

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L07I Individual Life - Whole/L07I.111 Single Premium - Single Life
Product Name: 1311-A Whole Life Portfolio
Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company
Product Name: 1311-A Whole Life Portfolio
State: Arkansas
TOI: L07I Individual Life - Whole
Sub-TOI: L07I.111 Single Premium - Single Life
Filing Type: Form
Date Submitted: 04/27/2012
SERFF Tr Num: AFLC-128298367
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 1311

Implementation: On Approval
Date Requested:
Author(s): Ronni Jones, Rebecca Aguirre
Reviewer(s): Linda Bird (primary)
Disposition Date: 07/27/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: 1311-A Whole Life Portfolio
Project Name/Number: 1311-A Whole Life Portfolio/1311-A

General Information

Project Name: 1311-A Whole Life Portfolio
Project Number: 1311-A
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 07/27/2012
State Status Changed: 05/07/2012
Created By: Rebecca Aguirre
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Rebecca Aguirre

Filing Description:

Enclosed, for review and approval are forms for a new whole life insurance portfolio. This portfolio includes the following forms:

Policy AAA400

Policy AAA400 is a Single Premium Life Insurance Policy which provides a level death benefit to age 120.

Policy AAR401

Policy AAR401 is a Limited Pay Whole Life Insurance Policy with premiums payable for 5, 7, or 10 years. This policy provides a level death benefit to age 120.

Rider AAA2171

Rider AAA2171 is an Accelerated Death Benefit Rider which will be added automatically at issue with Policy AAA400 and AAR401. There is no premium charged for this rider.

Rider AAA2172

Rider AAA2172 is an Accidental Death Benefit Rider which will be added automatically at issue with Policy AAA400 and AAR401. There is no premium charged for this rider.

Application AAA5126

Application AAA5126 is the application that will be used to apply for this whole life insurance portfolio. This application is not intended to be used as a telephonic or electronic application.

Application Amendment AAA4166

Application Amendment AAA4166 will be used with application AAA5126 during the underwriting process to make changes to answers that have been provided by the applicant.

These forms are new and do not replace any previously approved forms. These forms will be marketed in the individual life insurance market by our licensed independent agents; these forms contain no unusual or controversial elements.

Company and Contact

Filing Contact Information

Rebecca Aguirre, Manager
300 W. 11th Street
Kansas City, MO 64105
rebecca.Aguirre@americo.com
816-391-2768 [Phone]
816-391-2083 [FAX]

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
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Filing Company Information

Americo Financial Life and Annuity Insurance Company 300 West 11th Street Kansas City, MO 64105 (800) 231-0801 ext. [Phone]	CoCode: 61999 Group Code: 449 Group Name: FEIN Number: 35-0810610	State of Domicile: Texas Company Type: State ID Number:
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Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation: 6 Forms x \$50.00 each = \$300.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Americo Financial Life and Annuity Insurance Company	\$300.00	04/27/2012	58766617

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/27/2012	07/27/2012
Approved-Closed	Linda Bird	05/07/2012	05/07/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/02/2012	05/02/2012

Response Letters

Responded By	Created On	Date Submitted
Rebecca Aguirre	05/03/2012	05/03/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application for Individual Life Insurance	Ronni Jones	07/26/2012	07/26/2012
Supporting Document	Statement of Variability	Ronni Jones	07/26/2012	07/26/2012
Supporting Document	Certificate of Compliance	Rebecca Aguirre	05/03/2012	05/03/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open filing	Note To Filer	Linda Bird	07/24/2012	07/24/2012
REQUEST TO RE-OPEN FILING	Note To Reviewer	Ronni Jones	07/24/2012	07/24/2012

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: 1311-A Whole Life Portfolio
Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Disposition

Disposition Date: 07/27/2012

Implementation Date:

Status: Approved-Closed

Comment: Corrections made to application form.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certificate of Compliance - Regulation 49		Yes
Supporting Document	Accelerated Death Benefit Rider Disclosure		Yes
Supporting Document	Actuarial Memorandum - Accelerated Death Benefit Rider AAA2171		No
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Form	Individual Single Premium Whole Life Insurance Policy		Yes
Form	Limited Pay Whole Life Policy		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form (revised)	Application for Individual Life Insurance		Yes
Form	Application for Individual Life Insurance	Replaced	Yes
Form	Life Insurance Application Amendment		Yes

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: 1311-A Whole Life Portfolio
Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Disposition

Disposition Date: 05/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Supporting Document	Actuarial Memorandum - Accelerated Death Benefit Rider AAA2171		No
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Form	Individual Single Premium Whole Life Insurance Policy		Yes
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Form	Accelerated Death Benefit Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form (revised)	Application for Individual Life Insurance		Yes
Form	Application for Individual Life Insurance	Replaced	Yes
Form	Life Insurance Application Amendment		Yes

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/02/2012
Submitted Date	05/02/2012
Respond By Date	06/04/2012

Dear Rebecca Aguirre,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: 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.

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

Conclusion:

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

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: 1311-A Whole Life Portfolio
Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/03/2012
 Submitted Date 05/03/2012

Dear Linda Bird,

Introduction:

Response 1

Comments:

The required certificate of compliance with Regulation 49 is provided.

The disclosure and actuarial demonstration pursuant to Rule and Regulation 60s8 are provided.

Related Objection 1

Comments: 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.

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

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certificate of Compliance - Regulation 49

Comment:

Satisfied -Name: Accelerated Death Benefit Rider Disclosure

Comment:

Satisfied -Name: Actuarial Memorandum - Accelerated Death Benefit Rider AAA2171

Comment:

SERFF Tracking #:

AFLC-128298367

State Tracking #:

Company Tracking #:

1311

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

1311-A Whole Life Portfolio

Project Name/Number:

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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Your continued review is appreciated.

Sincerely,

Rebecca Aguirre

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: 1311-A Whole Life Portfolio
Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Amendment Letter

Submitted Date: 07/26/2012

Comments:

Thank you for reopening this filing. We are amending this filing due to an omission in form AAA5126 which needed to be corrected. A check box and statement has been added under #7 Medical History. A Statement of Variability has been included. We apologize for any inconvenience this may have caused you.

Ronni Jones
 Compliance Analyst
 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
AAA5126	Application/Enrollment Form	Application for Individual Life Insurance	Initial				50.800	AAA5126 Rev (0712) FILING FORM [2012-07-24].pdf

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

5126 SOV [G] [2012-07-24].pdf

Submitted Date: 05/03/2012

Comments:

The Certificate of Compliance with all applicable requirements of the Arkansas Department of Insurance is provided in this amendment to the filing.

Changed Items:

SERFF Tracking #:

AFLC-128298367

State Tracking #:

Company Tracking #:

1311

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

1311-A Whole Life Portfolio

Project Name/Number:

1311-A Whole Life Portfolio/1311-A

Supporting Document Schedule Item Changes:

User Added -Name: Certificate of Compliance

Comment:

Certification of Compliance AR.pdf

State: Arkansas

Filing Company: Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name: 1311-A Whole Life Portfolio

Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Note To Filer

Created By:

Linda Bird on 07/24/2012 01:28 PM

Last Edited By:

Linda Bird

Submitted On:

07/24/2012 01:28 PM

Subject:

Request to re-open filing

Comments:

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

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: 1311-A Whole Life Portfolio
Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Note To Reviewer

Created By:

Ronni Jones on 07/24/2012 11:29 AM

Last Edited By:

Ronni Jones

Submitted On:

07/24/2012 11:34 AM

Subject:

REQUEST TO RE-OPEN FILING

Comments:

Ms. Bird,

We request this filing be re-opened so that we can make a change to the 5126 application form.
Your acceptance of this request is appreciated.

Thank you.

State: Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name: 1311-A Whole Life Portfolio

Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Form Schedule

Lead Form Number: AAA400

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		AAA400	POL	Individual Single Premium Whole Life Insurance Policy	Initial:	50.100	AAA400 FILING FORM [2012-04-24].pdf
2		AAR401	POL	Limited Pay Whole Life Policy	Initial:	50.800	AAR401 FILING FORM [2012-04-27].pdf
3		AAA2171	POLA	Accelerated Death Benefit Rider	Initial:	50.700	AAA2171 FILING FORM [2012-04-24].pdf
4		AAA2172	POLA	Accidental Death Benefit Rider	Initial:	50.700	AAA2172 FILING FORM [2012-04-19].pdf
5		AAA5126	AEF	Application for Individual Life Insurance	Initial:	50.800	AAA5126 Rev (0712) FILING FORM [2012-07-24].pdf
6		AAA4166	AEF	Life Insurance Application Amendment	Initial:	50.000	AAA4166 FILING FORM [2012-04-24].pdf

Form Type Legend:

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

SERFF Tracking #:

AFLC-128298367

State Tracking #:

Company Tracking #:

1311

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

1311-A Whole Life Portfolio

Project Name/Number:

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POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages
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AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

A STOCK COMPANY

Home Office:

[Dallas, Texas]

Administrative Office:

[300 W. 11th Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called the "Company," "We," "Us," or "Our")

PLEASE READ YOUR POLICY CAREFULLY.

The Policy is a legal contract between the Company and the Owner. Under its terms, "You" and "Your" refer to the Owner of the Policy.

We agree to pay the Death Benefit provided by the Policy subject to its terms and conditions.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE THE POLICY

This Policy may be cancelled by delivering or mailing the Policy to Amerigo Financial Life and Annuity Insurance Company, or to the insurance agent through whom it was effected, before midnight of the thirtieth (30th) day after receipt of such Policy by the applicant. Upon such delivery or mailing, the Policy shall be void from the beginning. Notice given by mail and return of the Policy by mail is effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this Policy within ten (10) days after it receives notice of cancellation and the returned Policy.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Administrative Office address: Amerigo Financial Life and Annuity Insurance Company, Attention: Customer Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288]. You may also e-mail Us at customer.service@americo.com.

Signed for the Company at its Administrative Office:

Chief Executive Officer

Secretary

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
MATURITY AT AGE 120 – LEVEL DEATH BENEFIT
CASH SURRENDER VALUE PRIOR TO MATURITY MAY BE LESS THAN THE PREMIUM PAID
NONPARTICIPATING -- NO DIVIDENDS**

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OPTIONAL BENEFITS

If you have purchased any optional benefits, they will be listed in the Premium Schedule section on the Policy Data Page, and the Rider/Endorsement will be inserted in the Policy.

POLICY DATA PAGE

INSURED:	[JOHN DOE]	ISSUE AGE AND SEX:	[55, MALE]
POLICY NUMBER:	[1234567ABC]	PREMIUM CLASS:	[STANDARD NON-NICOTINE]
POLICY DATE:	[FEBRUARY 24, 2012]	ISSUE DATE:	[FEBRUARY 24, 2012]
MATURITY DATE:	[FEBRUARY 24, 2097]	MATURITY AGE:	120
PREMIUM:	[\$50,000.00]	MODE:	SINGLE PREMIUM

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	DEATH BENEFIT	BENEFIT PERIOD	PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$100,000.00]	To Age 120	[\$50,000.00]	1
Accelerated Death Benefit Rider	N/A	To Age 120	None	None
Accidental Death Benefit Rider		To Age 120	None	None
Accidental Death Benefit	[\$100,000.00]			
Common Carrier Accidental Death Benefit	[\$100,000.00]			

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE

SCHEDULE OF GUARANTEED POLICY VALUES

The values shown in the table below are guaranteed values provided by the Policy and are based on the Single Premium shown on a Policy Data Page. The Guaranteed Policy Values shown are without any adjustment for indebtedness secured by this Policy, and are subject to applicable provisions of this Policy.

