthly Rates

Insured's Issue Age	Increase Over Initial Monthly Rate	Insured's Issue Age	Increase Over Initial Monthly Rate	Insured's Issue Age	Increase Over Initial Monthly Rate
Under 30	200%	66	48%	79	22%
30 – 34	190%	67	46%	80	20%
35 – 39	170%	68	44%	81	19%
40 – 44	150%	69	42%	82	18%
45 – 49	130%	70	40%	83	17%
50 – 54	110%	71	38%	84	16%
55 – 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 & older	10%
65	50%	78	24%		

SECTION 4: EFFECT OF BENEFIT PAYMENT

EFFECT OF RIDER BENEFIT PAYMENT
When a Benefit payment is made under this Rider, it will reduce the remaining Extension Lifetime Maximum by the amount of the Benefit payment.

EFFECT OF WITHDRAWAL AND POLICY LOAN
Any Withdrawal or Policy Loan will not affect Benefit payments under this Rider except as described in the Guaranteed Minimum Benefit Rider.

EFFECT OF A DEATH BENEFIT PAYMENT
Payment of a Death Benefit Payable (Section 9 of the Policy) will not affect Payment of Claims (Section 6.8 of the Accelerated Benefit Rider) for expenses incurred prior to the date of death of the Insured.

SECTION 5: EXCLUSIONS AND LIMITATIONS

This Rider will not pay Benefits for any expenses that:

- are incurred prior to the date the Accelerated Lifetime Maximum has been exhausted under the Accelerated Benefit Rider; or
- would have been excluded from payment under the Accelerated Benefit Rider had it remained in force as stated in the Exclusion and Limitations provision (Section 5 of the Accelerated Benefit Rider).

SECTION 6: CLAIMS PROVISIONS

The payment of Benefits under this Rider is subject to the Claims Provisions set forth in Section 6 of the Accelerated Benefit Rider. Processing of claims, including claim determinations and payments, will be subject to and administered in compliance with the laws of the Policy delivery State.

SECTION 7: GENERAL PROVISIONS

7.1 REINSTATEMENT

If the Policy to which this Rider is attached is reinstated, this Rider will also be reinstated subject to the same terms and conditions of the Reinstatement provision (Section 6.5 of the Policy).

Upon reinstatement, this Rider will:

- only provide Benefits for Covered Care received after the date of reinstatement; and
- remain subject to all terms and conditions of the Policy and this Rider.

If, however, the Insured was Chronically Ill when the Policy and this Rider lapsed and, if the reinstatement is requested within five (5) months after the date of the lapse, then in lieu of submitting Evidence, the Policy and this Rider may be reinstated by submitting to Us satisfactory proof that the Insured is Chronically Ill. Upon reinstatement, this Rider will:

- provide Benefits for Covered Care received after the date of the lapse as if Coverage had remained in force; and
- remain subject to all terms and conditions of the Policy and this Rider.

7.2 INCONTESTABILITY PERIOD

A misstatement by You or the Insured in any Application for the Policy or this Rider may be used to rescind (void) or cancel this Rider, or deny an otherwise valid Claim. During the first six (6) months following the Date of Issue of this Rider, We may take such action only if the misstatement was material to the issuance of this Rider. After the first six (6) months, but before the end of the first twenty-four (24) months, We may take such action only if the misstatement was material to both: the issuance of this Rider; and the Claim for which Benefits are being sought. After this Rider has been in force for twenty-four (24) months from the Date of Issue, We can take such action only if We can show that You or the Insured knowingly and intentionally misrepresented relevant facts relating to the Insured's health. No Benefits will be paid under this Rider if it is rescinded or canceled.

In the event of death of the Insured, this provision will not apply to the remaining Death Benefit Payable under the Policy which is governed by the Incontestability provision (Section 4.3 of the Policy).

7.3 CONFORMITY WITH STATE STATUTES

If any provision of this Rider is in conflict with the statutes of the Policy delivery State shown on the cover of the Policy, the affected provisions of this Rider will automatically be deemed amended to meet the minimum requirements of such statutes.

Signed for Genworth Life Insurance Company.

Patrick B. Kelleher
President

Ward E. Bobitz
Secretary

Genworth Life Insurance Company
A Stock Company State of Domicile: Delaware
Home Office: [6610 West Broad Street, Richmond, VA 23230]
Service Center Address: [3100 Albert Lankford Drive, Lynchburg, VA 24501]
[P. O. Box 461, Lynchburg, Virginia 24505-0461]
Service Center Phone: [(888) 325-5433]

RETURN OF PREMIUM RIDER

In this Rider, "You" and "Your" are defined to mean and refer to the Owner, and "We," "Us," and "Our" are defined to mean and refer to the Company.

On the Policy Date this Rider is attached to and made part of the Policy. This Rider is subject to all the terms, conditions and definitions of the Policy unless stated otherwise in this Rider. READ THIS RIDER CAREFULLY.

EFFECTIVE DATE

This Rider is issued with the Policy. The effective date of this Rider is the same date as the effective date of the Policy, and its Date of Issue is the Date of Issue of the Policy shown in the Schedule. The Rider does not become effective unless the Policy becomes effective. The Benefit, if any, provided by this Rider will not begin before the ROP Benefit Date shown in the Schedule.

CONSIDERATION

We issued this Rider in consideration of:

- the statements made in the Application; and
- payment of the Initial Premium shown in the Schedule.

There is no additional charge for this Rider.

RETURN OF PREMIUM BENEFIT

If this Rider is in effect, upon surrender of the Policy any time on or after the ROP Benefit Date, and within the ROP Duration shown on the Schedule which begins on the ROP Benefit Date, We will pay You an amount equal to the greater of the following:

- the Net Cash Surrender Value; and
- the Initial Premium shown in the Schedule, less any Benefits paid under any Rider, less the Loan Balance on the date of surrender, and less the reduction in Policy Value for any Withdrawals.

This Return of Premium Benefit will be paid in lieu of the Net Cash Surrender Value described in the Policy.

We may defer the Return of Premium Benefit payment up to six (6) months from the date of such full surrender of the Policy.

EFFECT ON DEATH BENEFIT

If the Insured dies while this Rider is in effect, the Death Benefit will be the Death Benefit Factor for the Specified Amount for the Policy Month of death multiplied by the greater of the following amounts:

- the Return of Premium Benefit in effect on the date of the Insured's death; and
- the Policy Value on the date of the Insured's death;

however, the Death Benefit will not be less than the Specified Amount for that Policy Month.

EFFECT ON EXTENDED BENEFITS
If the Policy is surrendered for the Return of Premium Benefit, any extended benefits provision provided under the Policy by Rider will no longer be in effect.

REINSTATEMENT
This Rider can be reinstated.

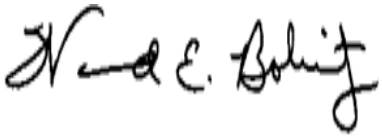
TERMINATION
This Rider will terminate on the earliest of:

- the date the Policy terminates;
- the date of death of the Insured; or
- the day on which the ROP Duration ends.

After termination of this Rider, no Benefit is payable.

Signed for Genworth Life Insurance Company

Patrick B. Kelleher
President



Ward E. Bobitz
Secretary

WELLNESS ENDORSEMENT

This Endorsement adds the following Wellness Provisions to the Policy.

The Wellness Provisions

We will provide You with information or access to certain offers or services to help promote health or wellness related to long term care. This may include information on long term care resources or the development of a long term care plan. Certain offers or services may be made available through independent, non-affiliated entities. Other offers or services may be made available through Our affiliated entities. These entities are solely responsible to You for the provision of any goods or services offered, or accessed, by You.

[We will make certain health or wellness programs available to You. We may offer certain incentives for Your participation in any health or wellness programs that We make available. Any incentive for participation in any such program will be limited to those described in any offers We may make. Your participation in a health or wellness program is completely voluntary, however, You may be required to participate in the health and wellness programs offered in order to receive any incentive We make available.**]** If You elect to purchase additional services or information outside of the services or information offered by Us, any cost incurred by You is Your responsibility. No policy Benefits are payable for any costs You may incur as a result of Your participation in any program offered by Us. **[**We reserve the right to modify or discontinue any incentive provided to You at any time.**]** We may modify any health or wellness program or any arrangements with entities providing any goods or services under any program offered.

Information and access to services or incentives under these provisions may be provided only to the extent permitted under a federally tax-qualified long term care insurance contract.

When This Endorsement Is In Force

This Endorsement takes effect on the Policy Effective Date. It continues as long as Your Policy remains in force; and ends when Your Policy ends.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Patrick B. Kelleher
President

Ward E. Bobitz
Secretary

Genworth Financial
Genworth Life Insurance Company
[Service Center Address:
3100 Albert Lankford Dr.
Lynchburg, Virginia 24501-4948
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Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company

Accelerated Benefit Rider for Long Term Care Services
form series GL501R 0212 and
Extension of Benefits Rider for Long Term Care Services
form series GL502R 0212 if applicable

Receipt of Accelerated Benefits Under The Accelerated Benefit Rider for Long Term Care Services May Be Taxable. Neither the Company Nor Its Agents Can Provide Tax Advice. The Owner Should Seek Assistance From The Owner's Personal Tax Advisor.

CAUTION

The issuance of the Accelerated Benefit Rider for Long Term Care Services (referred to as the "Accelerated Benefit Rider") and Extension of Benefits Rider for Long-Term Care Services (referred to as the Extension of Benefits Rider), if applicable, is based upon the responses to the questions on the Application. A copy of the Application will be attached to the issued Policy. If the Owner's (referred to as You) and/or Insured's (if the Owner is not the Insured) answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your or Insured's answers are incorrect, contact Us at the Service Center Address shown above.

NOTICE TO BUYER

The Riders described in this Outline may not cover all of the costs associated with long term care which may be incurred by the Insured during the period of coverage. The buyer is advised to periodically review the conditions and limitations of the Policy and the Riders.

1. INDIVIDUAL COVERAGE

The Accelerated Benefit Rider and the Extension of Benefits Rider, if applicable, described in this Outline of Coverage are attached to, and made a part of, an individual life insurance policy.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This Outline Of Coverage provides a very brief description of the important features of the Riders. You should compare this Outline Of Coverage to Outlines Of Coverage for other policies and riders available to You.

This is not an insurance contract but only a summary of coverage. Only the Riders and the individual life insurance policy contain governing contractual provisions. This means that the Riders and the policy set forth in detail the rights and obligations of both You and Us. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ THE POLICY AND RIDERS CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The Riders described in this Outline are intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PROFESSIONAL TAX ADVISOR TO ASSESS THE AFFECT OF THESE RIDERS ON YOUR INDIVIDUAL TAX SITUATION.

4. TERMS UNDER WHICH THE RIDERS MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) RENEWABILITY: THESE RIDERS ARE GUARANTEED RENEWABLE. This means that you have the right, subject to the terms of the Policy and the Riders, to continue these Riders as long as the Policy remains in force and applicable rider charges are paid on time. We cannot change any terms of the Riders on its own, except that, in the future, **WE MAY INCREASE THE CHARGES YOU PAY**.

(b) WAIVER OF MONTHLY DEDUCTION BENEFIT. The Accelerated Benefit Rider includes a benefit that waives all Monthly Deductions for the Policy and all Riders when benefits are payable for Facility Care, Home and Community Care, or Hospice Care when such care is received in the United States. This waiver begins with the first Monthly Deduction following the date such benefits are first paid. It stops when the Insured is no longer receiving Facility Care, Home and Community Care or Hospice Care benefits.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES

We may change the rates charged for the Rider(s). Any rate change for a Rider will be made only when We change the rates on a class basis for all riders on the same form and delivered in the same state as that Rider. We will notify You at least 60 days before the Policy Anniversary on which such change would take effect. The rate change will never exceed guaranteed maximum rates shown in the Policy for the corresponding Policy Anniversary.

Under the Extension of Benefits Rider, if purchased, We will give You the right to reduce coverage or convert to a limited paid-up benefit in the event of substantial cumulative increases in the monthly charges for the Rider.

6. TERMS UNDER WHICH THE RIDERS MAY BE RETURNED AND RIDER CHARGES REFUNDED

30-Day Free Look Period: You have 30 days to return the Rider(s) to Us if You are not satisfied with the Rider(s) for any reason. The Rider(s) may be returned to Our Service Center at the above address or to any life insurance agent or producer appointed by Us. Immediately upon return of the Policy and Rider(s) or denial of the Application, the Policy and Rider(s) will be deemed void from the beginning; and any premium paid will be returned. Rider charges will be reversed only if the Extension of Benefits Rider is returned.

The Rider(s) do not contain provisions providing for a refund or partial refund of the charges for the Rider(s) or Optional Inflation Protection Benefit charges, if applicable, upon the death of the Insured or upon the surrender of the Rider(s).

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If the Insured is eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies and riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

These Riders provide coverage in the form of reimbursement for expenses incurred by the Insured for Covered Care. Payment is subject to the Elimination Period, limitations, and all other terms and conditions of the Policy and Riders.

9. BENEFITS PROVIDED BY THE RIDERS

(a) Covered Services: Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Policy and the Riders. Once the Elimination Period has been satisfied, Benefits are provided under the Accelerated Benefit Rider until that Rider's Lifetime Maximum has been exhausted. The Extension of Benefits Rider, if purchased, extends the benefits provided by the Accelerated Benefit Rider after the Lifetime Maximum of the Accelerated Benefit Rider has been exhausted.

We will pay benefits to You as reimbursement for expenses incurred by the Insured for Covered Care, subject to the terms and conditions of the Rider then in effect. Some Covered Care expenses, as described below, are subject to a Monthly Maximum, and benefits paid for such Covered Care for any one month will not exceed the applicable Monthly Maximum in effect. The total benefits paid under the Riders will not exceed the applicable Lifetime Maximum as defined in each Rider.

(b) Institutional Benefits: These pay for Covered Expenses the Insured incurs for Facility Care.

Facility Care which means:

- all levels of care (skilled, intermediate and custodial care), including Nursing Care, Assisted Living Care, Custodial Care, and meals and room charges, provided by a Nursing Facility or Assisted Living Facility while the Insured is Confined in the Nursing Facility or Assisted Living Facility; or
- bed reservation of the Insured's room accommodations up to 60 days per calendar year in a Nursing Facility, Assisted Living Facility or Hospice Care Facility when Confinement is interrupted by a temporary absence.

The International Coverage Benefit provides limited coverage for confinement in an Out -of-Country Nursing Facility.

(c) Non-Institutional Benefits: These include the following:

Privileged Care® Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while the Insured is Chronically Ill. When these services are used, they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

Home and Community Care which means:

- health care services provided in the Insured's Home by a: Nurse; licensed physical therapist; occupational therapist; respiratory therapist; or speech therapist;
- Home Health or Personal Care Services provided in the Insured's Home by a Formal or Informal Provider;
- Homemaker and Chore Care provided in the Insured's Home by a Formal or Informal Provider; or
- attendance at an Adult Day Care program in the community while the Insured is living at Home.

The International Coverage Benefit provides limited coverage for Home and Community Care received outside of the United States.

Respite Care provides short-term coverage to relieve the person who normally and primarily provides the Insured with care in the Insured's Home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

Hospice Care provides services designed to provide palliative care and alleviate the Insured's discomforts when they are both Chronically Ill and terminally ill.

Incidental Care and Services listed below which are intended to enable the Insured to remain safely in his or her Home and are stated in, and furnished in accordance with, the Plan of Care:

- Caregiver Training;
- Emergency Medical Response Systems; or
- Home Modifications, Assistive Devices and Supportive Equipment.

This benefit pays up to a lifetime limit equal to 3 times the then applicable Monthly Maximum.

The ***Alternative Care Benefit*** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

(d) Eligibility For The Payment Of Benefits: For Benefits to be payable under these Riders:

- the Insured must be Chronically Ill;
- We must receive a Current Eligibility Certification for the Insured; and
- We must receive ongoing proof which demonstrates that the Covered Care is needed due to the Insured continually being Chronically Ill.

Conditions: Benefits will only be paid as reimbursement for expenses incurred on the Insured's behalf if all of the following conditions are met:

- You must elect to claim benefits under the Rider(s).
- the payment of any benefit amount under the Accelerated Benefit Rider must be approved by any irrevocable Beneficiary.
- The Insured must meet the above Eligibility for the Payment of Benefits requirements.
- the expenses must qualify as Covered Expenses.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to the Plan of Care.
- Except as stated in the Extended Benefits When Policy and Rider Lapse While Confined provision, the Policy and the Rider(s) must be in force on the date(s) the Covered Care is received.
- Any applicable Elimination Period must be satisfied.
- the Insured must not have exhausted the Lifetime Maximum or any hourly, daily, monthly, annual or lifetime limits applicable to the specific benefit being claimed.
- Extension of Benefits Rider, if applicable, will begin paying benefits only after the Accelerated Lifetime Maximum of the Accelerated Benefit Rider has been exhausted.
- You and the Insured must meet the requirements for payment in accordance with all of the provisions of the Rider(s) and the Policy.
- The care, services, and costs of items for which benefits are claimed must meet the definition of Qualified Long Term Care Service.
- Regarding the International Coverage Benefit, a copy of the Insured's passport, airline ticket or other proof acceptable to Us verifying that the Insured is outside of the United States during the time the Insured is receiving care and services under the International Coverage Benefit.

Once We determine that the Insured is eligible for benefits, the Insured's eligibility for benefits will continue for as long as the Insured continues to be Chronically Ill and has not exhausted the applicable Lifetime Maximum. We reserve the right to perform periodic reassessments of the Insured's eligibility to receive benefits.

Payment Limitations: Payment of this Benefit is subject to:
- the Elimination Period requirement;
- the applicable Lifetime Maximum;
- the payment limits determined below; and
- all other provisions and conditions of the policy and the Rider(s).

No Benefits will be paid for Incidental Care and Services expenses once the total amount payable for such expenses equals three (3) times the Monthly Maximum. For all other Covered Care, we will pay up to the Covered Expenses the Insured incurs during a calendar month, but not more that the applicable Monthly Maximum subject to the International Coverage Limitations.

International Coverage Limitations: When Home and Community Care is received outside the United States or care and services received in an Out-of –Country Nursing Facility:
- not more than 50% of the Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month in an Out-of-Country Nursing Facility;
- not more than 25% of the Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month for Home and Community Care and is limited to a Policy lifetime maximum of 365 days of Benefits for care and services received;
- no Benefits will be paid for expenses incurred more than 4 calendar years after the date the first expense payable under this Benefit is incurred under the Policy;
- this Benefit is not payable at the same time as any other Benefit;
- payment for periods less than a full calendar month will be pro-rated based on:
  - a 30-day month; and
  - the number of days for which payment is being made; and
- no payment will be made if it is prohibited by: applicable United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically; or any other governmental pronouncement. This includes, but is not limited to, Benefits otherwise payable for care delivered in a foreign country to which travel is prohibited under Federal law.

Meaning Of Terms: The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Policy and Riders contain additional definitions not provided for in this Outline of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Accelerated Benefit Rider.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or *Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:
- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long-term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:
- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which the Insured would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while he or she is performing the Activity of Daily Living.

Substantial Supervision is continual supervision which may include cueing by verbal prompting, gestures, or other demonstrations, by another nearby person that is necessary to protect an Insured who has a Severe Cognitive Impairment from threats to his or her health or safety (such as may result from wandering).

Covered Care means only those Qualified Long Term Care Services for which these Riders pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

Covered Expenses means costs the Insured incurs for which a payment may be made under the Rider(s). Each Benefit defines the Covered Expenses for which payment may be made under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Current Eligibility Certification is a written certification by a Licensed Health Care Practitioner, who is not a member of the Insured's Immediate Family certifying that the Insured is Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Elimination Period means the 90 days on which the Insured must incur Covered Expenses before Benefits become payable for Facility Care. Only Covered Expenses incurred for Facility Care, Home and Community Care, and Hospice Care may be used to satisfy the Elimination Period. Days used to satisfy the Elimination Period do not need to be consecutive and can be accumulated over time. Covered Care the Insured receives and related Covered Expenses that are otherwise excluded from payment because of the Non-Duplication provision, including days for which Medicare covers expenses, may also be used to satisfy this requirement. The Elimination Period only must be satisfied once during the Insured's lifetime.

Insured means the person named as the Insured in the application for these Rider(s). Insured does not include any other persons who may be covered by an added benefit Rider.

Lifetime Maximum means the maximum amount of benefits payable for Covered Care under each Rider. Initially the applicable Lifetime Maximum is the amount for which application has been made. This amount may be increased over time in accordance with any inflation protection benefit increases; and decreased due to benefit payments. With respect to the Accelerated Benefit Rider, this amount will be decreased due to withdrawals.

Monthly Maximum means the combined total amount We will pay for Covered Expenses incurred during a calendar month for Facility Care, Home and Community Care, Respite Care, Hospice Care and International Coverage (subject to the International Coverage Limitation). The Monthly Maximum is also used to determine the maximum amounts payable for Incidental Care and Services. Initially the Monthly Maximum is the amount for which application has been made. This amount may be increased over time in accordance with any inflation protection benefit increases; and decreased under the Accelerated Benefit Rider due to withdrawals.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, rehabilitative, and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care.

OTHER FEATURES

Nonforfeiture Benefit: The Extension of Benefits Rider also provides, subject to stated conditions, a Nonforfeiture Benefit which applies if the Rider terminated due to lapse or surrender after having been in force for at least three (3) years. It will continue Rider coverage with a reduced Lifetime Maximum equal to the greater of: (a) the Monthly Maximum under the Rider at the time of termination; and (b) the sum of all monthly charges paid by You for the Rider, less the amount by which any Return of Premium Benefit provided by Rider, if applicable, exceeds the Net Cash Surrender Value on the date of termination. A similar Contingent Nonforfeiture Benefit is available as an alternative if the Rider terminates in the event of a substantial cumulative increase in rider charges.

10. EXCLUSIONS AND LIMITATIONS

There are no exclusions or limitations for pre-existing conditions disclosed on the Application(s). Any incorrect or omitted material information in the Application(s) for the Policy and Rider(s) may cause the Coverage that became effective as a result of the Application to be rescinded (voided) or a Claim to be denied, as stated in the Incontestability Period provision of the Rider(s).

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in the Accelerated Benefit Rider in order to qualify for coverage. The definition excludes the Insured's Home and any facility which is a hospital or clinic, a subacute care or rehabilitation hospital or unit, or a place which operates primarily for the treatment of alcoholism, drug addiction, or mental illness. The Insured's *Home* means the place where the Insured lives and stays. This could be: a house; a condominium; an apartment; a unit in a congregate care community; or a similar residential environment. Home does not include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically provided for in the Rider(s).

Exclusions/Exceptions and Limitations: We will not pay Benefits for any expenses incurred for any Covered Care:

- for which no charge is normally made in the absence of insurance;
- provided outside the United States, unless specifically provided for by a Benefit;
- provided by the Insured's Immediate Family. We will not consider care to have been provided by a member of the Insured's Immediate Family when:
  - he or she is a regular employee of the organization that is providing the services;
  - such organization receives payment for the services; and
  - he or she receives no compensation other than the normal compensation for employees in her or his job category;
- provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to the Insured or the Insured's estate;
- resulting from illness, treatment or medical condition arising out of:
  - war or any act of war, whether declared or not; or
  - attempted suicide or an intentionally self-inflicted injury; or
- for the Insured's alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- Any other federal, state or other government health or long term care program, or law except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

THE RIDERS MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH THE INSURED'S LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

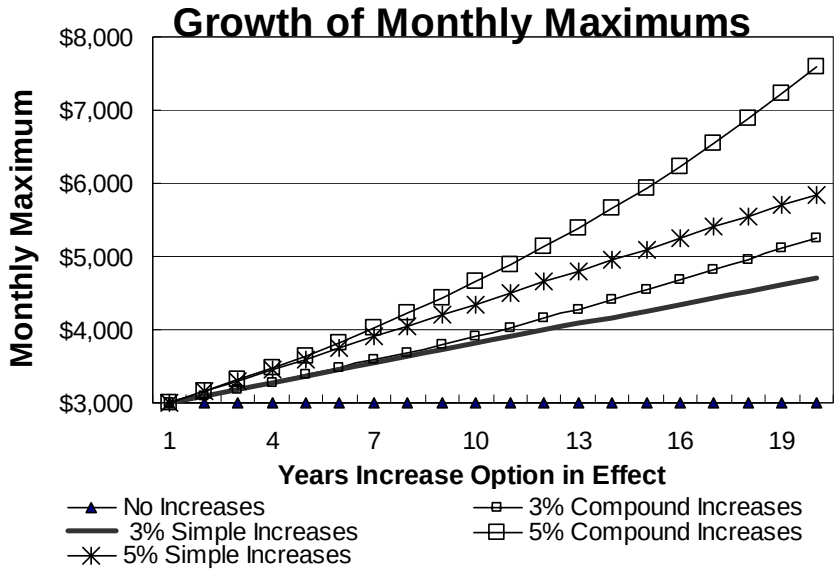
Because the cost of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted. Benefit levels will not increase over time unless one of the following Optional Inflation Protection Benefits is selected at the time of application. Increases will be available to pay for expenses incurred on or after the date of the increases and while Rider coverage is in force. Benefit Increases cease when the Optional Inflation Protection Benefit terminates.

The available benefit amounts for the Optional Inflation Protection Benefit are as follows:

3% or 5% Simple Optional Inflation Protection Benefit: If one of these Options is in effect, the applicable Monthly Maximum will increase on each Policy Anniversary by an amount equal to the selected percentage of the Monthly Maximum initially applicable. The remaining applicable Lifetime Maximum will increase by the same proportion that the applicable Monthly Maximum increased.

3% or 5% Compound Optional Inflation Protection Benefit: If one of these Options is in effect, the applicable Monthly Maximum will increase on each Policy Anniversary by an amount equal to the selected percentage of the applicable Monthly Maximum in effect immediately prior to the increase without adjustment for withdrawals. The remaining applicable Lifetime Maximum will increase by the same proportion that the applicable Monthly Maximum increased.

Once an Option is in effect, it cannot be changed to another Option; nor can an Option be added. If an Optional Inflation Protection Benefit is selected, Rider charges will be higher; but they will not increase due to a change in age or the automatic benefit increases. The following chart demonstrates a graphic comparison of the benefit levels of riders that increase benefits over the coverage period with a rider that does not increase benefits. Following the chart, is a relative cost comparison table that compares the cost of each inflation option.



Relative Cost of Optional Inflation Protection Benefits

24 month Accelerated Benefit Rider/48 month Extension of Benefits Rider

Standard No Nicotine Life Premium Class/Standard Rider Rate Classification with Maximum Couples Discount

Based on Specified Amount of $150,000 with Return of Premium Benefit

Increase Option	Issue Age 45		Issue Age 55		Issue Age 65		Issue Age 75	
	Male	Female	Male	Female	Male	Female	Male	Female
None	100%	100%	100%	100%	100%	100%	100%	100%
3% Simple	130%	134%	134%	138%	145%	144%	243%	243%
5% Simple	157%	164%	169%	176%	204%	199%	357%	357%
3% Compound	156%	163%	154%	161%	176%	172%	268%	268%
5% Compound	292%	307%	289%	298%	308%	302%	442%	442%

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

Once insurance is in force, coverage is provided if the Insured is clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care as described in the Accelerated Death Benefit for Long-Term Care Services Rider.

13. RIDER CHARGES.

The monthly charges for the Rider(s) and the Optional Inflation Protection Benefit, if applicable, for the Accelerated Benefit Rider and the Extension of Benefits Rider, if applicable, will be deducted each month from the Policy Value of the Policy to which the Rider(s) are attached. The initial charges will be shown in the Schedule of the issued Policy.

14. ADDITIONAL FEATURES.

Underwriting: We will underwrite the Application by reviewing the information submitted on the application and any other information You and the Insured authorize Us to obtain.

Reinstatement: If the Policy terminates due to non-payment of Premium, We will provide a retroactive continuation if, within five (5) months of the termination date, You provide Us with proof that the Insured was Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such five (5) month period. In that event, any Benefits for which the Insured qualified during the continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Reminder: This Outline Of Coverage is not a contract; and the only contract under which Coverage will be provided is the Policy issued when the Application is approved. The Policy will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue the Policy until it ends.

15. ANSWERS TO QUESTIONS

CONTACT THE STATE AGENCY LISTED IN *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING THE ACCELERATED BENEFIT RIDER OR THE EXTENSION OF BENEFITS RIDER.

Genworth

Total Living Coverage application for individual life insurance

from Genworth Life Insurance Company

Genworth Life
Attn: TLC New Business
3100 Albert Lankford Drive
Lynchburg, VA 24501

Please print all answers clearly

Send completed form to:
Attn: TLC New Business
3100 Albert Lankford Drive
Lynchburg, VA 24501

1. Benefits selection

Genworth Life Insurance Company is referred to as "we," "us," or "the Company" in this document.

ABR and EBR: the number of months is used to calculate maximum amounts. Payments for long term care may last longer or shorter than the period selected.

a. Plan of insurance
TLC

b. Amount of insurance
$

c. Initial premium
$

d. Accelerated Benefit Rider (ABR) for long term care services
○ 24 months ○ 36 months ○ 48 months

e. Optional Extension of Benefits Rider (EBR) for long term care services
○ None ○ 24 months ○ 48 months ○ Lifetime *Not available with 24 month ABR*

f. Optional inflation protection benefit *Select one*
○ No inflation ○ 3% simple ○ 3% compound
○ 5% simple ○ 5% compound

g. Optional return of premium *Select one*
○ Yes ○ No

2. Proposed Insured information

First name | Middle initial | Last name

Birth date *mm/dd/yyyy* | Social Security Number | ○ Male ○ Female

Driver's license number | Driver's license state

Address | E-mail address

City | State | Zip

Provide telephone numbers.

Home phone | Work phone | Cell phone

If applicable, select "Married" for states in which civil union is treated as married under state law.

Marital status *Select one*
○ Single ○ Married ○ Divorced ○ Separated ○ Widowed

If Proposed Insured is **not** a citizen and does not have a Permanent Resident Card, complete a Resident Alien Supplement.

Citizenship
Is the Proposed Insured a United States citizen?
○ Yes ○ No

State/country of birth

If "No" to the question above, does the Proposed Insured have a Permanent Resident Card?
○ Yes ○ No

If "Yes," enter Permanent Resident Card number

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Proposed Insured information *Continued*

Employment status *Select one*

○ Employed ○ Disabled ○ Retired ○ Other .....

If employed, enter employer information below

Occupation ..... Employer name ..... Type of business .....

Address .....

City ..... State ..... Zip .....

3. Couples discount

In states treating civil union as married, select "With spouse" as applicable.

If "Other" selected, complete the appropriate Couples form to determine eligibility for discount.

All discount forms, (i.e. Couples form(s), Spouse/other application forms if they are applying for coverage) need to be completed and submitted **at time of application** to determine total discounts.

a. With whom does the Proposed Insured live?

○ Live alone

○ With spouse

○ Other *Who and what relationship* .....

b. Does the Proposed Insured's spouse or other household member have long term care benefits in-force or applied for with Genworth Life?

○ Yes ○ No

If "Yes" to the question above, enter spouse/other household member information

Name *First, M.I., Last* ..... Policy/contract number .....

Birth date *mm/dd/yyyy* ..... Social Security Number .....

4. Owner information

Complete ONLY if Owner is someone other than the Proposed Insured. Otherwise, continue to section 5, Beneficiary information.

If Trust, also complete Certification of Trustee Powers form.

Owner type *Select one*

○ Individual ○ Trust

[○ Other *Describe* .....]

Owner/ Trust name *First, M.I., Last* ..... Trustee name .....

Birth/trust date *mm/dd/yyyy* ..... Social Security/Tax ID Number .....

Relationship to Proposed Insured .....

Address .....

City ..... State ..... Zip .....

If Owner type above is an individual, complete citizenship information below.

Is the Owner a United States citizen?

○ Yes ○ No State/country of birth .....

If "No" to the question above, does the Owner have a Permanent Resident Card?

○ Yes ○ No If "Yes," enter Owner Permanent Resident Card number .....

If "No," enter Owner Visa number .....

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5. Beneficiary information

If more than one primary beneficiary is named, the death benefit will be paid in equal shares to surviving beneficiaries unless requested otherwise. If no primary beneficiary survives and more than one contingent beneficiary is named, any death benefit they receive will be paid in equal shares unless requested otherwise.

Additional beneficiary space is available in section 10, "Remarks" or on the overflow form.

Primary beneficiary type *Select one*

○ Individual [○ Corporation] [○ Partnership] ○ Trust
[○ Other *Describe*]

Primary beneficiary/trust name | Trustee name

Birth/trust date *mm/dd/yyyy* | Social Security/Tax ID Number

Relationship to Proposed Insured

Address *If different from Proposed Insured*

City | State | Zip

Beneficiary share
○ 100% ○ 50% ○ 25% ○ Equally ○ Other %

Beneficiary *Select one*

○ Primary beneficiary ○ Contingent beneficiary

Beneficiary type *Select one*

○ Individual [○ Corporation] [○ Partnership] ○ Trust
[○ Other *Describe*]

Beneficiary/trust name | Trustee name

Birth/trust date *mm/dd/yyyy* | Social Security/Tax ID Number

Relationship to Proposed Insured

Address *If different from Proposed Insured*

City | State | Zip

Beneficiary share
○ 100% ○ 50% ○ 25% ○ Equally ○ Other %

Beneficiary *Select one*

○ Primary beneficiary ○ Contingent beneficiary

Beneficiary type *Select one*

○ Individual [○ Corporation] [○ Partnership] ○ Trust
[○ Other *Describe*]

Beneficiary/trust name | Trustee name

Birth/trust date *mm/dd/yyyy* | Social Security/Tax ID Number

Relationship to Proposed Insured

Address *If different from Proposed Insured*

City | State | Zip

Beneficiary share
○ 100% ○ 50% ○ 25% ○ Equally ○ Other %

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6. Proposed Insured history

Additional space for details is available in section 10, "Remarks."

a. Has the Proposed Insured ever used tobacco or any other product that contains nicotine?
○ Yes ○ No

Type of Product | Frequency | Date last used

b. Is there any other application for life insurance, long term care insurance, life insurance with a long term care rider or annuity contract with a long term care rider pending in any company?
○ Yes ○ No

Company name | Life/annuity amt. $ | Long term care amt. $

c. Has Proposed Insured ever submitted an application or requested a reinstatement of life insurance, long term care insurance, nursing home or health coverage or life insurance/annuity contract with long term care coverage that was not issued or reinstated as applied for?
○ Yes ○ No

If "Yes," what was the outcome? ○ Refused ○ Postponed ○ Limited
○ Withdrawn ○ Cancelled ○ Asked to pay a higher premium

Additional space for details is available in section 10, "Remarks."

