

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

TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name: 1336-B: SPDA Contract, App, and End

Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 1336-B: SPDA Contract, App, and End

State: Arkansas

TOI: A021 Individual Annuities- Deferred Non-Variable

Sub-TOI: A021.003 Single Premium

Filing Type: Form

Date Submitted: 06/22/2012

SERFF Tr Num: AFLC-128472887

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: 1336-B

Implementation: On Approval

Date Requested:

Author(s): Ronni Jones

Reviewer(s): Linda Bird (primary)

Disposition Date: 09/27/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

General Information

Project Name: 1336-B: SPDA Contract, App, and End

Project Number: 1336-B

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Ronni Jones

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Texas is our domicile state.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/27/2012

State Status Changed: 07/05/2012

Created By: Ronni Jones

Corresponding Filing Tracking Number:

Filing Description:

Enclosed, for review and approval is a new Single Premium Deferred Annuity contract, contract data pages, endorsement and annuity application.

Contract AAA403

This is a Single Premium Deferred Annuity Contract with a Secure Income Benefit feature which guarantees a defined number of monthly income payments, even if the surrender value of the annuity becomes zero. This annuity is sex-distinct and we confirm that the policy will not be issued with any employer-employee plans that are subject to Norris decision and/or Title VII of the Civil Rights Act of 1964. Please note there are two sets of data pages to be used in accordance with this contract, one is a 5 year withdrawal plan and the second is a 10 year withdrawal plan.

Endorsement AAA4170

This Endorsement provides a Waiver of Withdrawal Charges Upon Nursing Home or Hospital Confinement benefit, and will be issued automatically for no additional premium with contract AAA403.

Application AAA5130

Application AAA5130 will be used to apply for contract AAA403.

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

To the best of our knowledge and belief, this filing is complete and complies with the regulations of your jurisdiction.

Company and Contact

Filing Contact Information

Ronni Jones, Compliance Analyst - Filing ronni.jones@americo.com
300 W. 11th Street 816-512-2831 [Phone]
Kansas City, MO 64105 816-391-2083 [FAX]

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

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: \$250.00
 Retaliatory? Yes
 Fee Explanation: 5 forms x \$50.00 each = \$250.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Americo Financial Life and Annuity Insurance Company	\$250.00	06/22/2012	60351028

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/27/2012	09/27/2012
Approved-Closed	Linda Bird	08/07/2012	08/07/2012
Approved-Closed	Linda Bird	07/05/2012	07/05/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/27/2012	06/27/2012
Pending Industry Response	Linda Bird	06/27/2012	06/27/2012

Response Letters

Responded By	Created On	Date Submitted
Ronni Jones	06/29/2012	06/29/2012
Ronni Jones	06/27/2012	06/27/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Single Premium Deferred Annuity Contract	Ronni Jones	09/26/2012	09/27/2012
Form	Data Pages for Single Premium Deferred Annuity Contract	Ronni Jones	09/26/2012	09/27/2012
Form	Data Pages for Single Premium Deferred Annuity Contract	Ronni Jones	09/26/2012	09/27/2012
Supporting Document	Forms AAA403, AAA403-05, AAA403-10 Mark Ups	Ronni Jones	09/26/2012	09/27/2012
Form	Single Premium Deferred Annuity Contract	Ronni Jones	08/03/2012	08/03/2012
Supporting Document	Redline Copy of Form AAA403	Ronni Jones	08/03/2012	08/03/2012

SERFF Tracking #:

AFLC-128472887

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

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Re-Open Filing	Note To Filer	Linda Bird	09/26/2012	09/26/2012
Request to Re-Open Filing	Note To Reviewer	Ronni Jones	09/26/2012	09/26/2012
REQUEST TO REOPEN FILING	Note To Filer	Linda Bird	08/03/2012	08/03/2012
REQUEST TO REOPEN FILING	Note To Reviewer	Ronni Jones	07/31/2012	07/31/2012

SERFF Tracking #:

AFLC-128472887

State Tracking #:

Company Tracking #:

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

Disposition

Disposition Date: 09/27/2012

Implementation Date:

Status: Approved-Closed

Comment: Company has removed any reference to the account value bonus from the original contract submission.

Rate data does NOT apply to filing.

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification		Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Compliance - Reg 49		Yes
Supporting Document	Arkansas Policyholder Information		Yes
Supporting Document	Redline Copy of Form AAA403		Yes
Supporting Document	Forms AAA403, AAA403-05, AAA403-10 Mark Ups		Yes
Form (revised)	Single Premium Deferred Annuity Contract		Yes
Form	Single Premium Deferred Annuity Contract	Replaced	Yes
Form	Single Premium Deferred Annuity Contract	Replaced	Yes
Form (revised)	Data Pages for Single Premium Deferred Annuity Contract		Yes
Form	Data Pages for Single Premium Deferred Annuity Contract	Replaced	Yes
Form (revised)	Data Pages for Single Premium Deferred Annuity Contract		Yes
Form	Data Pages for Single Premium Deferred Annuity Contract	Replaced	Yes
Form	Waiver of Withdrawal Charges Upon Nursing Home or Hospital Confinement Endorsement		Yes
Form	Individual Single Premium Deferred Annuity Application		Yes

SERFF Tracking #:

AFLC-128472887

State Tracking #:

Company Tracking #:

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

Disposition

Disposition Date: 08/07/2012

Implementation Date:

Status: Approved-Closed

Comment: Corrections made to the original submission.

Rate data does NOT apply to filing.