End of Policy Year	Cash Value
1	[\$37,429.93]
2	[\$38,717.17]
3	[\$40,032.47]
4	[\$41,379.03]
5	[\$42,753.93]
6	[\$44,151.76]
7	[\$45,565.39]
8	[\$46,989.25]
9	[\$48,421.38]
10	[\$49,863.33]
11	[\$51,317.06]
12	[\$52,786.88]
13	[\$54,275.23]
14	[\$55,784.22]
15	[\$57,311.39]
16	[\$58,850.56]
17	[\$60,390.15]
18	[\$61,920.78]
19	[\$63,445.35]
20	[\$64,964.85]
AGE 120	[\$100,000.00]

Cash Values are based on the Commissioner's 2001 Standard Ordinary nonsmoker/smoker mortality table, age last birthday and the Insured's sex, with interest at 4.5%.

The Cash Value available under this Policy is not less than the minimum values required by, or pursuant to, the NAIC Standard Nonforfeiture Law for Life Insurance, Model #808.

Values for years not shown will be furnished upon request.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

DEFINITIONS

In this Policy:

Attained Age means the Insured's age on the most recent Policy Anniversary.

Cash Value is shown on a Policy Data Page.

Cash Surrender Value is equal to the Cash Value, less any indebtedness.

Death Benefit is shown on a Policy Data Page

Due Proof of Death means a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information that is sufficient to determine the Company's liability and proof of the claimant's interest in the Death Benefit Payable.

Evidence of Insurability is information about a person which We may require to approve or change a Policy or Rider, if any.

Indebtedness means all existing loans on the Policy **plus** earned interest which is either accrued or assessed.

In force means "in effect" or "not terminated."

In writing means in a written form satisfactory to Us and filed at Our Administrative Office in Kansas City, Missouri.

Insured refers to the person named on a Policy Data Page, whose life is insured under the Policy.

Issue Date means the date We issued the Policy. The Issue Date is shown on a Policy Data Page.

Maturity Date is the Policy Anniversary on which the Insured will be age 120 and the insurance coverage under the Policy will terminate. The Cash Surrender Value of the Policy will be paid to the Owner on the Maturity Date. The Maturity Date is shown on a Policy Data Page.

Premium means an amount paid to Us as consideration for the benefits provided by the Policy and additional benefits provided by rider, if any. The Premium is shown on a Policy Data Page, if any.

Proceeds means any amount payable at the death of the Insured, or any other termination of the Policy.

Policy means the legal contract between the Company and the Owner.

Policy Date refers to the date the Policy was first put in force. The Policy Date is shown on a Policy Data Page.

Policy Anniversary occurs once each year on the same month and day as the Policy Date.

Policy Year is a one year period beginning on the Policy Date or a Policy Anniversary, and ending on the day before the next Policy Anniversary.

We, Us, Our or the **Company** means Americo Financial Life and Annuity Insurance Company.

You or **Your** means the Owner of the Policy.

THE CONTRACT

General

We have issued this Policy and any Riders in consideration of Your application and the payment of Premium.

Entire Contract

The Entire Contract consists of:

- 1) The Policy;
- 2) The original application attached;
- 3) Any attached amendments and supplements to the application; and,
- 4) Any attached riders and endorsements.

In the absence of fraud, We will consider all statements made by or for the Insured, to be representations and not warranties. We can use no such statement to void the Policy, or to defend against a claim under it, unless that statement is in the attached application or in an amendment or supplement to the application when issued or delivered.

Change of Contract Terms

Only Our President or one of Our Vice Presidents can agree to change the terms of this contract or to waive Our rights under it. Such agreements must be in writing and signed by that Officer. No agent, nor any other person, can change the terms of or waive Our rights under this contract in any way.

GENERAL PROVISIONS

Nonparticipating

This Policy is Nonparticipating. It does not share in Our surplus earnings. You will not receive any dividends under the terms of this Policy.

Misstatement of Age or Sex

If the age or sex of the Insured is shown incorrectly on a Policy Data Page, We will adjust the Death Benefit and any Cash Value, subject to required underwriting, if any. The adjusted Death Benefit will be that which the most recent Premium paid would have purchased, based on the Insured's correct age and sex. If the correct age is outside the issue age range for this Policy, the Premium and Death Benefit will be extrapolated.

Misstatement of Nicotine Status

If the nicotine status of the Insured is shown incorrectly on a Policy Data Page, We will within the first two (2) Policy Years adjust the Death Benefit and any Cash Value, subject to required underwriting, if any. The adjusted Death Benefit will be that which the Premium paid would have purchased, based on the Insured's correct nicotine status.

Termination

The Policy will terminate on the earliest of:

- 1) The date We receive Your request in writing to surrender the Policy;
- 2) The date the Insured dies;
- 3) The date the total indebtedness equals or exceeds the Cash Value; or
- 4) The Maturity Date shown on a Policy Data Page.

Incontestability

We cannot contest the Policy after it has been in force for two (2) years from the Issue Date and during the Insured's lifetime, except in case of fraud.

If there is a change in coverage which requires underwriting, the Policy will become incontestable for two (2) years from the date of the change and during the Insured's lifetime.

Policy contests will be limited to material misstatements in the application.

Suicide Exclusion

If the Insured, sane or insane, dies by suicide while the Policy is in force and within two (2) years after the Issue Date, the Death Benefit Payable will be limited to the sum of Premiums paid, less any indebtedness.

Tax Status

The Policy is intended to meet the requirements imposed by federal and state law on life insurance as of the Policy Date. We cannot accept responsibility for the tax treatment of this Policy or any other insurance policy. Please consult Your tax advisor for individual assistance.

Conformity to State Law

Any terms of this policy which, on the policy date, conflict with the laws of the jurisdiction in which it is issued for delivery, are hereby amended to conform to the minimum requirements of such laws.

CONTROL OF THE POLICY**Owner**

The Insured is the Owner of this Policy unless:

- 1) A different Owner is named in the application; or
- 2) A new Owner is later named, subject to the terms of the Change of Ownership provision.

Rights of Ownership

While the Insured is living, You, as Owner, may exercise any right provided to You by the Policy. If the Policy is assigned, Your rights are subject to the rights of any assignee. If You die before the Insured, Ownership passes to Your estate.

Change of Ownership

While the Insured is living and the Policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Administrative Office.

Assignment

This Policy may be assigned. The assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of such notice. No assignment will be recognized by Us unless a copy is filed with Us. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to Ours, including any indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. The rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

General

The Beneficiary receives the Policy's Death Benefit Payable upon the death of the Insured. The Beneficiary of the Policy is as named in the application unless a new Beneficiary is later named, subject to the terms of the Change of Beneficiary provision.

If there is more than one Beneficiary, the Death Benefit Payable will be paid in such shares as requested in writing by the Owner. If the Owner does not specify the distribution of the Death Benefit Payable, it will be paid to all Beneficiaries in equal shares.

If no named Beneficiary survives the Insured, then You, or in the event of Your death, Your estate, will be named as the Beneficiary.

Change of Beneficiary

While the Insured is living and this Policy is in force, You may name a new Beneficiary by submitting to Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Home Office.

An irrevocable Beneficiary must consent in writing to any request to change the named Beneficiary. If an irrevocable Beneficiary dies before the Insured, You may name a new Beneficiary as explained above.

Simultaneous Death

If any Beneficiary dies within fifteen (15) days after the Insured, but before the Insured's Due Proof of Death is received by the Company, the Death Benefit Payable will be paid as if the Beneficiary died before the Insured.

PREMIUM PAYMENTS

General

All premiums are payable in advance in U.S. funds:

- 1) At Our Administrative Office in Kansas City, Missouri; or
- 2) To Our authorized agent in exchange for a receipt signed by one of Our Officers and countersigned by the agent.

The Single Premium for this Policy, and any attached riders, is shown on a Policy Data Page.

NONFORFEITURE PROVISIONS

Nonforfeiture Options

This Policy may have Cash Value. If the Owner terminates the Policy and the Policy has Cash Value, the Owner may receive the Cash Surrender Value Option described below. The Owner's written request must be received by Us at Our Office.

The Nonforfeiture Option available under the Policy at any time other than on a Policy Anniversary will be calculated with allowance for lapse of time from the last preceding Policy Anniversary.

Factors specific to Your Policy will determine if the Policy as issued will have Cash Value. The Cash Value of the Policy, if any, is shown on a Policy Data Page.

Cash Surrender Value Option

The Cash Surrender Value Option consists of Our payment to You of the Cash Surrender Value. The Owner may surrender the Policy for the Cash Surrender Value at any time and if surrendered within thirty (30) days following a Policy Anniversary, the Cash Surrender Value available will be not less than the Cash Surrender Value on the Policy Anniversary. Upon payment of the Cash Surrender Value, the Policy will terminate.

We may delay paying the Cash Surrender Value for no more than six (6) months after the date the written request for this Nonforfeiture Option is received.

Basis of Computation

Cash Values are based on the Commissioner's 2001 Standard Ordinary nonsmoker/smoker mortality table, age last birthday and the Insured's sex with interest at 4.5%.

The nonforfeiture value of this Policy is equal to or greater than those required by law. The nonforfeiture value is calculated in accordance with the Standard Nonforfeiture Law. A detailed statement of the method of computing values has been filed with the state where this Policy is issued for delivery.

POLICY LOAN

The Owner may obtain a loan while the Policy is in force on the sole security of the Policy's Cash Value. The available loan value is the Cash Surrender Value as of the date of the loan.

The Company may delay making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay Premiums on policies with the Company.

If, at any time, the total indebtedness equals or exceeds the Cash Value, the Policy will terminate without value. At least thirty (30) days before the date the Policy terminates without value, the Company will send a notice of its intention to void the Policy benefit to the last known address of the Owner and any assignee of record.

Loan interest will accrue from the date each loan is made. Loan interest is payable in advance at the beginning of each Policy Year or when a loan is made or increased. A loan secured by this Policy will bear interest at the rate of 7.4% per year in advance (8.0% annual effective rate); If the interest is not paid when due, it will be added to the loan and bear interest on the same terms as the loan.

A loan may be repaid at any time while the Policy is in force.

DEATH BENEFIT PROVISIONS

Death Benefit Payable

If the Insured dies while this Policy is in force, We will pay the Death Benefit Payable, when We receive the Insured's Due Proof of Death. The Death Benefit Payable upon death of the Insured will be:

- 1) The Death Benefit shown on a Policy Data Page; plus
- 2) The Death Benefit of any riders on the life of the Insured, if any; minus
- 3) Any indebtedness; plus
- 4) Interest as provided in the Interest on Death Benefit Payable provision below.