Details: | Date

d. In the past 5 years, has the Proposed Insured made a claim for or received benefits, compensation, or pension for any injury, sickness, disability, or impaired condition?
○ Yes ○ No

Reason

Date of injury | Date sickness, disability, or impaired condition began

For each disability, provide the date it began and the date it ended.

Date sickness, disability, or impaired condition ended

Are you still receiving benefits?
○ Yes ○ No

e. Has Proposed Insured ever been convicted of a misdemeanor or felony?
○ Yes ○ No Type of conviction ○ Felony ○ Misdemeanor

Date conviction occurred | Convicted of:

Current status ○ Incarcerated ○ Discharged ○ Await sentencing
○ Parole/probation ○ Parole/probation satisfied

For each item checked, list offense and most recent date of occurrence.

f. In the past 5 years, has the Proposed Insured been convicted of or pled guilty or no contest to reckless driving, multiple moving violations, driving under the influence of alcohol or drugs, or had his/her driver's license suspended or revoked?
○ Yes ○ No

If "Yes," indicate all that apply and provide most recent date of occurrence

○ Reckless driving *Provide date* .....
○ Multiple moving violations *Provide date* .....
○ Suspended license *Provide date* .....
○ Driving under the influence of alcohol *Provide date* .....
○ Revoked license *Provide date* .....
○ Driving under the influence of controlled substance *Provide date* .....
○ Other *Provide detail and date* .....

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Proposed Insured history *Continued*

If **"Yes**," complete aviation supplement

g. In the past 5 years has the Proposed Insured flown, or does he/she intend to fly as a pilot, student pilot, or crew member other than on a scheduled commercial airline?
○ Yes ○ No

Check **"None**," or indicate all that apply and complete appropriate supplement.

h. Which of the following activities does the Proposed Insured intend to engage in, or has engaged in within the past 2 years?
○ None ○ Hang gliding ○ Ultra-light flying ○ Hot air ballooning ○ Scuba diving
○ Mountain, ice or rock climbing ○ Motor vehicle and/or boat racing ○ Sky diving

If **"Yes**," complete foreign residence\ travel supplement.

i. Within the next 2 years, does the Proposed Insured intend to travel or reside outside of the U.S. for more than four consecutive weeks other than for vacation?
○ Yes ○ No

7. Proposed Insured medical history

Explain "Yes" answers in section 10, "Remarks."

a. Within the past 12 months, has the Proposed Insured used or been advised by a health care professional to use any of the following:

1. Assistance or supervision with moving in or out of a bed or chair, bathing, dressing, eating, toileting, bowel or bladder control, or walking
○ Yes ○ No
2. Home health care services, adult day care services, or care in a nursing home, assisted living facility, or any other long term care facility
○ Yes ○ No
3. A walker, wheelchair, quad cane, motorized scooter, hospital bed, oxygen, or kidney dialysis
○ Yes ○ No
4. Required assistance with shopping, using transportation, housekeeping, cooking, or managing medical prescriptions
○ Yes ○ No

Explain "Yes" answers in section 10, "Remarks."

b. Has the Proposed Insured had, been treated for, or been diagnosed by a health care professional as having any of the following:

1. Cystic Fibrosis
○ Yes ○ No
2. Parkinson's Disease
○ Yes ○ No
3. Multiple Sclerosis
○ Yes ○ No
4. Stroke
○ Yes ○ No
5. Huntington's Disease
○ Yes ○ No
6. ALS (Lou Gehrig's Disease)
○ Yes ○ No
7. Alzheimer's Disease, dementia, senility or frequent or persistent forgetfulness, or memory loss
○ Yes ○ No
8. Transient Ischemic Attack (TIA) within the past 5 years or more than one TIA
○ Yes ○ No
9. Organ Transplant, other than kidney or cornea
○ Yes ○ No
10. Coronary artery or carotid artery disease, or aneurysm
○ Yes ○ No
11. Congestive heart failure
○ Yes ○ No
12. Arthritis, osteoporosis, paralysis, amputation, joint replacement, myasthenia gravis, fibromyalgia, polio, post-polio syndrome, or disease or disorder of the muscles, bones or joints
○ Yes ○ No
13. Any disabling back or spine condition, or other conditions causing crippling or limited motion, or requiring adaptive devices
○ Yes ○ No

c. Proposed Insured's personal physician name

Telephone

Address

Date and reason last seen

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8. Family history

Explain "Yes" answers in section 10, "Remarks."

Is there a history of Alzheimer's Disease, Dementia, or Huntington's Disease in Proposed Insured's birth mother, birth father or birth siblings?

○ Yes ○ No

If "Yes," please provide details below.

Relationship	Disease
Relationship	Disease
Relationship	Disease

9. Existing insurance/replacement

If "Yes" to questions "a," "c," or "d," complete (sign and date) and submit **all necessary life / annuity and long term care replacement forms**.

a. Are there existing life insurance or annuity contracts, including those with benefits for long term care, in-force on the life of the Proposed Insured? *If "Yes," provide details in "e" below.*

○ Yes ○ No

b. Are there existing accident and sickness or long term care insurance contracts (including health care service contracts and health care maintenance organization contracts) in-force for the Proposed Insured? *If "Yes," provide details in "e" below.*

○ Yes ○ No

c. Does the Owner intend to replace, end or change, with respect to the Proposed Insured, any life insurance or annuity contracts (including those with benefits for long term care) with this policy?

○ Yes ○ No

d. Does the Owner intend to replace, end or change with respect to the Proposed Insured, any long term care, medical or health insurance coverage with this policy?

○ Yes ○ No

Please list all existing life insurance, annuities, and long term care policies on the Proposed Insured.

Remember, a long term care replacement form is required if replacing any life or annuity coverage that includes benefits for long term care.

e. Company name | Policy/contract number

Type	Contract amount	Issue year	Replacing	LTC benefit
	$		○ Yes ○ No	○ Yes ○ No

Company name | Policy/contract number

Type	Contract amount	Issue year	Replacing	LTC benefit
	$		○ Yes ○ No	○ Yes ○ No

Company name | Policy/contract number

Type	Contract amount	Issue year	Replacing	LTC benefit
	$		○ Yes ○ No	○ Yes ○ No

Company name | Policy/contract number

Type	Contract amount	Issue year	Replacing	LTC benefit
	$		○ Yes ○ No	○ Yes ○ No

f. Has there been any other long term care insurance coverage or life insurance or annuity contract that accelerates benefits for long term care in-force on the Proposed Insured in the past 12 months? *If "Yes," provide details* ○ Yes ○ No

Company name | If insurance lapsed, when did it lapse?

Company name | If insurance lapsed, when did it lapse?

g. Is the Proposed Insured covered by Medicaid? *Not Medicare*

○ Yes ○ No

Note: Medicaid is not the same as Medicare. You are covered by Medicaid if you receive Supplemental Security Income (SSI) or if you have applied and been found eligible by the appropriate state agency.

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10. Remarks

Please use this section to provide full details to all "Yes" answers from previous sections. Include question number, section letter/number, dates, results of any tests, medications, names and addresses and phone number of physician/hospital.

If beneficiaries are needed beyond those listed in section 5, please provide full details here.

Use application overflow form if additional space is needed.

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11. Payment selection

If requesting temporary insurance, complete the appropriate Temporary Insurance Application and Agreement (TIAA) and submit it with this application along with the **full** Initial Premium.

a. Payment frequency - Full Initial Premium only

b. Payment method

○ Check ○ 1035 Transfer

c. Premium source:

○ Salary ○ Investments ○ Savings ○ 1035 Transfer ○ Gifts/inheritance

d. Full Initial Premium remitted and exchanged for Temporary Insurance Application and Agreement (TIAA) $.....

12. Representations and agreement

For the protection against unintentional lapse, a notice will be given only if at the beginning of a policy month, the net cash surrender value is less than the monthly deduction for the month or the policy loan balance exceeds the cash surrender value.

Protection Against Unintentional Lapse: I, the Owner, understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this Life Insurance policy that provides long term care coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

Name *First, M.I., Last* Relationship

Address Telephone number

City State Zip

○ I elect NOT to designate any person to receive such notice.

Rejection of the 5% Compound Optional Inflation Benefit:

Check below if the 5% Compound option was not selected in section 1.

○ I, the Owner, have reviewed the Outline of Coverage and the graphs or charts that compare the benefits and premiums of the long term care coverage with and without inflation protection. Specifically, I have reviewed plans offering compound, simple and no increases, and I reject the 5% Compound option.

If needed, a fiduciary or representative must sign in capacity or with title and provide documentation of authority.

Conditions for starting coverage

By signing on this Application, I, the Owner, agree that, except as stated on date of delivery in a TIAA, no insurance will take effect until a policy is delivered to and accepted by the Owner and

- Each person to be insured is alive and in the same condition of health and insurability as stated in this Application, and
- No person to be insured has received any medical advice or treatment from a health care provider or facility since the date of this Application, and
- The initial premium is paid.

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12. Representations and agreement *Continued*

Proposed Insured and Owner Agreement

By signing below, I, the Proposed Insured and Owner (if different), agree that this application for insurance, and any amendment(s) and supplement(s) to the application that are attached to any policy delivered to the Owner will be referred to herein as the "Application."

I have read this application and further represent, understand, and agree that:

- All statements in this Application are representations and not warranties, and are true, complete, and correctly recorded to the best of my knowledge and belief.
- All statements and answers are the basis for any policy to be issued; no information will be considered to have been given to the Insurer unless stated in this Application.
- I will notify the Insurer in writing prior to policy delivery if any statement or answer given in any part of this Application changes prior to delivery.
- The insurance being applied for is suitable for the Owner's insurance needs and financial objectives.
- Insurance is not being applied for as part of a plan or arrangement to transfer the policy to another party.
- Only the Insurer's President, Secretary or Vice-President may: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of Application, receipt or policy.
- The initial premium will be set forth on the policy's schedule pages, and payment of premiums will be subject to the terms and conditions of the policy.
- I, the Owner, have received the Notice to Proposed Insured and Owner, Consumer Privacy Notice, Outline of Coverage, Long Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, Long Term Care Insurance Potential Rate Increase Disclosure Form, applicable Shoppers or Buyers Guide and the Accelerated Benefits Rider for Long Term Care Services Disclosure Notice.

Caution: If the answers on this Application are misstated or untrue, Genworth Life Insurance Company has the right to deny benefits or rescind the policy.

Complete **both** "State where application signed" and "State to be delivered" even if they are the same state.

Delivery of policy if issued will occur in the resident state of the [Owner.] [Insured.]

State in which application signed

State in which policy will be delivered

Proposed Insured signature

Date of signature

X

Printed name of Proposed Insured

Signature of Owner is required if different from Proposed Insured.

Owner signature *Include title if trustee, officer of firm or corporation*

Date of signature

X

Printed name of Owner

Licensed insurance producer signature

Date of signature

X

Licensed insurance producer name printed

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TEMPORARY INSURANCE APPLICATION AND AGREEMENT (TIAA) FOR LIFE/LTC

Genworth Life Insurance Company
[3100 Albert Lankford Drive, Lynchburg, VA 24501]

Notice to Proposed Insured and Owner. Payment of the Initial Premium may only be made at the same time the Total Living Coverage for Individual Life Insurance Application is completed. If the Insurer does not respond within 90 days from the date of this TIAA, notify the Insurer at the above address. **Make the Initial Premium payable to the Insurer. Do not make it payable to the licensed insurance producer or leave the payee blank. Do not pay cash.**

APPLICATION FOR TEMPORARY LIFE INSURANCE AND LONG TERM CARE INSURANCE (ANSWER ALL QUESTIONS.)

Insurer The Insurer listed above.

Temporary insurance cannot begin and no payment should be made if any of the questions 1-7 below is answered "Yes" or left blank.

	Yes	No
1. Is the Proposed Insured less than 18 years old or more than 79 years old (age last birthday) on the Date of this TIAA?	○	○
2. In the past 90 days, has the Proposed Insured been: a) confined in or advised by a Healthcare Professional to enter a hospital or other licensed health care facility; or b) advised by a Healthcare Professional to have an EKG, X-Ray, diagnostic test (other than AIDS related test), or surgery that has not yet been completed?	○	○
3. In the past 5 years, has the Proposed Insured had, been treated for, or been advised by a Healthcare Professional to be treated for: heart disease, Hepatitis C, cancer, alcohol or drug abuse?	○	○
4. Within the past 12 months, has the Proposed Insured used or been advised by a Healthcare Professional to use any of the following: a) assistance or supervision with moving in or out of a bed or chair, bathing, dressing, eating, toileting, bowel or bladder control or walking; or b) Home Health Care services, Adult Day Care services, or care in a Nursing Home, Assisted Living Facility, or any other Long Term Care Facility; or c) a walker, wheelchair, quad, cane, motorized scooter, hospital bed, oxygen or Kidney Dialysis?	○	○
5. Has the Proposed Insured had, been treated for, or been diagnosed by a Healthcare Professional as having any of the following:	○	○

- ALS (Lou Gehrig's Disease)
- Alzheimer's disease, Dementia, Senility
- Bipolar Disorder
- Brain Disorder
- Cancer of the following within the past 4 years: Bone, Brain, Lung, Liver, Ovary, Pancreas, Stomach, or any Metastatic Cancer
- Cirrhosis of the Liver
- Cystic Fibrosis
- Diabetes under treatment with Insulin or with a history of TIA, Heart Disease or Circulatory/Vascular Disease or tobacco use within the past 5 years
- Epilepsy, Convulsions
- Fainting or Blackout spells
- Frequent or persistent Forgetfulness or Memory Loss
- Huntington's Disease
- Mental Illness
- Multiple Sclerosis
- Muscular Dystrophy
- Organ Transplant (other than Kidney or Cornea)
- Paralysis
- Parkinson's Disease
- Schizophrenia or other forms of Psychosis
- Stroke
- Transient Ischemic Attack (TIA) within the past 5 years, or more than one TIA

6. Has the Proposed Insured ever tested positive for the HIV (Human Immunodeficiency Virus) or been treated or diagnosed by a Healthcare Professional as having Acquired Immune Deficiency Syndrome (AIDS)?	○	○
7. Does the total amount of insurance on the Proposed Insured's life in force with the Insurer under all policies, conditional receipts or temporary insurance agreements exceed[$1,000,000?]	○	○

ORIGINAL Return with the application and the payment.

TEMPORARY INSURANCE AGREEMENT

Agreement. Subject to the terms of the policy and riders applied for and this TIAA, the Insurer agrees to pay: (1) the Death Benefit Limited Amount to the beneficiaries listed in the Total Living Coverage for Individual Life Insurance Application upon receipt of due proof that the Proposed Insured died while temporary insurance under this TIAA is in effect; and (2) up to the Long Term Care Limited Amount to the owner upon receipt of due proof that the Proposed Insured became Chronically Ill while this TIAA is in effect. The consideration for temporary insurance is the TIAA and payment of Initial Premium.

Death Benefit Limited Amount. The Death Benefit Limited Amount is the lesser of: (1) the Amount the Initial Premium would have purchased for the plan, benefits and options applied for; and (2)[$1,000,000.]

Long Term Care Limited Amount. Subject to the plan, benefits and options applied for, the Long Term Care Limited Amount is the lesser of: (1) the covered long term care expenses incurred while this TIAA is in effect; and (2) $10,000.

Start Date. Temporary insurance equal to the Death Benefit Limited Amount and Long Term Care Limited Amount will begin on the Start Date subject to the terms of this TIAA. The Start Date is the Date of this TIAA.

Stop Date - 90 Day Maximum. Temporary insurance automatically ends on the Stop Date and the Initial Premium will be returned without interest to the Owner. The Stop Date is the earliest of the following: (1) the date the Owner withdraws the application; (2) 45 days after the Start Date if the Insurer has not received all medical examinations and tests required; (3) the date the Owner refuses to accept any policy issued or offered; (4) the date the Insurer sends notice to the Owner at the address shown in the Total Living Coverage for Individual Life Insurance Application that the Insurer has declined to issue insurance; and (5) 90 days after the Start Date.

Policy Date. The Policy Date of any policy issued will be the Start Date. The Initial Premium will be applied to the policy. The policy will replace this TIAA and coverage will be provided under the policy and not this TIAA.

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

I represent that I have read and received a copy of this TIAA and agree to all of its terms and conditions and I understand and agree that: (1) no temporary Insurance will begin if any of the questions 1-7 in this TIAA is answered "Yes" or left blank; (2) the answers given above are true to the best of my knowledge and belief, and I understand that, if they are false, temporary insurance may be denied or declined; (3) completing this TIAA does not guarantee that the Insurer will issue a policy on the Proposed Insured; and (4) the licensed insurance producer is not authorized to change or waive the terms of this TIAA.

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

Signature of Proposed Insured	Date of this TIAA	Signature of Owner (if other than Proposed Insured)
Proposed Insured's Printed Name	Proposed Insured's Date of Birth	Owner's Printed Name

LICENSED INSURANCE PRODUCER'S STATEMENT

Initial Premium $ _____ Person Providing Initial Premium _____

On the Date of this TIAA, I received the Initial Premium in exchange for this TIAA. The TIAA bears the same date as the Total Living Coverage for Individual Life Insurance Application. I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. I have read and explained the terms of this TIAA to the Owner. I have left the Copy with the Owner.

Signature(s) of Licensed Insurance Producer(s)	Licensed Insurance Producer Number(s)

ORIGINAL Return with the application and the payment.

TEMPORARY INSURANCE APPLICATION AND AGREEMENT (TIAA) FOR LIFE/LTC

Genworth Life Insurance Company
[3100 Albert Lankford Drive, Lynchburg, VA 24501]

Notice to Proposed Insured and Owner. Payment of the Initial Premium may only be made at the same time the Total Living Coverage for Individual Life Insurance Application are completed. If the Insurer does not respond within 90 days from the date of this TIAA, notify the Insurer at the above address. **Make the Initial Premium payable to the Insurer. Do not make it payable to the licensed insurance producer or leave the payee blank. Do not pay cash.**

APPLICATION FOR TEMPORARY LIFE INSURANCE AND LONG TERM CARE INSURANCE (ANSWER ALL QUESTIONS.)

Insurer The Insurer listed above.

Temporary insurance cannot begin and no payment should be made if any of the questions 1-7 below is answered "Yes" or left blank.

	Yes	No
1. Is the Proposed Insured less than 18 years old or more than 79 years old (age last birthday) on the Date of this TIAA?	○	○
2. In the past 90 days, has the Proposed Insured been: a) confined in or advised by a Healthcare Professional to enter a hospital or other licensed health care facility; or b) advised by a Healthcare Professional to have an EKG, X-Ray, diagnostic test (other than AIDS related test), or surgery that has not yet been completed?	○	○
3. In the past 5 years, has the Proposed Insured had, been treated for, or been advised by a Healthcare Professional to be treated for: heart disease, Hepatitis C, cancer, alcohol or drug abuse?	○	○
4. Within the past 12 months, has the Proposed Insured used or been advised by a Healthcare Professional to use any of the following: a) assistance or supervision with moving in or out of a bed or chair, bathing, dressing, eating, toileting, bowel or bladder control or walking; or b) Home Health Care services, Adult Day Care services, or care in a Nursing Home, Assisted Living Facility, or any other Long Term Care Facility; or c) a walker, wheelchair, quad, cane, motorized scooter, hospital bed, oxygen or Kidney Dialysis?	○	○
5. Has the Proposed Insured had, been treated for, or been diagnosed by a Healthcare Professional as having any of the following:	○	○

- ALS (Lou Gehrig's Disease)
- Alzheimer's disease, Dementia, Senility
- Bipolar Disorder
- Brain Disorder
- Cancer of the following within the past 4 years: Bone, Brain, Lung, Liver, Ovary, Pancreas, Stomach, or any Metastatic Cancer
- Cirrhosis of the Liver
- Cystic Fibrosis
- Diabetes under treatment with Insulin or with a history of TIA, Heart Disease or Circulatory/Vascular Disease or tobacco use within the past 5 years
- Epilepsy, Convulsions
- Fainting or Blackout spells
- Frequent or persistent Forgetfulness or Memory Loss
- Huntington's Disease
- Mental Illness
- Multiple Sclerosis
- Muscular Dystrophy
- Organ Transplant (other than Kidney or Cornea)
- Paralysis
- Parkinson's Disease
- Schizophrenia or other forms of Psychosis
- Stroke
- Transient Ischemic Attack (TIA) within the past 5 years, or more than one TIA

6. Has the Proposed Insured ever tested positive for the HIV (Human Immunodeficiency Virus) or been treated or diagnosed by a Healthcare Professional as having Acquired Immune Deficiency Syndrome (AIDS)?	○	○
7. Does the total amount of insurance on the Proposed Insured's life in force with the Insurer under all policies, conditional receipts or temporary insurance agreements exceed [$1,000,000?]	○	○

COPY Give to the Owner only if payment is made at the time the Total Living Coverage for Individual Life Insurance Application is signed.

TEMPORARY INSURANCE AGREEMENT

Agreement. Subject to the terms of the policy and riders applied for and this TIAA, the Insurer agrees to pay: (1) the Death Benefit Limited Amount to the beneficiaries listed in the Total Living Coverage for Individual Life Insurance Application upon receipt of due proof that the Proposed Insured died while temporary insurance under this TIAA is in effect; and (2) up to the Long Term Care Limited Amount to the owner upon receipt of due proof that the Proposed Insured became Chronically Ill while this TIAA is in effect. The consideration for temporary insurance is the TIAA and payment of Initial Premium.

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Policy Date. The Policy Date of any policy issued will be the Start Date. The Initial Premium will be applied to the policy. The policy will replace this TIAA and coverage will be provided under the policy and not this TIAA.

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

I represent that I have read and received a copy of this TIAA and agree to all of its terms and conditions and I understand and agree that: (1) no temporary Insurance will begin if any of the questions 1-7 in this TIAA is answered "Yes" or left blank; (2) the answers given above are true to the best of my knowledge and belief, and I understand that, if they are false, temporary insurance may be denied or declined; (3) completing this TIAA does not guarantee that the Insurer will issue a policy on the Proposed Insured; and (4) the licensed insurance producer is not authorized to change or waive the terms of this TIAA.

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

Signature of Proposed Insured	Date of this TIAA	Signature of Owner (if other than Proposed Insured)
Proposed Insured's Printed Name	Proposed Insured's Date of Birth	Owner's Printed Name

LICENSED INSURANCE PRODUCER'S STATEMENT

Initial Premium $ _____ Person Providing Initial Premium _____

On the Date of this TIAA, I received the Initial Premium in exchange for this TIAA. The TIAA bears the same date as the Total Living Coverage for Individual Life Insurance Application. I agree that I am not authorized to change or waive the terms of this TIAA and represent that I have not attempted to do so. I have read and explained the terms of this TIAA to the Owner. I have left the Copy with the Owner.

Signature(s) of Licensed Insurance Producer(s)	Licensed Insurance Producer Number(s)

COPY Give to the Owner only if payment is made at the time the Total Living Coverage for Individual Life Insurance Application is signed.

Genworth

Long Term Care Insurance Potential Rate Increase Disclosure Form

for Accelerated Benefit Rider for Long Term Care Services
and Extension of Benefits Rider for Long Term Care Services
from Genworth Life Insurance Company

Genworth Life
Attn: TLC New Business
3100 Albert Lankford Drive
Lynchburg, VA 24501

Disclosures

1. The monthly charge(s) that is (are) applicable to you and that will be in effect until a request is made and approved for an increase is (are) provided with your application.
2. **The initial monthly charge(s) for rider coverage will be shown on the schedule page of your policy.**
3. **Rate Adjustments:**
   Any rate adjustments or changes will be effective on the policy anniversary and the company will give you 60 days prior written notice of such change.
4. **Potential Rate Revisions:**
   These riders are Guaranteed Renewable. This means that the rates for rider coverage may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all insureds with a rider similar to yours.

   If you receive a rate increase in the future, you will be notified of the new rate and you will be able to exercise at least one of the following options:

   - Pay the increased charge and continue your policy and rider coverage in force as is
   - Reduce your rider benefits to a level such that your charges will not increase (Subject to state law minimum standards.)
   - Exercise your nonforfeiture option (This option is only included in the Extension of Benefits Rider, if purchased.)
   - Exercise your contingent nonforfeiture rights* (This option is only included in the Extension of Benefits Rider, if purchased.)

*Contingent Nonforfeiture - Only Applicable to the Extension of Benefits Rider

If the rate for this rider goes up in the future, you may be eligible for contingent nonforfeiture.
Here's how to tell if you are eligible:

You will keep some rider coverage, if:

- Your rate after the increase exceeds your original rate by the percentage shown (or more) in the following table; and
- You terminate this rider within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of rider charges you've paid for this rider since your rider was first issued. If you have already received benefits under the rider, so that the remaining maximum benefit amount is less than the total amount of charges you've paid for this rider, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other benefits for this rider will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, this rider, with this reduced maximum benefit amount, will be considered "paid-up" with no further charges taken.

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Example

- You bought the Extension of Benefits Rider at age 65 and paid $1,000 in annual rider charges for 10 years, so you have paid a total of $10,000 in rider charges.
- In the eleventh year, you receive a rate increase of 50%, or $500 for a new annual rider charge of $1,500, and you decide to terminate the rider.
- Your "paid-up" rider benefits are $10,000 (provided you have a least $10,000 of benefits remaining under your rider).

Cumulative Rate Increase over Initial Rate that qualifies for Contingent Nonforfeiture					
Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.					
Insured's Issue Age	Percent Increase Over Initial Rate	Insured's Issue Age	Percent Increase Over Initial Rate	Insured's Issue Age	Percent Increase Over Initial Rate
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

The Lifetime maximum cumulative rate increase for the Extension of Benefits Rider is 50%.

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LONG TERM CARE INSURANCE PERSONAL WORKSHEET

Company Copy

Genworth Life Insurance Company
[3100 Albert Lankford Drive, Lynchburg, VA 24501]

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and **ask** you to fill out the rest to help you and the company decide if you should buy this policy. *All references to 'you' on this form apply to the owner.*

SECTION A

Premium Information and Policy/Rider Form Number: (check one)

Flexible Premium Adjustable Life Insurance Policy [**GL5000 0212**] with Accelerated Benefit Rider for Long Term Care Services [**GL501R 0212**]

○With ○Without Extended Benefit Rider for Long Term Care Services [**GL502R 0212**]

The initial premium for this policy including the rider(s) is $_____

Type of Rider(s) Guaranteed Renewable Long Term Care riders.

The Company's Right to Increase Rates The company has a right to increase charges on these rider form(s) in the future, provided it raises rates on all similar riders in the same class in this state. However, we will never increase rates in the first five policy years and after five policy years never ask for a cumulative rate increase of more than 50%.

Rate Increase History The company has sold long term care insurance since 1974 and has sold this rider since [2012.] The company has never raised its rates for any long term care rider it has sold in this state or any other state. However, the company sells stand-alone long term care policies that include benefits similar to the benefits offered in these riders. In the past 10 years, the company had raised its rates on long term care policy forms that are no longer available for sale. *Following is a summary of the rate increases:*

Policy Forms Series - Not every policy form series was available in every state	**Years Available for sale**	**Percentage of Increase[1]**	**Effective Year[2]**
6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8%	2007-2013
6484,6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	1988-1998	0-9%	2007-2013
7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-1999	0-12%	2007-2013
		0-18%	2011-2013
7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024, 51005, 51006, 51007	1997-2003	0-11%	2007-2013
		0-18%	2011-2013

[1]Varies by state

[2]Future effective date reflects rate increases requested, but not yet implemented

Questions Related to Your Income

This insurance product is designed as an initial premium policy, in which you set the initial premium.

How will you pay for your initial premium?

○From my Income ○From my Savings/Investments ○My Family will pay ○Other _____

Have you considered whether you could afford to keep this policy if additional premiums were needed to maintain the policy, for example, an additional 20%? THIS QUESTION MUST BE ANSWERED

○Yes ○No- *If you have not considered this possibility, please do not proceed with the application until doing so.*

SECTION B

What is your annual income? (check one)

○Under $20,000 ○$20,000–$30,000 ○$30,001–$40,000 ○$40,001–$50,000 ○Over $50,000

How do you expect your income to change in the next 10 years? (check one)

○No change ○Increase ○Decrease

If you will be paying with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one)

○Yes ○No

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SECTION B continued

If not, have you considered how you will pay for the difference between future costs and your current benefit amount (if any)?

○ From my Income ○ From my Savings/Investments ○ My Family will pay

The national median annual cost of long term care in 2010 was $75,190, but this figure varies across the country. In ten years the national average annual cost would be about $122,477 if costs increase 5% annually.

Elimination Period

The elimination period under the rider is 90 days. Based on the year 2010 figures provided above, this means that approximately $18,540 in nursing home costs will be incurred before benefits are payable.

How are you planning to pay for care during the Elimination Period? (check one)

○ From my Income ○ From my Savings/Investments ○ My Family will pay

Questions Related to Your Savings and Investments

Not counting your home and initial premium, about how much are all of your assets (your savings & investments) worth? (check one)

○ Under $20,000 ○ $20,000–$30,000 ○ $30,001–$50,000 ○ Over $50,000

How do you expect your assets to change over the next ten years? (check one)

○ Stay about the same ○ Increase ○ Decrease

If you are buying this policy primarily to protect your assets and your assets are less than $30,000, you may wish to consider other options for financing your long term care.

DISCLOSURE WORKSHEET

Check one

○ The answers to the preceding questions accurately describe my financial situation.

-or

○ I choose not to complete this information (in section B on the prior page), and I have signed the Verification of Financial Non-Disclosure (form # TLC-PWVFND 0212).

Check the box to acknowledge you have read the following statement and sign below.

○ **(THIS CIRCLE MUST BE CHECKED)** I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. **I understand the above disclosures. I understand that the rates for this policy may increase in the future.**

X _____ _____ _____

Owner Signature **Printed Name** **Date**

I explained to the owner the importance of completing this information.

X _____ _____ _____

Producer's Signature **Producer's Printed Name** **Date**

Complete this section ONLY if your producer has advised you that this policy may not be suitable for you.

My producer has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider the application.

X _____ _____

Owner Signature **Date**

The company may contact you to verify your answers.

An approved policy WILL NOT BE ISSUED until the Long Term Care Insurance Personal Worksheet (and if applicable, the Verification of Financial Non-Disclosure) has been fully completed and received by the company.