The Death Benefit Payable will be subject to the terms of the **Suicide Exclusion**, the **Misstatement of Age or Sex**, **Misstatement of Nicotine Status**, and the **Incontestability** provisions.

Interest on Death Benefit Payable

We will pay interest on the Death Benefit Payable as follows:

- 1) interest shall accrue and be payable from the date of death;
- 2) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- 3) interest shall accrue at the effective annual rate determined in item (2) above, plus additional interest at a rate of 10% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (a), (b), and (c) to the date the claim is paid, where it is:
 - (a) the date that Due Proof of Death is received by Us;
 - (b) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit Payable; and
 - (c) the date that legal impediments to payment of Death Benefit Payable that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to payment of Death Benefit Payable include, but are not limited to: (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors, and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

Examination and Autopsy

We may have the Insured's body examined and an autopsy performed at Our expense, unless prohibited by law.

SETTLEMENT OPTIONS PROVISIONS

Election of Settlement Option

Any amount payable at the death of the Insured, or any other termination of the Policy, will be paid in one lump sum unless otherwise provided. All or part of this lump sum may be applied to any Settlement Option.

At the time of their commencement, any benefits provided under a Settlement Option will not be less than those provided by the application of the Cash Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person, may be elected only with the consent of the Company.

Any election must be made in writing to the Company. The Company may require the Policy for endorsement.

Election by Owner

During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the Settlement Options contained in this section.

Election by Beneficiary

At the time Proceeds are payable, the Beneficiary may elect one of the Settlement Options if Proceeds are available to the Beneficiary in one sum. The Beneficiary has twelve (12) months after payment becomes due to elect one of the Settlement Options contained in this section.

Payments

Payments will be made monthly unless otherwise elected. The Company has the right to change the frequency of payments in order to make a periodic payment of at least \$50.

The option date under Options 1, 2 and 3 is the date the proceeds are payable, or the date of election, whichever is later. Interest under Options 4 and 5 will accrue from such date.

Under Option 3, proof of age of the payee will be required at the time the first payment is due. The Company reserves the right to require proof that the payee is alive at the time of each payment.

Claims of Creditors

To the extent permitted by law, proceeds will not be subject to any claims of a payee's creditors.

Assignment of Proceeds

The Proceeds payable under one of these Settlement Options may not be assigned.

Additional Interest

Additional interest, if any, paid over the guaranteed 1.0%, will be in an amount and by a method determined by the Company.

Change in Payments

Partial withdrawals under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with the consent of the Company. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 1.0% compounded annually.

Payments under Option 3 will be commuted only in the event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at an interest rate of not less than 1.0% compounded annually.

The minimum Proceeds that may be applied under Option 4 or 5 is \$1,000. The payee does not have the right to withdraw any portion of the Proceeds under Option 4.

The minimum Proceeds that may be applied or may remain after a withdrawal under Option 5 is \$1,000. The minimum amount that may be withdrawn is \$1,000. Proceeds less than this amount will be paid in one sum to the payee.

Option 1 - Equal Payments for a Guaranteed Period

Equal monthly payments for the number of years elected, not to exceed twenty-five (25) years. Payments will begin on the option date.

Guaranteed Minimum Monthly Payment for Each \$1,000 of Net Proceeds

Years	Income	Years	Income
1	\$83.71	14	\$6.37
2	42.07	15	5.98
3	28.18	16	5.63
4	21.24	17	5.33
5	17.08	18	5.05
6	14.30	19	4.81
7	12.32	20	4.59
8	10.83	21	4.40
9	9.68	22	4.22
10	8.75	23	4.05
11	7.99	24	3.90
12	7.36	25	3.76
13	6.83		

Option 2 - Equal Payments of a Specified Amount

Equal monthly payments of at least \$50.00 per month. Payments will begin on the option date and will continue until the Proceeds and interest, at the rate of 1.0% compounded annually, are exhausted.

Option 3 - Equal Payments for Life

Equal monthly payments for life, or a guaranteed period of ten (10), fifteen (15), or twenty (20) years as elected and for life thereafter. Guaranteed values are based on the Annuity 2000 Table, Age Last Birthday and the Insured's sex, with 1.00% interest.

Option 4 - Proceeds Left at Interest - Withdrawals Not Allowed

The Proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the Proceeds will be paid at the rate of 1.0% compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds:

- (1) Annually \$10.00
- (2) Semi-Annually \$4.98
- (3) Quarterly \$2.49
- (4) Monthly \$0.83

At the end of the period selected, the Proceeds with accrued interest will be paid in one sum unless otherwise provided in the election.

Option 5 - Proceeds Left at Interest - Withdrawals Allowed

The Proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the Proceeds will be paid at the rate of 1.0% compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds:

- (1) Annually \$10.00
- (2) Semi-Annually \$4.98
- (3) Quarterly \$2.49
- (4) Monthly \$0.83

The payee may withdraw portions of the proceeds under this Option 5 by submitting a written request to the Company. At the end of the specified period, any remaining proceeds with accrued interest will be paid in one sum.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

**SINGLE PREMIUM WHOLE LIFE INSURANCE
MATURITY AT AGE 120 – LEVEL DEATH BENEFIT
CASH SURRENDER VALUE PRIOR TO MATURITY MAY BE LESS THAN THE PREMIUM PAID
NONPARTICIPATING -- NO DIVIDENDS**



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

A STOCK COMPANY

Home Office:

[Dallas, Texas]

Administrative Office:

[300 W. 11th Street / P.O. Box 410288 / Kansas City, Missouri 64141-0288]

(Herein called the "Company," "We," "Us," or "Our")

PLEASE READ YOUR POLICY CAREFULLY.

The Policy is a legal contract between the Company and the Owner. Under its terms, "You" and "Your" refer to the Owner of the Policy.

We agree to pay the Death Benefit provided by the Policy subject to its terms and conditions.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE THE POLICY

This Policy may be cancelled by delivering or mailing the Policy to Americo Financial Life and Annuity Insurance Company, or to the insurance agent through whom it was effected, before midnight of the thirtieth (30th) day after receipt of such Policy by the applicant. Upon such delivery or mailing, the Policy shall be void from the beginning. Notice given by mail and return of the Policy by mail is effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this Policy within ten (10) days after it receives notice of cancellation and the returned Policy.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-231-0801]. You may write to the Company at Our Administrative Office address: Americo Financial Life and Annuity Insurance Company, Attention: Customer Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288]. You may also e-mail Us at customer.service@americo.com.

Signed for the Company at its Administrative Office:

Chief Executive Officer

Secretary

**WHOLE LIFE INSURANCE POLICY
LIMITED PREMIUM PAYMENT PERIOD AS SHOWN ON A POLICY DATA PAGE
MATURITY AT AGE 120 – LEVEL DEATH BENEFIT
CASH SURRENDER VALUE PRIOR TO MATURITY MAY BE LESS THAN THE PREMIUMS PAID
NONPARTICIPATING -- NO DIVIDENDS**

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OPTIONAL BENEFITS

If you have purchased any optional benefits, they will be listed in the Premium Schedule section on the Policy Data Page, and the Rider/Endorsement will be inserted in the Policy.

POLICY DATA PAGE

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [55, MALE]
POLICY NUMBER: [1234567ABC] **PREMIUM CLASS:** [STANDARD NON-NICOTINE]
POLICY DATE: [FEBRUARY 24, 2012] **ISSUE DATE:** [FEBRUARY 24, 2012]
MATURITY DATE: [FEBRUARY 24, 2097] **MATURITY AGE:** 120
PREMIUM: [\$5,000.00] **MODE:** [ANNUAL]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	DEATH BENEFIT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$100,000.00]	To Age 120	[\$5,000.00]	[7]
Accelerated Death Benefit Rider	N/A	To Age 120	None	None
Accidental Death Benefit Rider		To Age 120	None	None
Accidental Death Benefit	[\$100,000.00]			
Common Carrier Accidental Death Benefit	[\$100,000.00]			

IMPORTANT NOTE: The total amount of premiums paid each year on this Policy and any riders will be higher if the Premiums paid are on a semi-annual, quarterly or monthly mode than if you paid on an annual mode. See Total Premiums table below. If You would like to change your Premium Mode, You should contact the Company's Customer Service Department.

TOTAL PREMIUMS

ANNUAL [\$5,000.00]
SEMIANNUAL [\$2,600.00]
QUARTERLY [\$1,400.00]
MONTHLY [\$ 475.00]
AUTOMATED MONTHLY [\$ 500.00]

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

POLICY DATA PAGE

SCHEDULE OF GUARANTEED POLICY VALUES

The values shown in the table below are guaranteed values provided by the Policy and are based on the assumption that all Premiums, shown on a Policy Data Page are paid each year. The Guaranteed Policy Values shown are without any adjustment for indebtedness secured by this Policy, and are subject to applicable provisions of this Policy.

End of Policy Year	Cash Value	Reduced Paid-up
1	[\$ 446.74]	[\$ 1,193.54]
2	[\$ 7,161.39]	[\$ 18,496.68]
3	[\$14,168.67]	[\$ 35,392.94]
4	[\$21,493.19]	[\$ 51,942.22]
5	[\$29,153.62]	[\$ 68,189.34]
6	[\$37,169.81]	[\$ 84,186.47]
7	[\$45,565.39]	[\$100,000.00]
8	[\$46,989.25]	[\$100,000.00]
9	[\$48,421.38]	[\$100,000.00]
10	[\$49,863.33]	[\$100,000.00]
11	[\$51,317.06]	[\$100,000.00]
12	[\$52,786.88]	[\$100,000.00]
13	[\$54,275.23]	[\$100,000.00]
14	[\$55,784.22]	[\$100,000.00]
15	[\$57,311.39]	[\$100,000.00]
16	\$58,850.56]	[\$100,000.00]
17	[\$60,390.15]	[\$100,000.00]
18	[\$61,920.78]	[\$100,000.00]
19	[\$63,445.35]	[\$100,000.00]
20	[\$64,964.85]	[\$100,000.00]
AGE 120	[\$100,000.00]	[\$100,000.00]

Cash Values and Reduced Paid-up Insurance values are based on the Commissioner's 2001 Standard Ordinary nonsmoker/smoker mortality table, age last birthday and the Insured's sex, with interest at 4.5%.

The Cash Value available under this Policy is not less than the minimum values required by, or pursuant to, the NAIC Standard Nonforfeiture Law for Life Insurance, Model #808.

Values for years not shown will be furnished upon request.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
[P.O. BOX 410288 / KANSAS CITY, MISSOURI 64141-0288]

DEFINITIONS

In this Policy:

Attained Age means the Insured's age on the most recent Policy Anniversary.

Cash Value is shown on a Policy Data Page.

Cash Surrender Value is equal to the Cash Value, less any indebtedness.

Death Benefit is shown on a Policy Data Page.