PREPRINT NOT FOR DISTRIBUTION

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	0

Company Rate Information

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Genworth Life Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	ABR Current Rates	GL501RAR 0212	New		ABR Current Rates .pdf
	EBR Rider Charges	GL502R 0212	New		EBR Rider charges.pdf
	IPB Rates for ABR	GL501RAR 0212	New		IPB Rates for ABR.pdf
	IPB Rates EBR	GL502R 0212	New		IPB Rates for EBR.pdf

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

ABR Period 2 years

Duration>>

Issue Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
18	0.0230	0.0230	0.0258	0.0258	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0258	0.0230	0.0258	0.0258	0.0258	0.0230	0.0230	0.0230	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0230	0.0258
19	0.0230	0.0230	0.0258	0.0258	0.0230	0.0230	0.0230	0.0230	0.0258	0.0258	0.0258	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0230	0.0230	0.0258	0.0258
20	0.0230	0.0230	0.0258	0.0230	0.0230	0.0230	0.0230	0.0230	0.0258	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0230	0.0230	0.0258	0.0258	0.0287
21	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0230	0.0230	0.0258	0.0258	0.0287	0.0316
22	0.0201	0.0201	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0201	0.0201	0.0201	0.0201	0.0201	0.0201	0.0230	0.0258	0.0258	0.0287	0.0316	0.0344
23	0.0201	0.0201	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0201	0.0201	0.0201	0.0201	0.0201	0.0230	0.0258	0.0258	0.0287	0.0316	0.0344	0.0373
24	0.0172	0.0201	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0201	0.0201	0.0230	0.0258	0.0258	0.0287	0.0316	0.0344	0.0373	0.0402
25	0.0172	0.0201	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0258	0.0287	0.0316	0.0344	0.0373	0.0402	0.0431
26	0.0172	0.0201	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0230	0.0258	0.0287	0.0316	0.0344	0.0373	0.0402	0.0430	0.0488
27	0.0172	0.0201	0.0229	0.0229	0.0229	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0258	0.0287	0.0316	0.0344	0.0373	0.0402	0.0430	0.0488	0.0545
28	0.0172	0.0201	0.0229	0.0229	0.0258	0.0258	0.0258	0.0258	0.0287	0.0287	0.0287	0.0287	0.0287	0.0287	0.0287	0.0287	0.0287	0.0287	0.0287	0.0287	0.0315	0.0344	0.0373	0.0401	0.0430	0.0487	0.0545	0.0602
29	0.0172	0.0201	0.0229	0.0258	0.0258	0.0258	0.0258	0.0287	0.0287	0.0315	0.0315	0.0315	0.0315	0.0315	0.0315	0.0315	0.0315	0.0315	0.0315	0.0315	0.0344	0.0373	0.0401	0.0430	0.0487	0.0545	0.0602	0.0688
30	0.0172	0.0201	0.0229	0.0258	0.0258	0.0258	0.0287	0.0287	0.0315	0.0344	0.0344	0.0344	0.0344	0.0344	0.0344	0.0344	0.0344	0.0344	0.0344	0.0344	0.0373	0.0401	0.0430	0.0487	0.0544	0.0602	0.0688	0.0774
31	0.0172	0.0201	0.0229	0.0258	0.0258	0.0286	0.0286	0.0315	0.0344	0.0344	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0401	0.0430	0.0487	0.0544	0.0602	0.0688	0.0774	0.0859
32	0.0172	0.0200	0.0229	0.0258	0.0258	0.0286	0.0315	0.0315	0.0344	0.0372	0.0401	0.0401	0.0401	0.0401	0.0401	0.0401	0.0401	0.0401	0.0401	0.0401	0.0430	0.0487	0.0544	0.0601	0.0687	0.0773	0.0859	0.0945
33	0.0172	0.0200	0.0229	0.0258	0.0286	0.0286	0.0315	0.0344	0.0372	0.0401	0.0429	0.0429	0.0429	0.0429	0.0429	0.0429	0.0429	0.0429	0.0429	0.0429	0.0487	0.0544	0.0601	0.0687	0.0773	0.0859	0.0945	0.1059
34	0.0143	0.0200	0.0229	0.0258	0.0286	0.0286	0.0315	0.0343	0.0372	0.0401	0.0458	0.0487	0.0487	0.0487	0.0487	0.0487	0.0487	0.0487	0.0487	0.0487	0.0544	0.0601	0.0687	0.0773	0.0859	0.0944	0.1059	0.1145
35	0.0143	0.0200	0.0229	0.0258	0.0286	0.0315	0.0315	0.0343	0.0401	0.0429	0.0486	0.0515	0.0544	0.0544	0.0544	0.0544	0.0544	0.0544	0.0544	0.0544	0.0629	0.0687	0.0773	0.0858	0.0944	0.1059	0.1144	0.1259
36	0.0143	0.0200	0.0257	0.0286	0.0286	0.0315	0.0343	0.0372	0.0400	0.0458	0.0515	0.0572	0.0572	0.0572	0.0572	0.0601	0.0601	0.0601	0.0601	0.0629	0.0715	0.0772	0.0858	0.0944	0.1058	0.1144	0.1258	0.1344
37	0.0143	0.0200	0.0257	0.0286	0.0314	0.0343	0.0371	0.0400	0.0457	0.0514	0.0571	0.0629	0.0629	0.0629	0.0629	0.0629	0.0657	0.0686	0.0686	0.0714	0.0800	0.0857	0.0943	0.1057	0.1114	0.1257	0.1343	0.1486
38	0.0171	0.0200	0.0257	0.0285	0.0314	0.0371	0.0400	0.0428	0.0485	0.0542	0.0599	0.0656	0.0656	0.0656	0.0685	0.0685	0.0714	0.0742	0.0771	0.0799	0.0885	0.0942	0.1056	0.1113	0.1199	0.1341	0.1484	0.1627
39	0.0171	0.0228	0.0285	0.0314	0.0342	0.0371	0.0428	0.0485	0.0542	0.0599	0.0656	0.0713	0.0713	0.0741	0.0741	0.0770	0.0798	0.0827	0.0855	0.0884	0.0941	0.1026	0.1112	0.1197	0.1283	0.1482	0.1625	0.1739
40	0.0171	0.0228	0.0285	0.0342	0.0370	0.0399	0.0456	0.0513	0.0570	0.0627	0.0684	0.0769	0.0797	0.0797	0.0826	0.0854	0.0883	0.0911	0.0940	0.0968	0.1054	0.1139	0.1196	0.1282	0.1396	0.1623	0.1737	0.1880
41	0.0171	0.0256	0.0313	0.0342	0.0398	0.0427	0.0484	0.0541	0.0626	0.0683	0.0740	0.0854	0.0882	0.0882	0.0939	0.0968	0.0968	0.0996	0.1025	0.1053	0.1138	0.1195	0.1281	0.1395	0.1565	0.1736	0.1878	0.2021
42	0.0171	0.0256	0.0341	0.0370	0.0427	0.0455	0.0512	0.0569	0.0654	0.0711	0.0825	0.0939	0.0967	0.0996	0.1053	0.1081	0.1081	0.1110	0.1110	0.1138	0.1195	0.1280	0.1394	0.1537	0.1650	0.1878	0.2020	0.2219
43	0.0199	0.0285	0.0342	0.0399	0.0455	0.0484	0.0541	0.0626	0.0712	0.0797	0.0911	0.1053	0.1139	0.1139	0.1167	0.1167	0.1167	0.1196	0.1196	0.1196	0.1281	0.1366	0.1509	0.1623	0.1793	0.2021	0.2220	0.2505
44	0.0228	0.0285	0.0371	0.0428	0.0485	0.0542	0.0599	0.0684	0.0770	0.0855	0.1026	0.1197	0.1254	0.1254	0.1283	0.1283	0.1283	0.1283	0.1283	0.1283	0.1368	0.1482	0.1625	0.1739	0.1938	0.2223	0.2508	0.2765
45	0.0257	0.0314	0.0400	0.0457	0.0514	0.0571	0.0628	0.0743	0.0800	0.0943	0.1114	0.1343	0.1371	0.1371	0.1371	0.1371	0.1371	0.1371	0.1371	0.1371	0.1457	0.1600	0.1742	0.1914	0.2142	0.2514	0.2771	0.3028
46	0.0287	0.0344	0.0430	0.0516	0.0573	0.0631	0.0688	0.0774	0.0860	0.1032	0.1232	0.1433	0.1433	0.1433	0.1433	0.1433	0.1433	0.1433	0.1433	0.1433	0.1576	0.1720	0.1920	0.2150	0.2350	0.2780	0.3038	0.3325
47	0.0317	0.0374	0.0461	0.0547	0.0605	0.0691	0.0749	0.0835	0.0950	0.1123	0.1353	0.1555	0.1555	0.1555	0.1555	0.1555	0.1555	0.1555	0.1555	0.1555	0.1727	0.1929	0.2159	0.2275	0.2534	0.3052	0.3340	0.3685
48	0.0318	0.0405	0.0492	0.0579	0.0666	0.0753	0.0811	0.0926	0.1042	0.1216	0.1476	0.1708	0.1737	0.1737	0.1737	0.1737	0.1737	0.1737	0.1737	0.1737	0.1939	0.2171	0.2258	0.2518	0.2808	0.3358	0.3705	0.4053
49	0.0320	0.0408	0.0524	0.0612	0.0728	0.0815	0.0903	0.1019	0.1165	0.1369	0.1602	0.1835	0.1864	0.1893	0.1922	0.1951	0.1951	0.1951	0.1951	0.1951	0.2155	0.2271	0.2504	0.2825	0.3058	0.3728	0.4077	0.4485
50	0.0352	0.0440	0.0557	0.0674	0.0762	0.0909	0.1026	0.1143	0.1319	0.1524	0.1729	0.1905	0.1993	0.2022	0.2110	0.2110	0.2110	0.2140	0.2140	0.2140	0.2286	0.2491	0.2843	0.3077	0.3370	0.4103	0.4513	0.4924
51	0.0354	0.0472	0.0590	0.0708	0.0855	0.1003	0.1121	0.1268	0.1475	0.1622	0.1858	0.2035	0.2124	0.2212	0.2242	0.2242	0.2242	0.2271	0.2271	0.2271	0.2507	0.2802	0.3068	0.3392	0.3687	0.4543	0.4956	0.5457
52	0.0356	0.0505	0.0623	0.0772	0.0950	0.1128	0.1277	0.1425	0.1574	0.1752	0.1989	0.2138	0.2316	0.2316	0.2494	0.2494	0.2494	0.2494	0.2494	0.2524	0.2791	0.3058	0.3355	0.3652	0.4067	0.4988	0.5493	0.5997
53	0.0358	0.0538	0.0687	0.0836	0.1016	0.1225	0.1404	0.1523	0.1703	0.1882	0.2091	0.2330	0.2420	0.2629	0.2718	0.2748	0.2748	0.2778	0.2778	0.2808	0.3077	0.3346	0.3644	0.4062	0.4570	0.5526	0.6034	0.6661
54	0.0390	0.0571	0.0751	0.0931	0.1141	0.1322	0.1472	0.1622	0.1832	0.2042	0.2283	0.2433	0.2673	0.2823	0.2974	0.2974	0.3004	0.3034	0.3064	0.3094	0.3364	0.3664	0.4025	0.4626	0.5166	0.6067	0.6698	0.7389
55	0.0392	0.0604	0.0815	0.1026	0.1237	0.1388	0.1539	0.1720	0.1992	0.2263	0.2414	0.2656	0.2837	0.2927	0.3350	0.3350	0.3350	0.3350	0.3350	0.3350	0.3652	0.4044	0.4647	0.5191	0.5613	0.6730	0.7424	0.8058
56	0.0423	0.0664	0.0936	0.1147	0.1298	0.1479	0.1630	0.1872	0.2204	0.2385	0.2626	0.2808	0.2868	0.3321	0.3623	0.3623	0.3623	0.3623	0.3623	0.3623	0.4015	0.4649	0.5162	0.5615	0.6189	0.7427	0.8061	0.8846
57	0.0450	0.0750	0.1021	0.1201	0.1351	0.1501	0.1711	0.2041	0.2371	0.2551	0.2762	0.2792	0.3242	0.3602	0.3992	0.3992	0.3992	0.3992	0.3992	0.3992	0.4623	0.5133	0.5583	0.6153	0.6934	0.8014	0.8795	0.9575
58	0.0565	0.0833	0.1070	0.1279	0.1427	0.1635	0.1873	0.2171	0.2498	0.2676	0.2706	0.3182	0.3509	0.3925	0.4371	0.4401	0.4431	0.4460	0.4490	0.4520	0.5085	0.5531	0.6155	0.6899	0.7791	0.8713	0.9486	1.0318
59	0.0647	0.0883	0.1147	0.1353	0.1559	0.1765	0.2001	0.2295	0.2530	0.2648	0.3119	0.3354	0.3766	0.4207	0.4737	0.4766	0.4825	0.4884	0.4914	0.4972	0.5443	0.6091	0.6856	0.7738	0.8621	0.9386	1.0210	1.1034
60	0.0729	0.0991	0.1195	0.1487	0.1691	0.1924	0.2157	0.2361	0.2478	0.2770	0.3236	0.3615	0.4082	0.4665	0.5073	0.5131	0.5189	0.5277	0.5335	0.5394	0.6035	0.6822	0.7697	0.8630	0.9300	1.0116	1.0933	1.1778
61	0.0783	0.1044	0.1363	0.1624	0.1885	0.2088	0.2262	0.2349	0.2640	0.2843	0.3336	0.4003	0.4583	0.4960	0.5540	0.5627	0.5714	0.5801	0.5888	0.5975	0.6816	0.7687	0.8644	0.9340	1.0065	1.0877	1.1718	1.2589
62	0.0872	0.1191	0.1482	0.1801	0.2063	0.2208	0.2295	0.2615	0.2847	0.3254	0.3922	0.4503	0.4939	0.5404	0.6189	0.6334	0.6450	0.6595	0.6741	0.6857	0.7757	0.8716	0.9443	1.0169	1.0982	1.1738	1.2610	1.3510
63	0.0940	0.1293	0.1645	0.1968	0.2203	0.2321	0.2673	0.2849	0.3202	0.3760	0.4494	0.4906	0.5346	0.6169	0.6962	0.7138	0.7314	0.7491	0.7696	0.7873	0.8842	0.9635	1.0399	1.1221	1.1956	1.2749	1.3659	1.4629
64	0.1022	0.1442	0.1803	0.2133	0.2283	0.2674	0.2914	0.3245	0.3786	0.4507	0.4897	0.5378	0.6189	0.6910	0.7932	0.8172	0.8382	0.8623	0.8863	0.9104	0.9945	1.0726	1.1597	1.2378	1.3160	1.3971	1.4962	1.5984
65	0.1121	0.1588	0.1962	0.2211	0.2616	0.3052	0.3301	0.3861	0.4640	0.4982	0.5449	0.6290	0.7006	0.7878	0.9248	0.9466	0.9684	0.9933	1.0151	1.0401	1.1210	1.2113	1.2923	1.3764	1.4604	1.5507	1.6566	1.7718
66	0.1257	0.1786	0.2083	0.2513	0.3009	0.3439	0.4101	0.4927	0.5258	0.5688	0.6515	0.7375	0.8069	0.9359	1.0748	1.0979	1.1244	1.1508	1.1773	1.2004	1.2996	1.3856	1.4782	1.5675	1.6601	1.7593	1.8817	2.0140
67	0.1405	0.1861	0.2318	0.2845	0.3547	0.4355	0.5268	0.5584	0.6146	0.6813	0.7621	0.8429	0.9658	1.1063	1.2854	1.3065	1.3275	1.3486	1.3697	1.3908	1.4856	1.5839	1.6787	1.7806	1.8859	1.9983	2.1388	2.2898
68	0.1604	0.2089	0.2648	0.3319	0.4065	0.4923	0.5893	0.6714	0.7049	0.7832	0.8690	1.0555	1.1861	1.3688	1.5255	1.5404	1.5516	1.5665	1.5777	1.5926	1.6970	1.8015	1.9059	2.0215	2.1446	2.2714	2.4318	2.6071
69	0.1862	0.2456	0.3090	0.3842	0.4634	0.5585	0.6575	0.7486	0.8437	0.8912	1.1328	1.2834	1.4933	1.6478	1.7943	1.7983	1.8022	1.8062	1.8141	1.8181	1.9330	2.0439	2.1667	2.2974	2.4360	2.5826	2.7687	2.9747
70	0.2145	0.2860	0.3618	0.4417	0.5300	0.6310	0.7319	0.8287	0.9423	1.0643	1.3167	1.5522	1.8172	1.9813	2.0738	2.0738	2.0738	2.0738	2.0738	2.0738	2.1916	2.3220	2.4650	2.6123	2.7679	2.9404	3.1591	3.4031
71	0.2591	0.3351	0.4199	0.5093	0.6120	0.7103	0.8086	0.9158	1.0454	1.1973	1.5278	1.9612	2.2337	2.3230	2.3498	2.3498	2.3498	2.3498	2.3498	2.3498	2.4928	2.6447	2.7966	2.9619	3.1540	3.3550	3.6141	3.9045
72	0.3036	0.3985	0.4887	0.6595	0.7591	0.8018	0.9726	1.0817	1.1624	1.3426	1.7649	2.5003	2.6141	2.6711	2.6711	2.6711	2.6711	2.6711	2.6711	2.6711	2.8324	3.0032	3.1740	3.3732	3.6009	3.8382	4.1465	4.4834
73	0.3426	0.5139	0.7003	0.7910	0.8465	1.0178	1.1387	1.2243	1.4158	1.6929	2.4638	2.8215	2.9878	2.9928	3.0180	3.0180	3.0180	3.0180	3.0180	3.0180	3.1642	3.3959	3.5924	3.7587	4.1164	4.4036	4.7613	0.0000
74	0.4013	0.6046	0.8240	0.9043	1.0434	1.1932	1.2842	1.4929	1.8407	2.5256	2.8627	3.2694	3.3496	3.3603	3.3603	3.3603	3.3603	3.3603	3.3603	3.3603	3.6386	3.8526	4.0292	4.4144	4.7194	5.0565	0.0000	0.0000
75	0.4717	0.7103	0.9604	1.0854	1.2161	1.3411	1.5684	2.0060	2.6367	2.9322	3.3584	3.7164	3.8755	3.8755	3.8755	3.8755	3.8755	3.8755	3.8755	3.8755	4.1312	4.3188	4.7393	5.0632	5.4269	0.0000	0.0000	0.0000
76	0.5390	0.8086	1.0956	1.2304	1.3886	1.5937	2.0917	2.6483	2.9354	3.3455	3.7029	4.1892	4.2595	4.2595	4.2595	4.2595	4.2595	4.2595	4.2595	4.2595	4.4939	4.9333	5.2732	5.6540	0.0000	0.0000	0.0000	0.0000
77	0.6101	0.9182	1.2444	1.4015	1.6190	2.1023	2.6097	2.9480	3.3528	3.7333	4.2287	4.6757	4.6757	4.6757	4.6757	4.6757	4.6757	4.6757	4.6757	4.6757	5.1409	5.4913	5.8839	0.0000	0.0000	0.0000	0.0000	0.0000
78	0.6914	1.0464	1.4201	1.6381	2.1800	2.5849	2.8963	3.3136	3.7932	4.2604	4.8646	5.3379	5.3504	5.3504	5.2383	5.2632	5.2819	5.3068	5.3317	5.3504	5.7179	6.1290	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
79	0.7899	1.1881	1.6184	2.0615	2.4661	2.8707	3.3074	3.8019	4.3349	4.9065	5.4523	5.9597	5.9340	5.9532	5.9019	5.9147	5.9276	5.9340	5.9468	5.9597	6.3835	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
80	0.8939	1.3574	1.8342	2.3308	2.7810	3.2776	3.7941	4.4033	4.9926	5.5687	6.2308	6.4493	6.6480	6.6149	6.6480	6.6480	6.6480	6.6480	6.6480	6.6480	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

ABR Period 3 years

Duration>> *Issue Age*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
18	0.0176	0.0176	0.0198	0.0198	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0198	0.0176	0.0198	0.0198	0.0198	0.0176	0.0176	0.0176	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0176	0.0198
19	0.0176	0.0176	0.0198	0.0198	0.0176	0.0176	0.0176	0.0176	0.0198	0.0198	0.0198	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0176	0.0176	0.0198	0.0198
20	0.0176	0.0176	0.0198	0.0176	0.0176	0.0176	0.0176	0.0176	0.0198	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0176	0.0176	0.0198	0.0198	0.0220
21	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0176	0.0176	0.0198	0.0198	0.0220	0.0242
22	0.0154	0.0154	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0154	0.0154	0.0154	0.0154	0.0154	0.0154	0.0176	0.0198	0.0198	0.0220	0.0242	0.0264
23	0.0154	0.0154	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0154	0.0154	0.0154	0.0154	0.0154	0.0176	0.0198	0.0198	0.0220	0.0242	0.0264	0.0286
24	0.0132	0.0154	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0154	0.0154	0.0176	0.0198	0.0198	0.0220	0.0242	0.0264	0.0286	0.0308
25	0.0132	0.0154	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0198	0.0220	0.0242	0.0264	0.0286	0.0308	0.0329
26	0.0132	0.0154	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0176	0.0198	0.0220	0.0242	0.0263	0.0285	0.0307	0.0329	0.0373
27	0.0132	0.0154	0.0176	0.0176	0.0176	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0198	0.0220	0.0241	0.0263	0.0285	0.0307	0.0329	0.0373	0.0417
28	0.0132	0.0154	0.0176	0.0176	0.0197	0.0197	0.0197	0.0197	0.0219	0.0219	0.0219	0.0219	0.0219	0.0219	0.0219	0.0219	0.0219	0.0219	0.0219	0.0219	0.0241	0.0263	0.0285	0.0307	0.0329	0.0373	0.0417	0.0461
29	0.0132	0.0154	0.0175	0.0197	0.0197	0.0197	0.0197	0.0219	0.0219	0.0241	0.0241	0.0241	0.0241	0.0241	0.0241	0.0241	0.0241	0.0241	0.0241	0.0241	0.0263	0.0285	0.0307	0.0329	0.0373	0.0417	0.0461	0.0526
30	0.0132	0.0154	0.0175	0.0197	0.0197	0.0197	0.0219	0.0219	0.0241	0.0263	0.0263	0.0263	0.0263	0.0263	0.0263	0.0263	0.0263	0.0263	0.0263	0.0263	0.0285	0.0307	0.0329	0.0373	0.0417	0.0461	0.0526	0.0592
31	0.0132	0.0153	0.0175	0.0197	0.0197	0.0219	0.0219	0.0241	0.0263	0.0263	0.0285	0.0285	0.0285	0.0285	0.0285	0.0285	0.0285	0.0285	0.0285	0.0285	0.0307	0.0329	0.0373	0.0417	0.0460	0.0526	0.0592	0.0658
32	0.0131	0.0153	0.0175	0.0197	0.0197	0.0219	0.0241	0.0241	0.0263	0.0285	0.0307	0.0307	0.0307	0.0307	0.0307	0.0307	0.0307	0.0307	0.0307	0.0307	0.0329	0.0373	0.0416	0.0460	0.0526	0.0592	0.0657	0.0723
33	0.0131	0.0153	0.0175	0.0197	0.0219	0.0219	0.0241	0.0263	0.0285	0.0307	0.0329	0.0329	0.0329	0.0329	0.0329	0.0329	0.0329	0.0329	0.0329	0.0329	0.0372	0.0416	0.0460	0.0526	0.0592	0.0657	0.0723	0.0811
34	0.0110	0.0153	0.0175	0.0197	0.0219	0.0219	0.0241	0.0263	0.0285	0.0307	0.0350	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0372	0.0416	0.0460	0.0526	0.0591	0.0657	0.0723	0.0810	0.0876
35	0.0109	0.0153	0.0175	0.0197	0.0219	0.0241	0.0241	0.0263	0.0307	0.0328	0.0372	0.0394	0.0416	0.0416	0.0416	0.0416	0.0416	0.0416	0.0416	0.0416	0.0482	0.0525	0.0591	0.0657	0.0722	0.0810	0.0876	0.0963
36	0.0109	0.0153	0.0197	0.0219	0.0219	0.0241	0.0263	0.0284	0.0306	0.0350	0.0394	0.0438	0.0438	0.0438	0.0438	0.0460	0.0460	0.0460	0.0460	0.0481	0.0547	0.0591	0.0656	0.0722	0.0810	0.0875	0.0963	0.1029
37	0.0109	0.0153	0.0197	0.0219	0.0241	0.0262	0.0284	0.0306	0.0350	0.0394	0.0437	0.0481	0.0481	0.0481	0.0481	0.0481	0.0503	0.0525	0.0525	0.0547	0.0612	0.0656	0.0722	0.0809	0.0853	0.0962	0.1028	0.1137
38	0.0131	0.0153	0.0197	0.0218	0.0240	0.0284	0.0306	0.0328	0.0371	0.0415	0.0459	0.0502	0.0502	0.0502	0.0524	0.0524	0.0546	0.0568	0.0590	0.0612	0.0677	0.0721	0.0808	0.0852	0.0917	0.1027	0.1136	0.1245
39	0.0131	0.0175	0.0218	0.0240	0.0262	0.0284	0.0327	0.0371	0.0415	0.0458	0.0502	0.0545	0.0545	0.0567	0.0567	0.0589	0.0611	0.0633	0.0654	0.0676	0.0720	0.0785	0.0851	0.0916	0.0982	0.1134	0.1244	0.1331
40	0.0131	0.0174	0.0218	0.0262	0.0283	0.0305	0.0349	0.0392	0.0436	0.0479	0.0523	0.0588	0.0610	0.0610	0.0632	0.0654	0.0676	0.0697	0.0719	0.0741	0.0806	0.0872	0.0915	0.0981	0.1068	0.1242	0.1329	0.1438
41	0.0131	0.0196	0.0240	0.0261	0.0305	0.0327	0.0370	0.0414	0.0479	0.0523	0.0566	0.0653	0.0675	0.0675	0.0719	0.0740	0.0740	0.0762	0.0784	0.0806	0.0871	0.0915	0.0980	0.1067	0.1198	0.1329	0.1437	0.1546
42	0.0131	0.0196	0.0261	0.0283	0.0327	0.0348	0.0392	0.0435	0.0501	0.0544	0.0631	0.0719	0.0740	0.0762	0.0806	0.0827	0.0827	0.0849	0.0849	0.0871	0.0915	0.0980	0.1067	0.1176	0.1263	0.1437	0.1546	0.1698
43	0.0152	0.0218	0.0261	0.0305	0.0349	0.0370	0.0414	0.0479	0.0545	0.0610	0.0697	0.0806	0.0871	0.0871	0.0893	0.0893	0.0893	0.0915	0.0915	0.0915	0.0980	0.1046	0.1155	0.1242	0.1372	0.1547	0.1699	0.1917
44	0.0174	0.0218	0.0284	0.0327	0.0371	0.0414	0.0458	0.0523	0.0589	0.0654	0.0785	0.0916	0.0960	0.0960	0.0981	0.0981	0.0981	0.0981	0.0981	0.0981	0.1047	0.1134	0.1243	0.1330	0.1483	0.1701	0.1919	0.2116
45	0.0197	0.0240	0.0306	0.0350	0.0393	0.0437	0.0481	0.0568	0.0612	0.0721	0.0852	0.1027	0.1049	0.1049	0.1049	0.1049	0.1049	0.1049	0.1049	0.1049	0.1115	0.1224	0.1333	0.1464	0.1639	0.1924	0.2120	0.2317
46	0.0219	0.0263	0.0329	0.0395	0.0439	0.0483	0.0526	0.0592	0.0658	0.0790	0.0943	0.1097	0.1097	0.1097	0.1097	0.1097	0.1097	0.1097	0.1097	0.1097	0.1206	0.1316	0.1469	0.1645	0.1798	0.2127	0.2325	0.2544
47	0.0242	0.0286	0.0353	0.0419	0.0463	0.0529	0.0573	0.0639	0.0727	0.0859	0.1035	0.1190	0.1190	0.1190	0.1190	0.1190	0.1190	0.1190	0.1190	0.1190	0.1322	0.1476	0.1652	0.1740	0.1939	0.2335	0.2556	0.2820
48	0.0244	0.0310	0.0377	0.0443	0.0509	0.0576	0.0620	0.0709	0.0797	0.0930	0.1130	0.1307	0.1329	0.1329	0.1329	0.1329	0.1329	0.1329	0.1329	0.1329	0.1484	0.1661	0.1728	0.1927	0.2149	0.2569	0.2835	0.3101
49	0.0245	0.0312	0.0401	0.0468	0.0557	0.0624	0.0691	0.0780	0.0891	0.1047	0.1226	0.1404	0.1426	0.1448	0.1471	0.1493	0.1493	0.1493	0.1493	0.1493	0.1649	0.1738	0.1916	0.2162	0.2340	0.2852	0.3120	0.3432
50	0.0269	0.0336	0.0426	0.0516	0.0583	0.0695	0.0785	0.0875	0.1009	0.1166	0.1323	0.1458	0.1525	0.1547	0.1615	0.1615	0.1615	0.1637	0.1637	0.1637	0.1749	0.1906	0.2175	0.2355	0.2579	0.3140	0.3454	0.3768
51	0.0271	0.0361	0.0451	0.0542	0.0655	0.0768	0.0858	0.0971	0.1129	0.1242	0.1422	0.1558	0.1625	0.1693	0.1716	0.1716	0.1716	0.1738	0.1738	0.1738	0.1919	0.2145	0.2348	0.2596	0.2822	0.3476	0.3792	0.4176
52	0.0273	0.0386	0.0477	0.0591	0.0727	0.0863	0.0977	0.1091	0.1204	0.1340	0.1522	0.1636	0.1772	0.1772	0.1908	0.1908	0.1908	0.1908	0.1908	0.1931	0.2136	0.2340	0.2567	0.2794	0.3113	0.3817	0.4203	0.4589
53	0.0274	0.0411	0.0526	0.0640	0.0777	0.0937	0.1074	0.1166	0.1303	0.1440	0.1600	0.1783	0.1851	0.2011	0.2080	0.2103	0.2103	0.2126	0.2126	0.2149	0.2354	0.2560	0.2789	0.3109	0.3497	0.4229	0.4617	0.5097
54	0.0299	0.0437	0.0575	0.0713	0.0873	0.1011	0.1126	0.1241	0.1402	0.1563	0.1747	0.1862	0.2046	0.2160	0.2275	0.2275	0.2298	0.2321	0.2344	0.2367	0.2574	0.2804	0.3080	0.3540	0.3953	0.4643	0.5125	0.5654
55	0.0300	0.0462	0.0624	0.0785	0.0947	0.1062	0.1178	0.1316	0.1524	0.1732	0.1847	0.2032	0.2171	0.2240	0.2563	0.2563	0.2563	0.2563	0.2563	0.2563	0.2794	0.3094	0.3556	0.3972	0.4295	0.5150	0.5681	0.6166
56	0.0323	0.0508	0.0716	0.0878	0.0993	0.1132	0.1247	0.1432	0.1686	0.1825	0.2010	0.2148	0.2195	0.2541	0.2772	0.2772	0.2772	0.2772	0.2772	0.2772	0.3073	0.3558	0.3950	0.4297	0.4736	0.5683	0.6168	0.6769
57	0.0345	0.0574	0.0781	0.0919	0.1034	0.1148	0.1309	0.1562	0.1815	0.1952	0.2113	0.2136	0.2481	0.2756	0.3055	0.3055	0.3055	0.3055	0.3055	0.3055	0.3537	0.3928	0.4272	0.4709	0.5306	0.6133	0.6730	0.7327
58	0.0432	0.0637	0.0819	0.0978	0.1092	0.1251	0.1434	0.1661	0.1911	0.2048	0.2071	0.2435	0.2685	0.3004	0.3345	0.3368	0.3390	0.3413	0.3436	0.3459	0.3891	0.4232	0.4710	0.5279	0.5962	0.6667	0.7259	0.7896
59	0.0495	0.0675	0.0878	0.1036	0.1193	0.1351	0.1531	0.1756	0.1936	0.2026	0.2387	0.2567	0.2882	0.3220	0.3625	0.3647	0.3692	0.3737	0.3760	0.3805	0.4165	0.4661	0.5246	0.5921	0.6597	0.7182	0.7813	0.8443
60	0.0558	0.0759	0.0915	0.1138	0.1294	0.1472	0.1651	0.1807	0.1896	0.2119	0.2476	0.2766	0.3123	0.3569	0.3882	0.3926	0.3971	0.4038	0.4083	0.4127	0.4618	0.5220	0.5890	0.6604	0.7117	0.7741	0.8366	0.9013
61	0.0599	0.0799	0.1043	0.1243	0.1443	0.1598	0.1731	0.1798	0.2020	0.2175	0.2553	0.3063	0.3507	0.3795	0.4239	0.4306	0.4373	0.4439	0.4506	0.4572	0.5216	0.5882	0.6614	0.7147	0.7702	0.8323	0.8967	0.9633
62	0.0667	0.0912	0.1134	0.1378	0.1579	0.1690	0.1756	0.2001	0.2179	0.2490	0.3001	0.3446	0.3780	0.4135	0.4736	0.4847	0.4936	0.5047	0.5158	0.5247	0.5936	0.6670	0.7226	0.7781	0.8404	0.8982	0.9649	1.0338
63	0.0719	0.0989	0.1259	0.1506	0.1686	0.1776	0.2046	0.2180	0.2450	0.2877	0.3439	0.3754	0.4091	0.4720	0.5327	0.5462	0.5597	0.5732	0.5889	0.6024	0.6766	0.7373	0.7957	0.8587	0.9149	0.9756	1.0452	1.1194
64	0.0782	0.1104	0.1379	0.1632	0.1747	0.2046	0.2230	0.2483	0.2897	0.3449	0.3747	0.4115	0.4736	0.5288	0.6070	0.6253	0.6414	0.6598	0.6782	0.6966	0.7610	0.8208	0.8874	0.9472	1.0070	1.0691	1.1449	1.2231
65	0.0858	0.1215	0.1501	0.1692	0.2002	0.2335	0.2526	0.2955	0.3550	0.3813	0.4170	0.4813	0.5361	0.6029	0.7077	0.7244	0.7411	0.7601	0.7768	0.7959	0.8578	0.9269	0.9889	1.0532	1.1175	1.1866	1.2677	1.3558
66	0.0962	0.1367	0.1594	0.1923	0.2303	0.2632	0.3138	0.3771	0.4024	0.4353	0.4985	0.5643	0.6175	0.7161	0.8224	0.8401	0.8604	0.8806	0.9009	0.9186	0.9945	1.0603	1.1312	1.1995	1.2703	1.3463	1.4399	1.5411
67	0.1075	0.1424	0.1774	0.2177	0.2714	0.3332	0.4031	0.4273	0.4703	0.5214	0.5832	0.6450	0.7390	0.8465	0.9836	0.9997	1.0159	1.0320	1.0481	1.0642	1.1368	1.2120	1.2846	1.3625	1.4432	1.5292	1.6367	1.7522
68	0.1227	0.1598	0.2026	0.2540	0.3111	0.3767	0.4509	0.5137	0.5394	0.5994	0.6650	0.8077	0.9076	1.0474	1.1673	1.1787	1.1873	1.1987	1.2073	1.2187	1.2986	1.3785	1.4584	1.5469	1.6411	1.7381	1.8609	1.9950
69	0.1425	0.1879	0.2364	0.2940	0.3546	0.4274	0.5031	0.5729	0.6456	0.6820	0.8669	0.9820	1.1427	1.2609	1.3730	1.3761	1.3791	1.3821	1.3882	1.3912	1.4791	1.5640	1.6580	1.7580	1.8641	1.9762	2.1187	2.2763
70	0.1642	0.2189	0.2768	0.3380	0.4056	0.4828	0.5601	0.6341	0.7210	0.8144	1.0075	1.1878	1.3906	1.5161	1.5869	1.5869	1.5869	1.5869	1.5869	1.5869	1.6771	1.7768	1.8863	1.9990	2.1181	2.2500	2.4174	2.6041
71	0.1983	0.2564	0.3213	0.3897	0.4683	0.5435	0.6187	0.7008	0.7999	0.9162	1.1691	1.5007	1.7092	1.7776	1.7981	1.7981	1.7981	1.7981	1.7981	1.7981	1.9075	2.0238	2.1400	2.2665	2.4135	2.5673	2.7656	2.9878
72	0.2323	0.3050	0.3739	0.5046	0.5809	0.6135	0.7442	0.8277	0.8895	1.0274	1.3505	1.9132	2.0004	2.0439	2.0439	2.0439	2.0439	2.0439	2.0439	2.0439	2.1674	2.2981	2.4288	2.5812	2.7555	2.9370	3.1730	3.4308
73	0.2622	0.3933	0.5359	0.6053	0.6477	0.7788	0.8713	0.9369	1.0834	1.2955	1.8853	2.1591	2.2863	2.2902	2.3095	2.3095	2.3095	2.3095	2.3095	2.3095	2.4213	2.5986	2.7490	2.8762	3.1500	3.3697	3.6435	0.0000
74	0.3071	0.4627	0.6306	0.6920	0.7984	0.9131	0.9827	1.1424	1.4085	1.9326	2.1906	2.5018	2.5632	2.5714	2.5714	2.5714	2.5714	2.5714	2.5714	2.5714	2.7843	2.9481	3.0832	3.3780	3.6114	3.8694	0.0000	0.0000
75	0.3609	0.5436	0.7349	0.8305	0.9306	1.0262	1.2002	1.5350	2.0177	2.2438	2.5699	2.8439	2.9656	2.9656	2.9656	2.9656	2.9656	2.9656	2.9656	2.9656	3.1613	3.3048	3.6266	3.8744	4.1527	0.0000	0.0000	0.0000
76	0.4125	0.6187	0.8384	0.9415	1.0626	1.2195	1.6006	2.0265	2.2462	2.5601	2.8335	3.2057	3.2595	3.2595	3.2595	3.2595	3.2595	3.2595	3.2595	3.2595	3.4388	3.7751	4.0351	4.3265	0.0000	0.0000	0.0000	0.0000
77	0.4669	0.7026	0.9523	1.0725	1.2389	1.6087	1.9970	2.2559	2.5656	2.8568	3.2359	3.5780	3.5780	3.5780	3.5780	3.5780	3.5780	3.5780	3.5780	3.5780	3.9339	4.2020	4.5025	0.0000	0.0000	0.0000	0.0000	0.0000
78	0.5291	0.8007	1.0867	1.2535	1.6682	1.9780	2.2163	2.5356	2.9026	3.2601	3.7224	4.0847	4.0942	4.0942	4.0084	4.0275	4.0418	4.0608	4.0799	4.0942	4.3754	4.6900	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
79	0.6045	0.9091	1.2384	1.5775	1.8871	2.1967	2.5308	2.9092	3.3171	3.7545	4.1722	4.5604	4.5408	4.5555	4.5162	4.5260	4.5359	4.5408	4.5506	4.5604	4.8848	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
80	0.6840	1.0387	1.4035	1.7835	2.1281	2.5081	2.9033	3.3695	3.8204	4.2612	4.7679	4.9351	5.0872	5.0618	5.0872	5.0872	5.0872	5.0872	5.0872	5.0872	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