Due Proof of Death means a certified copy of the death certificate of the Insured, or other lawful evidence providing equivalent information that is sufficient to determine the Company's liability and proof of the claimant's interest in the Death Benefit Payable.

Evidence of Insurability is information about a person which We may require to approve, change, or reinstate a Policy or Rider, if any.

Indebtedness means all existing loans on the Policy **plus** earned interest with is either accrued or assessed.

In force means "in effect" or "not terminated."

In writing means in a written form satisfactory to Us and filed at Our Administrative Office in Kansas City, Missouri.

Insured refers to the person named on a Policy Data Page, whose life is insured under the Policy.

Issue Date means the date We issued the Policy. The Issue Date is shown on a Policy Data Page.

Maturity Date is the Policy Anniversary on which the Insured will be age 120 and the insurance coverage under the Policy will terminate. The Cash Surrender Value of the Policy will be paid to the Owner on the Maturity Date. The Maturity Date is shown on a Policy Data Page.

Premium means an amount paid to Us as consideration for the benefits provided by the Policy and additional benefits provided by rider, if any. The Premium is shown on a Policy Data Page, if any.

Proceeds means any amount payable at the death of the Insured, or any other termination of the Policy.

Policy means the legal contract between the Company and the Owner.

Policy Date refers to the date the Policy was first put in force. The Policy Date is shown on a Policy Data Page.

Policy Anniversary occurs once each year on the same month and day as the Policy Date.

Policy Year is a one year period beginning on the Policy Date or a Policy Anniversary, and ending on the day before the next Policy Anniversary.

Policy Month is a one month period beginning on the same day of the month as the Policy Date.

We, Us, Our or the **Company** means Americo Financial Life and Annuity Insurance Company.

You or **Your** means the Owner of the Policy.

THE CONTRACT

General

We have issued this Policy and any Riders in consideration of Your application and the payment of Premiums.

Entire Contract

The Entire Contract consists of:

- 1) The Policy;
- 2) The original application attached;
- 3) Any attached amendments and supplements to the application;
- 4) Any attached riders and endorsements; and
- 5) Any attached application for reinstatement.

In the absence of fraud, We will consider all statements made by or for the Insured, to be representations and not warranties. We can use no such statement to void the Policy, or to defend against a claim under it, unless that statement is in the attached application or in an amendment or supplement to the application when issued or delivered.

Change of Contract Terms

Only Our President or one of Our Vice Presidents can agree to change the terms of this contract or to waive Our rights under it. Such agreements must be in writing and signed by that Officer. No agent, nor any other person, can change the terms of or waive Our rights under this contract in any way.

GENERAL PROVISIONS

Nonparticipating

This Policy is Nonparticipating. It does not share in Our surplus earnings. You will not receive any dividends under the terms of this Policy.

Misstatement of Age or Sex

If the age or sex of the Insured is shown incorrectly on a Policy Data Page, We will adjust the Death Benefit and any Cash Value, subject to required underwriting, if any. The adjusted Death Benefit will be that which the most recent Premium paid would have purchased, based on the Insured's correct age and sex. If the correct age is outside the issue age range for this Policy, the Premium and Death Benefit will be extrapolated.

Misstatement of Nicotine Status

If the nicotine status of the Insured is shown incorrectly on a Policy Data Page, We will within the first two (2) Policy Years adjust the Death Benefit and any Cash Value, subject to required underwriting, if any. The adjusted Death Benefit will be that which the Premium paid would have purchased, based on the Insured's correct nicotine status.

Termination

The Policy will terminate on the earliest of:

- 1) The date We receive Your request in writing to surrender the Policy;
- 2) The date the Insured dies;
- 3) The end of the Grace Period if a past due premium remains unpaid;
- 4) The date the total indebtedness equals or exceeds the Cash Value; or
- 5) The Maturity Date shown on a Policy Data Page.

Incontestability

We cannot contest the Policy after it has been in force for two (2) years from the Issue Date and during the Insured's lifetime, except for nonpayment of premium or in case of fraud.

If there is a change in coverage which requires underwriting, the Policy will become incontestable for two (2) years from the date of the change and during the Insured's lifetime.

Reinstated coverage will become incontestable after it has been reinstated for two (2) years from the date of reinstatement and during the Insured's lifetime, except for fraud in the procurement of the reinstated Policy.

Policy contests will be limited to material misstatements in the application. Contests of reinstated coverage will be limited to material misstatements in the application for such reinstatement.

Suicide Exclusion

If the Insured, sane or insane, dies by suicide while the Policy is in force and within two (2) years after the Issue Date, the Death Benefit Payable will be limited to the sum of Premiums paid, less any indebtedness.

Tax Status

The Policy is intended to meet the requirements imposed by federal and state law on life insurance as of the Policy Date. We cannot accept responsibility for the tax treatment of this Policy or any other insurance policy. Please consult Your tax advisor for individual assistance.

Conformity to State Law

Any terms of this policy which, on the policy date, conflict with the laws of the jurisdiction in which it is issued for delivery, are hereby amended to conform to the minimum requirements of such laws.

CONTROL OF THE POLICY**Owner**

The Insured is the Owner of this Policy unless:

- 1) A different Owner is named in the application; or
- 2) A new Owner is later named, subject to the terms of the Change of Ownership provision.

Rights of Ownership

While the Insured is living, You, as Owner, may exercise any right provided to You by the Policy. If the Policy is assigned, Your rights are subject to the rights of any assignee. If You die before the Insured, Ownership passes to Your estate.

Change of Ownership

While the Insured is living and the Policy is in force, You may name a new Owner by giving Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Administrative Office.

Assignment

This Policy may be assigned. The assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of such notice. No assignment will be recognized by Us unless a copy is filed with Us. We will not be responsible for the validity of any assignment.

The claim of any assignee is subordinate to Ours, including any indebtedness to Us.

The rights of a revocable Beneficiary and Owner are subject to the rights of the assignee. The rights of an irrevocable Beneficiary are not subject to the rights of the assignee.

BENEFICIARY

General

The Beneficiary receives the Policy's Death Benefit Payable upon the death of the Insured. The Beneficiary of the Policy is as named in the application unless a new Beneficiary is later named, subject to the terms of the Change of Beneficiary provision.

If there is more than one Beneficiary, the Death Benefit Payable will be paid in such shares as requested in writing by the Owner. If the Owner does not specify the distribution of the Death Benefit Payable, it will be paid to all Beneficiaries in equal shares.

If no named Beneficiary survives the Insured, then You, or in the event of Your death, Your estate, will be named as the Beneficiary.

Change of Beneficiary

While the Insured is living and this Policy is in force, You may name a new Beneficiary by submitting to Us notice of the change in writing. The change will become effective on the date You sign the notice, subject to any payment or action We may have performed before recording it at Our Home Office.

An irrevocable Beneficiary must consent in writing to any request to change the named Beneficiary. If an irrevocable Beneficiary dies before the Insured, You may name a new Beneficiary as explained above.

Simultaneous Death

If any Beneficiary dies within fifteen (15) days after the Insured, but before the Insured's Due Proof of Death is received by the Company, the Death Benefit Payable will be paid as if the Beneficiary died before the Insured.

PREMIUM PAYMENTS

General

All premiums are payable in advance in U.S. funds:

- 1) At Our Administrative Office in Kansas City, Missouri; or
- 2) To Our authorized agent in exchange for a receipt signed by one of Our Officers and countersigned by the agent.

The Premium Mode and Premiums for this Policy, and any attached riders, are shown on a Policy Data Page.

Grace Period

We will allow a Grace Period of thirty-one (31) days after the due date for payment of each Premium after the first. The Policy will continue in force during the Grace Period. If the Insured dies during the Grace Period, We will deduct from the Death Benefit the premium needed to cover the period from the beginning of the Grace Period to the end of the Policy Month. If a Premium is not paid by the end of the Grace Period, the Policy will terminate.

Any payment sent by U.S. mail must be postmarked within the Grace Period.

Reinstatement

If the Policy terminates under the terms of the Grace Period provision, We will reinstate the Policy if:

- 1) You request reinstatement in writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory Evidence of Insurability;
- 3) You pay all past due Premiums plus 6% interest per year, compounded annually, from the Premium due date(s) to the date of Reinstatement; and
- 4) You pay any Cash Surrender Value paid to You, plus 6% interest, compounded annually from the end of the Grace Period to the date of Reinstatement; and
- 5) You pay any indebtedness that existed when the Policy terminated or the Policy Loan must be reinstated. You must also pay all past due Policy Loan interest from the date of termination to the date of Reinstatement. Interest on any reinstated Policy Loan will begin on the date of Reinstatement.

The effective date of Reinstatement will be the date we approve the application for Reinstatement.

NONFORFEITURE PROVISIONS

Nonforfeiture Options

This Policy may have Cash Value. If the Owner terminates the Policy or stops paying Premiums and the Policy has Cash Value, the Owner may elect one of the Nonforfeiture Options described below. The Owner's written request must be received by Us at Our Office by the end of the Grace Period. If no written request is received, the **Automatic Nonforfeiture Option** provision will apply.

Factors specific to Your Policy will determine if the Policy as issued will have Cash Value. The Cash Value of the Policy, if any, is shown on a Policy Data Page.

Cash Surrender Value Option

The Cash Surrender Value Option consists of Our payment to You of the Cash Surrender Value. The Owner may surrender the Policy for the Cash Surrender Value at any time, and if surrendered within thirty (30) days following a Policy Anniversary, the Cash Surrender Value will be not less than the Cash Surrender Value on the Policy Anniversary. Upon payment of the Cash Surrender Value, the Policy will terminate.

We may delay paying the Cash Surrender Value for no more than six (6) months after the date the written request for this Nonforfeiture Option is received.

Reduced Paid-up Insurance Option

The Reduced Paid-up Insurance Option provides the continuation of insurance under this Policy as a paid-up life insurance policy. The amount of such Reduced Paid-Up Insurance will be that which the Cash Surrender Value will purchase when applied as a net single premium at the Insured's Attained Age. If the amount of the Reduced Paid-up Insurance under this Nonforfeiture Option is not at least \$1,000 (one thousand dollars), this option will not be available and the Cash Surrender Value Option will be provided.

Automatic Nonforfeiture Option

If a written request is not received from the Owner by the end of the Grace Period, the Automatic Nonforfeiture Option will be in effect. The Automatic Nonforfeiture Option will be the **Reduced Paid-Up Insurance Option**.

Basis of Computation

Cash Values and Reduced Paid-Up Insurance values are based on the Commissioner's 2001 Standard Ordinary nonsmoker/smoker mortality table, age last birthday and the Insured's sex with interest at 4.5%.

The nonforfeiture values for the Policy are equal to or greater than those required by law. The nonforfeiture values are calculated in accordance with the Standard Nonforfeiture Law. A detailed statement of the method of computing values has been filed with the state where this Policy is issued for delivery.

POLICY LOAN

The Owner may obtain a loan while the Policy is in force on the sole security of the Policy's Cash Value. The available loan value is the Cash Surrender Value as of the date of the loan.

The Company may delay making a loan for not more than six (6) months after application for the loan is made unless the loan is to pay Premiums on policies with the Company.

If, at any time, the total indebtedness equals or exceeds the Cash Value, the Policy will terminate without value. At least thirty (30) days before the date the Policy terminates without value, the Company will send a notice of its intention to void the Policy benefit to the last known address of the Owner and any assignee of record.

Loan interest will accrue from the date each loan is made. Loan interest is payable in advance at the beginning of each Policy Year or when a loan is made or increased. A loan secured by this Policy will bear interest at the rate of 7.4% per year in advance (8.0% annual effective rate); If the interest is not paid when due, it will be added to the loan and bear interest on the same terms as the loan.

A loan may be repaid at any time while the Policy is in force.

DEATH BENEFIT PROVISIONS

Death Benefit Payable

If the Insured dies while this Policy is in force or during the Grace Period, We will pay the Death Benefit Payable when We receive the Insured's Due Proof of Death. The Death Benefit Payable upon death of the Insured will be:

- 1) The Death Benefit shown on a Policy Data Page; plus
- 2) The Death Benefit of any riders on the life of the Insured, if any; minus
- 3) Any part of the Premium paid which applies to the unexpired term of the Policy beyond the Policy Month of the Insured's death; minus
- 4) Any past due Premiums; minus
- 5) Any indebtedness; plus
- 6) Interest as provided in the Interest on Death Benefit Payable provision below.

The Death Benefit Payable will be subject to the terms of the **Suicide Exclusion**, the **Misstatement of Age or Sex**, **Misstatement of Nicotine Status**, and the **Incontestability** provisions.

Interest on Death Benefit Payable

We will pay interest on the Death Benefit Payable as follows:

- 1) interest shall accrue and be payable from the date of death;
- 2) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- 3) interest shall accrue at the effective annual rate determined in item (2) above, plus additional interest at a rate of 10% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (a), (b), and (c) to the date the claim is paid, where it is:
 - (a) the date that Due Proof of Death is received by Us;
 - (b) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit Payable; and
 - (c) the date that legal impediments to payment of Death Benefit Payable that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit Payable include, but are not limited to: (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors, and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

Examination and Autopsy

We may have the Insured's body examined and an autopsy performed at Our expense, unless prohibited by law.

SETTLEMENT OPTIONS PROVISIONS

Election of Settlement Option

Any amount payable at the death of the Insured, or any other termination of the Policy, will be paid in one lump sum unless otherwise provided. All or part of this lump sum may be applied to any Settlement Option.

At the time of their commencement, any benefits provided under a Settlement Option will not be less than those provided by the application of the Cash Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person, may be elected only with the consent of the Company.

Any election must be made in writing to the Company. The Company may require the Policy for endorsement.

Election by Owner

During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the Settlement Options contained in this section.

Election by Beneficiary

At the time Proceeds are payable, the Beneficiary may elect one of the Settlement Options if Proceeds are available to the Beneficiary in one sum. The Beneficiary has twelve (12) months after payment becomes due to elect one of the Settlement Options contained in this section.

Payments

Payments will be made monthly unless otherwise elected. The Company has the right to change the frequency of payments in order to make a periodic payment of at least \$50.

The option date under Options 1, 2 and 3 is the date the proceeds are payable, or the date of election, whichever is later. Interest under Options 4 and 5 will accrue from such date.

Under Option 3, proof of age of the payee will be required at the time the first payment is due. The Company reserves the right to require proof that the payee is alive at the time of each payment.

Claims of Creditors

To the extent permitted by law, proceeds will not be subject to any claims of a payee's creditors.

Assignment of Proceeds

The Proceeds payable under one of these Settlement Options may not be assigned.

Additional Interest

Additional interest, if any, paid over the guaranteed 1.0%, will be in an amount and by a method determined by the Company.

Change in Payments

Partial withdrawals under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with the consent of the Company. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 1.0% compounded annually.

Payments under Option 3 will be commuted only in the event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at an interest rate of not less than 1.0% compounded annually.

The minimum Proceeds that may be applied under Option 4 or 5 is \$1,000. The payee does not have the right to withdraw any portion of the Proceeds under Option 4.

The minimum Proceeds that may be applied or may remain after a withdrawal under Option 5 is \$1,000. The minimum amount that may be withdrawn is \$1,000. Proceeds less than this amount will be paid in one sum to the payee.

Option 1 - Equal Payments for a Guaranteed Period

Equal monthly payments for the number of years elected, not to exceed twenty-five (25) years. Payments will begin on the option date.

Guaranteed Minimum Monthly Payment for Each \$1,000 of Net Proceeds

Death Benefit

Years	Income	Years	Income
1	\$83.71	14	\$6.37
2	42.07	15	5.98
3	28.18	16	5.63
4	21.24	17	5.33
5	17.08	18	5.05
6	14.30	19	4.81
7	12.32	20	4.59
8	10.83	21	4.40
9	9.68	22	4.22
10	8.75	23	4.05
11	7.99	24	3.90
12	7.36	25	3.76
13	6.83		

Option 2 - Equal Payments of a Specified Amount

Equal monthly payments of at least \$50.00 per month. Payments will begin on the option date and will continue until the Proceeds and interest, at the rate of 1.0% compounded annually, are exhausted.

Option 3 - Equal Payments for Life

Equal monthly payments for life, or a guaranteed period of ten (10), fifteen (15), or twenty (20) years as elected and for life thereafter. Guaranteed values are based on the Annuity 2000 Table, Age Last Birthday and the Insured's sex, with 1.0% interest.

Option 4 - Proceeds Left at Interest - Withdrawals Not Allowed

The Proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the Proceeds will be paid at the rate of 1.0% compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds:

- (1) Annually \$10.00
- (2) Semi-Annually \$4.98
- (3) Quarterly \$2.49
- (4) Monthly \$0.83

At the end of the period selected, the proceeds with accrued interest will be paid in one sum unless otherwise provided in the election.

Option 5 - Proceeds Left at Interest - Withdrawals Allowed

The Proceeds may be left with the Company for a period of one (1) to twenty-five (25) years. Interest on the Proceeds will be paid at the rate of 1.0% compounded annually. The interest may be left with the Company to accumulate or be paid at the following rate for each \$1,000 of net proceeds:

- (1) Annually \$10.00
- (2) Semi-Annually \$4.98
- (3) Quarterly \$2.49
- (4) Monthly \$0.83

The payee may withdraw portions of the proceeds under this Option 5 by submitting a written request to the Company. At the end of the specified period, any remaining proceeds with accrued interest will be paid in one sum.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

**WHOLE LIFE INSURANCE POLICY
PREMIUMS PAYABLE AS SHOWN ON A POLICY DATA PAGE
MATURITY AT AGE 120 – LEVEL DEATH BENEFIT
CASH SURRENDER VALUE PRIOR TO MATURITY MAY BE LESS THAN THE PREMIUMS PAID
NONPARTICIPATING -- NO DIVIDENDS**

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

ACCELERATED DEATH BENEFIT RIDER

Americo Financial Life and Annuity Insurance Company has issued this Rider as part of the Policy to which it is attached. This Rider has no loan or cash value. All terms of the Policy which are not inconsistent with this Rider apply to this Rider. Rider provisions apply in lieu of any Policy provisions to the contrary.

THE POLICY'S DEATH BENEFIT AND CASH VALUES, IF ANY, WILL BE REDUCED IF THE ACCELERATED DEATH BENEFIT IS PAID.

TAX CONSEQUENCES

RECEIPT OF ACCELERATED BENEFIT PAYMENTS MAY ADVERSELY AFFECT ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS. IN ADDITION, RECEIPT OF ACCELERATED BENEFIT PAYMENTS MAY BE TAXABLE. THE OWNER SHOULD SEEK INFORMATION FROM A PERSONAL TAX ADVISOR ABOUT THE TAX STATUS OF THE ACCELERATED DEATH BENEFIT PAYMENT.

DEFINITIONS

Accelerated Death Benefit means an advance payment to the Owner of a portion of the Death Benefit Payable under the Policy, to which this Rider is attached, during the lifetime of Insured, at the time of a Qualifying Event.

Custodial Care means any care which helps a physically impaired person meet basic personal needs when:

- (a) There is no plan of active medical treatment to reduce the impairment, or
- (b) A plan of active medical treatment cannot reasonably be expected to reduce the impairment.

Eligible Institution means one of the following:

1. A Skilled Nursing Facility – a facility which:
 - (a) Is licensed and operated as a skilled nursing facility in the state in which the facility is located,
 - (b) Provides skilled nursing care under the supervision of a licensed physician,
 - (c) Provides continuous nursing services 24 hours per day under the supervision of a registered graduate professional nurse (R.N.), and
 - (d) Maintains a daily medical record of each patient; or
2. An Intermediate Care Facility – a facility which:
 - (a) Is licensed and operated as an intermediate care facility in the state which the facility is located,
 - (b) Provides continuous skilled nursing services 24 hours per day under the supervision of a registered graduate professional nurse (R.N.) or a licensed practical nurse (L.P.N.), and
 - (c) Maintains a daily medical record of each patient; or
3. A Custodial Care Facility – a facility which:
 - (a) Is licensed and operated as a custodial care facility in the state which the facility is located,
 - (b) Provides continuous skilled nursing services and custodial care 24 hours per day under the supervision of a registered graduate professional nurse (R.N.), and
 - (c) May accommodate three (3) or more persons for a charge.

Immediate Family Member means a spouse, parent, grandparent, sister, brother, aunt, uncle, mother-in-law, father-in-law, sister-in-law, brother-in-law, niece, nephew, child and grandchild, including an adopted, half, or step-child.

Physician means a Medical Doctor (MD) or Doctor of Osteopathy (DO) practicing within the scope of his or her license issued by the jurisdiction in which the Physician's services are rendered. Such jurisdiction must be within the United States of America or Puerto Rico. The Physician may not be:

- (a) The Insured;
- (b) The Owner;
- (c) An Immediate Family Member of the Insured or the Owner;
- (d) A person in the same medical practice as the Insured, Owner or an Immediate Family Member; or
- (e) A person living at the same address as the Insured, Owner or Immediate Family Member.

Qualifying Event means:

- (a) A medical condition that is reasonably expected to result in a drastically limited life span for the Insured. A drastically limited lifespan is twelve (12) months or less after the date of the Physician's certification; or,
- (b) A condition that requires the Insured's permanent and continuous confinement in an Eligible Institution.

BENEFIT

This Rider allows the Owner of the Policy to which this Rider is attached, to receive a one-time Accelerated Death Benefit payment following a Qualifying Event, during the lifetime of the Insured. The request for an Accelerated Death Benefit payment must be in writing, and the Company must receive the request while the Policy is in force.

Prior to the payment of the Accelerated Death Benefit, the Company must receive written approval by any assignee or irrevocable beneficiary under the Policy and a full release of any assignment of the Policy as collateral. The Owner and any assignee or irrevocable beneficiary will be given a notice prior to electing the Accelerated Death Benefit showing the effect the benefit has on the Policy.