ABR Period 4 years

Duration>> / *Issue Age*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
18	0.0140	0.0140	0.0157	0.0157	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0157	0.0140	0.0157	0.0157	0.0157	0.0140	0.0140	0.0140	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0140	0.0157
19	0.0140	0.0140	0.0157	0.0157	0.0140	0.0140	0.0140	0.0140	0.0157	0.0157	0.0157	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0140	0.0140	0.0157	0.0157
20	0.0140	0.0140	0.0157	0.0140	0.0140	0.0140	0.0140	0.0140	0.0157	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0140	0.0140	0.0157	0.0157	0.0175
21	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0140	0.0140	0.0157	0.0157	0.0175	0.0192
22	0.0122	0.0122	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0122	0.0122	0.0122	0.0122	0.0122	0.0122	0.0140	0.0157	0.0157	0.0175	0.0192	0.0210
23	0.0122	0.0122	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0122	0.0122	0.0122	0.0122	0.0122	0.0140	0.0157	0.0157	0.0175	0.0192	0.0210	0.0227
24	0.0105	0.0122	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0122	0.0122	0.0140	0.0157	0.0157	0.0175	0.0192	0.0210	0.0227	0.0245
25	0.0105	0.0122	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0157	0.0175	0.0192	0.0210	0.0227	0.0245	0.0262
26	0.0105	0.0122	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0140	0.0157	0.0175	0.0192	0.0210	0.0227	0.0245	0.0262	0.0297
27	0.0105	0.0122	0.0140	0.0140	0.0140	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0157	0.0175	0.0192	0.0210	0.0227	0.0244	0.0262	0.0297	0.0332
28	0.0105	0.0122	0.0140	0.0140	0.0157	0.0157	0.0157	0.0157	0.0175	0.0175	0.0175	0.0175	0.0175	0.0175	0.0175	0.0175	0.0175	0.0175	0.0175	0.0175	0.0192	0.0209	0.0227	0.0244	0.0262	0.0297	0.0332	0.0367
29	0.0105	0.0122	0.0140	0.0157	0.0157	0.0157	0.0157	0.0174	0.0174	0.0192	0.0192	0.0192	0.0192	0.0192	0.0192	0.0192	0.0192	0.0192	0.0192	0.0192	0.0209	0.0227	0.0244	0.0262	0.0297	0.0332	0.0366	0.0419
30	0.0105	0.0122	0.0140	0.0157	0.0157	0.0157	0.0174	0.0174	0.0192	0.0209	0.0209	0.0209	0.0209	0.0209	0.0209	0.0209	0.0209	0.0209	0.0209	0.0209	0.0227	0.0244	0.0262	0.0297	0.0331	0.0366	0.0419	0.0471
31	0.0105	0.0122	0.0140	0.0157	0.0157	0.0174	0.0174	0.0192	0.0209	0.0209	0.0227	0.0227	0.0227	0.0227	0.0227	0.0227	0.0227	0.0227	0.0227	0.0227	0.0244	0.0262	0.0296	0.0331	0.0366	0.0419	0.0471	0.0523
32	0.0105	0.0122	0.0139	0.0157	0.0157	0.0174	0.0192	0.0192	0.0209	0.0227	0.0244	0.0244	0.0244	0.0244	0.0244	0.0244	0.0244	0.0244	0.0244	0.0244	0.0261	0.0296	0.0331	0.0366	0.0418	0.0471	0.0523	0.0575
33	0.0105	0.0122	0.0139	0.0157	0.0174	0.0174	0.0192	0.0209	0.0227	0.0244	0.0261	0.0261	0.0261	0.0261	0.0261	0.0261	0.0261	0.0261	0.0261	0.0261	0.0296	0.0331	0.0366	0.0418	0.0471	0.0523	0.0575	0.0645
34	0.0087	0.0122	0.0139	0.0157	0.0174	0.0174	0.0192	0.0209	0.0226	0.0244	0.0279	0.0296	0.0296	0.0296	0.0296	0.0296	0.0296	0.0296	0.0296	0.0296	0.0331	0.0366	0.0418	0.0470	0.0523	0.0575	0.0645	0.0697
35	0.0087	0.0122	0.0139	0.0157	0.0174	0.0192	0.0192	0.0209	0.0244	0.0261	0.0296	0.0313	0.0331	0.0331	0.0331	0.0331	0.0331	0.0331	0.0331	0.0331	0.0383	0.0418	0.0470	0.0522	0.0575	0.0644	0.0697	0.0766
36	0.0087	0.0122	0.0157	0.0174	0.0174	0.0191	0.0209	0.0226	0.0244	0.0279	0.0313	0.0348	0.0348	0.0348	0.0348	0.0366	0.0366	0.0366	0.0366	0.0383	0.0435	0.0470	0.0522	0.0574	0.0644	0.0696	0.0766	0.0818
37	0.0087	0.0122	0.0157	0.0174	0.0191	0.0209	0.0226	0.0243	0.0278	0.0313	0.0348	0.0383	0.0383	0.0383	0.0383	0.0383	0.0400	0.0417	0.0417	0.0435	0.0487	0.0522	0.0574	0.0643	0.0678	0.0765	0.0817	0.0904
38	0.0104	0.0122	0.0156	0.0174	0.0191	0.0226	0.0243	0.0261	0.0295	0.0330	0.0365	0.0400	0.0400	0.0400	0.0417	0.0417	0.0434	0.0452	0.0469	0.0486	0.0539	0.0573	0.0643	0.0678	0.0730	0.0817	0.0903	0.0990
39	0.0104	0.0139	0.0174	0.0191	0.0208	0.0226	0.0260	0.0295	0.0330	0.0364	0.0399	0.0434	0.0434	0.0451	0.0451	0.0469	0.0486	0.0503	0.0521	0.0538	0.0573	0.0625	0.0677	0.0729	0.0781	0.0902	0.0989	0.1059
40	0.0104	0.0139	0.0173	0.0208	0.0225	0.0243	0.0277	0.0312	0.0347	0.0381	0.0416	0.0468	0.0485	0.0485	0.0503	0.0520	0.0537	0.0555	0.0572	0.0589	0.0641	0.0693	0.0728	0.0780	0.0849	0.0988	0.1058	0.1144
41	0.0104	0.0156	0.0191	0.0208	0.0243	0.0260	0.0295	0.0329	0.0381	0.0416	0.0450	0.0520	0.0537	0.0537	0.0572	0.0589	0.0589	0.0606	0.0624	0.0641	0.0693	0.0728	0.0780	0.0849	0.0953	0.1057	0.1143	0.1230
42	0.0104	0.0156	0.0208	0.0225	0.0260	0.0277	0.0312	0.0346	0.0398	0.0433	0.0502	0.0572	0.0589	0.0606	0.0641	0.0658	0.0658	0.0675	0.0675	0.0693	0.0727	0.0779	0.0849	0.0935	0.1005	0.1143	0.1230	0.1351
43	0.0121	0.0173	0.0208	0.0243	0.0277	0.0295	0.0329	0.0381	0.0433	0.0485	0.0554	0.0641	0.0693	0.0693	0.0710	0.0710	0.0710	0.0728	0.0728	0.0728	0.0780	0.0832	0.0918	0.0988	0.1092	0.1230	0.1352	0.1525
44	0.0139	0.0173	0.0226	0.0260	0.0295	0.0330	0.0364	0.0416	0.0468	0.0520	0.0625	0.0729	0.0763	0.0763	0.0781	0.0781	0.0781	0.0781	0.0781	0.0781	0.0833	0.0902	0.0989	0.1058	0.1180	0.1353	0.1527	0.1683
45	0.0156	0.0191	0.0243	0.0278	0.0313	0.0348	0.0383	0.0452	0.0487	0.0574	0.0678	0.0817	0.0835	0.0835	0.0835	0.0835	0.0835	0.0835	0.0835	0.0835	0.0887	0.0974	0.1061	0.1165	0.1304	0.1530	0.1687	0.1843
46	0.0174	0.0209	0.0262	0.0314	0.0349	0.0384	0.0419	0.0471	0.0523	0.0628	0.0750	0.0872	0.0872	0.0872	0.0872	0.0872	0.0872	0.0872	0.0872	0.0872	0.0960	0.1047	0.1169	0.1308	0.1431	0.1692	0.1849	0.2024
47	0.0193	0.0228	0.0280	0.0333	0.0368	0.0421	0.0456	0.0508	0.0578	0.0683	0.0824	0.0946	0.0946	0.0946	0.0946	0.0946	0.0946	0.0946	0.0946	0.0946	0.1052	0.1174	0.1314	0.1384	0.1542	0.1858	0.2033	0.2243
48	0.0194	0.0247	0.0300	0.0352	0.0405	0.0458	0.0493	0.0564	0.0634	0.0740	0.0899	0.1040	0.1057	0.1057	0.1057	0.1057	0.1057	0.1057	0.1057	0.1057	0.1181	0.1321	0.1374	0.1533	0.1709	0.2044	0.2255	0.2467
49	0.0195	0.0248	0.0319	0.0372	0.0443	0.0496	0.0550	0.0620	0.0709	0.0833	0.0975	0.1117	0.1134	0.1152	0.1170	0.1188	0.1188	0.1188	0.1188	0.1188	0.1312	0.1383	0.1524	0.1719	0.1861	0.2269	0.2482	0.2730
50	0.0214	0.0268	0.0339	0.0410	0.0464	0.0553	0.0624	0.0696	0.0803	0.0928	0.1053	0.1160	0.1213	0.1231	0.1284	0.1284	0.1284	0.1302	0.1302	0.1302	0.1392	0.1516	0.1730	0.1873	0.2052	0.2498	0.2747	0.2997
51	0.0215	0.0287	0.0359	0.0431	0.0521	0.0611	0.0682	0.0772	0.0898	0.0988	0.1131	0.1239	0.1293	0.1347	0.1365	0.1365	0.1365	0.1383	0.1383	0.1383	0.1526	0.1706	0.1867	0.2065	0.2245	0.2765	0.3017	0.3322
52	0.0217	0.0307	0.0380	0.0470	0.0578	0.0687	0.0777	0.0867	0.0958	0.1066	0.1211	0.1301	0.1410	0.1410	0.1518	0.1518	0.1518	0.1518	0.1518	0.1536	0.1699	0.1861	0.2042	0.2223	0.2476	0.3036	0.3343	0.3651
53	0.0218	0.0327	0.0418	0.0509	0.0618	0.0745	0.0855	0.0927	0.1036	0.1145	0.1273	0.1418	0.1473	0.1600	0.1655	0.1673	0.1673	0.1691	0.1691	0.1709	0.1873	0.2036	0.2218	0.2473	0.2782	0.3364	0.3673	0.4055
54	0.0238	0.0347	0.0457	0.0567	0.0695	0.0804	0.0896	0.0987	0.1115	0.1243	0.1389	0.1481	0.1627	0.1719	0.1810	0.1810	0.1828	0.1847	0.1865	0.1883	0.2048	0.2230	0.2450	0.2816	0.3145	0.3693	0.4077	0.4498
55	0.0239	0.0367	0.0496	0.0625	0.0753	0.0845	0.0937	0.1047	0.1212	0.1378	0.1470	0.1617	0.1727	0.1782	0.2039	0.2039	0.2039	0.2039	0.2039	0.2039	0.2223	0.2461	0.2829	0.3160	0.3417	0.4096	0.4519	0.4905
56	0.0257	0.0404	0.0570	0.0698	0.0790	0.0900	0.0992	0.1139	0.1341	0.1452	0.1599	0.1709	0.1746	0.2021	0.2205	0.2205	0.2205	0.2205	0.2205	0.2205	0.2444	0.2830	0.3142	0.3418	0.3767	0.4521	0.4906	0.5384
57	0.0274	0.0457	0.0621	0.0731	0.0822	0.0914	0.1041	0.1242	0.1443	0.1553	0.1681	0.1699	0.1973	0.2193	0.2430	0.2430	0.2430	0.2430	0.2430	0.2430	0.2814	0.3124	0.3398	0.3746	0.4221	0.4878	0.5353	0.5828
58	0.0344	0.0507	0.0652	0.0778	0.0869	0.0995	0.1140	0.1321	0.1520	0.1629	0.1647	0.1937	0.2136	0.2389	0.2661	0.2679	0.2697	0.2715	0.2733	0.2751	0.3095	0.3367	0.3747	0.4199	0.4742	0.5303	0.5774	0.6281
59	0.0394	0.0537	0.0698	0.0824	0.0949	0.1075	0.1218	0.1397	0.1540	0.1612	0.1898	0.2042	0.2292	0.2561	0.2883	0.2901	0.2937	0.2973	0.2991	0.3027	0.3313	0.3707	0.4173	0.4710	0.5247	0.5713	0.6215	0.6716
60	0.0444	0.0603	0.0728	0.0905	0.1029	0.1171	0.1313	0.1437	0.1508	0.1686	0.1970	0.2201	0.2484	0.2839	0.3088	0.3123	0.3159	0.3212	0.3248	0.3283	0.3673	0.4153	0.4685	0.5253	0.5661	0.6158	0.6655	0.7169
61	0.0477	0.0636	0.0830	0.0989	0.1148	0.1271	0.1377	0.1430	0.1607	0.1730	0.2030	0.2436	0.2790	0.3019	0.3372	0.3425	0.3478	0.3531	0.3584	0.3637	0.4149	0.4679	0.5261	0.5685	0.6127	0.6621	0.7133	0.7663
62	0.0531	0.0725	0.0902	0.1096	0.1256	0.1344	0.1397	0.1592	0.1733	0.1981	0.2387	0.2741	0.3006	0.3289	0.3767	0.3855	0.3926	0.4015	0.4103	0.4174	0.4722	0.5306	0.5748	0.6190	0.6685	0.7145	0.7675	0.8224
63	0.0572	0.0787	0.1001	0.1198	0.1341	0.1413	0.1627	0.1734	0.1949	0.2289	0.2736	0.2986	0.3254	0.3755	0.4238	0.4345	0.4452	0.4560	0.4685	0.4792	0.5382	0.5865	0.6330	0.6830	0.7277	0.7760	0.8314	0.8904
64	0.0622	0.0878	0.1097	0.1298	0.1390	0.1628	0.1774	0.1975	0.2304	0.2743	0.2981	0.3274	0.3767	0.4206	0.4828	0.4974	0.5102	0.5249	0.5395	0.5541	0.6053	0.6529	0.7059	0.7535	0.8010	0.8504	0.9107	0.9729
65	0.0682	0.0967	0.1194	0.1346	0.1592	0.1858	0.2009	0.2350	0.2824	0.3033	0.3317	0.3829	0.4265	0.4795	0.5629	0.5762	0.5895	0.6046	0.6179	0.6331	0.6824	0.7373	0.7866	0.8378	0.8890	0.9439	1.0084	1.0785
66	0.0765	0.1087	0.1268	0.1530	0.1832	0.2093	0.2496	0.2999	0.3201	0.3462	0.3966	0.4489	0.4912	0.5697	0.6542	0.6683	0.6844	0.7005	0.7166	0.7307	0.7911	0.8434	0.8998	0.9541	1.0105	1.0709	1.1454	1.2259
67	0.0855	0.1133	0.1411	0.1732	0.2159	0.2651	0.3207	0.3399	0.3741	0.4147	0.4639	0.5131	0.5879	0.6734	0.7824	0.7952	0.8081	0.8209	0.8337	0.8465	0.9043	0.9641	1.0218	1.0838	1.1480	1.2164	1.3019	1.3938
68	0.0976	0.1271	0.1612	0.2021	0.2475	0.2997	0.3587	0.4087	0.4291	0.4768	0.5290	0.6425	0.7219	0.8332	0.9285	0.9376	0.9444	0.9535	0.9603	0.9694	1.0330	1.0965	1.1601	1.2305	1.3054	1.3826	1.4802	1.5869
69	0.1133	0.1495	0.1881	0.2339	0.2821	0.3400	0.4002	0.4557	0.5136	0.5425	0.6896	0.7812	0.9090	1.0030	1.0922	1.0946	1.0970	1.0994	1.1043	1.1067	1.1766	1.2441	1.3188	1.3984	1.4828	1.5720	1.6853	1.8107
70	0.1306	0.1741	0.2202	0.2689	0.3226	0.3841	0.4455	0.5044	0.5736	0.6478	0.8014	0.9448	1.1061	1.2060	1.2623	1.2623	1.2623	1.2623	1.2623	1.2623	1.3340	1.4134	1.5005	1.5901	1.6848	1.7898	1.9229	2.0715
71	0.1577	0.2039	0.2556	0.3100	0.3725	0.4324	0.4922	0.5574	0.6363	0.7288	0.9300	1.1938	1.3596	1.4140	1.4303	1.4303	1.4303	1.4303	1.4303	1.4303	1.5173	1.6098	1.7023	1.8029	1.9198	2.0422	2.1999	2.3766
72	0.1848	0.2426	0.2974	0.4014	0.4621	0.4880	0.5920	0.6584	0.7075	0.8173	1.0743	1.5219	1.5912	1.6259	1.6259	1.6259	1.6259	1.6259	1.6259	1.6259	1.7240	1.8280	1.9320	2.0533	2.1919	2.3363	2.5240	2.7290
73	0.2085	0.3128	0.4263	0.4815	0.5152	0.6195	0.6931	0.7453	0.8618	1.0305	1.4997	1.7175	1.8187	1.8217	1.8371	1.8371	1.8371	1.8371	1.8371	1.8371	1.9260	2.0671	2.1867	2.2879	2.5057	2.6805	2.8982	0.0000
74	0.2443	0.3680	0.5016	0.5504	0.6351	0.7263	0.7817	0.9087	1.1204	1.5373	1.7425	1.9900	2.0389	2.0454	2.0454	2.0454	2.0454	2.0454	2.0454	2.0454	2.2148	2.3451	2.4525	2.6871	2.8727	3.0779	0.0000	0.0000
75	0.2871	0.4324	0.5846	0.6607	0.7402	0.8163	0.9547	1.2210	1.6050	1.7848	2.0442	2.2622	2.3590	2.3590	2.3590	2.3590	2.3590	2.3590	2.3590	2.3590	2.5147	2.6288	2.8848	3.0819	3.3033	0.0000	0.0000	0.0000
76	0.3281	0.4922	0.6669	0.7489	0.8452	0.9701	1.2732	1.6120	1.7868	2.0364	2.2540	2.5500	2.5928	2.5928	2.5928	2.5928	2.5928	2.5928	2.5928	2.5928	2.7354	3.0029	3.2097	3.4416	0.0000	0.0000	0.0000	0.0000
77	0.3714	0.5589	0.7575	0.8531	0.9855	1.2796	1.5885	1.7944	2.0408	2.2725	2.5740	2.8461	2.8461	2.8461	2.8461	2.8461	2.8461	2.8461	2.8461	2.8461	3.1292	3.3425	3.5815	0.0000	0.0000	0.0000	0.0000	0.0000
78	0.4208	0.6369	0.8644	0.9971	1.3270	1.5734	1.7630	2.0170	2.3089	2.5933	2.9610	3.2492	3.2568	3.2568	3.1885	3.2037	3.2151	3.2302	3.2454	3.2568	3.4804	3.7307	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
79	0.4808	0.7232	0.9851	1.2548	1.5011	1.7474	2.0132	2.3142	2.6386	2.9865	3.3188	3.6276	3.6120	3.6237	3.5924	3.6003	3.6081	3.6120	3.6198	3.6276	3.8856	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
80	0.5441	0.8262	1.1164	1.4187	1.6928	1.9951	2.3095	2.6803	3.0390	3.3896	3.7927	3.9257	4.0466	4.0264	4.0466	4.0466	4.0466	4.0466	4.0466	4.0466	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
0.0258	0.0287	0.0316	0.0344	0.0373	0.0402	0.0431	0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674
0.0287	0.0316	0.0344	0.0373	0.0402	0.0431	0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674	0.4019
0.0316	0.0344	0.0373	0.0402	0.0431	0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674	0.4019	0.4420
0.0344	0.0373	0.0402	0.0431	0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674	0.4019	0.4420	0.4822
0.0373	0.0402	0.0431	0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674	0.4019	0.4420	0.4822	0.5310
0.0402	0.0431	0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674	0.4019	0.4420	0.4822	0.5310	0.5798
0.0431	0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674	0.4019	0.4420	0.4822	0.5310	0.5798	0.6401
0.0488	0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1493	0.1636	0.1751	0.1894	0.2038	0.2239	0.2526	0.2784	0.3043	0.3330	0.3674	0.4019	0.4420	0.4822	0.5310	0.5798	0.6401	0.7061
0.0545	0.0603	0.0689	0.0775	0.0861	0.0947	0.1062	0.1148	0.1263	0.1349	0.1492	0.1636	0.1750	0.1894	0.2037	0.2238	0.2525	0.2783	0.3042	0.3329	0.3673	0.4017	0.4419	0.4821	0.5309	0.5796	0.6399	0.7059	0.7661
0.0602	0.0688	0.0775	0.0861	0.0947	0.1061	0.1147	0.1262	0.1348	0.1492	0.1635	0.1750	0.1893	0.2037	0.2237	0.2524	0.2782	0.3041	0.3328	0.3672	0.4016	0.4418	0.4819	0.5307	0.5794	0.6397	0.7057	0.7659	0.8405
0.0688	0.0774	0.0860	0.0946	0.1061	0.1147	0.1262	0.1348	0.1491	0.1635	0.1749	0.1893	0.2036	0.2237	0.2523	0.2782	0.3040	0.3326	0.3671	0.4015	0.4416	0.4818	0.5305	0.5793	0.6395	0.7054	0.7657	0.8402	0.9148
0.0774	0.0860	0.0946	0.1061	0.1147	0.1261	0.1347	0.1491	0.1634	0.1749	0.1892	0.2035	0.2236	0.2523	0.2781	0.3039	0.3325	0.3669	0.4013	0.4415	0.4816	0.5303	0.5791	0.6393	0.7052	0.7654	0.8399	0.9145	0.9947
0.0860	0.0946	0.1060	0.1146	0.1261	0.1347	0.1490	0.1633	0.1748	0.1891	0.2035	0.2235	0.2522	0.2780	0.3038	0.3324	0.3668	0.4012	0.4413	0.4814	0.5302	0.5789	0.6391	0.7050	0.7652	0.8397	0.9142	0.9944	1.0747
0.0945	0.1060	0.1146	0.1261	0.1346	0.1490	0.1633	0.1748	0.1891	0.2034	0.2235	0.2521	0.2779	0.3037	0.3323	0.3667	0.4011	0.4412	0.4813	0.5300	0.5787	0.6389	0.7047	0.7649	0.8394	0.9139	0.9941	1.0743	1.1574
0.1060	0.1146	0.1260	0.1346	0.1489	0.1632	0.1747	0.1890	0.2033	0.2234	0.2520	0.2778	0.3036	0.3322	0.3666	0.4009	0.4410	0.4811	0.5298	0.5785	0.6386	0.7045	0.7647	0.8391	0.9136	0.9938	1.0740	1.1570	1.2429
0.1145	0.1260	0.1346	0.1489	0.1632	0.1746	0.1890	0.2033	0.2233	0.2519	0.2777	0.3035	0.3321	0.3665	0.4008	0.4409	0.4810	0.5297	0.5783	0.6384	0.7043	0.7644	0.8389	0.9133	0.9935	1.0736	1.1566	1.2425	1.3313
0.1259	0.1345	0.1488	0.1631	0.1746	0.1889	0.2032	0.2232	0.2519	0.2776	0.3034	0.3320	0.3663	0.4007	0.4408	0.4808	0.5295	0.5781	0.6382	0.7041	0.7642	0.8386	0.9130	0.9931	1.0733	1.1563	1.2421	1.3309	1.4253
0.1345	0.1488	0.1631	0.1745	0.1888	0.2031	0.2232	0.2518	0.2775	0.3033	0.3319	0.3662	0.4006	0.4406	0.4807	0.5293	0.5779	0.6380	0.7038	0.7639	0.8383	0.9127	0.9928	1.0729	1.1559	1.2417	1.3304	1.4248	1.5221
0.1487	0.1630	0.1744	0.1887	0.2030	0.2231	0.2517	0.2774	0.3031	0.3317	0.3660	0.4004	0.4404	0.4804	0.5290	0.5777	0.6377	0.7035	0.7635	0.8379	0.9123	0.9923	1.0724	1.1553	1.2411	1.3298	1.4241	1.5214	1.6272
0.1629	0.1743	0.1886	0.2029	0.2229	0.2514	0.2772	0.3029	0.3314	0.3657	0.4000	0.4400	0.4800	0.5286	0.5772	0.6372	0.7029	0.7629	0.8372	0.9115	0.9915	1.0715	1.1543	1.2400	1.3286	1.4229	1.5200	1.6258	1.7401
0.1741	0.1884	0.2026	0.2226	0.2512	0.2769	0.3025	0.3311	0.3653	0.3996	0.4395	0.4795	0.5280	0.5765	0.6365	0.7021	0.7621	0.8363	0.9105	0.9904	1.0703	1.1531	1.2387	1.3272	1.4214	1.5184	1.6240	1.7382	1.8609
0.1882	0.2024	0.2224	0.2509	0.2765	0.3022	0.3307	0.3649	0.3991	0.4390	0.4790	0.5274	0.5759	0.6358	0.7013	0.7612	0.8353	0.9095	0.9893	1.0691	1.1518	1.2373	1.3257	1.4198	1.5167	1.6222	1.7362	1.8588	1.9928
0.2022	0.2222	0.2506	0.2763	0.3019	0.3304	0.3646	0.3987	0.4386	0.4785	0.5269	0.5753	0.6351	0.7006	0.7604	0.8345	0.9085	0.9883	1.0680	1.1506	1.2361	1.3244	1.4184	1.5152	1.6206	1.7345	1.8570	1.9908	2.1389
0.2220	0.2505	0.2761	0.3017	0.3302	0.3643	0.3985	0.4383	0.4782	0.5265	0.5749	0.6347	0.7001	0.7599	0.8339	0.9079	0.9876	1.0673	1.1498	1.2352	1.3235	1.4174	1.5141	1.6195	1.7333	1.8557	1.9894	2.1374	2.3025
0.2504	0.2760	0.3016	0.3301	0.3642	0.3984	0.4382	0.4780	0.5264	0.5748	0.6345	0.7000	0.7597	0.8337	0.9077	0.9874	1.0671	1.1496	1.2349	1.3232	1.4171	1.5138	1.6191	1.7329	1.8553	1.9890	2.1370	2.3020	2.4870
0.2761	0.3017	0.3302	0.3644	0.3985	0.4384	0.4782	0.5266	0.5750	0.6348	0.7003	0.7601	0.8341	0.9081	0.9878	1.0675	1.1501	1.2355	1.3237	1.4176	1.5144	1.6198	1.7336	1.8560	1.9898	2.1379	2.3030	2.4880	2.6901
0.3021	0.3306	0.3648	0.3990	0.4389	0.4788	0.5273	0.5757	0.6356	0.7011	0.7610	0.8351	0.9092	0.9890	1.0688	1.1515	1.2370	1.3253	1.4194	1.5163	1.6217	1.7357	1.8583	1.9923	2.1405	2.3058	2.4910	2.6934	0.0000
0.3313	0.3656	0.3999	0.4399	0.4799	0.5284	0.5770	0.6370	0.7027	0.7627	0.8369	0.9112	0.9912	1.0712	1.1540	1.2397	1.3282	1.4225	1.5196	1.6253	1.7396	1.8624	1.9967	2.1452	2.3109	2.4965	2.6993	0.0000	0.0000
0.3669	0.4013	0.4414	0.4815	0.5302	0.5790	0.6392	0.7051	0.7653	0.8398	0.9143	0.9946	1.0748	1.1579	1.2439	1.3328	1.4273	1.5248	1.6308	1.7455	1.8687	2.0034	2.1525	2.3187	2.5050	2.7085	0.0000	0.0000	0.0000
0.4031	0.4434	0.4837	0.5326	0.5816	0.6420	0.7083	0.7687	0.8436	0.9184	0.9991	1.0797	1.1632	1.2495	1.3388	1.4338	1.5317	1.6382	1.7534	1.8772	2.0125	2.1622	2.3292	2.5164	2.7208	0.0000	0.0000	0.0000	0.0000
0.4458	0.4863	0.5355	0.5847	0.6455	0.7121	0.7729	0.8481	0.9234	1.0045	1.0855	1.1695	1.2563	1.3460	1.4416	1.5400	1.6471	1.7629	1.8873	2.0234	2.1739	2.3418	2.5300	2.7355	0.0000	0.0000	0.0000	0.0000	0.0000
0.4892	0.5388	0.5883	0.6494	0.7164	0.7775	0.8533	0.9290	1.0105	1.0921	1.1765	1.2639	1.3542	1.4503	1.5493	1.6570	1.7735	1.8987	2.0356	2.1870	2.3559	2.5452	2.7520	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5422	0.5920	0.6536	0.7210	0.7825	0.8587	0.9349	1.0170	1.0991	1.1841	1.2720	1.3628	1.4596	1.5592	1.6676	1.7849	1.9109	2.0487	2.2011	2.3710	2.5615	2.7696	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5959	0.6578	0.7257	0.7876	0.8643	0.9410	1.0236	1.1062	1.1918	1.2803	1.3717	1.4691	1.5694	1.6785	1.7965	1.9234	2.0620	2.2154	2.3865	2.5783	2.7877	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6621	0.7304	0.7927	0.8699	0.9471	1.0302	1.1134	1.1995	1.2885	1.3806	1.4785	1.5795	1.6893	1.8081	1.9358	2.0753	2.2297	2.4019	2.5949	2.8057	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7348	0.7975	0.8752	0.9529	1.0365	1.1201	1.2068	1.2964	1.3890	1.4876	1.5891	1.6996	1.8191	1.9476	2.0880	2.2433	2.4165	2.6107	2.8228	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8020	0.8800	0.9581	1.0422	1.1263	1.2134	1.3036	1.3967	1.4958	1.5979	1.7090	1.8292	1.9583	2.0995	2.2557	2.4299	2.6251	2.8384	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8842	0.9627	1.0472	1.1317	1.2192	1.3097	1.4033	1.5029	1.6055	1.7171	1.8379	1.9676	2.1095	2.2664	2.4414	2.6376	2.8518	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9630	1.0476	1.1321	1.2197	1.3102	1.4038	1.5034	1.6061	1.7178	1.8385	1.9684	2.1102	2.2672	2.4423	2.6386	2.8529	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.0416	1.1256	1.2127	1.3027	1.3958	1.4948	1.5969	1.7079	1.8280	1.9571	2.0982	2.2542	2.4283	2.6234	2.8366	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1151	1.2013	1.2905	1.3827	1.4808	1.5819	1.6920	1.8109	1.9388	2.0785	2.2331	2.4056	2.5989	2.8100	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1887	1.2769	1.3682	1.4653	1.5653	1.6742	1.7918	1.9184	2.0567	2.2097	2.3803	2.5716	2.7805	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.2653	1.3557	1.4519	1.5510	1.6589	1.7755	1.9009	2.0379	2.1895	2.3586	2.5481	2.7551	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.3488	1.4445	1.5431	1.6504	1.7665	1.8912	2.0275	2.1783	2.3466	2.5351	2.7411	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.4469	1.5457	1.6532	1.7694	1.8943	2.0309	2.1820	2.3505	2.5393	2.7456	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.5628	1.6714	1.7889	1.9153	2.0533	2.2061	2.3764	2.5674	2.7759	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.7095	1.8297	1.9589	2.1001	2.2564	2.4306	2.6259	2.8392	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.8964	2.0303	2.1766	2.3386	2.5192	2.7216	2.9427	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.1562	2.3116	2.4835	2.6753	2.8903	3.1251	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.4549	2.6375	2.8412	3.0695	3.3188	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.8010	3.0174	3.2598	3.5246	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3.2044	3.4619	3.7431	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3.6765	3.9752	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
4.2217	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
0.0198	0.0220	0.0242	0.0264	0.0286	0.0308	0.0329	0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811
0.0220	0.0242	0.0264	0.0286	0.0308	0.0329	0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811	0.3075
0.0242	0.0264	0.0286	0.0308	0.0329	0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811	0.3075	0.3383
0.0264	0.0286	0.0308	0.0329	0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811	0.3075	0.3383	0.3690
0.0286	0.0308	0.0329	0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811	0.3075	0.3383	0.3690	0.4063
0.0308	0.0329	0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811	0.3075	0.3383	0.3690	0.4063	0.4437
0.0329	0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811	0.3075	0.3383	0.3690	0.4063	0.4437	0.4898
0.0373	0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0813	0.0879	0.0966	0.1032	0.1142	0.1252	0.1340	0.1450	0.1560	0.1713	0.1933	0.2131	0.2328	0.2548	0.2811	0.3075	0.3383	0.3690	0.4063	0.4437	0.4898	0.5403
0.0417	0.0461	0.0527	0.0593	0.0659	0.0725	0.0812	0.0878	0.0966	0.1032	0.1142	0.1252	0.1339	0.1449	0.1559	0.1713	0.1932	0.2130	0.2328	0.2547	0.2811	0.3074	0.3381	0.3689	0.4062	0.4435	0.4897	0.5402	0.5863
0.0461	0.0527	0.0593	0.0659	0.0724	0.0812	0.0878	0.0966	0.1032	0.1141	0.1251	0.1339	0.1449	0.1558	0.1712	0.1932	0.2129	0.2327	0.2546	0.2810	0.3073	0.3380	0.3688	0.4061	0.4434	0.4895	0.5400	0.5861	0.6432
0.0527	0.0592	0.0658	0.0724	0.0812	0.0878	0.0966	0.1031	0.1141	0.1251	0.1339	0.1448	0.1558	0.1712	0.1931	0.2129	0.2326	0.2545	0.2809	0.3072	0.3379	0.3687	0.4060	0.4433	0.4893	0.5398	0.5859	0.6429	0.7000
0.0592	0.0658	0.0724	0.0812	0.0877	0.0965	0.1031	0.1141	0.1250	0.1338	0.1448	0.1557	0.1711	0.1930	0.2128	0.2325	0.2545	0.2808	0.3071	0.3378	0.3685	0.4058	0.4431	0.4892	0.5396	0.5857	0.6427	0.6998	0.7612
0.0658	0.0724	0.0811	0.0877	0.0965	0.1031	0.1140	0.1250	0.1338	0.1447	0.1557	0.1710	0.1930	0.2127	0.2325	0.2544	0.2807	0.3070	0.3377	0.3684	0.4057	0.4430	0.4890	0.5395	0.5855	0.6425	0.6995	0.7609	0.8223
0.0723	0.0811	0.0877	0.0965	0.1030	0.1140	0.1250	0.1337	0.1447	0.1556	0.1710	0.1929	0.2126	0.2324	0.2543	0.2806	0.3069	0.3376	0.3683	0.4056	0.4428	0.4889	0.5393	0.5853	0.6423	0.6993	0.7607	0.8221	0.8857
0.0811	0.0877	0.0964	0.1030	0.1140	0.1249	0.1337	0.1446	0.1556	0.1709	0.1929	0.2126	0.2323	0.2542	0.2805	0.3068	0.3375	0.3682	0.4054	0.4427	0.4887	0.5391	0.5851	0.6421	0.6991	0.7605	0.8218	0.8854	0.9511
0.0876	0.0964	0.1030	0.1139	0.1249	0.1336	0.1446	0.1555	0.1709	0.1928	0.2125	0.2322	0.2541	0.2804	0.3067	0.3374	0.3681	0.4053	0.4425	0.4885	0.5389	0.5849	0.6419	0.6989	0.7602	0.8215	0.8851	0.9508	1.0187
0.0964	0.1029	0.1139	0.1248	0.1336	0.1445	0.1555	0.1708	0.1927	0.2124	0.2321	0.2541	0.2803	0.3066	0.3373	0.3679	0.4052	0.4424	0.4884	0.5388	0.5848	0.6417	0.6986	0.7600	0.8213	0.8848	0.9505	1.0184	1.0907
0.1029	0.1138	0.1248	0.1336	0.1445	0.1554	0.1708	0.1927	0.2124	0.2321	0.2540	0.2802	0.3065	0.3372	0.3678	0.4050	0.4423	0.4882	0.5386	0.5846	0.6415	0.6984	0.7597	0.8210	0.8845	0.9502	1.0181	1.0903	1.1647
0.1138	0.1247	0.1335	0.1444	0.1554	0.1707	0.1926	0.2123	0.2320	0.2538	0.2801	0.3064	0.3370	0.3676	0.4048	0.4420	0.4880	0.5383	0.5843	0.6412	0.6981	0.7593	0.8206	0.8841	0.9497	1.0176	1.0898	1.1642	1.2451
0.1246	0.1334	0.1443	0.1552	0.1705	0.1924	0.2121	0.2318	0.2536	0.2799	0.3061	0.3367	0.3673	0.4045	0.4417	0.4876	0.5379	0.5838	0.6406	0.6975	0.7587	0.8199	0.8833	0.9489	1.0167	1.0888	1.1632	1.2441	1.3315
0.1332	0.1441	0.1551	0.1704	0.1922	0.2119	0.2315	0.2533	0.2796	0.3058	0.3363	0.3669	0.4040	0.4412	0.4870	0.5373	0.5831	0.6399	0.6967	0.7579	0.8190	0.8824	0.9479	1.0156	1.0877	1.1619	1.2427	1.3301	1.4240
0.1440	0.1549	0.1702	0.1920	0.2116	0.2312	0.2531	0.2792	0.3054	0.3360	0.3665	0.4036	0.4407	0.4865	0.5367	0.5825	0.6392	0.6959	0.7570	0.8181	0.8814	0.9468	1.0144	1.0864	1.1606	1.2413	1.3286	1.4224	1.5249
0.1547	0.1700	0.1918	0.2114	0.2310	0.2528	0.2790	0.3051	0.3356	0.3661	0.4032	0.4402	0.4860	0.5361	0.5819	0.6386	0.6952	0.7563	0.8173	0.8805	0.9459	1.0134	1.0854	1.1595	1.2401	1.3273	1.4210	1.5234	1.6367
0.1699	0.1917	0.2113	0.2309	0.2526	0.2788	0.3049	0.3354	0.3659	0.4029	0.4399	0.4857	0.5358	0.5815	0.6381	0.6948	0.7557	0.8167	0.8799	0.9452	1.0127	1.0846	1.1586	1.2392	1.3263	1.4200	1.5224	1.6356	1.7619
0.1916	0.2112	0.2308	0.2526	0.2787	0.3048	0.3353	0.3658	0.4028	0.4398	0.4856	0.5356	0.5814	0.6380	0.6946	0.7556	0.8165	0.8797	0.9450	1.0125	1.0844	1.1584	1.2390	1.3260	1.4197	1.5220	1.6352	1.7615	1.9031
0.2113	0.2309	0.2527	0.2788	0.3050	0.3355	0.3660	0.4030	0.4400	0.4858	0.5359	0.5816	0.6382	0.6949	0.7559	0.8169	0.8800	0.9454	1.0129	1.0848	1.1589	1.2395	1.3266	1.4203	1.5226	1.6359	1.7623	1.9039	2.0585
0.2312	0.2530	0.2792	0.3053	0.3359	0.3664	0.4035	0.4406	0.4864	0.5365	0.5823	0.6390	0.6957	0.7568	0.8179	0.8811	0.9466	1.0142	1.0861	1.1603	1.2410	1.3282	1.4220	1.5245	1.6379	1.7644	1.9062	2.0610	0.0000
0.2536	0.2798	0.3060	0.3366	0.3672	0.4044	0.4415	0.4874	0.5377	0.5836	0.6404	0.6973	0.7585	0.8197	0.8831	0.9486	1.0164	1.0885	1.1628	1.2437	1.3312	1.4251	1.5279	1.6415	1.7683	1.9104	2.0656	0.0000	0.0000
0.2807	0.3071	0.3378	0.3685	0.4057	0.4430	0.4891	0.5395	0.5856	0.6426	0.6996	0.7610	0.8225	0.8861	0.9519	1.0198	1.0922	1.1668	1.2479	1.3357	1.4300	1.5331	1.6471	1.7743	1.9169	2.0726	0.0000	0.0000	0.0000
0.3084	0.3393	0.3701	0.4076	0.4450	0.4913	0.5420	0.5882	0.6455	0.7028	0.7645	0.8262	0.8901	0.9562	1.0245	1.0972	1.1721	1.2536	1.3417	1.4365	1.5400	1.6546	1.7824	1.9256	2.0820	0.0000	0.0000	0.0000	0.0000
0.3411	0.3721	0.4098	0.4474	0.4940	0.5449	0.5914	0.6490	0.7066	0.7686	0.8307	0.8949	0.9613	1.0300	1.1031	1.1784	1.2604	1.3490	1.4442	1.5483	1.6635	1.7920	1.9360	2.0932	0.0000	0.0000	0.0000	0.0000	0.0000
0.3744	0.4123	0.4501	0.4969	0.5482	0.5950	0.6529	0.7109	0.7733	0.8357	0.9003	0.9671	1.0362	1.1098	1.1855	1.2680	1.3571	1.4529	1.5577	1.6736	1.8028	1.9477	2.1059	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.4149	0.4530	0.5001	0.5517	0.5988	0.6571	0.7154	0.7782	0.8410	0.9061	0.9733	1.0429	1.1169	1.1931	1.2761	1.3658	1.4623	1.5677	1.6843	1.8144	1.9601	2.2194	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.4560	0.5034	0.5553	0.6027	0.6614	0.7201	0.7833	0.8465	0.9120	0.9797	1.0497	1.1242	1.2009	1.2845	1.3748	1.4718	1.5779	1.6953	1.8262	1.9730	2.1332	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5066	0.5589	0.6066	0.6657	0.7247	0.7884	0.8520	0.9179	0.9860	1.0564	1.1314	1.2087	1.2927	1.3836	1.4813	1.5881	1.7062	1.8380	1.9856	2.1470	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5623	0.6103	0.6697	0.7292	0.7932	0.8572	0.9234	0.9920	1.0629	1.1383	1.2160	1.3006	1.3920	1.4903	1.5977	1.7166	1.8492	1.9977	2.1600	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6137	0.6734	0.7332	0.7975	0.8619	0.9285	0.9975	1.0688	1.1446	1.2227	1.3078	1.3997	1.4986	1.6066	1.7261	1.8594	2.0088	2.1720	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6766	0.7367	0.8013	0.8660	0.9330	1.0022	1.0738	1.1500	1.2285	1.3140	1.4064	1.5057	1.6142	1.7343	1.8682	2.0183	2.1823	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7369	0.8016	0.8663	0.9333	1.0026	1.0742	1.1505	1.2290	1.3145	1.4069	1.5062	1.6148	1.7349	1.8689	2.0191	2.1831	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7970	0.8613	0.9280	0.9969	1.0681	1.1439	1.2220	1.3069	1.3988	1.4976	1.6055	1.7250	1.8582	2.0075	2.1706	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8533	0.9193	0.9875	1.0581	1.1332	1.2105	1.2947	1.3857	1.4836	1.5905	1.7088	1.8408	1.9887	2.1503	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9096	0.9771	1.0469	1.1212	1.1978	1.2811	1.3712	1.4680	1.5738	1.6909	1.8214	1.9678	2.1277	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9682	1.0374	1.1110	1.1869	1.2694	1.3586	1.4546	1.5594	1.6754	1.8048	1.9498	2.1082	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.0321	1.1054	1.1808	1.2629	1.3517	1.4472	1.5515	1.6669	1.7956	1.9399	2.0975	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1072	1.1828	1.2650	1.3540	1.4496	1.5541	1.6697	1.7986	1.9431	2.1010	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1958	1.2790	1.3689	1.4656	1.5712	1.6881	1.8185	1.9646	2.1242	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.3082	1.4001	1.4990	1.6071	1.7266	1.8599	2.0094	2.1726	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.4511	1.5536	1.6656	1.7895	1.9277	2.0826	2.2518	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.6499	1.7689	1.9005	2.0472	2.2117	2.3914	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.8785	2.0183	2.1741	2.3488	2.5396	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.1434	2.3089	2.4945	2.6971	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.4521	2.6491	2.8643	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.8133	3.0419	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3.2305	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
0.0157	0.0175	0.0192	0.0210	0.0227	0.0245	0.0262	0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236
0.0175	0.0192	0.0210	0.0227	0.0245	0.0262	0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236	0.2446
0.0192	0.0210	0.0227	0.0245	0.0262	0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236	0.2446	0.2691
0.0210	0.0227	0.0245	0.0262	0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236	0.2446	0.2691	0.2935
0.0227	0.0245	0.0262	0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236	0.2446	0.2691	0.2935	0.3232
0.0245	0.0262	0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236	0.2446	0.2691	0.2935	0.3232	0.3529
0.0262	0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236	0.2446	0.2691	0.2935	0.3232	0.3529	0.3896
0.0297	0.0332	0.0367	0.0419	0.0472	0.0524	0.0577	0.0646	0.0699	0.0769	0.0821	0.0909	0.0996	0.1066	0.1153	0.1241	0.1363	0.1538	0.1695	0.1852	0.2027	0.2236	0.2446	0.2691	0.2935	0.3232	0.3529	0.3896	0.4298
0.0332	0.0367	0.0419	0.0472	0.0524	0.0576	0.0646	0.0699	0.0769	0.0821	0.0908	0.0996	0.1065	0.1153	0.1240	0.1362	0.1537	0.1694	0.1851	0.2026	0.2236	0.2445	0.2690	0.2934	0.3231	0.3528	0.3895	0.4297	0.4664
0.0367	0.0419	0.0471	0.0524	0.0576	0.0646	0.0698	0.0768	0.0821	0.0908	0.0995	0.1065	0.1152	0.1240	0.1362	0.1537	0.1694	0.1851	0.2025	0.2235	0.2444	0.2689	0.2933	0.3230	0.3527	0.3894	0.4295	0.4662	0.5116
0.0419	0.0471	0.0524	0.0576	0.0646	0.0698	0.0768	0.0820	0.0908	0.0995	0.1065	0.1152	0.1239	0.1361	0.1536	0.1693	0.1850	0.2025	0.2234	0.2444	0.2688	0.2932	0.3229	0.3526	0.3892	0.4294	0.4660	0.5114	0.5568
0.0471	0.0523	0.0576	0.0646	0.0698	0.0768	0.0820	0.0907	0.0995	0.1064	0.1152	0.1239	0.1361	0.1536	0.1693	0.1850	0.2024	0.2234	0.2443	0.2687	0.2931	0.3228	0.3525	0.3891	0.4293	0.4659	0.5113	0.5566	0.6055
0.0523	0.0576	0.0645	0.0698	0.0768	0.0820	0.0907	0.0994	0.1064	0.1151	0.1239	0.1361	0.1535	0.1692	0.1849	0.2023	0.2233	0.2442	0.2686	0.2931	0.3227	0.3524	0.3890	0.4291	0.4657	0.5111	0.5565	0.6053	0.6541
0.0575	0.0645	0.0698	0.0767	0.0820	0.0907	0.0994	0.1064	0.1151	0.1238	0.1360	0.1535	0.1691	0.1848	0.2023	0.2232	0.2441	0.2685	0.2930	0.3226	0.3522	0.3889	0.4290	0.4656	0.5109	0.5563	0.6051	0.6539	0.7045
0.0645	0.0697	0.0767	0.0819	0.0906	0.0994	0.1063	0.1151	0.1238	0.1360	0.1534	0.1691	0.1848	0.2022	0.2231	0.2441	0.2685	0.2929	0.3225	0.3521	0.3887	0.4288	0.4654	0.5108	0.5561	0.6049	0.6537	0.7043	0.7566
0.0697	0.0767	0.0819	0.0906	0.0993	0.1063	0.1150	0.1237	0.1359	0.1534	0.1690	0.1847	0.2022	0.2231	0.2440	0.2684	0.2928	0.3224	0.3520	0.3886	0.4287	0.4653	0.5106	0.5559	0.6047	0.6535	0.7040	0.7563	0.8103
0.0767	0.0819	0.0906	0.0993	0.1063	0.1150	0.1237	0.1359	0.1533	0.1690	0.1847	0.2021	0.2230	0.2439	0.2683	0.2927	0.3223	0.3519	0.3885	0.4286	0.4651	0.5104	0.5557	0.6045	0.6533	0.7038	0.7561	0.8101	0.8676
0.0819	0.0906	0.0993	0.1062	0.1149	0.1237	0.1358	0.1533	0.1689	0.1846	0.2020	0.2229	0.2438	0.2682	0.2926	0.3222	0.3518	0.3884	0.4284	0.4650	0.5103	0.5556	0.6043	0.6531	0.7036	0.7558	0.8098	0.8673	0.9265
0.0905	0.0992	0.1062	0.1149	0.1236	0.1358	0.1532	0.1688	0.1845	0.2019	0.2228	0.2437	0.2681	0.2924	0.3220	0.3516	0.3882	0.4282	0.4648	0.5100	0.5553	0.6040	0.6528	0.7032	0.7555	0.8094	0.8669	0.9261	0.9905
0.0991	0.1061	0.1148	0.1235	0.1357	0.1530	0.1687	0.1844	0.2017	0.2226	0.2435	0.2678	0.2922	0.3217	0.3513	0.3878	0.4278	0.4644	0.5096	0.5548	0.6035	0.6522	0.7026	0.7548	0.8087	0.8661	0.9252	0.9896	1.0592
0.1060	0.1147	0.1233	0.1355	0.1529	0.1685	0.1842	0.2015	0.2224	0.2432	0.2675	0.2919	0.3214	0.3509	0.3874	0.4274	0.4639	0.5090	0.5542	0.6028	0.6515	0.7019	0.7540	0.8078	0.8652	0.9242	0.9885	1.0580	1.1327
0.1145	0.1232	0.1354	0.1527	0.1683	0.1839	0.2013	0.2221	0.2430	0.2672	0.2915	0.3210	0.3505	0.3870	0.4269	0.4633	0.5085	0.5536	0.6022	0.6508	0.7011	0.7531	0.8069	0.8642	0.9232	0.9874	1.0568	1.1315	1.2130
0.1231	0.1352	0.1526	0.1682	0.1838	0.2011	0.2219	0.2427	0.2670	0.2913	0.3207	0.3502	0.3866	0.4265	0.4629	0.5080	0.5530	0.6016	0.6501	0.7004	0.7524	0.8061	0.8634	0.9223	0.9864	1.0558	1.1303	1.2118	1.3020
0.1351	0.1525	0.1680	0.1836	0.2010	0.2218	0.2425	0.2668	0.2910	0.3205	0.3500	0.3863	0.4262	0.4626	0.5076	0.5526	0.6012	0.6497	0.6999	0.7519	0.8056	0.8628	0.9217	0.9858	1.0551	1.1295	1.2110	1.3011	1.4015
0.1524	0.1680	0.1836	0.2009	0.2217	0.2425	0.2667	0.2910	0.3204	0.3499	0.3862	0.4261	0.4625	0.5075	0.5525	0.6010	0.6495	0.6997	0.7517	0.8054	0.8626	0.9214	0.9855	1.0548	1.1293	1.2107	1.3008	1.4012	1.5138
0.1681	0.1837	0.2010	0.2218	0.2426	0.2668	0.2911	0.3206	0.3500	0.3864	0.4263	0.4626	0.5077	0.5528	0.6013	0.6498	0.7000	0.7520	0.8057	0.8629	0.9218	0.9859	1.0553	1.1298	1.2112	1.3013	1.4018	1.5144	1.6375
0.1839	0.2012	0.2221	0.2429	0.2672	0.2915	0.3210	0.3504	0.3869	0.4268	0.4632	0.5083	0.5534	0.6020	0.6506	0.7009	0.7529	0.8067	0.8640	0.9230	0.9871	1.0565	1.1311	1.2127	1.3029	1.4035	1.5163	1.6395	0.0000
0.2017	0.2226	0.2434	0.2678	0.2921	0.3217	0.3512	0.3877	0.4277	0.4642	0.5094	0.5546	0.6033	0.6520	0.7024	0.7546	0.8085	0.8659	0.9250	0.9893	1.0589	1.1336	1.2154	1.3058	1.4066	1.5196	1.6431	0.0000	0.0000
0.2233	0.2442	0.2687	0.2931	0.3228	0.3524	0.3890	0.4292	0.4658	0.5112	0.5565	0.6054	0.6542	0.7048	0.7572	0.8112	0.8688	0.9281	0.9927	1.0625	1.1375	1.2195	1.3102	1.4114	1.5248	1.6487	0.0000	0.0000	0.0000
0.2454	0.2699	0.2944	0.3242	0.3540	0.3908	0.4311	0.4679	0.5135	0.5591	0.6081	0.6572	0.7080	0.7606	0.8149	0.8728	0.9323	0.9972	1.0673	1.1426	1.2250	1.3161	1.4178	1.5317	1.6561	0.0000	0.0000	0.0000	0.0000
0.2713	0.2960	0.3260	0.3559	0.3929	0.4335	0.4705	0.5163	0.5621	0.6114	0.6607	0.7118	0.7647	0.8193	0.8775	0.9374	1.0026	1.0731	1.1488	1.2316	1.3233	1.4255	1.5400	1.6651	0.0000	0.0000	0.0000	0.0000	0.0000
0.2978	0.3279	0.3581	0.3953	0.4361	0.4733	0.5194	0.5655	0.6151	0.6647	0.7161	0.7693	0.8243	0.8828	0.9430	1.0086	1.0795	1.1558	1.2391	1.3312	1.4341	1.5493	1.6751	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.3300	0.3604	0.3978	0.4389	0.4763	0.5227	0.5691	0.6190	0.6690	0.7207	0.7742	0.8296	0.8884	0.9491	1.0151	1.0864	1.1632	1.2470	1.3398	1.4432	1.5592	1.6859	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.3627	0.4004	0.4417	0.4794	0.5261	0.5728	0.6231	0.6734	0.7254	0.7793	0.8350	0.8942	0.9553	1.0217	1.0936	1.1708	1.2552	1.3485	1.4527	1.5694	1.6969	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.4030	0.4446	0.4825	0.5295	0.5765	0.6271	0.6777	0.7301	0.7843	0.8403	0.9000	0.9614	1.0283	1.1006	1.1783	1.2632	1.3572	1.4620	1.5795	1.7078	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.4473	0.4855	0.5327	0.5800	0.6309	0.6818	0.7346	0.7891	0.8455	0.9055	0.9673	1.0346	1.1073	1.1855	1.2709	1.3655	1.4709	1.5891	1.7182	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.4881	0.5357	0.5832	0.6344	0.6856	0.7386	0.7935	0.8501	0.9105	0.9726	1.0403	1.1134	1.1920	1.2780	1.3730	1.4791	1.5979	1.7277	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5382	0.5860	0.6374	0.6889	0.7421	0.7972	0.8542	0.9148	0.9772	1.0452	1.1187	1.1977	1.2840	1.3795	1.4861	1.6055	1.7359	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5862	0.6377	0.6891	0.7424	0.7975	0.8545	0.9151	0.9776	1.0456	1.1191	1.1981	1.2845	1.3801	1.4866	1.6061	1.7366	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6340	0.6852	0.7381	0.7930	0.8496	0.9099	0.9720	1.0396	1.1127	1.1913	1.2771	1.3721	1.4781	1.5969	1.7266	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6787	0.7312	0.7855	0.8416	0.9014	0.9629	1.0299	1.1023	1.1801	1.2652	1.3593	1.4643	1.5819	1.7104	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7235	0.7773	0.8328	0.8919	0.9528	1.0191	1.0907	1.1677	1.2519	1.3450	1.4489	1.5653	1.6924	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7702	0.8252	0.8838	0.9441	1.0097	1.0807	1.1570	1.2404	1.3327	1.4357	1.5510	1.6770	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8210	0.8793	0.9393	1.0046	1.0752	1.1512	1.2341	1.3259	1.4284	1.5431	1.6685	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8807	0.9408	1.0063	1.0770	1.1531	1.2362	1.3282	1.4307	1.5457	1.6712	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9512	1.0174	1.0889	1.1658	1.2498	1.3428	1.4465	1.5628	1.6897	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.0406	1.1137	1.1924	1.2783	1.3734	1.4795	1.5984	1.7282	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1543	1.2358	1.3249	1.4235	1.5334	1.6566	1.7912	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.3124	1.4070	1.5117	1.6285	1.7593	1.9022	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.4943	1.6054	1.7294	1.8684	2.0202	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.7050	1.8367	1.9842	2.1454	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.9505	2.1072	2.2784	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.2379	2.4197	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.5697	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82
0.4019	0.4420	0.4822	0.5310	0.5798	0.6401	0.7061	0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125
0.4420	0.4822	0.5310	0.5798	0.6401	0.7061	0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125	0.0000
0.4822	0.5310	0.5798	0.6401	0.7061	0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125	0.0000	0.0000
0.5310	0.5798	0.6401	0.7061	0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125	0.0000	0.0000	0.0000
0.5798	0.6401	0.7061	0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125	0.0000	0.0000	0.0000	0.0000
0.6401	0.7061	0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125	0.0000	0.0000	0.0000	0.0000	0.0000
0.7061	0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7664	0.8410	0.9157	0.9960	1.0764	1.1596	1.2458	1.3347	1.4295	1.5271	1.6333	1.7481	1.8715	2.0064	2.1557	2.3222	2.5087	2.7125	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8408	0.9154	0.9957	1.0761	1.1593	1.2454	1.3343	1.4290	1.5266	1.6327	1.7475	1.8709	2.0058	2.1550	2.3214	2.5079	2.7116	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9151	0.9954	1.0757	1.1589	1.2449	1.3339	1.4285	1.5261	1.6322	1.7469	1.8703	2.0051	2.1543	2.3207	2.5071	2.7108	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9951	1.0754	1.1585	1.2445	1.3334	1.4281	1.5256	1.6317	1.7464	1.8697	2.0045	2.1536	2.3199	2.5063	2.7099	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.0750	1.1581	1.2441	1.3330	1.4276	1.5251	1.6311	1.7458	1.8691	2.0038	2.1529	2.3191	2.5055	2.7090	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1578	1.2437	1.3326	1.4271	1.5246	1.6306	1.7452	1.8685	2.0032	2.1522	2.3184	2.5047	2.7081	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.2433	1.3321	1.4267	1.5241	1.6301	1.7447	1.8679	2.0025	2.1515	2.3176	2.5039	2.7073	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.3317	1.4262	1.5236	1.6296	1.7441	1.8673	2.0019	2.1508	2.3169	2.5030	2.7064	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.4258	1.5231	1.6290	1.7436	1.8667	2.0012	2.1501	2.3161	2.5022	2.7055	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.5226	1.6285	1.7430	1.8661	2.0006	2.1494	2.3154	2.5014	2.7046	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.6280	1.7424	1.8655	1.9999	2.1487	2.3146	2.5006	2.7038	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.7416	1.8645	1.9989	2.1476	2.3135	2.4994	2.7024	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.8629	1.9972	2.1458	2.3115	2.4972	2.7001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.9950	2.1435	2.3090	2.4945	2.6972	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.1411	2.3064	2.4917	2.6941	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.3041	2.4893	2.6915	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.4875	2.6896	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.6890	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82
0.3075	0.3383	0.3690	0.4063	0.4437	0.4898	0.5403	0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757
0.3383	0.3690	0.4063	0.4437	0.4898	0.5403	0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757	0.0000
0.3690	0.4063	0.4437	0.4898	0.5403	0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757	0.0000	0.0000
0.4063	0.4437	0.4898	0.5403	0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757	0.0000	0.0000	0.0000
0.4437	0.4898	0.5403	0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757	0.0000	0.0000	0.0000	0.0000
0.4898	0.5403	0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757	0.0000	0.0000	0.0000	0.0000	0.0000
0.5403	0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5865	0.6436	0.7007	0.7622	0.8237	0.8874	0.9533	1.0214	1.0938	1.1685	1.2498	1.3377	1.4321	1.5353	1.6496	1.7770	1.9197	2.0757	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6434	0.7005	0.7619	0.8234	0.8871	0.9530	1.0210	1.0935	1.1681	1.2494	1.3372	1.4316	1.5348	1.6490	1.7764	1.9191	2.0750	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7002	0.7617	0.8231	0.8868	0.9527	1.0207	1.0931	1.1678	1.2490	1.3368	1.4312	1.5343	1.6485	1.7758	1.9185	2.0743	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7614	0.8229	0.8865	0.9523	1.0204	1.0928	1.1674	1.2486	1.3364	1.4307	1.5338	1.6480	1.7752	1.9179	2.0737	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8226	0.8862	0.9520	1.0200	1.0924	1.1670	1.2482	1.3359	1.4303	1.5334	1.6474	1.7747	1.9172	2.0730	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8859	0.9517	1.0197	1.0921	1.1666	1.2478	1.3355	1.4298	1.5329	1.6469	1.7741	1.9166	2.0723	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9514	1.0194	1.0917	1.1663	1.2474	1.3351	1.4293	1.5324	1.6464	1.7735	1.9160	2.0716	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.0191	1.0914	1.1659	1.2470	1.3346	1.4289	1.5319	1.6458	1.7729	1.9154	2.0710	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.0910	1.1655	1.2466	1.3342	1.4284	1.5314	1.6453	1.7724	1.9148	2.0703	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1651	1.2462	1.3338	1.4279	1.5309	1.6448	1.7718	1.9141	2.0696	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.2458	1.3333	1.4275	1.5304	1.6442	1.7712	1.9135	2.0690	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.3327	1.4268	1.5296	1.6434	1.7703	1.9126	2.0679	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.4255	1.5283	1.6420	1.7688	1.9109	2.0662	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.5266	1.6402	1.7669	1.9089	2.0639	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.6384	1.7649	1.9067	2.0616	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.7632	1.9048	2.0596	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.9035	2.0581	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2.0577	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Accelerated Benefits Rider for Long Term Care Services (ABR)
Form Series ULRABRIPGLI (11/05)

Current Monthly Charges per $1000 of Rider Net Amount at Risk
Single/Standard

58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82
0.2446	0.2691	0.2935	0.3232	0.3529	0.3896	0.4298	0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511
0.2691	0.2935	0.3232	0.3529	0.3896	0.4298	0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511	0.0000
0.2935	0.3232	0.3529	0.3896	0.4298	0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511	0.0000	0.0000
0.3232	0.3529	0.3896	0.4298	0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511	0.0000	0.0000	0.0000
0.3529	0.3896	0.4298	0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511	0.0000	0.0000	0.0000	0.0000
0.3896	0.4298	0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511	0.0000	0.0000	0.0000	0.0000	0.0000
0.4298	0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.4665	0.5119	0.5574	0.6063	0.6552	0.7059	0.7583	0.8124	0.8701	0.9295	0.9942	1.0640	1.1392	1.2213	1.3121	1.4135	1.5271	1.6511	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5118	0.5572	0.6061	0.6550	0.7056	0.7580	0.8122	0.8698	0.9292	0.9938	1.0637	1.1388	1.2209	1.3117	1.4130	1.5266	1.6506	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.5570	0.6059	0.6548	0.7054	0.7578	0.8119	0.8695	0.9289	0.9935	1.0634	1.1384	1.2205	1.3113	1.4126	1.5261	1.6500	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6057	0.6546	0.7052	0.7575	0.8117	0.8693	0.9286	0.9932	1.0630	1.1381	1.2201	1.3109	1.4121	1.5256	1.6495	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.6544	0.7050	0.7573	0.8114	0.8690	0.9283	0.9929	1.0627	1.1377	1.2197	1.3104	1.4117	1.5251	1.6490	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7047	0.7571	0.8111	0.8687	0.9280	0.9925	1.0623	1.1373	1.2193	1.3100	1.4112	1.5246	1.6484	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.7568	0.8109	0.8684	0.9277	0.9922	1.0620	1.1370	1.2189	1.3096	1.4107	1.5241	1.6479	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8106	0.8681	0.9274	0.9919	1.0616	1.1366	1.2185	1.3092	1.4103	1.5236	1.6474	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.8679	0.9271	0.9916	1.0613	1.1362	1.2181	1.3088	1.4098	1.5231	1.6468	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9268	0.9913	1.0609	1.1359	1.2177	1.3083	1.4094	1.5226	1.6463	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.9909	1.0606	1.1355	1.2173	1.3079	1.4089	1.5221	1.6458	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.0601	1.1349	1.2167	1.3073	1.4082	1.5214	1.6450	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.1339	1.2157	1.3061	1.4070	1.5200	1.6435	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.2144	1.3047	1.4055	1.5184	1.6418	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.3033	1.4039	1.5167	1.6399	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.4025	1.5152	1.6383	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.5141	1.6371	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
1.6368	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Extension of Benefits Rider for Long Term Care Services Form Series ULREBRIPGLI (11/05)
Current Monthly Charges per $1000 of Initial Extension Monthly Maximum, Single/Standard

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

ABR Period	2 year	2 year	2 year	3 year	3 year	3 year	4 year	4 year	4 year
EBR Period	2 year	4 year	Unlimited	2 year	4 year	Unlimited	2 year	4 year	Unlimited
Issue Age									
18	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
19	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
20	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
21	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
22	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
23	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
24	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
25	1.9866	2.7392	3.4918	1.3230	1.9190	2.5149	0.8806	1.3722	1.8637
26	2.0101	2.7731	3.5361	1.3376	1.9430	2.5484	0.8892	1.3896	1.8899
27	2.0340	2.8074	3.5809	1.3523	1.9673	2.5823	0.8978	1.4072	1.9165
28	2.0581	2.8422	3.6262	1.3671	1.9919	2.6166	0.9065	1.4251	1.9435
29	2.0826	2.8774	3.6722	1.3822	2.0168	2.6514	0.9152	1.4431	1.9709
30	2.1073	2.9130	3.7187	1.3974	2.0421	2.6867	0.9241	1.4615	1.9987
31	2.1323	2.9490	3.7658	1.4127	2.0676	2.7224	0.9330	1.4800	2.0268
32	2.1576	2.9855	3.8135	1.4283	2.0935	2.7586	0.9420	1.4988	2.0554
33	2.1832	3.0225	3.8618	1.4440	2.1197	2.7953	0.9512	1.5178	2.0843
34	2.2091	3.0599	3.9107	1.4599	2.1462	2.8325	0.9604	1.5370	2.1137
35	2.2353	3.0978	3.9603	1.4759	2.1730	2.8702	0.9697	1.5566	2.1434
36	2.2801	3.1629	4.0458	1.5036	2.2188	2.9341	0.9859	1.5895	2.1930
37	2.3249	3.2318	4.1387	1.5312	2.2659	3.0007	1.0021	1.6220	2.2419
38	2.3714	3.3052	4.2390	1.5599	2.3155	3.0711	1.0189	1.6557	2.2926
39	2.4214	3.3838	4.3462	1.5907	2.3687	3.1467	1.0369	1.6919	2.3469
40	2.4767	3.4685	4.4603	1.6249	2.4267	3.2285	1.0570	1.7321	2.4073
41	2.5390	3.5600	4.5810	1.6635	2.4907	3.3178	1.0798	1.7777	2.4757
42	2.6102	3.6592	4.7081	1.7077	2.5618	3.4159	1.1060	1.8302	2.5544
43	2.6919	3.7666	4.8414	1.7586	2.6412	3.5239	1.1364	1.8910	2.6455
44	2.7859	3.8833	4.9807	1.8174	2.7302	3.6430	1.1717	1.9615	2.7512
45	2.8940	4.0098	5.1257	1.8852	2.8298	3.7745	1.2126	2.0431	2.8736
46	3.0076	4.1332	5.2589	1.9574	2.9326	3.9078	1.2573	2.1322	3.0071
47	3.1200	4.2454	5.3708	2.0303	3.0332	4.0361	1.3038	2.2250	3.1463
48	3.2360	4.3546	5.4733	2.1063	3.1359	4.1655	1.3532	2.3234	3.2936
49	3.3603	4.4692	5.5780	2.1879	3.2451	4.3023	1.4062	2.4290	3.4519
50	3.4979	4.5974	5.6969	2.2774	3.3651	4.4529	1.4637	2.5436	3.6235
51	3.6533	4.7475	5.8417	2.3773	3.5003	4.6234	1.5266	2.6689	3.8112
52	3.8315	4.9279	6.0243	2.4900	3.6551	4.8202	1.5956	2.8065	4.0174
53	4.0372	5.1468	6.2564	2.6179	3.8337	5.0495	1.6717	2.9583	4.2448
54	4.2751	5.4125	6.5499	2.7635	4.0405	5.3176	1.7557	3.1259	4.4960
55	4.5501	5.7334	6.9166	2.9291	4.2800	5.6308	1.8485	3.3110	4.7736
56	4.8120	6.0469	7.2980	3.0861	4.5100	5.9462	1.9355	3.4854	5.0451
57	5.0279	6.3099	7.6493	3.2160	4.7028	6.2336	2.0080	3.6314	5.2898
58	5.2287	6.5593	8.0030	3.3365	4.8839	6.5180	2.0750	3.7670	5.5280
59	5.4451	6.8322	8.3915	3.4655	5.0789	6.8245	2.1457	3.9101	5.7798
60	5.7080	7.1655	8.8473	3.6208	5.3135	7.1781	2.2293	4.0788	6.0653
61	6.0480	7.5962	9.4027	3.8202	5.6130	7.6040	2.3349	4.2909	6.4048
62	6.4961	8.1613	10.0903	4.0815	6.0032	8.1271	2.4717	4.5644	6.8184
63	7.0829	8.8978	10.9424	4.4225	6.5095	8.7727	2.6489	4.9174	7.3262
64	7.8393	9.8427	11.9914	4.8611	7.1576	9.5656	2.8756	5.3676	7.9484
65	8.7961	11.0330	13.2699	5.4150	7.9731	10.5311	3.1609	5.9331	8.7052
66	9.7990	12.2819	14.6212	6.0069	8.8420	11.5636	3.4772	6.5475	9.5241
67	10.9163	13.6721	16.1101	6.6635	9.8056	12.6973	3.8252	7.2255	10.4200
68	12.1609	15.2196	17.7507	7.3919	10.8742	13.9422	4.2080	7.9737	11.4001
69	13.5475	16.9423	19.5582	8.1999	12.0593	15.3091	4.6290	8.7995	12.4725
70	15.0921	18.8600	21.5499	9.0962	13.3735	16.8100	5.0922	9.7107	13.6457
71	16.8128	20.9948	23.7444	10.0905	14.8310	18.4581	5.6018	10.7163	14.9293
72	18.7298	23.3713	26.1623	11.1935	16.4473	20.2678	6.1623	11.8260	16.3336
73	20.8653	26.0167	28.8265	12.4170	18.2398	22.2548	6.7790	13.0506	17.8700
74	23.2443	28.9615	31.7619	13.7743	20.2276	24.4367	7.4573	14.4021	19.5510
75	25.8945	32.2397	34.9963	15.2799	22.4320	26.8326	8.2035	15.8935	21.3901
76	28.0064	34.8434	37.8038	16.4606	24.1555	28.8881	8.7615	17.0288	22.9431
77	30.2906	37.6574	40.8366	17.7325	26.0114	31.1012	9.3574	18.2451	24.6090
78	32.7610	40.6986	44.1126	19.1027	28.0100	33.4838	9.9938	19.5484	26.3958
79	35.4330	43.9854	47.6514	20.5787	30.1621	36.0489	10.6735	20.9447	28.3124
80	38.3228	47.5376	51.4741	22.1688	32.4795	38.8105	11.3995	22.4408	30.3681