The payment of the Accelerated Death Benefit will be paid upon the Company's receipt of due written proof of eligibility. Due written proof of eligibility is a written statement from a Physician certifying to the Insured's medical condition and life expectancy, or the expected permanent and continuous confinement of the Insured in an Eligible institution.

We have the right to require, at Our own expense, a second or third medical opinion to confirm the Insured's medical condition and life expectancy. The second medical opinion may include a physical examination by a Physician designated by Us. In the case of conflicting opinions, eligibility for the Accelerated Death Benefit will be determined by a third medical opinion provided by a Physician that is mutually acceptable to the Insured and the Company.

The Accelerated Death Benefit will be paid to the Owner or the Owner's estate while the Insured is living, unless the Accelerated Death Benefit has been otherwise assigned or designated by the Owner.

If the Insured dies after the Owner requests the Accelerated Death Benefit and before the benefit is paid, the request will be cancelled, and the Death Benefit will be paid according to the Policy.

AMOUNT OF BENEFIT

We will pay the Accelerated Death Benefit requested by the Owner, subject to the conditions and limitations stated in this Rider. The Owner may request up to the lesser of \$250,000.00 or 80% of the Death Benefit Payable, excluding any insurance benefit provided by another rider, determined as of the date the request is received. The minimum benefit amount is \$5,000.

The Owner will receive the Accelerated Death Benefit payment in one lump sum. The amount payable as a lump sum will be at least equal to the acceleration percentage multiplied by the difference between the Policy's current Cash Value and any outstanding policy loans.

EFFECT OF ACCELERATED DEATH BENEFIT PAYMENT

The Accelerated Death Benefit, the administrative fee, and any accrued interest will be a lien against the Policy's Death Benefit. Access to the Policy's Cash Value will be restricted to the excess of Cash Value over the sum of the lien and any other outstanding policy loan.

Payment of the Accelerated Death Benefit alone will not terminate the Policy unless the total of all liens and loans equals or exceeds the Death Benefit. All or part of the lien may be repaid at any time.

Any accidental death benefit provision of the Policy, or any other rider attached to the Policy, will not be affected by the payment of an Accelerated Death Benefit.

ADMINISTRATIVE FEE

We will charge a fee for administering the Accelerated Death Benefit. The fee will not exceed \$250.00.

INTEREST RATE

We will charge interest on the lien created by the Accelerated Death Benefit payment. The interest rate accrued on the portion of the lien which is equal to the Cash Surrender Value at the time of acceleration will be no more than the policy loan interest rate stated in the Policy. The amount of the lien in excess of the Cash Surrender Value of the Policy will accrue at the greater of the current yield on 90-day United States Treasury Bills, or the current maximum adjustable policy loan interest rate allowed by law in the jurisdiction where the Policy is delivered.

ELIGIBILITY

You are not eligible for the Accelerated Death Benefit under this Rider if:

- (a) You are required by law to use the Policy or this Rider to meet the claims of creditors, whether due to bankruptcy or otherwise; or
- (b) You are required by a government agency to use the Policy or this Rider in order to apply for, obtain or retain a government benefit or entitlement; or
- (c) The Policy or this Rider is subject to any restrictions imposed by any court order or rule of law.

TERMINATION

This Rider will terminate at the earliest of the following:

- (a) The date we receive a written request to terminate this Rider. The Owner's written request and the Rider must be received by Us, and no payment made under the terms of this Rider.
- (b) The date a nonforfeiture option, if any, becomes effective under the Policy;
- (c) The date the Policy terminates as a result of the total of all loans and liens exceeding the Policy's Death Benefit; or
- (d) The date the Policy terminates for any reason.

CONSIDERATION

This Rider is issued in consideration of the application, a copy of which is attached to the Policy. This Rider is added automatically to the Policy at issue. There is no premium for this Rider.

EFFECTIVE DATE

This Rider will be effective on the Policy Date shown on a Policy Data Page.



Secretary



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

ACCIDENTAL DEATH BENEFIT RIDER

Americo Financial Life and Annuity Insurance Company has issued this Rider as a part of the Policy to which it is attached, provided this Rider is listed on a Policy Data Page.

This Rider has no cash or loan value. All terms of the Policy which are not inconsistent with this Rider apply to this rider. Rider provisions apply in lieu of any policy provisions to the contrary.

DEFINITIONS

Accidental Death Benefit is the amount We are required to pay under the terms of the Accidental Death Benefit provisions of this Rider.

Accidental Injury means an accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease, bodily or mental illness, infirmity, or any other cause, which occurs while the Policy is in force.

Act of War means any act particular to military, naval or air operations in time of War.

Common Carrier means a public passenger conveyance operated by a duly licensed common carrier for regular passenger service by land, water, or air with definite schedules of departures and arrivals.

Common Carrier Accident means an accident where the Insured sustains an Accidental Injury while riding as a fare-paying passenger in a Common Carrier.

Common Carrier Accidental Death Benefit is the amount We are required to pay under the terms of the Common Carrier Accidental Death Benefit provisions of this Rider.

Home Area means the fifty (50) states of the United States and its territories, the District of Columbia and Canada.

War means including, but not limited to, declared war and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

ACCIDENTAL DEATH BENEFIT

If the Insured dies of Accidental Injury the Company will pay the Accidental Death Benefit shown on a Policy Data Page. The Company will pay such a benefit in addition to the Death Benefit payable under the Policy if the Insured's death:

- (a) Was caused directly by an Accidental Injury, independent of all other causes;
- (b) Occurred within 90 days from the date of the Accidental Injury;
- (c) Occurred while the Policy was in force; and,
- (d) Is not excluded or limited as listed in the **Exclusions and Limitations** provision.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

If the Insured dies of Accidental Injury sustained in a Common Carrier Accident, subject to the same exclusions and limitations applicable to the Accidental Death Benefit, the Company will pay the Common Carrier Accidental Death Benefit shown on a Policy Data Page. The Company will pay such benefit in addition to the Death Benefit payable under the Policy and the Accidental Death Benefit payable under this Rider. Death resulting from Accidental Injury as a result of a Common Carrier Accident must occur within 90 days of the date of the Common Carrier Accidental Injury.

EXCLUSIONS AND LIMITATIONS

The Company will not pay an Accidental Death Benefit if the Insured's death results from, or is materially contributed to by, any of the following:

- (a) Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- (b) Infection not occurring as a direct result or consequence of the Accidental Injury;
- (c) Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (d) Travel in or descent from an aircraft if the Insured acted in a capacity other than as a passenger;
- (e) Travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the Earth's atmosphere;
- (f) Insured's incarceration;
- (g) Insured's voluntary participation in a riot, insurrection or terrorist activity;
- (h) Insured's committing or attempting to commit a felony;
- (i) Voluntary intake or use by any means of:
 - 1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instruction, or
 - 2. Poison, gas or fumes, unless a direct result of an occupational accident;
- (j) Insured's intoxication as defined by the jurisdiction where the accident occurred;
- (k) Riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- (l) Participating in an illegal occupation or activity;
- (m) Rock or mountain climbing, bungee jumping;
- (n) Aeronautics (hang-gliding, skydiving, parachuting, ultralight soaring, ballooning and parasailing); and/or,
- (o) "War" or "Act of War" within two (2) years from the Issue Date of the Policy, while the Insured is not serving in such forces or units, if the cause of death occurs while the Insured is outside the Home Area, provided the death occurs outside the Home Area or within six (6) months of the Insured's return to the Home Area.

TERMINATION

This Accidental Death Benefit Rider terminates the date the Policy terminates for any reason.

EFFECTIVE DATE

The Effective Date of this Rider is the Policy Date shown on a Policy Data Page.

CONSIDERATION

This Rider is issued in consideration of the application, a copy of which is attached to the Policy. There is no cost for the Accidental Death Benefit Rider.

A handwritten signature in cursive script, reading "J. L. Fortino".

Secretary

1. PROPOSED INSURED INFORMATION

a. Proposed Insured's Name (Last, First, MI) b. Single Married c. Male Female

d. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)

e. How long at current address? If less than 5 years at current address, prior address is required.

f. Primary Phone: Home Mobile Work g. Alternate Phone: Home Mobile Work h. Email Address

i. Social Security # or Taxpayer ID # j. Is the Proposed Insured a U.S. Citizen? Yes No

k. Date of Birth (MM/DD/YYYY) l. Age m. Place of Birth (City, State, Country)

n. Is the Proposed Insured currently employed? Yes No o. Occupation p. Annual Salary

q. Employer and employer address (Include City, State, and ZIP)

r. Provide description of job duties:

2. PRODUCT INFORMATION (Verify that the product is available in the state where the application is being signed.)

a. Product Name: b. Death Benefit: \$ c. Premium Mode:

d. Planned Premium: \$ (Subject to change upon underwriting review.) e. Premium Class applied for: Non-nicotine Nicotine

3. BENEFICIARY INFORMATION (Include percentage shares. If shares are not given, they will be equal.)

Table with 7 columns: Name, Email Address, Social Security # or Taxpayer ID #, Date of Birth (MM/DD/YYYY), Relationship, % of Share (Must total 100%). Includes checkboxes for Primary/Contingent.

4. LIFE INSURANCE IN FORCE AND REPLACEMENT INFORMATION

a. Does the Proposed Insured have life insurance or annuity applications pending with other companies? b. Are there any existing life insurance or annuity contracts with Americo or any other Company on the life of the Proposed Insured? c. Will the life insurance applied for replace, change, or otherwise reduce in value, any existing life insurance or annuity contract now in force with Americo or any other Company?

(If Yes to either b. or c., provide information below and complete the replacement form(s) in accordance with applicable state replacement regulations. Replacement forms must be submitted with the application. Application and replacement form(s) must be completed and dated on the same day.)

Table with 6 columns: Proposed Insured's Name (Last, First, MI), Company, Owner, Amount, Accidental Death Benefit, Policy Date (MM/DD/YYYY)

d. Is this an internal replacement? (If Yes, include a Surrender form or Absolute Assignment form for the life insurance or annuity being replaced.) e. If this is a 1035 exchange, indicate value to be transferred (include Absolute Assignment form). f. If current life insurance or annuity is being replaced, indicate the amount of surrender charges that will be assessed.

5. OTHER INSURANCE

Has the Proposed Insured had an application for life or health insurance or reinstatement declined, rated, or modified in any way? Yes No
 (If Yes, provide details below.)