Inflation Protection Benefit

Form Series ULRABRIPGLI (11/05)

Current Monthly Charges for Accelerated Benefit Rider for Long Term Care Services per $1000 of Initial Accelerated Monthly Maximum, Single/Standard

ABR Period	2 year	3 year	4 year	2 year	3 year	4 year	2 year	3 year	4 year	2 year	3 year	4 year
IPB Type	5% Compound	5% Compound	5% Compound	3% Compound	3% Compound	3% Compound	5% Simple	5% Simple	5% Simple	3%Simple	3%Simple	3%Simple
Issue Age												
18	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
19	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
20	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
21	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
22	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
23	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
24	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
25	28.5389	34.9962	39.3011	7.1475	8.7634	9.8406	7.1347	8.7491	9.8253	3.2164	3.9435	4.4283
26	28.9287	35.4736	39.8369	7.3853	9.0553	10.1686	7.3652	9.0316	10.1425	3.3586	4.1180	4.6243
27	29.3239	35.9575	40.3800	7.6310	9.3569	10.5075	7.6032	9.3232	10.4699	3.5071	4.3003	4.8291
28	29.7244	36.4480	40.9304	7.8849	9.6686	10.8577	7.8489	9.6243	10.8079	3.6622	4.4906	5.0429
29	30.1304	36.9452	41.4884	8.1472	9.9906	11.2196	8.1025	9.9351	11.1568	3.8241	4.6893	5.2661
30	30.5420	37.4492	42.0540	8.4183	10.3234	11.5935	8.3643	10.2559	11.5170	3.9932	4.8968	5.4993
31	30.9592	37.9601	42.6273	8.6984	10.6673	11.9799	8.6345	10.5871	11.8888	4.1697	5.1135	5.7427
32	31.3821	38.4779	43.2084	8.9878	11.0226	12.3791	8.9135	10.9289	12.2726	4.3541	5.3398	5.9970
33	31.8108	39.0028	43.7975	9.2868	11.3897	12.7917	9.2015	11.2819	12.6688	4.5466	5.5761	6.2625
34	32.2453	39.5348	44.3945	9.5958	11.7691	13.2180	9.4988	11.6462	13.0777	4.7476	5.8229	6.5397
35	32.6858	40.0741	44.9997	9.9150	12.1612	13.6586	9.8057	12.0222	13.4999	4.9575	6.0806	6.8293
36	33.1404	40.6318	45.6260	10.2072	12.5196	14.0612	10.0899	12.3708	13.8913	5.1510	6.3179	7.0959
37	33.6036	41.2004	46.2650	10.4969	12.8750	14.4603	10.3505	12.6906	14.2507	5.3391	6.5487	7.3551
38	34.0748	41.7792	46.9154	10.7866	13.2303	14.8595	10.6005	12.9976	14.5957	5.5261	6.7782	7.6129
39	34.5532	42.3670	47.5762	11.0789	13.5889	15.2623	10.8528	13.3075	14.9440	5.7164	7.0116	7.8751
40	35.0384	42.9631	48.2462	11.3765	13.9539	15.6721	11.1203	13.6361	15.3132	5.9143	7.2543	8.1477
41	35.5295	43.5663	48.9241	11.6820	14.3284	16.0926	11.4161	13.9991	15.7210	6.1241	7.5116	8.4366
42	36.0261	44.1757	49.6088	11.9979	14.7155	16.5273	11.7530	14.4123	16.1852	6.3502	7.7887	8.7477
43	36.5275	44.7905	50.2991	12.3269	15.1186	16.9796	12.1439	14.8916	16.7233	6.5968	8.0908	9.0869
44	37.0331	45.4096	50.9939	12.6716	15.5406	17.4532	12.6019	15.4526	17.3531	6.8683	8.4234	9.4601
45	37.5421	46.0320	51.6919	13.0345	15.9847	17.9516	13.1397	16.1112	18.0922	7.1690	8.7916	9.8734
46	38.0551	46.6604	52.3972	13.4085	16.4433	18.4665	13.7713	16.8856	18.9618	7.4921	9.1880	10.3186
47	38.5727	47.2970	53.1133	13.7868	16.9087	18.9900	14.4909	17.7695	19.9553	7.8293	9.6029	10.7852
48	39.0952	47.9409	53.8380	14.1727	17.3843	19.5254	15.2820	18.7421	21.0488	8.1828	10.0383	11.2753
49	39.6226	48.5907	54.5695	14.5698	17.8736	20.0761	16.1284	19.7823	22.2183	8.5548	10.4964	11.7909
50	40.1551	49.2454	55.3055	14.9813	18.3799	20.6457	17.0136	20.8694	23.4400	8.9472	10.9793	12.3339
51	40.6929	49.9037	56.0443	15.4106	18.9067	21.2375	17.9212	21.9824	24.6899	9.3624	11.4889	12.9065
52	41.2359	50.5645	56.7836	15.8611	19.4575	21.8550	18.8350	23.1004	25.9440	9.8024	12.0274	13.5107
53	41.7844	51.2267	57.5215	16.3363	20.0355	22.5017	19.7384	24.2024	27.1784	10.2694	12.5968	14.1484
54	42.3384	51.8890	58.2560	16.8393	20.6443	23.1809	20.6153	25.2676	28.3692	10.7655	13.1992	14.8217
55	42.8982	52.5503	58.9850	17.3738	21.2872	23.8962	21.4491	26.2751	29.4925	11.2929	13.8367	15.5325
56	43.3792	53.0962	59.5742	17.9222	21.9377	24.6148	22.1687	27.1303	30.4381	11.8344	14.4838	16.2501
57	43.7346	53.4645	59.9511	18.4716	22.5775	25.3147	22.7516	27.8025	31.1697	12.3780	15.1243	16.9551
58	44.0205	53.7320	60.2063	19.0316	23.2223	26.0161	23.2543	28.3662	31.7740	12.9341	15.7739	17.6671
59	44.2930	53.9756	60.4306	19.6118	23.8880	26.7388	23.7334	28.8960	32.3378	13.5130	16.4484	18.4054
60	44.6084	54.2722	60.7146	20.2219	24.5904	27.5028	24.2453	29.4667	32.9476	14.1251	17.1638	19.1896
61	45.0229	54.6986	61.1490	20.8716	25.3454	28.3280	24.8466	30.1527	33.6902	14.7807	17.9358	20.0391
62	45.5926	55.3317	61.8244	21.5704	26.1689	29.2345	25.5939	31.0289	34.6522	15.4901	18.7801	20.9735
63	46.3736	56.2484	62.8316	22.3282	27.0766	30.2422	26.5436	32.1697	35.9205	16.2636	19.7128	22.0123
64	47.4222	57.5255	64.2611	23.1545	28.0844	31.3710	27.7524	33.6499	37.5816	17.1115	20.7495	23.1748
65	48.7946	59.2401	66.2037	24.0589	29.2081	32.6409	29.2767	35.5440	39.7222	18.0442	21.9061	24.4807
66	50.8666	61.8875	69.2338	25.0698	30.5000	34.1197	31.2086	37.9704	42.4777	19.0391	23.1631	25.9120
67	53.0266	64.6534	72.4027	26.1231	31.8491	35.6654	33.2680	40.5625	45.4242	20.0889	24.4923	27.4271
68	55.2783	67.5428	75.7165	27.2206	33.2578	37.2813	35.4633	43.3314	48.5752	21.1966	25.8977	29.0308
69	57.6256	70.5613	79.1820	28.3643	34.7288	38.9703	37.8034	46.2895	51.9448	22.3654	27.3838	30.7282
70	60.0726	73.7148	82.8062	29.5561	36.2649	40.7358	40.2979	49.4494	55.5481	23.5986	28.9552	32.5249
71	62.6236	77.0092	86.5962	30.7979	37.8689	42.5813	42.9571	52.8250	59.4013	24.8999	30.6167	34.4267
72	65.2828	80.4508	90.5597	32.0919	39.5439	44.5105	45.7917	56.4311	63.5219	26.2728	32.3736	36.4396
73	68.0549	84.0462	94.7046	33.4402	41.2930	46.5270	48.8134	60.2834	67.9282	27.7215	34.2313	38.5702
74	70.9448	87.8023	99.0392	34.8452	43.1194	48.6349	52.0345	64.3986	72.6403	29.2500	36.1956	40.8255
75	73.9574	91.7263	103.5722	36.3093	45.0267	50.8383	55.4681	68.7947	77.6792	30.8629	38.2727	43.2125
76	74.8894	93.0821	105.2099	36.7510	45.6721	51.6192	56.1670	69.8116	78.9075	31.2383	38.8213	43.8763
77	75.8331	94.4580	106.8736	37.1981	46.3268	52.4121	56.8748	70.8435	80.1552	31.6184	39.3778	44.5503
78	76.7887	95.8542	108.5635	37.6506	46.9909	53.2172	57.5915	71.8907	81.4227	32.0030	39.9422	45.2346
79	77.7563	97.2711	110.2802	38.1087	47.6645	54.0347	58.3173	72.9533	82.7102	32.3924	40.5148	45.9295
80	78.7362	98.7089	112.0240	38.5723	48.3477	54.8647	59.0521	74.0317	84.0180	32.7865	41.0956	46.6350

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Inflation Protection Benefit

Form Series ULREBRIPGLI (11/05)

Current Monthly Charges for Extension of Benefits Rider per $1000 of Initial Extension Monthly Maximum, Single/Standard

EBR Period	2 year	2 year	2 year	2 year	2 year	2 year	2 year	2 year	2 year	2 year	2 year	2 year	4 year	4 year	4 year	4 year	4 year
ABR Period	2 year	3 year	4 year	2 year	3 year	4 year	2 year	3 year	4 year	2 year	3 year	4 year	2 year	3 year	4 year	2 year	3 year
IPB Type	5% Compound	5% Compound	5% Compound	3% Compound	3% Compound	3% Compound	5% Simple	5% Simple	5% Simple	3%Simple	3%Simple	3%Simple	5% Compound	5% Compound	5% Compound	3% Compound	3% Compound
Age																	
18	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
19	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
20	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
21	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
22	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
23	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
24	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
25	10.7622	6.4031	4.0038	2.6931	1.6026	1.0035	2.6906	1.6008	1.0010	1.2119	0.7212	0.4516	14.7661	8.8509	5.5951	3.6966	2.2154
26	10.9082	6.4901	4.0585	2.7833	1.6561	1.0370	2.7772	1.6524	1.0333	1.2657	0.7531	0.4716	14.9667	8.9714	5.6715	3.8203	2.2893
27	11.0561	6.5783	4.1139	2.8765	1.7114	1.0715	2.8667	1.7056	1.0667	1.3220	0.7865	0.4925	15.1700	9.0934	5.7489	3.9480	2.3657
28	11.2060	6.6677	4.1700	2.9728	1.7685	1.1073	2.9590	1.7606	1.1011	1.3807	0.8214	0.5143	15.3760	9.2172	5.8274	4.0800	2.4445
29	11.3580	6.7583	4.2269	3.0723	1.8276	1.1442	3.0543	1.8174	1.1367	1.4421	0.8578	0.5370	15.5849	9.3426	5.9069	4.2165	2.5261
30	11.5120	6.8501	4.2846	3.1752	1.8886	1.1823	3.1527	1.8760	1.1734	1.5061	0.8959	0.5608	15.7966	9.4697	5.9876	4.3575	2.6103
31	11.6681	6.9432	4.3431	3.2815	1.9517	1.2217	3.2542	1.9365	1.2113	1.5730	0.9356	0.5856	16.0112	9.5985	6.0693	4.5032	2.6974
32	11.8263	7.0376	4.4024	3.3914	2.0169	1.2624	3.3591	1.9989	1.2504	1.6429	0.9771	0.6116	16.2287	9.7291	6.1521	4.6538	2.7873
33	11.9867	7.1332	4.4625	3.5049	2.0843	1.3045	3.4672	2.0633	1.2908	1.7159	1.0204	0.6387	16.4492	9.8615	6.2361	4.8094	2.8803
34	12.1492	7.2302	4.5234	3.6223	2.1539	1.3480	3.5789	2.1299	1.3325	1.7921	1.0656	0.6669	16.6726	9.9957	6.3212	4.9703	2.9763
35	12.3140	7.3284	4.5851	3.7435	2.2258	1.3929	3.6942	2.1985	1.3755	1.8718	1.1129	0.6965	16.8991	10.1317	6.4075	5.1365	3.0756
36	12.4856	7.4306	4.6495	3.8540	2.2916	1.4342	3.8015	2.2624	1.4156	1.9449	1.1565	0.7237	17.1351	10.2730	6.4969	5.2881	3.1666
37	12.6614	7.5351	4.7153	3.9634	2.3569	1.4751	3.9002	2.3211	1.4524	2.0160	1.1989	0.7503	17.3767	10.4173	6.5880	5.4385	3.2571
38	12.8407	7.6416	4.7824	4.0729	2.4224	1.5161	3.9952	2.3775	1.4879	2.0867	1.2411	0.7767	17.6231	10.5644	6.6808	5.5890	3.3477
39	13.0230	7.7499	4.8507	4.1833	2.4884	1.5574	4.0912	2.4345	1.5236	2.1586	1.2840	0.8036	17.8737	10.7140	6.7751	5.7408	3.4392
40	13.2078	7.8596	4.9200	4.2956	2.5555	1.5995	4.1929	2.4949	1.5616	2.2334	1.3287	0.8316	18.1278	10.8656	6.8707	5.8951	3.5323
41	13.3946	7.9706	4.9901	4.4106	2.6243	1.6427	4.3050	2.5615	1.6035	2.3124	1.3759	0.8612	18.3847	11.0189	6.9675	6.0533	3.6277
42	13.5827	8.0825	5.0609	4.5294	2.6953	1.6873	4.4322	2.6373	1.6511	2.3975	1.4267	0.8931	18.6436	11.1736	7.0652	6.2167	3.7262
43	13.7716	8.1951	5.1322	4.6527	2.7691	1.7336	4.5794	2.7249	1.7063	2.4901	1.4820	0.9278	18.9039	11.3293	7.1638	6.3864	3.8284
44	13.9609	8.3080	5.2039	4.7816	2.8461	1.7821	4.7512	2.8273	1.7709	2.5919	1.5427	0.9660	19.1648	11.4856	7.2631	6.5637	3.9351
45	14.1498	8.4210	5.2759	4.9170	2.9269	1.8330	4.9524	2.9474	1.8466	2.7044	1.6098	1.0081	19.4257	11.6423	7.3629	6.7500	4.0471
46	14.3422	8.5372	5.3523	5.0580	3.0115	1.8873	5.1904	3.0899	1.9378	2.8265	1.6829	1.0549	19.6945	11.8042	7.4675	6.9454	4.1644
47	14.5406	8.6585	5.4356	5.2032	3.0990	1.9454	5.4644	3.2547	2.0453	2.9559	1.7608	1.1061	19.9762	11.9744	7.5793	7.1486	4.2864
48	14.7428	8.7830	5.5232	5.3526	3.1894	2.0063	5.7667	3.4370	2.1650	3.0925	1.8432	1.1608	20.2660	12.1498	7.6955	7.3589	4.4126
49	14.9468	8.9088	5.6122	5.5063	3.2825	2.0691	6.0899	3.6318	2.2929	3.2361	1.9298	1.2184	20.5591	12.3273	7.8136	7.5754	4.5424
50	15.1504	9.0342	5.7001	5.6644	3.3780	2.1330	6.4264	3.8344	2.4252	3.3867	2.0205	1.2782	20.8505	12.5039	7.9308	7.7973	4.6755
51	15.3514	9.1572	5.7839	5.8269	3.4756	2.1970	6.7686	4.0399	2.5578	3.5441	2.1149	1.3394	21.1353	12.6766	8.0443	8.0239	4.8113
52	15.5477	9.2759	5.8611	5.9939	3.5753	2.2604	7.1090	4.2434	2.6868	3.7083	2.2128	1.4013	21.4088	12.8422	8.1515	8.2542	4.9494
53	15.7371	9.3885	5.9289	6.1654	3.6768	2.3221	7.4400	4.4402	2.8082	3.8790	2.3139	1.4633	21.6660	12.9977	8.2497	8.4875	5.0891
54	15.9176	9.4931	5.9845	6.3416	3.7798	2.3814	7.7540	4.6253	2.9182	4.0561	2.4180	1.5245	21.9020	13.1401	8.3361	8.7230	5.2302
55	16.0868	9.5877	6.0252	6.5225	3.8842	2.4374	8.0434	4.7939	3.0126	4.2396	2.5248	1.5843	22.1121	13.2663	8.4080	8.9599	5.3720
56	16.1950	9.6306	6.0168	6.6925	3.9748	2.4765	8.2694	4.9139	3.0663	4.4158	2.6211	1.6313	22.2118	13.3087	8.4070	9.1690	5.4889
57	16.2165	9.6004	5.9430	6.8431	4.0432	2.4921	8.4181	4.9727	3.0693	4.5772	2.7000	1.6600	22.1595	13.2331	8.3034	9.3352	5.5669
58	16.1859	9.5260	5.8282	6.9845	4.0999	2.4938	8.5197	4.9943	3.0406	4.7330	2.7703	1.6782	22.0141	13.0862	8.1377	9.4782	5.6236
59	16.1376	9.4364	5.6968	7.1270	4.1549	2.4909	8.6044	5.0026	2.9994	4.8923	2.8410	1.6941	21.8344	12.9147	7.9504	9.6179	5.6764
60	16.1062	9.3607	5.5731	7.2809	4.2187	2.4932	8.7023	5.0218	2.9646	5.0644	2.9210	1.7155	21.6793	12.7652	7.7818	9.7740	5.7427
61	16.1261	9.3277	5.4816	7.4565	4.3014	2.5100	8.8435	5.0759	2.9553	5.2584	3.0190	1.7504	21.6077	12.6845	7.6727	9.9664	5.8400
62	16.2319	9.3665	5.4465	7.6641	4.4134	2.5509	9.0583	5.1889	2.9906	5.4834	3.1441	1.8069	21.6784	12.7192	7.6633	10.2149	5.9858
63	16.4580	9.5060	5.4923	7.9140	4.5649	2.6253	9.3768	5.3849	3.0895	5.7487	3.3052	1.8927	21.9503	12.9160	7.7942	10.5393	6.1974
64	16.8389	9.7753	5.6433	8.2165	4.7662	2.7428	9.8291	5.6879	3.2711	6.0633	3.5111	2.0160	22.4822	13.3216	8.1059	10.9594	6.4924
65	17.4091	10.2032	5.9240	8.5820	5.0276	2.9130	10.4455	6.1219	3.5544	6.4365	3.7707	2.1847	23.3331	13.9827	8.6388	11.4949	6.8881
66	18.3590	10.9096	6.4132	9.0459	5.3735	3.1530	11.2640	6.6934	3.9347	6.8699	4.0809	2.3945	24.7874	15.0591	9.4657	12.2065	7.4158
67	19.3608	11.6648	6.9427	9.5349	5.7433	3.4127	12.1466	7.3183	4.3557	7.3325	4.4166	2.6244	26.3323	16.2185	10.3718	12.9621	7.9840
68	20.4172	12.4724	7.5160	10.0504	6.1385	3.6939	13.0985	8.0015	4.8218	7.8262	4.7800	2.8764	27.9735	17.4670	11.3645	13.7645	8.5957
69	21.5313	13.3358	8.1366	10.5937	6.5608	3.9982	14.1249	8.7485	5.3377	8.3532	5.1733	3.1526	29.7169	18.8117	12.4523	14.6166	9.2542
70	22.7061	14.2590	8.8084	11.1664	7.0123	4.3276	15.2317	9.5652	5.9089	8.9156	5.5989	3.4553	31.5691	20.2599	13.6442	15.5214	9.9632
71	23.9451	15.2461	9.5358	11.7700	7.4948	4.6842	16.4253	10.4582	6.5411	9.5159	6.0595	3.7871	33.5367	21.8195	14.9502	16.4823	10.7265
72	25.2516	16.3016	10.3232	12.4063	8.0105	5.0701	17.7124	11.4345	7.2410	10.1567	6.5580	4.1508	35.6269	23.4993	16.3811	17.5026	11.5483
73	26.6295	17.4302	11.1756	13.0769	8.5618	5.4878	19.1004	12.5020	8.0158	10.8406	7.0976	4.5493	37.8473	25.3083	17.9491	18.5860	12.4330
74	28.0825	18.6368	12.0983	13.7839	9.1509	5.9400	20.5971	13.6692	8.8735	11.5706	7.6815	4.9862	40.2062	27.2566	19.6671	19.7366	13.3855
75	29.6148	19.9270	13.0973	14.5290	9.7806	6.4294	22.2111	14.9453	9.8230	12.3497	8.3135	5.4649	42.7121	29.3550	21.5496	20.9584	14.4110
76	30.3154	20.6451	13.6813	14.8657	10.1290	6.7142	22.7366	15.4838	10.2610	12.6359	8.6096	5.7071	44.0045	30.5780	22.6954	21.5838	15.0059
77	31.0327	21.3890	14.2913	15.2102	10.4898	7.0117	23.2745	16.0418	10.7185	12.9287	8.9163	5.9600	45.3361	31.8519	23.9022	22.2280	15.6253
78	31.7669	22.1598	14.9286	15.5627	10.8635	7.3224	23.8252	16.6198	11.1964	13.2283	9.2340	6.2241	46.7079	33.1789	25.1731	22.8914	16.2703
79	32.5185	22.9583	15.5942	15.9233	11.2505	7.6469	24.3889	17.2187	11.6957	13.5348	9.5629	6.4999	48.1213	34.5612	26.5116	23.5745	16.9419
80	33.2879	23.7856	16.2895	16.2924	11.6513	7.9857	24.9659	17.8392	12.2171	13.8485	9.9036	6.7879	49.5774	36.0012	27.9212	24.2781	17.6413

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Inflation Protection Benefit

Form Series ULREBRIPGLI (11/05)

Current Monthly Charges for Extension of Benefits Rider per $1000 of Initial Extension Monthly Maximum, Single/Standard

4 year 4 year 3% Compound	4 year 2 year 5% Simple	4 year 3 year 5% Simple	4 year 4 year 5% Simple	4 year 2 year 3%Simple	4 year 3 year 3%Simple	4 year 4 year 3%Simple	Unlimited 2 year 5% Compound	Unlimited 3 year 5% Compound	Unlimited 4 year 5% Compound	Unlimited 2 year 3% Compound	Unlimited 3 year 3% Compound	Unlimited 4 year 3% Compound	Unlimited 2 year 5% Simple	Unlimited 3 year 5% Simple	Unlimited 4 year 5% Simple	Unlimited 2 year 3%Simple	Unlimited 3 year 3%Simple	Unlimited 4 year 3%Simple
1.4008	3.6915	2.2127	1.3988	1.6635	0.9969	0.6304	17.7562	11.2988	6.9939	4.4442	2.8283	1.7510	4.4390	2.8247	1.7485	1.9999	1.2727	0.7880
1.4008	3.6915	2.2127	1.3988	1.6635	0.9969	0.6304	17.7562	11.2988	6.9939	4.4442	2.8283	1.7510	4.4390	2.8247	1.7485	1.9999	1.2727	0.7880
1.4008	3.6915	2.2127	1.3988	1.6635	0.9969	0.6304	17.7562	11.2988	6.9939	4.4442	2.8283	1.7510	4.4390	2.8247	1.7485	1.9999	1.2727	0.7880
1.4008	3.6915	2.2127	1.3988	1.6635	0.9969	0.6304	17.7562	11.2988	6.9939	4.4442	2.8283	1.7510	4.4390	2.8247	1.7485	1.9999	1.2727	0.7880
1.4008	3.6915	2.2127	1.3988	1.6635	0.9969	0.6304	17.7562	11.2988	6.9939	4.4442	2.8283	1.7510	4.4390	2.8247	1.7485	1.9999	1.2727	0.7880
1.4008	3.6915	2.2127	1.3988	1.6635	0.9969	0.6304	17.7562	11.2988	6.9939	4.4442	2.8283	1.7510	4.4390	2.8247	1.7485	1.9999	1.2727	0.7880
1.4008	3.6915	2.2127	1.3988	1.6635	0.9969	0.6304	17.7562	11.2988	6.9939	4.4442	2.8283	1.7510	4.4390	2.8247	1.7485	1.9999	1.2727	0.7880
1.4474	3.8105	2.2841	1.4440	1.7373	1.0411	0.6582	17.9976	11.4527	7.0894	4.5925	2.9225	1.8092	4.5822	2.9158	1.8050	2.0885	1.3291	0.8228
1.4955	3.9333	2.3578	1.4906	1.8144	1.0872	0.6873	18.2423	11.6086	7.1862	4.7458	3.0199	1.8693	4.7299	3.0099	1.8633	2.1811	1.3879	0.8591
1.5451	4.0601	2.4338	1.5388	1.8950	1.1354	0.7176	18.4903	11.7667	7.2842	4.9042	3.1206	1.9314	4.8824	3.1070	1.9234	2.2778	1.4493	0.8971
1.5965	4.1910	2.5123	1.5885	1.9791	1.1857	0.7493	18.7417	11.9269	7.3837	5.0679	3.2245	1.9956	5.0399	3.2073	1.9856	2.3787	1.5135	0.9367
1.6495	4.3261	2.5934	1.6398	2.0669	1.2382	0.7824	18.9965	12.0893	7.4845	5.2371	3.3320	2.0619	5.2024	3.3108	2.0497	2.4842	1.5805	0.9781
1.7043	4.4655	2.6770	1.6927	2.1587	1.2930	0.8170	19.2547	12.2539	7.5866	5.4119	3.4430	2.1304	5.3701	3.4176	2.1159	2.5943	1.6505	1.0212
1.7610	4.6095	2.7634	1.7474	2.2545	1.3503	0.8531	19.5165	12.4207	7.6902	5.5926	3.5577	2.2012	5.5433	3.5279	2.1843	2.7093	1.7235	1.0664
1.8195	4.7580	2.8525	1.8038	2.3546	1.4101	0.8908	19.7818	12.5898	7.7952	5.7792	3.6763	2.2743	5.7221	3.6417	2.2548	2.8294	1.7998	1.1135
1.8799	4.9114	2.9445	1.8621	2.4591	1.4726	0.9301	20.0508	12.7613	7.9016	5.9722	3.7988	2.3499	5.9066	3.7592	2.3276	2.9548	1.8795	1.1626
1.9424	5.0697	3.0395	1.9223	2.5682	1.5378	0.9712	20.3234	12.9350	8.0094	6.1715	3.9254	2.4280	6.0970	3.8805	2.4028	3.0858	1.9627	1.2140
2.0001	5.2171	3.1277	1.9780	2.6686	1.5980	1.0094	20.6067	13.1153	8.1211	6.3541	4.0417	2.5001	6.2740	3.9931	2.4726	3.2066	2.0396	1.2617
2.0575	5.3527	3.2089	2.0293	2.7663	1.6568	1.0466	20.8964	13.2996	8.2350	6.5353	4.1573	2.5719	6.4368	4.0967	2.5366	3.3242	2.1146	1.3082
2.1152	5.4831	3.2868	2.0784	2.8634	1.7152	1.0837	21.1917	13.4873	8.3510	6.7169	4.2731	2.6439	6.5932	4.1961	2.5980	3.4414	2.1893	1.3546
2.1734	5.6148	3.3655	2.1280	2.9623	1.7747	1.1215	21.4919	13.6781	8.4689	6.9001	4.3901	2.7167	6.7513	4.2965	2.6601	3.5606	2.2654	1.4019
2.2327	5.7544	3.4489	2.1807	3.0650	1.8365	1.1609	21.7962	13.8715	8.5884	7.0865	4.5091	2.7909	6.9187	4.4030	2.7258	3.6844	2.3444	1.4511
2.2935	5.9084	3.5410	2.2388	3.1737	1.9020	1.2025	22.1039	14.0672	8.7093	7.2775	4.6311	2.8669	7.1035	4.5205	2.7985	3.8155	2.4281	1.5031
2.3562	6.0834	3.6457	2.3050	3.2906	1.9724	1.2472	22.4142	14.2646	8.8315	7.4746	4.7570	2.9453	7.3135	4.6542	2.8813	3.9565	2.5180	1.5590
2.4213	6.2857	3.7669	2.3818	3.4179	2.0489	1.2959	22.7264	14.4635	8.9548	7.6794	4.8877	3.0266	7.5566	4.8090	2.9772	4.1100	2.6159	1.6198
2.4892	6.5221	3.9087	2.4716	3.5578	2.1330	1.3493	23.0398	14.6633	9.0789	7.8931	5.0242	3.1115	7.8407	4.9900	3.0895	4.2785	2.7233	1.6866
2.5604	6.7990	4.0748	2.5770	3.7125	2.2259	1.4082	23.3535	14.8636	9.2037	8.1175	5.1673	3.2004	8.1737	5.2023	3.2213	4.4646	2.8420	1.7602
2.6353	7.1282	4.2726	2.7033	3.8814	2.3273	1.4728	23.6766	15.0712	9.3344	8.3522	5.3174	3.2942	8.5695	5.4553	3.3791	4.6675	2.9716	1.8410
2.7140	7.5096	4.5018	2.8506	4.0619	2.4356	1.5424	24.0146	15.2903	9.4741	8.5957	5.4738	3.3925	9.0276	5.7490	3.5632	4.8839	3.1104	1.9280
2.7957	7.9317	4.7556	3.0141	4.2532	2.5503	1.6164	24.3623	15.5166	9.6194	8.8473	5.6357	3.4947	9.5343	6.0743	3.7676	5.1130	3.2575	2.0206
2.8799	8.3828	5.0270	3.1889	4.4545	2.6711	1.6943	24.7139	15.7458	9.7670	9.1062	5.8024	3.5999	10.0761	6.4221	3.9861	5.3540	3.4123	2.1179
2.9659	8.8516	5.3089	3.3702	4.6649	2.7972	1.7754	25.0639	15.9736	9.9135	9.3717	5.9731	3.7073	10.6392	6.7834	4.2128	5.6060	3.5740	2.2193
3.0530	9.3264	5.5944	3.5532	4.8835	2.9283	1.8593	25.4068	16.1960	10.0554	9.6431	6.1470	3.8163	11.2101	7.1490	4.4415	5.8682	3.7417	2.3241
3.1407	9.7958	5.8766	3.7329	5.1096	3.0638	1.9452	25.7371	16.4085	10.1894	9.9197	6.3234	3.9259	11.7751	7.5097	4.6661	6.1398	3.9149	2.4316
3.2283	10.2482	6.1484	3.9045	5.3423	3.2033	2.0328	26.0493	16.6070	10.3121	10.2008	6.5015	4.0354	12.3206	7.8566	4.8806	6.4200	4.0926	2.5410
3.3151	10.6721	6.4029	4.0632	5.5806	3.3461	2.1214	26.3377	16.7872	10.4201	10.4855	6.6806	4.1439	12.8329	8.1806	5.0790	6.7079	4.2742	2.6517
3.4007	11.0560	6.6331	4.2040	5.8239	3.4918	2.2104	26.5969	16.9448	10.5101	10.7733	6.8598	4.2508	13.2984	8.4724	5.2550	7.0026	4.4589	2.7630
3.4607	11.3357	6.7878	4.2832	6.0471	3.6184	2.2794	26.7584	17.0414	10.5634	11.0453	7.0297	4.3527	13.6643	8.7027	5.3949	7.2879	4.6384	2.8721
3.4827	11.4874	6.8458	4.2813	6.2371	3.7140	2.3177	26.7900	17.0601	10.5735	11.2918	7.1859	4.4487	13.9154	8.8646	5.4973	7.5553	4.8090	2.9781
3.4828	11.5604	6.8451	4.2304	6.4112	3.7937	2.3391	26.7404	17.0288	10.5545	11.5257	7.3350	4.5412	14.0945	8.9827	5.5748	7.8164	4.9766	3.0834
3.4776	11.6038	6.8237	4.1624	6.5864	3.8725	2.3576	26.6582	16.9756	10.5206	11.7600	7.4839	4.6331	14.2443	9.0817	5.6400	8.0825	5.1471	3.1901
3.4835	11.6669	6.8196	4.1092	6.7799	3.9654	2.3872	26.5921	16.9284	10.4859	12.0077	7.6392	4.7268	14.4077	9.1863	5.7054	8.3650	5.3263	3.3006
3.5168	11.7989	6.8709	4.1027	7.0088	4.0873	2.4418	26.5909	16.9152	10.4648	12.2815	7.8077	4.8251	14.6274	9.3213	5.7838	8.6753	5.5203	3.4169
3.5940	12.0489	7.0155	4.1750	7.2903	4.2534	2.5354	26.7031	16.9640	10.4713	12.5946	7.9961	4.9305	14.9461	9.5111	5.8878	9.0249	5.7349	3.5415
3.7315	12.4663	7.2915	4.3578	7.6414	4.4785	2.6819	26.9775	17.1028	10.5196	12.9597	8.2113	5.0457	15.4067	9.7807	6.0299	9.4252	5.9760	3.6766
3.9456	13.1002	7.7368	4.6833	8.0793	4.7778	2.8953	27.4628	17.3595	10.6240	13.3898	8.4599	5.1733	16.0520	10.1545	6.2228	9.8876	6.2496	3.8243
4.2527	13.9999	8.3896	5.1833	8.6212	5.1661	3.1895	28.2077	17.7622	10.7986	13.8979	8.7487	5.3159	16.9246	10.6573	6.4791	10.4234	6.5615	3.9869
4.6587	15.2080	9.2394	5.8076	9.2702	5.6319	3.5380	29.5177	18.4973	11.1443	14.5378	9.1079	5.4850	18.1103	11.3488	6.8375	11.0407	6.9170	4.1656
5.1034	16.5204	10.1752	6.5071	9.9680	6.1398	3.9246	30.8885	19.2628	11.5011	15.2072	9.4819	5.6596	19.3790	12.0852	7.2156	11.6945	7.2917	4.3523
5.5906	17.9461	11.2058	7.2908	10.7184	6.6934	4.3534	32.3230	20.0600	11.8693	15.9075	9.8712	5.8396	20.7365	12.8693	7.6146	12.3871	7.6867	4.5473
6.1243	19.4948	12.3408	8.1689	11.5253	7.2970	4.8291	33.8242	20.8902	12.2493	16.6400	10.2765	6.0254	22.1892	13.7043	8.0357	13.1207	8.1031	4.7511
6.7090	21.1772	13.5907	9.1528	12.3929	7.9550	5.3567	35.3950	21.7548	12.6415	17.4062	10.6985	6.2171	23.7437	14.5935	8.4801	13.8977	8.5420	4.9640
7.3494	23.0047	14.9673	10.2552	13.3258	8.6723	5.9420	37.0388	22.6551	13.0462	18.2077	11.1377	6.4150	25.4070	15.5404	8.9491	14.7208	9.0048	5.1864
8.0510	24.9900	16.4832	11.4903	14.3289	9.4543	6.5912	38.7589	23.5927	13.4639	19.0461	11.5951	6.6191	27.1869	16.5488	9.4440	15.5926	9.4926	5.4189
8.8196	27.1465	18.1528	12.8742	15.4076	10.3068	7.3114	40.5589	24.5691	13.8949	19.9231	12.0711	6.8297	29.0915	17.6225	9.9663	16.5160	10.0068	5.6617
9.6616	29.4892	19.9914	14.4248	16.5674	11.2362	8.1102	42.4426	25.5859	14.3398	20.8405	12.5668	7.0469	31.1295	18.7660	10.5175	17.4941	10.5489	5.9154
10.5839	32.0341	22.0162	16.1622	17.8146	12.2494	8.9963	44.4136	26.6448	14.7989	21.8002	13.0828	7.2712	33.3102	19.9836	11.0991	18.5301	11.1203	6.1805
11.1431	33.0034	22.9335	17.0216	18.3463	12.7550	9.4717	46.2734	28.0662	15.9074	22.7044	13.7761	7.8137	34.7050	21.0496	11.9306	19.2987	11.7097	6.6416
11.7319	34.0021	23.8889	17.9266	18.8938	13.2815	9.9721	48.2110	29.5635	17.0990	23.6461	14.5062	8.3967	36.1583	22.1726	12.8243	20.0992	12.3302	7.1372
12.3518	35.0309	24.8842	18.8798	19.4577	13.8298	10.4990	50.2298	31.1406	18.3799	24.6269	15.2749	9.0232	37.6723	23.3554	13.7849	20.9329	12.9837	7.6697
13.0044	36.0910	25.9209	19.8837	20.0383	14.4007	11.0537	52.3331	32.8019	19.7567	25.6484	16.0844	9.6964	39.2498	24.6014	14.8175	21.8011	13.6718	8.2420
13.6915	37.1830	27.0009	20.9409	20.6364	14.9951	11.6378	54.5245	34.5517	21.2366	26.7123	16.9368	10.4199	40.8933	25.9138	15.9275	22.7054	14.3963	8.8569

Guaranteed values equal the current values in the first 5 durations; 125% in the 6th duration; and 150% thereafter.

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Readability Certification attached

Attachment:

GLIC_flesch AR.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

In addition to the appllications attached, and as stated in the Filing Description, basic life insurance application GEFA-504, approved by the Arkansas Insurance Department effective 5/30/200, will be utilized with this product.

Item Status: **Status Date:**

Satisfied - Item: Health - Actuarial Justification

Comments:

Actuarial Memorandums for Accelerated Benefit Rider and Extension of Benefits Rider attached.

Attachments:

GL501R 0212 Actuarial Memorandum_ABR 3-30-12.pdf
GL501R 0212 Actuarial Certification_ABR 4-4-12.pdf
GL502R 0212 Actuarial Memorandum_EBR 3-30-12.pdf
GL502R 0212 Actuarial Certification_EBR 4-4-12.pdf

Item Status: **Status Date:**

Satisfied - Item: Outline of Coverage

Comments:

Outline of Coverage attached both here, and on the SERFF Form Schedule.

Attachment:

OC502RAR 0212 Outline 4-12-12.pdf

Item Status: **Status Date:**

Satisfied - Item: Filed for Information

Comments:

Policy Summary Filed for Information

Attachment:

GL5000-PS 0212 Policy Summary 4-3-12.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Statement of Variability attached

Attachment:

TLC12 AR Statement of Variability 4-12-12.pdf

Item Status: **Status Date:**

Satisfied - Item: Life Actuarial Documents

Comments:

Life Actuarial Memorandum, Life Guaranteed Maximum Monthly COI Rates, Illustration Actuary Certification and a specimen copy of the Life Illustration attached.

Attachments:

GL5000-0212 Actuarial Memorandum_UL 4-2-12.pdf
GL503R-0212 Actuarial Memorandum_ROP 3-30-12.pdf
Life - Guar Max Monthly COI rates.pdf
Illustration Certification Signed.pdf
TLC12 Illustration Signoff Version 3-9-12 DRB & BB edits.pdf

Item Status: **Status Date:**

Satisfied - Item: Certificate of Compliance R&R 19

SERFF Tracking Number:	*GEFA-128257021*	*State:*	*Arkansas*
Filing Company:	*Genworth Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*GL5000 0212*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*TLC12*		
Project Name/Number:	*TLC12/TLC12*		

Comments:

R&R Certificate of Compliance attached

Attachment:

AR R&R 19 Certificate of Compliance.pdf

GENWORTH LIFE INSURANCE COMPANY
FLESCH SCORE CERTIFICATON

I hereby certify that this filing meets the policy language simplification (readability) requirements of the insurance laws of your state.

Using a computer software program, the Flesch reading ease test score is:

Form No.	Title	Score
GL5000AR 0212	Flexible Premium Adjustable Life Insurance Policy	52.1
GL500R 0212	Guaranteed Minimum Benefit Rider	51.4 Combined with Policy
GL501RAR 0212	Accelerated Benefit Rider for Long Term Care Services	50.3 Combined with Policy
GL502R 0212	Extension of Benefits Rider for Long Term Care Services	52.4 Combined with Policy
GL503R 0212	Return of Premium Benefit Rider	52.1 Combined with Policy
GL500E 0212	Wellness Endorsement	51.9 Combined with Policy
TLC-App 0212	Total Living Coverage application for individual life insurance	52.1
TLC-TIAA 0212	Temporary Insurance Application And Agreement (TIAA) for Life/LTC	50.7

By: _____
Vice President, Product Compliance

Genworth Financial
Genworth Life Insurance Company
[Service Center Address:
3100 Albert Lankford Dr.
Lynchburg, Virginia 24501-4948
888.325.5433]

Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company

Accelerated Benefit Rider for Long Term Care Services
form series GL501R 0212 and
Extension of Benefits Rider for Long Term Care Services
form series GL502R 0212 if applicable

Receipt of Accelerated Benefits Under The Accelerated Benefit Rider for Long Term Care Services May Be Taxable. Neither the Company Nor Its Agents Can Provide Tax Advice. The Owner Should Seek Assistance From The Owner's Personal Tax Advisor.

CAUTION

The issuance of the Accelerated Benefit Rider for Long Term Care Services (referred to as the "Accelerated Benefit Rider") and Extension of Benefits Rider for Long-Term Care Services (referred to as the Extension of Benefits Rider), if applicable, is based upon the responses to the questions on the Application. A copy of the Application will be attached to the issued Policy. If the Owner's (referred to as You) and/or Insured's (if the Owner is not the Insured) answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of Your or Insured's answers are incorrect, contact Us at the Service Center Address shown above.

NOTICE TO BUYER

The Riders described in this Outline may not cover all of the costs associated with long term care which may be incurred by the Insured during the period of coverage. The buyer is advised to periodically review the conditions and limitations of the Policy and the Riders.

1. INDIVIDUAL COVERAGE

The Accelerated Benefit Rider and the Extension of Benefits Rider, if applicable, described in this Outline of Coverage are attached to, and made a part of, an individual life insurance policy.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This Outline Of Coverage provides a very brief description of the important features of the Riders. You should compare this Outline Of Coverage to Outlines Of Coverage for other policies and riders available to You.

This is not an insurance contract but only a summary of coverage. Only the Riders and the individual life insurance policy contain governing contractual provisions. This means that the Riders and the policy set forth in detail the rights and obligations of both You and Us. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ THE POLICY AND RIDERS CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The Riders described in this Outline are intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PROFESSIONAL TAX ADVISOR TO ASSESS THE AFFECT OF THESE RIDERS ON YOUR INDIVIDUAL TAX SITUATION.

4. TERMS UNDER WHICH THE RIDERS MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) RENEWABILITY: THESE RIDERS ARE GUARANTEED RENEWABLE. This means that you have the right, subject to the terms of the Policy and the Riders, to continue these Riders as long as the Policy remains in force and applicable rider charges are paid on time. We cannot change any terms of the Riders on its own, except that, in the future, **WE MAY INCREASE THE CHARGES YOU PAY**.

(b) WAIVER OF MONTHLY DEDUCTION BENEFIT. The Accelerated Benefit Rider includes a benefit that waives all Monthly Deductions for the Policy and all Riders when benefits are payable for Facility Care, Home and Community Care, or Hospice Care when such care is received in the United States. This waiver begins with the first Monthly Deduction following the date such benefits are first paid. It stops when the Insured is no longer receiving Facility Care, Home and Community Care or Hospice Care benefits.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES

We may change the rates charged for the Rider(s). Any rate change for a Rider will be made only when We change the rates on a class basis for all riders on the same form and delivered in the same state as that Rider. We will notify You at least 60 days before the Policy Anniversary on which such change would take effect. The rate change will never exceed guaranteed maximum rates shown in the Policy for the corresponding Policy Anniversary.

Under the Extension of Benefits Rider, if purchased, We will give You the right to reduce coverage or convert to a limited paid-up benefit in the event of substantial cumulative increases in the monthly charges for the Rider.

6. TERMS UNDER WHICH THE RIDERS MAY BE RETURNED AND RIDER CHARGES REFUNDED

30-Day Free Look Period: You have 30 days to return the Rider(s) to Us if You are not satisfied with the Rider(s) for any reason. The Rider(s) may be returned to Our Service Center at the above address or to any life insurance agent or producer appointed by Us. Immediately upon return of the Policy and Rider(s) or denial of the Application, the Policy and Rider(s) will be deemed void from the beginning; and any premium paid will be returned. Rider charges will be reversed only if the Extension of Benefits Rider is returned.

The Rider(s) do not contain provisions providing for a refund or partial refund of the charges for the Rider(s) or Optional Inflation Protection Benefit charges, if applicable, upon the death of the Insured or upon the surrender of the Rider(s).

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If the Insured is eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies and riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

These Riders provide coverage in the form of reimbursement for expenses incurred by the Insured for Covered Care. Payment is subject to the Elimination Period, limitations, and all other terms and conditions of the Policy and Riders.

9. BENEFITS PROVIDED BY THE RIDERS

(a) Covered Services: Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Policy and the Riders. Once the Elimination Period has been satisfied, Benefits are provided under the Accelerated Benefit Rider until that Rider's Lifetime Maximum has been exhausted. The Extension of Benefits Rider, if purchased, extends the benefits provided by the Accelerated Benefit Rider after the Lifetime Maximum of the Accelerated Benefit Rider has been exhausted.

We will pay benefits to You as reimbursement for expenses incurred by the Insured for Covered Care, subject to the terms and conditions of the Rider then in effect. Some Covered Care expenses, as described below, are subject to a Monthly Maximum, and benefits paid for such Covered Care for any one month will not exceed the applicable Monthly Maximum in effect. The total benefits paid under the Riders will not exceed the applicable Lifetime Maximum as defined in each Rider.

(b) Institutional Benefits: These pay for Covered Expenses the Insured incurs for Facility Care.

Facility Care which means:

- all levels of care (skilled, intermediate and custodial care), including Nursing Care, Assisted Living Care, Custodial Care, and meals and room charges, provided by a Nursing Facility or Assisted Living Facility while the Insured is Confined in the Nursing Facility or Assisted Living Facility; or
- bed reservation of the Insured's room accommodations up to 60 days per calendar year in a Nursing Facility, Assisted Living Facility or Hospice Care Facility when Confinement is interrupted by a temporary absence.

The International Coverage Benefit provides limited coverage for confinement in an Out -of-Country Nursing Facility.

(c) Non-Institutional Benefits: These include the following:

Privileged Care® Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while the Insured is Chronically Ill. When these services are used, they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

Home and Community Care which means:

- health care services provided in the Insured's Home by a: Nurse; licensed physical therapist; occupational therapist; respiratory therapist; or speech therapist;
- Home Health or Personal Care Services provided in the Insured's Home by a Formal or Informal Provider;
- Homemaker and Chore Care provided in the Insured's Home by a Formal or Informal Provider; or
- attendance at an Adult Day Care program in the community while the Insured is living at Home.

The International Coverage Benefit provides limited coverage for Home and Community Care received outside of the United States.

Respite Care provides short-term coverage to relieve the person who normally and primarily provides the Insured with care in the Insured's Home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

Hospice Care provides services designed to provide palliative care and alleviate the Insured's discomforts when they are both Chronically Ill and terminally ill.

Incidental Care and Services listed below which are intended to enable the Insured to remain safely in his or her Home and are stated in, and furnished in accordance with, the Plan of Care:

- Caregiver Training;
- Emergency Medical Response Systems; or
- Home Modifications, Assistive Devices and Supportive Equipment.

This benefit pays up to a lifetime limit equal to 3 times the then applicable Monthly Maximum.

The ***Alternative Care Benefit*** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

(d) Eligibility For The Payment Of Benefits: For Benefits to be payable under these Riders:

- the Insured must be Chronically Ill;
- We must receive a Current Eligibility Certification for the Insured; and
- We must receive ongoing proof which demonstrates that the Covered Care is needed due to the Insured continually being Chronically Ill.

Conditions: Benefits will only be paid as reimbursement for expenses incurred on the Insured's behalf if all of the following conditions are met:

- You must elect to claim benefits under the Rider(s).
- the payment of any benefit amount under the Accelerated Benefit Rider must be approved by any irrevocable Beneficiary.
- The Insured must meet the above Eligibility for the Payment of Benefits requirements.
- the expenses must qualify as Covered Expenses.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to the Plan of Care.
- Except as stated in the Extended Benefits When Policy and Rider Lapse While Confined provision, the Policy and the Rider(s) must be in force on the date(s) the Covered Care is received.
- Any applicable Elimination Period must be satisfied.
- the Insured must not have exhausted the Lifetime Maximum or any hourly, daily, monthly, annual or lifetime limits applicable to the specific benefit being claimed.
- Extension of Benefits Rider, if applicable, will begin paying benefits only after the Accelerated Lifetime Maximum of the Accelerated Benefit Rider has been exhausted.
- You and the Insured must meet the requirements for payment in accordance with all of the provisions of the Rider(s) and the Policy.
- The care, services, and costs of items for which benefits are claimed must meet the definition of Qualified Long Term Care Service.
- Regarding the International Coverage Benefit, a copy of the Insured's passport, airline ticket or other proof acceptable to Us verifying that the Insured is outside of the United States during the time the Insured is receiving care and services under the International Coverage Benefit.

Once We determine that the Insured is eligible for benefits, the Insured's eligibility for benefits will continue for as long as the Insured continues to be Chronically Ill and has not exhausted the applicable Lifetime Maximum. We reserve the right to perform periodic reassessments of the Insured's eligibility to receive benefits.

Payment Limitations: Payment of this Benefit is subject to:
- the Elimination Period requirement;
- the applicable Lifetime Maximum;
- the payment limits determined below; and
- all other provisions and conditions of the policy and the Rider(s).

No Benefits will be paid for Incidental Care and Services expenses once the total amount payable for such expenses equals three (3) times the Monthly Maximum. For all other Covered Care, we will pay up to the Covered Expenses the Insured incurs during a calendar month, but not more that the applicable Monthly Maximum subject to the International Coverage Limitations.

International Coverage Limitations: When Home and Community Care is received outside the United States or care and services received in an Out-of –Country Nursing Facility:
- not more than 50% of the Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month in an Out-of-Country Nursing Facility;
- not more than 25% of the Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month for Home and Community Care and is limited to a Policy lifetime maximum of 365 days of Benefits for care and services received;
- no Benefits will be paid for expenses incurred more than 4 calendar years after the date the first expense payable under this Benefit is incurred under the Policy;
- this Benefit is not payable at the same time as any other Benefit;
- payment for periods less than a full calendar month will be pro-rated based on:
  - a 30-day month; and
  - the number of days for which payment is being made; and
- no payment will be made if it is prohibited by: applicable United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically; or any other governmental pronouncement. This includes, but is not limited to, Benefits otherwise payable for care delivered in a foreign country to which travel is prohibited under Federal law.

Meaning Of Terms: The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Policy and Riders contain additional definitions not provided for in this Outline of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Accelerated Benefit Rider.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or *Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:
- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long-term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:
- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which the Insured would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while he or she is performing the Activity of Daily Living.

Substantial Supervision is continual supervision which may include cueing by verbal prompting, gestures, or other demonstrations, by another nearby person that is necessary to protect an Insured who has a Severe Cognitive Impairment from threats to his or her health or safety (such as may result from wandering).

Covered Care means only those Qualified Long Term Care Services for which these Riders pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

Covered Expenses means costs the Insured incurs for which a payment may be made under the Rider(s). Each Benefit defines the Covered Expenses for which payment may be made under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received.

Current Eligibility Certification is a written certification by a Licensed Health Care Practitioner, who is not a member of the Insured's Immediate Family certifying that the Insured is Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Elimination Period means the 90 days on which the Insured must incur Covered Expenses before Benefits become payable for Facility Care. Only Covered Expenses incurred for Facility Care, Home and Community Care, and Hospice Care may be used to satisfy the Elimination Period. Days used to satisfy the Elimination Period do not need to be consecutive and can be accumulated over time. Covered Care the Insured receives and related Covered Expenses that are otherwise excluded from payment because of the Non-Duplication provision, including days for which Medicare covers expenses, may also be used to satisfy this requirement. The Elimination Period only must be satisfied once during the Insured's lifetime.

Insured means the person named as the Insured in the application for these Rider(s). Insured does not include any other persons who may be covered by an added benefit Rider.

Lifetime Maximum means the maximum amount of benefits payable for Covered Care under each Rider. Initially the applicable Lifetime Maximum is the amount for which application has been made. This amount may be increased over time in accordance with any inflation protection benefit increases; and decreased due to benefit payments. With respect to the Accelerated Benefit Rider, this amount will be decreased due to withdrawals.

Monthly Maximum means the combined total amount We will pay for Covered Expenses incurred during a calendar month for Facility Care, Home and Community Care, Respite Care, Hospice Care and International Coverage (subject to the International Coverage Limitation). The Monthly Maximum is also used to determine the maximum amounts payable for Incidental Care and Services. Initially the Monthly Maximum is the amount for which application has been made. This amount may be increased over time in accordance with any inflation protection benefit increases; and decreased under the Accelerated Benefit Rider due to withdrawals.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, rehabilitative, and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care.

OTHER FEATURES

Nonforfeiture Benefit: The Extension of Benefits Rider also provides, subject to stated conditions, a Nonforfeiture Benefit which applies if the Rider terminated due to lapse or surrender after having been in force for at least three (3) years. It will continue Rider coverage with a reduced Lifetime Maximum equal to the greater of: (a) the Monthly Maximum under the Rider at the time of termination; and (b) the sum of all monthly charges paid by You for the Rider, less the amount by which any Return of Premium Benefit provided by Rider, if applicable, exceeds the Net Cash Surrender Value on the date of termination. A similar Contingent Nonforfeiture Benefit is available as an alternative if the Rider terminates in the event of a substantial cumulative increase in rider charges.

10. EXCLUSIONS AND LIMITATIONS

There are no exclusions or limitations for pre-existing conditions disclosed on the Application(s). Any incorrect or omitted material information in the Application(s) for the Policy and Rider(s) may cause the Coverage that became effective as a result of the Application to be rescinded (voided) or a Claim to be denied, as stated in the Incontestability Period provision of the Rider(s).

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in the Accelerated Benefit Rider in order to qualify for coverage. The definition excludes the Insured's Home and any facility which is a hospital or clinic, a subacute care or rehabilitation hospital or unit, or a place which operates primarily for the treatment of alcoholism, drug addiction, or mental illness. The Insured's *Home* means the place where the Insured lives and stays. This could be: a house; a condominium; an apartment; a unit in a congregate care community; or a similar residential environment. Home does not include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically provided for in the Rider(s).

Exclusions/Exceptions and Limitations: We will not pay Benefits for any expenses incurred for any Covered Care:

- for which no charge is normally made in the absence of insurance;
- provided outside the United States, unless specifically provided for by a Benefit;
- provided by the Insured's Immediate Family. We will not consider care to have been provided by a member of the Insured's Immediate Family when:
  - he or she is a regular employee of the organization that is providing the services;
  - such organization receives payment for the services; and
  - he or she receives no compensation other than the normal compensation for employees in her or his job category;
- provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to the Insured or the Insured's estate;
- resulting from illness, treatment or medical condition arising out of:
  - war or any act of war, whether declared or not; or
  - attempted suicide or an intentionally self-inflicted injury; or
- for the Insured's alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- Any other federal, state or other government health or long term care program, or law except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

THE RIDERS MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH THE INSURED'S LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

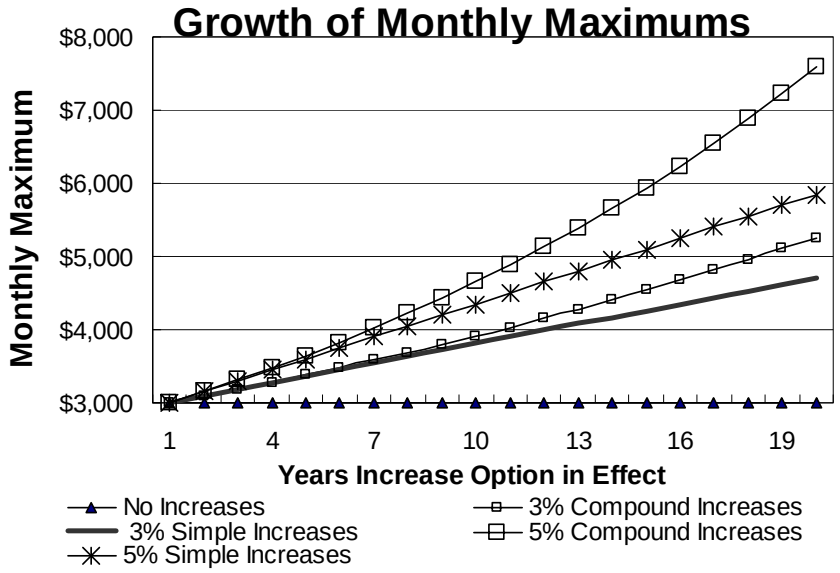
Because the cost of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted. Benefit levels will not increase over time unless one of the following Optional Inflation Protection Benefits is selected at the time of application. Increases will be available to pay for expenses incurred on or after the date of the increases and while Rider coverage is in force. Benefit Increases cease when the Optional Inflation Protection Benefit terminates.

The available benefit amounts for the Optional Inflation Protection Benefit are as follows:

3% or 5% Simple Optional Inflation Protection Benefit: If one of these Options is in effect, the applicable Monthly Maximum will increase on each Policy Anniversary by an amount equal to the selected percentage of the Monthly Maximum initially applicable. The remaining applicable Lifetime Maximum will increase by the same proportion that the applicable Monthly Maximum increased.

3% or 5% Compound Optional Inflation Protection Benefit: If one of these Options is in effect, the applicable Monthly Maximum will increase on each Policy Anniversary by an amount equal to the selected percentage of the applicable Monthly Maximum in effect immediately prior to the increase without adjustment for withdrawals. The remaining applicable Lifetime Maximum will increase by the same proportion that the applicable Monthly Maximum increased.

Once an Option is in effect, it cannot be changed to another Option; nor can an Option be added. If an Optional Inflation Protection Benefit is selected, Rider charges will be higher; but they will not increase due to a change in age or the automatic benefit increases. The following chart demonstrates a graphic comparison of the benefit levels of riders that increase benefits over the coverage period with a rider that does not increase benefits. Following the chart, is a relative cost comparison table that compares the cost of each inflation option.



Relative Cost of Optional Inflation Protection Benefits

24 month Accelerated Benefit Rider/48 month Extension of Benefits Rider

Standard No Nicotine Life Premium Class/Standard Rider Rate Classification with Maximum Couples Discount

Based on Specified Amount of $150,000 with Return of Premium Benefit

Increase Option	Issue Age 45		Issue Age 55		Issue Age 65		Issue Age 75	
	Male	Female	Male	Female	Male	Female	Male	Female
None	100%	100%	100%	100%	100%	100%	100%	100%
3% Simple	130%	134%	134%	138%	145%	144%	243%	243%
5% Simple	157%	164%	169%	176%	204%	199%	357%	357%
3% Compound	156%	163%	154%	161%	176%	172%	268%	268%
5% Compound	292%	307%	289%	298%	308%	302%	442%	442%

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

Once insurance is in force, coverage is provided if the Insured is clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care as described in the Accelerated Death Benefit for Long-Term Care Services Rider.

13. RIDER CHARGES.

The monthly charges for the Rider(s) and the Optional Inflation Protection Benefit, if applicable, for the Accelerated Benefit Rider and the Extension of Benefits Rider, if applicable, will be deducted each month from the Policy Value of the Policy to which the Rider(s) are attached. The initial charges will be shown in the Schedule of the issued Policy.

14. ADDITIONAL FEATURES.

Underwriting: We will underwrite the Application by reviewing the information submitted on the application and any other information You and the Insured authorize Us to obtain.

Reinstatement: If the Policy terminates due to non-payment of Premium, We will provide a retroactive continuation if, within five (5) months of the termination date, You provide Us with proof that the Insured was Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such five (5) month period. In that event, any Benefits for which the Insured qualified during the continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Reminder: This Outline Of Coverage is not a contract; and the only contract under which Coverage will be provided is the Policy issued when the Application is approved. The Policy will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue the Policy until it ends.

15. ANSWERS TO QUESTIONS

CONTACT THE STATE AGENCY LISTED IN *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING THE ACCELERATED BENEFIT RIDER OR THE EXTENSION OF BENEFITS RIDER.

Genworth Life Insurance Company

Home Office: Wilmington, DE

Mail forms to:
[P.O. Box 461
[Lynchburg, Virginia 24505-0461]

For overnight deliveries:
[3100 Albert Lankford Drive
Lynchburg, VA 24501]

STATEMENT OF POLICY COST AND BENEFIT INFORMATION AS OF [3/16/2012]
FOR FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

POLICY INFORMATION

POLICY NO.:	[123456789]	**For more information about the Policy please contact:**
Insured:	[John Doe]	[Joe Agent]
Age/Sex:	[35 / Male]	[123 Any Street]
Premium Class:	[Standard No Nicotine]	[Any City, Any State 00001]

Initial Premium: [$75,000]

Initial Specified Amount: [$241,039]

ADDITIONAL BENEFITS PROVIDED BY RIDERS

	Initial Monthly Rider Charge
[Return of Premium Rider	Charge is included in Initial Premium amount]
Guaranteed Minimum Benefit Rider	No additional premium or charges are required for the Rider
Accelerated Benefit Rider for Long Term Care Services	[$2.46]
[Additional charge for Optional Inflation Protection Benefit	N/A]
[Extension of Benefits Rider for Long Term Care Services	[$31.11]]
[Additional charge for Optional Inflation Protection Benefit	[$N/A]]

IMPORTANT NOTICE REGARDING INTEREST RATES

Current nonguaranteed interest rates are subject to change at any time; however, the Company will not credit an interest rate lower than, or charge an interest rate higher than, the applicable guaranteed rate.

	GUARANTEED	**NONGUARANTEED**
Interest Rate Credited for Unloaned Policy Value	[3.00%]	[3.50%]
Interest Rate Credited for Loaned Policy Value	[3.50%]	[3.50%]
Interest Rate Charged for Loaned Policy Value	[5.50%]	[5.50%]

ASSUMPTIONS FOR VALUES AND BENEFITS

The guaranteed and nonguaranteed values and benefits shown in this Statement are based on the assumptions that: (1) the Initial Premium is paid; (2) no changes are made in the plan as issued; and (3) no policy loans or withdrawals are made. Nonguaranteed values and benefits are based on the assumption that nonguaranteed monthly risk rates, monthly rates, and interest rates remain unchanged. The Company may change the monthly risk rates, monthly rates, and the credited interest rates at any time subject to the guarantees stated in the Policy. Nonguaranteed values and benefits are illustrative only and are subject to change.

5% INTEREST ADJUSTED COST INDICES

The Cost Indices are useful only for the purpose of comparing the cost of two or more similar policies, and they do not reflect differences in the quality of service that can be expected from the agent and the Company.

	GUARANTEED	**NONGUARANTEED**
10 Year Net Payment Index	[29.89	29.08]
10 Year Surrender Index	[11.14	9.57]
20 Year Net Payment Index	[19.80	18.78]
20 Year Surrender Index	[10.45	8.48]

TABLE OF VALUES

	GUARANTEED			NONGUARANTEED		
YEAR	PREMIUMS	NET CASH SURRENDER VALUE*	DEATH BENEFIT	PREMIUMS	NET CASH SURRENDER VALUE*	DEATH BENEFIT
[1	$75,000.00	$ 64,065	$ 337,555	$75,000.00	$ 64,404	$ 337,691
2	$0.00	$ 65,521	$ 331,822	$0.00	$ 66,217	$ 333,574
3	$0.00	$ 66,988	$ 326,182	$0.00	$ 68,061	$ 329,514
4	$0.00	$ 68,469	$ 320,660	$0.00	$ 69,936	$ 325,538
5	$0.00	$ 69,967	$ 315,254	$0.00	$ 71,848	$ 321,644
6	$0.00	$ 75,000	$ 309,960	$0.00	$ 75,000	$ 317,832
7	$0.00	$ 75,000	$ 304,338	$0.00	$ 75,792	$ 314,097
8	$0.00	$ 75,000	$ 298,443	$0.00	$ 77,803	$ 310,461
9	$0.00	$ 75,304	$ 292,680	$0.00	$ 79,855	$ 306,899
10	$0.00	$ 76,634	$ 287,014	$0.00	$ 81,956	$ 303,389
11	$0.00	$ 77,950	$ 281,475	$0.00	$ 84,078	$ 299,951
12	$0.00	$ 79,265	$ 276,033	$0.00	$ 86,230	$ 296,566
13	$0.00	$ 81,915	$ 270,714	$0.00	$ 89,433	$ 293,250
14	$0.00	$ 84,825	$ 265,512	$0.00	$ 93,378	$ 290,000
15	$0.00	$ 87,777	$ 260,450	$0.00	$ 97,453	$ 286,837
16	$0.00	$ 89,015	$ 255,522	$0.00	$ 99,670	$ 283,813
17	$0.00	$ 90,254	$ 250,724	$0.00	$ 101,919	$ 280,859
18	$0.00	$ 91,497	$ 246,050	$0.00	$ 104,202	$ 277,972
19	$0.00	$ 92,742	$ 241,498	$0.00	$ 106,608	$ 275,169
20	$0.00	$ 93,959	$ 241,039	$0.00	$ 109,119	$ 272,636
21	$0.00	$ 95,126	$ 241,039	$0.00	$ 111,647	$ 270,329
22	$0.00	$ 96,232	$ 241,039	$0.00	$ 114,166	$ 268,020
23	$0.00	$ 97,251	$ 241,039	$0.00	$ 116,713	$ 265,692
24	$0.00	$ 98,200	$ 241,039	$0.00	$ 119,278	$ 263,445
25	$0.00	$ 99,058	$ 241,039	$0.00	$ 121,851	$ 261,203
26	$0.00	$ 99,731	$ 241,039	$0.00	$ 124,451	$ 258,985
27	$0.00	$ 100,255	$ 241,039	$0.00	$ 127,074	$ 256,959
28	$0.00	$ 100,583	$ 241,039	$0.00	$ 129,721	$ 255,028
29	$0.00	$ 100,696	$ 241,039	$0.00	$ 132,390	$ 253,230
30	$0.00	$ 100,572	$ 241,039	$0.00	$ 135,066	$ 251,555
31	$0.00	$ 100,180	$ 241,039	$0.00	$ 137,759	$ 249,951
32	$0.00	$ 99,513	$ 241,039	$0.00	$ 140,481	$ 248,433
33	$0.00	$ 98,548	$ 241,039	$0.00	$ 143,238	$ 246,995
34	$0.00	$ 97,247	$ 241,039	$0.00	$ 146,017	$ 245,620
35	$0.00	$ 95,534	$ 241,039	$0.00	$ 148,797	$ 244,279
36	$0.00	$ 93,300	$ 241,039	$0.00	$ 151,539	$ 242,954
37	$0.00	$ 90,436	$ 241,039	$0.00	$ 154,257	$ 241,615
38	$0.00	$ 86,824	$ 241,039	$0.00	$ 156,933	$ 241,039
39	$0.00	$ 82,338	$ 241,039	$0.00	$ 159,573	$ 241,039
40	$0.00	$ 76,822	$ 241,039	$0.00	$ 162,161	$ 241,039
41	$0.00	$ 75,000	$ 241,039	$0.00	$ 164,670	$ 241,039
42	$0.00	$ 75,000	$ 241,039	$0.00	$ 167,096	$ 241,039
43	$0.00	$ 75,000	$ 241,039	$0.00	$ 169,459	$ 241,039
44	$0.00	$ 75,000	$ 241,039	$0.00	$ 171,709	$ 241,039
45	$0.00	$ 75,000	$ 241,039	$0.00	$ 173,839	$ 241,039
46	$0.00	$ 75,000	$ 241,039	$0.00	$ 175,808	$ 241,039
47	$0.00	$ 75,000	$ 186,687	$0.00	$ 177,592	$ 241,039
48	$0.00	$ 75,000	$ 186,687	$0.00	$ 179,213	$ 241,039]

*The Terms of the Return of Premium Rider are reflected in both the Guaranteed Net Cash Surrender Value and the Nonguaranteed Net Cash Surrender Value. The Terms of the Guaranteed Minimum Benefit Rider are reflected in both the Guaranteed Net Cash surrender Value and the Death Benefit.