Company Name	Policy/Contract Number	Effective Date of Coverage (MM/DD/YYYY)	Amount	Owner	Personal or Business

6. OWNER INFORMATION (If different from the Proposed Insured.)

a. Owner's Name (Last, First, MI) b. Relationship to Proposed Insured c. Social Security # or Taxpayer ID #

d. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)

e. How long at current address? _____ If less than 5 years at current address, prior address is required.

f. Primary Phone: Home Mobile Work g. Alternate Phone: Home Mobile Work h. Email Address

i. Date of Birth (MM/DD/YYYY) j. Place of Birth (City, State, Country) k. Is the Proposed Insured a U.S. Citizen? Yes No

7. MEDICAL HISTORY

By checking this box, the Proposed Insured elects a [marketing name] guaranteed issue product and to not answer any health questions. (Skip to Section 8, Statement of Intent.)

a. Proposed Insured's Height _____ ' _____ " b. Proposed Insured's Weight _____ lbs.

c. Within the past twelve (12) months, has the Proposed Insured used any tobacco or nicotine products in any form? Yes No

d. Within the past five (5) years, has the Proposed Insured been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for: high blood pressure; heart disease/disorder; stroke; chronic obstructive pulmonary disease (COPD); emphysema or shortness of breath; lung or respiratory disorder; sleep apnea; cancer; diabetes; kidney disease; liver disease, including hepatitis; Crohn's disease; ulcerative colitis; unexplained weight-loss; digestive disorders; bladder disorders; Alzheimer's disease; dementia; taken any prescription medication for Alzheimer's disease, dementia or memory loss; emotional or psychiatric disorder; nervous system disorder; paralysis; circulatory or blood disorders (excluding HIV); lupus; or drug or alcohol abuse? (If Yes, circle all that apply and provide details below.) Yes No

e. Within the past two (2) years, has the Proposed Insured:
 1. been bedridden, confined to a hospital or nursing facility, received hospice or home health care, or used oxygen for assistance in breathing? Yes No
 2. consulted a physician to have tests such as an electrocardiogram (EKG), echocardiogram, X-ray and/or blood tests or had tests, surgery, treatment or hospitalization recommended, but not completed? Yes No

f. Has the Proposed Insured ever been diagnosed a by a member of the medical profession for Acquired Immunodeficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or any immune deficiency related disorder, or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? Yes No

g. Does the Proposed Insured currently:
 1. use prescription medication? (If Yes, list each medication with frequency and dosage below.) Yes No
 2. have a personal physician? (If Yes, provide name, address and telephone number of personal physician and provide the date, reason and results of the last consultation.) Yes No

h. Is the Proposed Insured currently disabled? Yes No

i. Within the last five (5) years, has the Proposed Insured consulted with a member of the medical profession not already identified for any reason? (If Yes, list name, address, telephone number and provide date, reason, and results of the consultation below.) Yes No

Medical History Details. Please provide details of all "Yes" answers in the area below. (Attach a separate sheet if more space is needed. Any additional sheet MUST be signed and dated by the applicable Proposed Insured/Owner to avoid amendments.)

MEDICAL HISTORY DETAILS

Question #	Date	Details/Results/Medication	Name, Address, and Telephone Number of Attending Physician

8. STATEMENT OF INTENT

State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters. It is Americo Financial Life and Annuity Insurance Company's policy that life insurance should only be purchased to provide protection to those with an insurable interest in the life of the Insured. Americo will not knowingly participate in life insurance sales motivated by a possible sale of life insurance contracts to a secondary market or participation of investors in life insurance benefits.

- a. Do you intend to transfer ownership of the life insurance policy to a third party (such as a life settlement company, charity, or investor group)? (If Yes, provide details.)
b. Has any inducement been offered (direct or indirect) to encourage you to apply for this life insurance policy, such as cash, gifts, or loan proceeds? (If Yes, provide details.)
c. Will the initial or any future premiums for this policy be borrowed, loaned or otherwise financed? (If Yes, provide details.)

9. ADDITIONAL COMMENTS/SPECIAL REQUESTS

AUTHORIZATION AND ACKNOWLEDGMENT

I authorize any insurance or reinsurance company, employer, licensed medical physician, medical professional, hospital, pharmacy or pharmacy benefit manager, records custodians, other medical or medically related facility, clearing house, consumer reporting agency, and/or the Medical Information Bureau (MIB, Inc.) that has any record of information about me/us or my/our minor children who are to be insured, to give Americo Financial Life and Annuity Insurance Company (Americo), its reinsurers or its authorized representatives, information about other insurance coverage, employment, age, general character, motor vehicle records, habits, court records, foreign travel, finances, participation in hazardous activities, medical care or advice about any physical or mental condition, including information about drugs and alcoholism required by Americo to determine insurability and/or claims eligibility for the duration of the claim.

Americo may release information obtained by this Authorization to its reinsurers, to MIB, Inc., to other insurers with whom I have policies or to whom I may apply or submit a claim, to other persons or organizations performing business or legal services in connection with an insurance transaction for me/us, or as may otherwise be lawfully required. Although federal regulations require that Americo inform You of the potential that information disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer be protected by such regulation, all information received by Americo pursuant to this Authorization will be protected by federal and state privacy laws and regulations.

I have received a copy of the Notice of Insurance Information Practices. I, or my/our authorized representative, may obtain a copy of this Authorization on request. This Authorization will be valid for two (2) years from the date signed. It is Americo's practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. A photographic copy shall be as valid as the original. I understand that a copy of this Authorization will be provided, upon request, to me/us or a person authorized on my/our behalf. This Authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent Americo has taken action in reliance on this Authorization. Notice of revocation may be sent, in writing, to Americo at its Administrative Office address.

FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The USA PATRIOT ACT requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided.

REQUEST FOR OWNER'S TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: Under penalties of perjury, I as the Owner, certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

No agent or medical examiner can waive the answer to any question in this application nor decide on insurability nor waive any of the company's underwriting requirements nor make or change any contract. The company shall have no knowledge of statements made by or to the Agent or medical examiner unless such statements are shown on the application. The Company will have no liability until a policy is issued on this application and delivered to and accepted by the Owner, and the first premium due is paid in full while the Proposed Insured is alive.

MY UNDERSTANDING ABOUT MY LIFE INSURANCE PURCHASE: I understand that I have applied for a life insurance policy. The policy is designed for long-term buyers who seek life insurance protection and benefits. The asset(s) used to purchase the life insurance policy is not needed by me (or my spouse) for retirement income or emergency needs. I have determined that this policy is appropriate for my insurance and financial needs and objectives.

I acknowledge and understand that the proposed plan of insurance may be a Modified Endowment Contract and may be subject to special tax treatments.

I have read this application and represent to Americo that the statements made on this application are true, complete and correctly recorded to the best of my/our knowledge and belief. I agree that Americo can rely on these statements. I agree that this application and/or any medical exam form and any supplemental application or amendment to the application will be the basis for any policy issued on this application or any amendment to the application. I AGREE THAT ALL ANSWERS TO THE QUESTIONS OF THIS APPLICATION, SIGNED AND DATED BELOW ARE COMPLETE AND ACCURATE.

Signed at (City and State) _____ on (Month/Day/Year) _____

X _____ Signature of Proposed Insured (required)

X _____ Signature of Owner (if different than the Proposed Insured)

X _____ Signature of Witnessing Agent (required)



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Life Insurance Application Amendment

POLICY NUMBER: [1234567ABC]

INSURED: [John Doe]

The undersigned agrees that this life insurance application amendment will form part of the original application and the Policy issued thereunder, and it will be binding to every person who has claim or interest under the Policy.

The application for insurance dated [February 10, 2012] is hereby amended as follows:

- [Application for insurance was signed in the state of Missouri.]

The effective date of this Amendment will be the Effective Date/Policy Date shown on a Policy Data Page, unless a later date is shown below:

Effective Date: _____

To the best of my knowledge and belief, the answers recorded in the original application remain true and correct except as modified by this amendment.

Dated at _____ this _____ day of _____
(Day) (Month) (Year)

Owner's Signature (required)

Insured's Signature (required if different than the Owner)

Owner's Printed Name (required)

Insured's Printed Name (required if different than the Owner)

SERFF Tracking #:

AFLC-128298367

State Tracking #:

Company Tracking #:

1311

State: Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name: 1311-A Whole Life Portfolio

Project Name/Number: 1311-A Whole Life Portfolio/1311-A

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Please see Form Schedule.		

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance - Regulation 49		
Comments:			
Attachment(s):			
CoC Reg 49.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Accelerated Death Benefit Rider Disclosure		
Comments:			
Attachment(s):			
AAA8460 ACDB Disclosure.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance		
Comments:			
Attachment(s):			
Certification of Compliance AR.pdf			

Item Status:

Status Date:

SERFF Tracking #:

AFLC-128298367

State Tracking #:

Company Tracking #:

1311

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

1311-A Whole Life Portfolio

Project Name/Number:

1311-A Whole Life Portfolio/1311-A

Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
5126 SOV [G] [2012-07-24].pdf			

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

NAIC number: 0449-61999

FEIN number: 35-0810610

Readability Certification

I, Eric H. Petersen – FSA, MAAA hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Form Description</u>	<u>Readability Score</u>
AAA400	Individual Single Premium Whole Life Insurance Policy	50.1
AAR401	Limited Pay Whole Life Policy	50.8
AAA2171	Accelerated Death Benefit Rider	50.7
AAA2172	Accidental Death Benefit Rider	50.7
AAA5126	Application for Individual Life Insurance	50.8
AAA4166	Life Insurance Application Amendment	50.0



Eric H. Petersen – FSA, MAAA

Assistant Vice President – Product Development
Title

April 24, 2012
Date

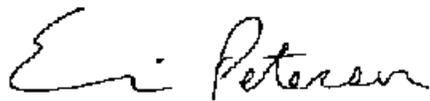
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

NAIC number: 0449-61999

FEIN number: 35-0810610

Certification of Compliance

I, Eric H. Petersen – FSA, MAAA hereby certify that, to the best of my knowledge and belief, issue procedures are in compliance with Regulation 49.



Eric H. Petersen – FSA, MAAA
Assistant Vice President – Product Development

May 3, 2012
Date

Disclosure Statement for Accelerated Death Benefit Rider



Americo Financial Life and Annuity Insurance Company

Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288 • Home Office: Dallas, Texas

This disclosure contains a brief description of some of the important features of the Accelerated Death Benefit Rider. This disclosure does not constitute a contract. Only the actual provisions of the Accelerated Death Benefit Rider will control.

TAX CONSEQUENCES OF RECEIVING AN ACCELERATED BENEFIT PAYMENT

Depending on a number of factors, an Accelerated Benefit payment may be considered taxable income. The Owner should seek assistance from a qualified tax advisor before requesting an Accelerated Benefit payment.

Accelerated Benefit Payment Description

Accelerated Benefits are benefits payable under the life insurance policy to which the Rider is attached and provide for an early payment of a portion of the Death Benefit following a Qualifying Event. A Qualifying Event occurs if the Insured: (1) has a non-correctable medical condition that, with reasonable medical certainty, will result in death in 12 months or less; or (2) has any medical condition which is expected to result in the Insured's permanent and continuous confinement in an Eligible Institution. We must receive a written statement from a Physician certifying the Insured's medical condition and: (1) the Insured's life expectancy; or (2) the expected permanent and continuous confinement of the Insured in an Eligible Institution.

Only one acceleration is permitted. We must receive written approval from any irrevocable beneficiary, as well as the full release of any collateral assignment of the Policy, before making payment.

ELIMINATION PERIOD

If the Qualifying Event is the Insured's expected permanent and continuous confinement in an Eligible Institution, the Insured must be continuously confined for ninety (90) days before any Accelerated Benefit will be paid.