TABLE OF VALUES
(continued)

	GUARANTEED			NONGUARANTEED		
YEAR	PREMIUMS	NET CASH SURRENDER VALUE*	DEATH BENEFIT	PREMIUMS	NET CASH SURRENDER VALUE*	DEATH BENEFIT
[49	$0.00	$ 75,000	$ 186,687	$0.00	$ 180,608	$ 241,039
50	$0.00	$ 75,000	$ 186,687	$0.00	$ 181,754	$ 241,039
51	$0.00	$ 75,000	$ 186,687	$0.00	$ 182,611	$ 241,039
52	$0.00	$ 75,000	$ 186,687	$0.00	$ 183,161	$ 241,039
53	$0.00	$ 75,000	$ 186,687	$0.00	$ 183,356	$ 241,039
54	$0.00	$ 75,000	$ 186,687	$0.00	$ 183,130	$ 241,039
55	$0.00	$ 75,000	$ 186,687	$0.00	$ 182,391	$ 241,039
56	$0.00	$ 75,000	$ 186,687	$0.00	$ 181,042	$ 241,039
57	$0.00	$ 75,000	$ 186,687	$0.00	$ 178,907	$ 241,039
58	$0.00	$ 75,000	$ 186,687	$0.00	$ 175,773	$ 241,039
59	$0.00	$ 75,000	$ 186,687	$0.00	$ 171,349	$ 241,039
60	$0.00	$ 75,000	$ 186,687	$0.00	$ 165,205	$ 241,039
61	$0.00	$ 75,000	$ 186,687	$0.00	$ 156,755	$ 241,039
62	$0.00	$ 75,000	$ 186,687	$0.00	$ 145,136	$ 241,039
63	$0.00	$ 75,000	$ 186,687	$0.00	$ 129,068	$ 241,039
64	$0.00	$ 75,000	$ 186,687	$0.00	$ 106,656	$ 241,039
65	$0.00	$ 75,000	$ 186,687	$0.00	$ 75,005	$ 241,039]

SUMMARY OF VALUES

	GUARANTEED			NONGUARANTEED		
YEAR	PREMIUMS	NET CASH SURRENDER VALUE*	DEATH BENEFIT	PREMIUMS	NET CASH SURRENDER VALUE*	DEATH BENEFIT
[5	75,000.00	$69,966.66	$315,253.80	75,000.00	$71,847.60	$321,644.48]
[10	75,000.00	$76,633.67	$287,013.61	75,000.00	$81,956.04	$303,389.16]
[15	75,000.00	$87,776.63	$260,449.57	75,000.00	$97,452.92	$286,837.32]
[20	75,000.00	$93,959.26	$241,039.00	75,000.00	$109,119.07	$272,635.80]
Age						
[65	75,000.00	$100,571.66	$241,039.00	75,000.00	$135,065.92	$251,554.74]

The Policy will continue in effect as long as the Guaranteed Minimum Benefit Rider is in effect. The Policy will continue as long as premium paid plus credited interest are sufficient to keep the Policy in force, and it has not terminated in accordance with any other Policy provision.

Premiums shown in the Summary of Values do not reflect the time value of money.

Premiums shown are paid at the beginning of the Policy Year. Net Cash Surrender Values shown are end-of-year values. Death Benefits shown are beginning-of-year values.

The tax status of the Policy as it applies to the Owner of the Policy should be reviewed each year.

*The Terms of the Return of Premium Rider are reflected in both the Guaranteed Net Cash Surrender Value and the Nonguaranteed Net Cash Surrender Value. The Terms of the Guaranteed Minimum Benefit Rider are reflected in both the Guaranteed Net Cash Surrender Value and the Death Benefit.

Accelerated Benefit Rider for Long Term Care Services

The Accelerated Benefit Rider for Long Term Care Services accelerates the Policy's Specified Amount to reimburse the Owner for expenses the Insured incurs for Qualified Long Term Care Services that are covered under the Rider. The Specified Amount is used in the calculation of the Death Benefit Payable amount.

Rider Rate Classification for Insured: [Standard]

Benefits:

Initial Accelerated Lifetime Maximum:	[$241,039]
Initial Accelerated Monthly Maximum:	[$10,043]
Elimination Period:	90 Days*
[Optional Inflation Protection Benefit]	
[Simple Benefit Increase Option]	[N/A]

All benefits payable under the Rider are subject to the Accelerated Lifetime Maximum. Covered Expenses means expenses the Insured incurs for:

- Privileged Care Coordination Services.
- Facility Care which means:
  - all levels of care (skilled, intermediate and custodial care), including Nursing Care, Assisted Living Care, Custodial Care, and meals and room charges, provided by a Nursing Facility or Assisted Living Facility while the Insured is Confined in the Nursing Facility or Assisted Living Facility; or
  - bed reservation of the Insured's room accommodations up to 60 days per calendar year in a Nursing Facility, Assisted Living Facility or Hospice Care Facility when confinement is interrupted by a temporary absence.
- Home and Community Care which means:
  - health care services provided in the Insured's Home by a; Nurse; licensed physical therapist; occupational therapist; respiratory therapist; or speech therapist;
  - Home Health or Personal Care Services provided in the Insured's Home by a Formal or Informal Provider;
  - Homemaker and Chore Care provided in the Insured's Home by a Formal or Informal Provider; or
  - attendance at an Adult Day Care program in the community while the Insured is living at Home.
- Respite Care for up to 30 days per calendar year.
- Hospice Care at Home, in the community, or in a Hospice Care Facility.
- Incidental Care and Services listed below which are intended to enable the Insured to remain safely in his or her Home and are stated in, and furnished in accordance with, the Plan of Care:
  - Caregiver Training;
  - Emergency Medical Response Systems; or
  - Home Modifications, Assistive Devices and Supportive Equipment.
- International Coverage which means:
  - Home and Community Care received outside the United States; or
  - care or services received in an Out-of-Country Nursing Facility.
- Alternative Care Benefit is a mutual agreement to pay Covered Expenses that are not specifically covered under any other benefit.

*The Elimination Period only applies to the Facility Care. Only Covered Expenses incurred for Facility Care, Home and Community Care, and Hospice Care may be used to satisfy the Elimination Period.

Waiver of Monthly Deduction Benefit**:** We will waive all Monthly Deductions for the Policy and all Riders when Benefits are paid for Facility Care, Home and Community Care or Hospice Care when such care is received in the United States. This waiver begins with the first Monthly Deduction following the date such Benefits are first paid. This waiver ends when the Insured is no longer receiving such care.

EXCLUDED EXPENSES

Covered Expenses do not include charges, fees or other expenses for any: living quarters other than as provided above for care in a Nursing Facility or Assisted Living Facility; services of a Physician, hospital or laboratory; medications; or any items or services provided for the Insured's comfort and convenience including, but not limited to, such items as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

PAYMENT LIMITATIONS

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Accelerated Lifetime Maximum;
- the payment limitations described below; and
- all other provisions and conditions of the Policy and this Rider.

No Benefits will be paid for Incidental Care and Services expenses once the total amount payable for such expenses equals three (3) times the Accelerated Monthly Maximum. For all other Covered Care, We will pay up to the Covered Expenses the Insured incurs during a calendar month, but not more than the Accelerated Monthly Maximum, subject to the International Coverage Limitations.

International Coverage Limitations: When care and services are received outside the United States:

- not more than 50% of the Accelerated Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month in an Out-of-Country Nursing Facility;
- not more than 25% of the Accelerated Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month for Home and Community Care and is limited to a Policy lifetime maximum of 365 days of Benefits for care and services received;
- no Benefits will be paid for expenses incurred more than 4 calendar years after the date the first expense payable under this Benefit is incurred under the Policy;
- this Benefit is not payable at the same time as any other Benefit;
- payment for periods less than a full calendar month will be pro-rated based on:
  - a 30-day month; and
  - the number of days for which payment is being made; and
- no payment will be made if it is prohibited by: applicable United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically; or any other governmental pronouncement. This includes, but is not limited to, Benefits otherwise payable for care delivered in a foreign country to which travel is prohibited under federal law.

Effect of Rider Benefit Payments

When a benefit payment is made under the Rider, it will: (1) reduce the remaining Accelerated Lifetime Maximum by the amount of the benefit payment; and (2) reduce the Policy's Specified Amount by an amount equal to: (a) the benefit payment amount; multiplied by; (b) the Specified Amount in effect prior to the benefit payment; divided by (c) the remaining Accelerated Lifetime Maximum in effect prior to the benefit payment; and (3) reduce the Policy Value by an amount equal to: (a) the benefit payment amount; multiplied by (b) the Policy Value in effect prior to the benefit payment; divided by (c) the remaining Accelerated Lifetime Maximum in effect prior to the benefit payment.

Effect of Withdrawals

When a Withdrawal is made under the Policy, it will reduce: (1) the remaining Accelerated Lifetime Maximum by the amount of the Withdrawal; (2) the Accelerated Monthly Maximum as stated in the Rider; and (3) the Specified Amount and Policy Value by the amount of the Withdrawal as stated in the Policy. Any Withdrawal will also impact the Guaranteed Minimum Benefit Values.

Effect on Policy Loans

When a Policy Loan is outstanding at the time of a benefit payment under the Rider, a portion of the benefit payment will be allocated to reduce the outstanding Policy Loan as stated in the Rider. Any unpaid Policy Loan will also impact the Guaranteed Minimum Benefit Values.

Effect of Death Benefit Payments

When the Death Benefit Payable is paid under the Policy: (1) The Specified Amount and Policy Value will be reduced to zero; and (2) The Accelerated Lifetime Maximum will be reduced to zero and no further benefits will be paid under the Rider.

Exclusions and Limitations

We will not pay Benefits for any expenses incurred for any Covered Care:

- for which no charge is normally made in the absence of insurance;
- provided outside the United States, unless specifically provided for by a Benefit;
- provided by the Insured's Immediate Family. We will not consider care to have been provided by a member of the Insured's Immediate Family when:
  - he or she is a regular employee of the organization that is providing the services;
  - such organization receives payment for the services; and
  - he or she receives no compensation other than the normal compensation for employees in her or his job category;
- provided by or in a Veteran's Administration or Federal government facility, unless a valid charge is made to the Insured or the Insured's estate;
- resulting from illness, treatment or medical condition arising out of:
  - war or any act of war, whether declared or not; or
  - attempted suicide or an intentionally self-inflicted injury; or
- for the Insured's alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication

Benefits will be paid only for expenses for Covered Care that are in excess of the amount paid or payable under Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount) and any other federal, State or other governmental health or long term care program, or law, except Medicaid. However, this Non-Duplication provision will not disqualify an expense for Covered Care from being used to satisfy the Elimination Period requirement.

Rider Costs

Subject to rate requirements applicable in the Policy Delivery State, the Company may change the Current Monthly Risk Rates or Current Monthly Rates shown in the Policy's Schedule for the Rider and the Optional Inflation Protection Benefit, if included, on any Policy Anniversary. Any rate change will be made only when the Company changes the rates on a class basis for all riders on the same form as the Rider that are delivered in the same state as the Rider. However, the rate change will never exceed the Guaranteed Maximum Monthly Risk Rates and Guaranteed Monthly Rates shown in the Policy's Schedule. The Company will give the Owner at least 60 days prior written notice before the effective date of any rate change.

Accelerated Lifetime Maximum Illustration

Beginning of Year	Guaranteed Accelerated Lifetime Maximum*	Current Accelerated Lifetime Maximum
[6	$241,039	$241,039]
[11	$241,039	$241,039]
[21	$241,039	$241,039]
[Attained Age 65	$241,039	$241,039]
[Attained Age 75	$241,039	$241,039]
[Attained Age 85	$186,687	$241,039]

*Assumes that benefits and values have been reduced to the Guaranteed Minimum Benefit Values.

[**Extension of Benefits Rider for Long Term Care Services**

The Rider extends benefits provided under the Accelerated Benefit Rider for Long Term Care Services. It reimburses the Owner for expenses the Insured incurs for Qualified Long Term Care Services covered under the Rider after benefit payments have exhausted the Accelerated Lifetime Maximum provided under the Accelerated Benefit Rider for Long Term Care Services.

Rider Rate Classification for Insured: [Standard]

Benefits:

Initial Extension Lifetime Maximum:	[$482,078]
Initial Extension Monthly Maximum:	[$10,043]
Elimination Period:	None
[Optional Inflation Protection Benefit]	
[Simple Benefit Increase Option]	[N/A]

All benefits payable under the Rider are subject to the Extension Lifetime Maximum. Covered Expenses means expenses the Insured incurs for:

- Privileged Care Coordination Services.
- Facility Care which means:
  - all levels of care (skilled, intermediate and custodial care), including Nursing Care, Assisted Living Care, Custodial Care, and meals and room charges, provided by a Nursing Facility or Assisted Living Facility while the Insured is Confined in the Nursing Facility or Assisted Living Facility; or
  - bed reservation of the Insured's room accommodations up to 60 days per calendar year in a Nursing Facility, Assisted Living Facility or Hospice Care Facility when Confinement is interrupted by a temporary absence.
- Home and Community Care which means:
  - health care services provided in the Insured's Home by a; Nurse; licensed physical therapist; occupational therapist; respiratory therapist; or speech therapist;
  - Home Health or Personal Care Services provided in the Insured's Home by a Formal or Informal Provider;
  - Homemaker and Chore Care provided in the Insured's Home by a Formal or Informal Provider; or
  - attendance at an Adult Day Care program in the community while the Insured is living at Home.
- Respite Care for up to 30 days per calendar year.
- Hospice Care at Home, in the community, or in a Hospice Care Facility.
- Incidental Care and Services listed below which are intended to enable the Insured to remain safely in his or her Home and are stated in, and furnished in accordance with, the Plan of Care:
  - Caregiver Training;
  - Emergency Medical Response Systems; or
  - Home Modifications, Assistive Devices and Supportive Equipment.
- International Coverage which means:
  - Home and Community Care received outside the United States; or
  - care or services received in an Out-of-Country Nursing Facility.
- Alternative Care Benefit is a mutual agreement to pay Covered Expenses that are not specifically covered under any other benefit.

Waiver of Monthly Deduction Benefit**:** When this Rider pays a Benefit for Covered Expenses, the Policy will be deemed paid-up during the remaining lifetime of the Insured.

EXCLUDED EXPENSES

Covered Expenses do not include charges, fees or other expenses for any: living quarters other than as provided above for care in a Nursing Facility or Assisted Living Facility; services of a Physician, hospital or laboratory; medications; or any items or services provided for the Insured's comfort and convenience including, but not limited to, such items as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

PAYMENT LIMITATIONS

Payment of this Benefit is subject to:

- the Extension Lifetime Maximum;
- the payment limitations described below; and
- all other provisions and conditions of the Policy and this Rider.

No Benefits will be paid for Incidental Care and Services expenses once either:

- the maximum amount payable under the Accelerated Benefit Rider for Incidental Care and Services expenses has been paid; or
- the total amount payable under both this Rider and the Accelerated Benefit Rider for Incidental Care and Services expenses equals three (3) times the Extension Monthly Maximum.

For all other Covered Care, We will pay up to the Covered Expenses the Insured incurs during a calendar month, but not more than the Extension Monthly Maximum, subject to the International Coverage Limitations.

International Coverage Limitations: When care and services are received outside the United States:

- not more than 50% of the Extension Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month in an Out-of-Country Nursing Facility;
- not more than 25% of the Extension Monthly Maximum will be paid for all Covered Expenses incurred during a calendar month for Home and Community Care and is limited to a Policy lifetime maximum of 365 days of Benefits for care and services received;
- no Benefits will be paid for expenses incurred more than 4 calendar years after the date the first expense payable under this Benefit is incurred under the Policy;
- this Benefit is not payable at the same time as any other Benefit;
- payment for periods less than a full calendar month will be pro-rated based on:
  - a 30-day month; and
  - the number of days for which payment is being made; and
- no payment will be made if it is prohibited by: applicable United States Government sanctions as specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically; or any other governmental pronouncement. This includes, but is not limited to, Benefits otherwise payable for care delivered in a foreign country to which travel is prohibited under Federal law.

Nonforfeiture Benefit

If the Policy and the Rider terminate due to lapse or surrender after the Policy and the Rider have been in force for at least three (3) years, the Rider will provide a reduced Extension Lifetime Maximum after the Policy terminates. This Nonforfeiture Benefit will be payable in lieu of the benefits described in the Rider, and the Rider will be in paid-up status.

Contingent Nonforfeiture Benefit

The Company will notify the Owner prior to any change in Monthly Rates for the Rider. Anytime the cumulative amounts of all such increases in the Monthly Rate over the initial Monthly Rate equals or exceeds the Substantial Cumulative Increase percentage shown in the Rider applicable to the Insured's attained age, the Company will give the Owner the right to either:

- Reduce benefits so that the required Monthly Rates are not increased; or
- Convert to the Shortened Benefit Period Option.

Shortened Benefit Period Option

This Option provides paid-up benefits with a reduced Extension Lifetime Maximum. The amount of the reduced Extension Lifetime Maximum will be the greater of: (1) the Extension Monthly Maximum applicable at the time of lapse; and (2) the sum of all monthly charges for the Rider, less the amount by which any Return of Premium Benefit provided by Rider, if applicable, exceeds the Net Cash Surrender Value on the date of termination. In no event will the reduced Extension Lifetime Maximum exceed the Extension Lifetime Maximum in effect at the time the policy lapses.

Effect of Withdrawals and Policy Loans

Any Withdrawal or unpaid Policy Loan will affect the Guaranteed Minimum Benefit Values, but otherwise will not affect benefit payments under the terms of this Rider.

Effect of a Death Benefit Payment

Under the Terms of this Rider, payment of claims for expenses incurred prior to the date of death of the Insured will not be affected by payment of the death benefit.

Exclusions and Limitations
The Rider will not pay benefits for any expenses that:

- are incurred prior to the date the Accelerated Lifetime Maximum has been exhausted under the Accelerated Benefit Rider; or
- would have been excluded from payment under the Accelerated Benefit Rider had it remained in force as stated in the Exclusion and Limitations provision for that Rider.

Rider Costs
Subject to rate requirements applicable in the Policy Delivery State, the Company may change the Current Monthly Rates shown in the Policy's Schedule on any Policy Anniversary. Any rate change will be made only when the Company changes the rates on a class basis for all riders on the same form as the Rider that are delivered in the same state as the Rider. However, such rate change will never exceed the Guaranteed Monthly Rates shown in the Policy's Schedule. The Company will give the Owner at least 60 days prior written notice before any rate change.

Extension Lifetime Maximum Illustration

Beginning of Year	Guaranteed Extension Lifetime Maximum*	Current Extension Lifetime Maximum
[6	$482,078	$482,078]
[11	$482,078	$482,078]
[21	$482,078	$482,078]
[Attained Age 65	$482,078	$482,078]
[Attained Age 75	$482,078	$482,078]
[Attained Age 85	$373,374	$482,078]

*Assumes that benefits and values have been reduced to the Guaranteed Minimum Benefit Values.]

Guaranteed Minimum Benefit Values
The following are the Guaranteed Minimum Benefit Values for the Policy on the Policy Date.

Benefit	Guaranteed Minimum Benefit Value*
Specified Amount	[$186,687]
Accelerated Benefit Rider for Long Term Care Services	
Accelerated Lifetime Maximum	[$186687]
Accelerated Monthly Maximum	[$7,779]
Extension of Benefits Rider for Long Term Care Services	
Extension Lifetime Maximum	[$373,374]
Extension Monthly Maximum	[$7,779]

*Guaranteed Minimum Benefit Values: Except when a Loan Balance exists at the end of the Grace Period, the Guaranteed Minimum Benefit Rider prevents the policy from terminating if premium required to maintain the then current benefit levels is not paid by the end of the Grace Period. In such case, benefits will be reduced to the then current Guaranteed Minimum Benefit Values. Once these values are reduced, You will never have to pay more premiums to keep the policy in effect. A Loan Balance in effect at the end of the Grace Period reduces the Guaranteed Minimum Benefit Values to zero terminating the Guaranteed Minimum Benefit Rider.

[Return of Premium Rider
If the Policy is surrendered after the [fifth] Policy Year and within the ROP Duration shown in the Policy's Schedule, the Owner will receive at least the Initial Premium less any benefits paid under any Rider, less the Loan Balance on the date of surrender, and less the reduction in Policy Value for any withdrawals.]

This Statement of Policy Cost and Benefit Information is only a brief summary of the Policy's benefits. Please read the Policy and Riders for complete benefit information.

GENWORTH LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

Flexible Premium Adjustable Life Insurance Policy
Form Series GL5000 0212 and related forms

Language that appears in the forms contained in this filing may vary as described herein.

For all forms, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the form containing variable language.

General Guidelines
While not enclosed in brackets, we may vary the names and/or titles of officers that appear on any of the forms. We may vary the address and telephone number for the company and may include website information if deemed appropriate. Individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, etc., including bracketed **[ ]** information will be completed with information appropriate to the specific insured (within the parameters contemplated by our rate filing) as described below.

GL5000 0212 – SCHEDULE

Page 1

Home Office: Accommodates changes in home office location address.

Service Center Address: Accommodates changes in servicing location and postal address.

Service Center Phone: Accommodates changes in the phone number for the servicing center.

State of Issue: The state in which the policy was issued.

State Insurance Department Telephone Number: Provides the number for the applicable state insurance department and accommodates changes to that number.

Officer Signatures: Accommodates changes of corporate officers.

Page 3

Policy Number: Reflects a unique number assigned to this policy by the system.

Policy Date: Reflects the date that determines monthiversary and anniversary processing. Accommodates backdating and other specific dating requests made by Owner.

Date of Issue: Reflects the date the policy is generated by the system.

Insured: Reflects actual name of Insured.

Issue Age: Reflects the age of the insured as of the Policy Date. Range is age 18 to 79.

Sex: Reflects the sex of the insured at birth.

Premium Class: Reflects the premium classification assigned to this Insured for the base policy. Three life underwriting classes are: Preferred No Nicotine, Standard No Nicotine, and Standard Nicotine Use. Temporary or permanent flat extras would be reflected as: Preferred No Nicotine (Flat Extra), Increased Cost Rating Class No Nicotine, or Increased Cost Rating Class Nicotine

Owner: Refers to the application and the name of the owner as stated on the application; would permit a change to reflect the actual name of Owner

Beneficiary: Refers to the application and the name of the beneficiary as stated on the application; would permit a change to reflect actual name of Beneficiary

Initial Specified Amount: Reflects the amount of insurance on the Insured's life at inception of the policy. The Range is the minimum amount ($21,600) required to provide a $900 Monthly Maximum with an Unlimited maximum amount. The minimum amount will be in compliance with the long term care minimum daily benefit applicable with state law for figuring the Accelerated Monthly Maximum below.

Initial Premium: Reflects that amount paid as the initial premium

Monthly Administrative Fee: Reflects the fee that is part of the Monthly Deduction subtracted from the Policy Value at the beginning of every Policy Month. Range is $5-$15 per policy month.

Premium Expense Charge: Reflects the percentage charge of premium paid and the additional percentage above a specified amount of premium in the year. The premium paid minus the expense charge results in a net premium that is credited to the Policy Value. Range is 5% - 12.5%.

Administrative Fee for Withdrawal: Reflects the fee taken for each policy withdrawal. Range is $25 - $100.

Guaranteed Credited Interest Rate: GL5000 0212 the rate is 3%. We reserve the right to change this rate only if we file and receive approval of a new rate.

Credited Interest Rate on Loans: Reflects the rate of interest credited to the loaned portion of the Policy Value. Range is 2.5% - 8.0%.

Guaranteed Policy Loan Interest Rate: Reflects the guaranteed rate of interest charged on the loaned portion of the Policy Value Range is 2.5% - 8.0%.

Page 3A

Accelerated Benefit Rider for Long Term Care Services (ABR)

Rider Rate Classification: Reflects the premium classification assigned to this Insured for the ABR. Two underwriting classes for the ABR are: Preferred and Standard. If couples discount applies, the class would include: "with Couples Discount" after the premium class

Accelerated Lifetime Maximum: Reflects that maximum amount available for payment under the ABR over the lifetime of the rider. This amount is equal to the Initial Specified Amount.

Accelerated Monthly Maximum: Reflects that maximum amount available for payment under the ABR each policy month. This amount is the specified amount divided by the number of months the owner selects at issue (24, 36, or 48 months).

Optional Inflation Protection Benefit: Reflects that the inflation protection benefit is "Included" or "Not Included". If included, will print either “Simple Benefit Increase Option:” at “3%” or “5%” or print “Compound Benefit Increase Option:” at “3%” or “5%”.

Initial Monthly Rider Charge: Reflects the initial monthly cost of the rider that is part of the Monthly Deduction. The charge is determined based on issue age, duration and premium class, ABR period and couples discount.

Additional charge for the Optional Inflation Protection Benefit: Reflects the additional monthly rider charge attributed to the optional inflation protection benefit if purchased.

Extension of Benefits Rider for Long Term Care Services (EBR): Will be included if the benefit is purchased by the owner.

Rider Rate Classification: Reflects the premium classification assigned to this Insured for the EBR. Two underwriting classes for the EBR are: Preferred and Standard. If couples discount applies, the class would include: "with Couples Discount" after the premium class

Extension Lifetime Maximum: Reflects that maximum amount available for payment under the EBR over the lifetime of the rider. This amount will be the EBR period chosen multiplied by the Extension Monthly Maximum (24 or 48 months) unless “Lifetime” is selected.

Extension Monthly Maximum: Reflects that maximum amount available for payment under the EBR each policy month. This amount is the initial Accelerated Monthly Maximum.

Optional Inflation Protection Benefit: Reflects that the inflation protection benefit is "Included" or "Not Included". If included, will print either “Simple Benefit Increase Option:” at “3%” or “5%” or print “Compound Benefit Increase Option:” at “3%” or “5%”.

Initial Monthly Rider Charge: Reflects the monthly cost of the rider that is part of the Monthly Deduction. The charge is set at issue, is based on per $1000 of maximum monthly benefit and remains constant over the life of the rider unless the company raises EBR rates. The rates vary by issue age, premium class, ABR and EBR periods and the couples discount.

Additional charge for the Optional Inflation Protection Benefit: Reflects the additional monthly rider charge attributed to the optional inflation protection benefit if purchased.

Return of Premium Rider: Will be included if the benefit is purchased by the owner.

ROP Benefit Date: Reflects the date on which the return of premium begins.

ROP Duration: Reflects the number of years beginning with the ROP Benefit Date during which the owner can receive a return of premium

Page 3B

Guaranteed Minimum Benefit Rider

Specified Amount: If the Guaranteed Minimum Benefit Rider is triggered, the Specified Amount will drop to this amount. This can change during the life of the policy.

Accelerated Lifetime Maximum: If the Guaranteed Minimum Benefit Rider is triggered, the Accelerated Lifetime Maximum will drop to this amount. This can change during the life of the policy.

Accelerated Monthly Maximum: If the Guaranteed Minimum Benefit Rider is triggered, the Accelerated Monthly Maximum will drop to this amount. This can change during the life of the policy.

Extension Lifetime Maximum: If the Guaranteed Minimum Benefit Rider is triggered and if the Owner selected the EBR, the Extension Lifetime Maximum will drop to this amount. This can change during the life of the policy.

Extension Monthly Maximum: If the Guaranteed Minimum Benefit Rider is triggered and if the Owner selected the EBR, the Extension Monthly Maximum will drop to this amount. This can change during the life of the policy.

Page 3C

Table of Surrender Charges: Reflects the percentage of policy value that is forfeited if the policy is surrendered Range is policy years 1 - 15 and later at a percentage of 10% - 0%

Page 3D

Table of Monthly Risk Rates for Policy per $1,000 of Net Amount at Risk: Reflects the Guarantee maximum risk rates applicable for the policy for the insured's attained age, sex and premium class. The time period for the charge is until age 100. Thereafter, there is no charge.

Page 3E

Table of End-of-Policy Year Death Benefit Factors for the Initial Specified Amount: Reflects the death benefit factors that apply for the initial specified amount based on the Insured's attained age, sex and premium class of the policy.

Page 3-TABR

Accelerated Benefit Rider for Long Term Care Services, Table of Monthly Rates per $1,000 of Rider Net Amount at Risk: Reflects the guaranteed risk rates per $1,000 net amount at risk for the ABR based on the insured's attained age and premium class.

Page 3-TABR - OIPB

Optional Inflation Protection Benefit for Accelerated Benefit Rider for Long Term Care Services, Table of Monthly Rates per $1,000 of Accelerated Monthly Maximum: Reflects the rate per thousand of the original ABR Monthly Maximum on the Policy Date for the Optional Inflation Protection Benefit.

Page 3-TEBR

Extension of Benefits Rider for Long Term Care Services, Table of Monthly Rates per $1,000 of Extension Monthly Maximum: Reflects the rate per thousand of the original EBR Monthly Maximum on the Policy Date.

Page 3-TEBR - OIPB

Optional Inflation Protection Benefit for Extension of Benefits Rider for Long Term Care Services, Table of Monthly Rates per $1,000 of Extension Monthly Maximum: Reflects the rate per thousand of the original EBR Monthly Maximum on the Policy Date for the Optional Inflation Protection Benefit.

GL500RAR 0212, GL501RAR 0212; GL502R 0212; and GL503R 0212

Home Office: Accommodates changes in home office location address.

Service Center Address: Accommodates changes in servicing location and postal address.

Service Center Phone: Accommodates changes in the phone number for the servicing center.

Officer Signatures: Accommodates changes of corporate officers.

GL500E 0212

Officer Signatures: Accommodates changes of corporate officers.

OC502R 0212

Service Center Address: Accommodates changes in servicing location and postal address.

Service Center Phone Number: Accommodates changes in servicing phone number.

Page reference: Accommodates change in marketing layout of form that could change the number of pages used.

TLC-App 0212

Page 1

Company Service Center Address: Accommodates changes in terminology of area handling TLC business.

Send completed form to: Accommodates changes in servicing location and postal address.

1.a. Name for plan of insurance: Accommodates change in marketing name

1.d. Term for ABR: Accommodates change in months that may be selected to determine initial ABR and any EBR monthly maximum benefit and initial ABR lifetime maximum benefit.

1.e. Term for EBR: Accommodates change in months that may be selected to determine initial EBR lifetime maximum benefit.

1.f. Inclusion and amount of inflation percentage: Accommodates change in inflation percentages available.

1.g. ROP rider option: Accommodates ability to offer ROP rider

Page 2

4 Other Described: other entity to own the policy

Page 3

5. Availability to name a corporation, partnership, or other entity as primary or as a contingent beneficiary: Accommodates ability to permit corporation, partnership or other entity to be named as primary or contingent beneficiary of the policy.

Page 9

12. Space to denote a state where the policy will be delivered and instruction for completing that section of the application: Accommodates capture of a state where the policy will be delivered

TLC-TIAA 0212

Service Center Address: Accommodates changes in servicing location and postal address.

Q.7. Limit on total amount of insurance with company: Accommodates changes in total amount of life insurance the company will assume as a risk.

Death Benefit Limited Amount: Accommodates changes in total amount of life insurance the company will assume as a risk.

TLC-PW 0212

Service Center Address: Accommodates changes in servicing location and postal address.

Section A, form numbers: Accommodate changes in policy or riders in the future. We also may want to offer these riders to be attached to other Universal Life products in the future and would need to change the form number for the UL policy listed on this form.

Rate Increase chart: To update chart if other rate increases are required to be listed.

Section B, Years and dollar amounts related to care: To update cost of care figures in the future.

TLC-Rate 0212

Service Center Address: Accommodates changes in servicing location and postal address.

Certificate of Compliance
Arkansas Rule and Regulation 19

Insurer: Genworth Life Insurance Company

Form Number(s): GL5000AR 0212
GL500R 0212
GL501RAR 0212
GL502R 0212
GL503R 0212
GL500E 0212
OC502RAR 0212
TLC-App 0212
TLC-TIAA 0212
TLC-Rate 0212
TLC-PW 0212

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

Signature of Company Officer

Paul Loveland
Name

Vice President

Title

May 1, 2012
Date

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/13/2012	Form	Guaranteed Minimum Benefit Rider	04/13/2012	GL500R 0212 GMBR 4-3-12.pdf
04/13/2012	Form	Accelerated Benefit Rider for Long Term Care Services	04/13/2012	GL501RAR 0212 ABR 4-12-12.pdf
04/13/2012	Form	Extension of Benefits Rider for Long Term Care Services	04/13/2012	GL502R 0212 EBR 4-3-12.pdf
04/13/2012	Form	Return of Premium Benefit Rider	04/13/2012	GL503R 0212 ROP 4-3-12.pdf
04/13/2012	Form	Wellness Endorsement	04/13/2012	GL500E 0212 Wellness 4-3-12.pdf