There is no Elimination Period if the Qualifying Event is the Insured having a non-correctable medical condition which will result, with reasonable medical certainty, in death in twelve (12) months or less.

Amounts available under the Accelerated Benefit Payment Rider

The Owner may request up to 80% of the result of (a) minus (b) as of the date the request is received, where: (a) is the Specified Amount; and (b) is any outstanding policy loans. The maximum Accelerated Benefit payable is [\$250,000] with a minimum available payment of [\$5,000].

Cost of the Accelerated Benefit

There is no premium or Cost of Insurance for the Accelerated Benefit Payment Rider. An administrative fee not to exceed \$250 will be assessed at the time the Accelerated Benefit is paid.

Payment of the Accelerated Benefit and Use of the Proceeds

The proceeds payable under the Accelerated Benefit Payment Rider are paid to the Owner and may be used for any purpose. The Owner will receive the Accelerated Death Benefit payment in one lump sum.

Effect of Accelerated Benefit Payment on the policy's values and Death Benefit

The Accelerated Benefit payment, the administrative fee and any accrued interest will be a lien against the Policy. The total amount of this lien and all policy loans outstanding will reduce the amount otherwise available under the Policy's: (1) Death Benefit and (2) Cash Surrender Value for full or Partial Surrenders and future Policy Loans.

Policy Monthly Deductions will not be reduced after an Accelerated Benefit payment and will remain payable.

ACKNOWLEDGMENT

I, the undersigned Proposed Insured (and Policy Owner, if other than the Proposed Insured), acknowledge that I have read and received this Disclosure Statement for Accelerated Benefit Payment Rider at the time of application for the Policy and Rider.

Proposed Insured's Signature

Date

Owner's Signature (if other than Proposed Insured)

Date

Agent or Broker's Signature

Date

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

NAIC number: 0449-61999

FEIN number: 35-0810610

Certification of Compliance

I, Eric H. Petersen – FSA, MAAA hereby certify that, to the best of my knowledge and belief, the form listed below complies with the laws, rules, and regulations in your jurisdiction.

<u>Form Number</u>	<u>Form Description</u>
AAA400	Individual Single Premium Whole Life Insurance Policy
AAA401	Limited Pay Whole Life Policy
AAA2171	Accelerated Death Benefit Rider
AAA2172	Accidental Death Benefit Rider
AAA5126	Application for Individual Life Insurance
AAA4166	Life Insurance Application Amendment



Eric H. Petersen – FSA, MAAA

Assistant Vice President – Product Development
Title

April 24, 2012
Date

**AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY
STATEMENT OF VARIABILITY**

Form Description

Application for Individual Life Insurance

Form Number

AAA5126

The following items vary according to specifications set by Americo Financial Life and Annuity Insurance Company and are not typically regulated variables. No explanation is needed for these items:

IN FORM TEXT

- Company's Home Office and Administrative Office contact information (throughout form)
- Page numbers
- The marketing name for the guaranteed issue product referenced in the application in Section 7, Medical History, has not been established. The Company reserves the right to revise the application to include a marketing name prior to the application implementation.

SERFF Tracking #:

AFLC-128298367

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

1311

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

1311-A Whole Life Portfolio

Project Name/Number:

1311-A Whole Life Portfolio/1311-A

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)
04/27/2012	Form	Application for Individual Life Insurance	07/26/2012	AAA5126 FILING FORM [2012-04-27].pdf (Superseded)

1. PROPOSED INSURED INFORMATION

a. Proposed Insured's Name (Last, First, MI) b. Single Married c. Male Female

d. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)

e. How long at current address? If less than 5 years at current address, prior address is required.

f. Primary Phone: Home Mobile Work g. Alternate Phone: Home Mobile Work h. Email Address

i. Social Security # or Taxpayer ID # j. Is the Proposed Insured a U.S. Citizen? Yes No

k. Date of Birth (MM/DD/YYYY) l. Age m. Place of Birth (City, State, Country)

n. Is the Proposed Insured currently employed? Yes No o. Occupation p. Annual Salary

q. Employer and employer address (Include City, State, and ZIP)

r. Provide description of job duties:

2. PRODUCT INFORMATION (Verify that the product is available in the state where the application is being signed.)

a. Product Name: b. Death Benefit: \$ c. Premium Mode:

d. Planned Premium: \$ (Subject to change upon underwriting review.) e. Premium Class applied for: Non-nicotine Nicotine

3. BENEFICIARY INFORMATION (Include percentage shares. If shares are not given, they will be equal.)

Table with 7 columns: Name, Email Address, Social Security # or Taxpayer ID #, Date of Birth (MM/DD/YYYY), Relationship, % of Share (Must total 100%), and checkboxes for Primary/Contingent.

4. LIFE INSURANCE IN FORCE AND REPLACEMENT INFORMATION Yes No

a. Does the Proposed Insured have life insurance or annuity applications pending with other companies? b. Are there any existing life insurance or annuity contracts with Americo or any other Company on the life of the Proposed Insured? c. Will the life insurance applied for replace, change, or otherwise reduce in value, any existing life insurance or annuity contract now in force with Americo or any other Company?

(If Yes to either b. or c., provide information below and complete the replacement form(s) in accordance with applicable state replacement regulations. Replacement forms must be submitted with the application. Application and replacement form(s) must be completed and dated on the same day.)

Table with 6 columns: Proposed Insured's Name (Last, First, MI), Company, Owner, Amount, Accidental Death Benefit, Policy Date (MM/DD/YYYY)

d. Is this an internal replacement? (If Yes, include a Surrender form or Absolute Assignment form for the life insurance or annuity being replaced.) e. If this is a 1035 exchange, indicate value to be transferred (include Absolute Assignment form). f. If current life insurance or annuity is being replaced, indicate the amount of surrender charges that will be assessed.

5. OTHER INSURANCE

Has the Proposed Insured had an application for life or health insurance or reinstatement declined, rated, or modified in any way? Yes No
 (If Yes, provide details below.)

Company Name	Policy/Contract Number	Effective Date of Coverage (MM/DD/YYYY)	Amount	Owner	Personal or Business

6. OWNER INFORMATION (If different from the Proposed Insured.)

a. Owner's Name (Last, First, MI) b. Relationship to Proposed Insured c. Social Security # or Taxpayer ID #

d. Address (Include City, State, and ZIP. If mailing address is a PO Box, a street address is also required.)

e. How long at current address? _____ If less than 5 years at current address, prior address is required.

f. Primary Phone: Home Mobile Work g. Alternate Phone: Home Mobile Work h. Email Address

i. Date of Birth (MM/DD/YYYY) j. Place of Birth (City, State, Country) k. Is the Proposed Insured a U.S. Citizen? Yes No

7. MEDICAL HISTORY

a. Proposed Insured's Height _____' _____" b. Proposed Insured's Weight _____ lbs.

- | | | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| c. Within the past twelve (12) months, has the Proposed Insured used any tobacco or nicotine products in any form? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Within the past five (5) years, has the Proposed Insured been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for: high blood pressure; heart disease/disorder; stroke; chronic obstructive pulmonary disease (COPD); emphysema or shortness of breath; lung or respiratory disorder; sleep apnea; cancer; diabetes; kidney disease; liver disease, including hepatitis; Crohn's disease; ulcerative colitis; unexplained weight-loss; digestive disorders; bladder disorders; Alzheimer's disease; dementia; taken any prescription medication for Alzheimer's disease, dementia or memory loss; emotional or psychiatric disorder; nervous system disorder; paralysis; circulatory or blood disorders (excluding HIV); lupus; or drug or alcohol abuse? (If Yes, circle all that apply and provide details below.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Within the past two (2) years, has the Proposed Insured: | | | |
| 1. been bedridden, confined to a hospital or nursing facility, received hospice or home health care, or used oxygen for assistance in breathing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. consulted a physician to have tests such as an electrocardiogram (EKG), echocardiogram, X-ray and/or blood tests or had tests, surgery, treatment or hospitalization recommended, but not completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Has the Proposed Insured ever been diagnosed a by a member of the medical profession for Acquired Immunodeficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or any immune deficiency related disorder, or tested positive for antibodies to the Human Immunodeficiency Virus (HIV)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Does the Proposed Insured currently: | | | |
| 1. use prescription medication? (If Yes, list each medication with frequency and dosage below.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. have a personal physician? (If Yes, provide name, address and telephone number of personal physician and provide the date, reason and results of the last consultation.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Is the Proposed Insured currently disabled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Within the last five (5) years, has the Proposed Insured consulted with a member of the medical profession not already identified for any reason? (If Yes, list name, address, telephone number and provide date, reason, and results of the consultation below.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Medical History Details. Please provide details of all "Yes" answers in the area below. (Attach a separate sheet if more space is needed. Any additional sheet MUST be signed and dated by the applicable Proposed Insured/Owner to avoid amendments.)

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Question #	Date	Details/Results/Medication	Name, Address, and Telephone Number of Attending Physician

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9. ADDITIONAL COMMENTS/SPECIAL REQUESTS

AUTHORIZATION AND ACKNOWLEDGMENT

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Americo may release information obtained by this Authorization to its reinsurers, to MIB, Inc., to other insurers with whom I have policies or to whom I may apply or submit a claim, to other persons or organizations performing business or legal services in connection with an insurance transaction for me/us, or as may otherwise be lawfully required. Although federal regulations require that Americo inform You of the potential that information disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer be protected by such regulation, all information received by Americo pursuant to this Authorization will be protected by federal and state privacy laws and regulations.

I have received a copy of the Notice of Insurance Information Practices. I, or my/our authorized representative, may obtain a copy of this Authorization on request. This Authorization will be valid for two (2) years from the date signed. It is Americo's practice to prohibit third parties who lawfully receive nonpublic health information from redisclosing or reusing the disclosed information. A photographic copy shall be as valid as the original. I understand that a copy of this Authorization will be provided, upon request, to me/us or a person authorized on my/our behalf. This Authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent Americo has taken action in reliance on this Authorization. Notice of revocation may be sent, in writing, to Americo at its Administrative Office address.

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REQUEST FOR OWNER'S TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: Under penalties of perjury, I as the Owner, certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).

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I acknowledge and understand that the proposed plan of insurance may be a Modified Endowment Contract and may be subject to special tax treatments.

I have read this application and represent to Americo that the statements made on this application are true, complete and correctly recorded to the best of my/our knowledge and belief. I agree that Americo can rely on these statements. I agree that this application and/or any medical exam form and any supplemental application or amendment to the application will be the basis for any policy issued on this application or any amendment to the application. I AGREE THAT ALL ANSWERS TO THE QUESTIONS OF THIS APPLICATION, SIGNED AND DATED BELOW ARE COMPLETE AND ACCURATE.

Signed at (City and State) _____ on (Month/Day/Year) _____

X _____ Signature of Proposed Insured (required)

X _____ Signature of Owner (if different than the Proposed Insured)

X _____ Signature of Witnessing Agent (required)