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification		Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Compliance - Reg 49		Yes
Supporting Document	Arkansas Policyholder Information		Yes
Supporting Document	Redline Copy of Form AAA403		Yes
Supporting Document	Forms AAA403, AAA403-05, AAA403-10 Mark Ups		Yes
Form (revised)	Single Premium Deferred Annuity Contract		Yes
Form	Single Premium Deferred Annuity Contract	Replaced	Yes
Form	Single Premium Deferred Annuity Contract	Replaced	Yes
Form (revised)	Data Pages for Single Premium Deferred Annuity Contract		Yes
Form	Data Pages for Single Premium Deferred Annuity Contract	Replaced	Yes
Form (revised)	Data Pages for Single Premium Deferred Annuity Contract		Yes
Form	Data Pages for Single Premium Deferred Annuity Contract	Replaced	Yes
Form	Waiver of Withdrawal Charges Upon Nursing Home or Hospital Confinement Endorsement		Yes
Form	Individual Single Premium Deferred Annuity Application		Yes

SERFF Tracking #:

AFLC-128472887

State Tracking #:

Company Tracking #:

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

Disposition

Disposition Date: 07/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification		Yes
Supporting Document	Flesch Certification	Replaced	Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Compliance - Reg 49		Yes
Supporting Document	Arkansas Policyholder Information		Yes
Supporting Document	Redline Copy of Form AAA403		Yes
Supporting Document	Forms AAA403, AAA403-05, AAA403-10 Mark Ups		Yes
Form (revised)	Single Premium Deferred Annuity Contract		Yes
Form	Single Premium Deferred Annuity Contract	Replaced	Yes
Form	Single Premium Deferred Annuity Contract	Replaced	Yes
Form (revised)	Data Pages for Single Premium Deferred Annuity Contract		Yes
Form	Data Pages for Single Premium Deferred Annuity Contract	Replaced	Yes
Form (revised)	Data Pages for Single Premium Deferred Annuity Contract		Yes
Form	Data Pages for Single Premium Deferred Annuity Contract	Replaced	Yes
Form	Waiver of Withdrawal Charges Upon Nursing Home or Hospital Confinement Endorsement		Yes
Form	Individual Single Premium Deferred Annuity Application		Yes

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

TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name: 1336-B: SPDA Contract, App, and End

Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/27/2012
Submitted Date	06/27/2012
Respond By Date	07/27/2012

Dear Ronni Jones,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Thank you for your response to our Objection letter of 06/27/2012 in reference to Regulation 49. The Department will also require compliance of Ark. Code. Ann. 23-79-138 and Regulation 19s10B.

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: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/29/2012
 Submitted Date 06/29/2012

Dear Linda Bird,

Introduction:

We are responding to your June 27, 2012 objection letter.

Response 1

Comments:

Attached is a Certification of Compliance to comply with Regulation 19s10B, and Arkansas Policyholder Information notice to comply with Ark. Code. Ann. 23-79-138. This notice containing the Department's contact information, will be used with all Arkansas policies and certificates issued.

Related Objection 1

Comments:

Thank you for your response to our Objection letter of 06/27/2012 in reference to Regulation 49. The Department will also require compliance of Ark. Code. Ann. 23-79-138 and Regulation 19s10B.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Flesch Certification

Comment:

Satisfied -Name: Arkansas Policyholder Information

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Your continued review of this filing is appreciated. Thank you.

Sincerely,

Ronni Jones

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/27/2012
Submitted Date	06/27/2012
Respond By Date	07/27/2012

Dear Ronni Jones,

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.

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: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/27/2012
Submitted Date	06/27/2012

Dear Linda Bird,

Introduction:

We are responding to your June 27, 2012 objection letter.

Response 1

Comments:

The required certificate of compliance with Regulation 49 is 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.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance - Reg 49

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Your continued review of this filing is appreciated. Thank you.

Sincerely,

Ronni Jones

State:	Arkansas	Filing Company:	Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI:	A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium		
Product Name:	1336-B: SPDA Contract, App, and End		
Project Name/Number:	1336-B: SPDA Contract, App, and End/1336-B		

Amendment Letter

Submitted Date: 09/27/2012

Comments:

We are amending this filing due to a company decision to remove any reference of the bonus out of the contract. The following revisions have been made to form Series 403:

1. The Account Value Bonus information was removed from the Table of Contents [pg 2],
2. The Account Value Bonus Date and Percentage were removed from the Data Page on plans 5 & 10 [Pg 3],
3. Item D from Definition of Account Value was removed [Pg 5], and
4. The Account Value Bonus Provision was removed [Pg 6].

Attached are redline copies of the revised forms. No other changes have been made to the forms in this filing. These forms have not been implemented or offered for sale since their approval.

Thank you.

Ronni Jones
Compliance Analyst

Changed Items:

SERFF Tracking #:

AFLC-128472887

State Tracking #:

Company Tracking #:

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

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
AAA403	Policy/Contract/Fr aternal Certificate: Amendment, Insert Page, Endorsement or Rider	Single Premium Deferred Annuity Contract	Initial				52.200	AAA403 [Filing Form 09262012].pdf
AAA403-05	Data/Declaration Pages	Data Pages for Single Premium Deferred Annuity Contract	Initial				0.000	AAA403-05 [Filing Form 09262012].pdf
AAA403-10	Data/Declaration Pages	Data Pages for Single Premium Deferred Annuity Contract	Initial				0.000	AAA403-10 [Filing Form 09262012].pdf

Supporting Document Schedule Item Changes:

User Added -Name: Forms AAA403, AAA403-05, AAA403-10 Mark Ups

Comment:

AAA403 [Filing Form 09262012] MARKUP - Bonus Removal.pdf

AAA403-05 MARKUP - Bonus Removal.pdf

AAA403-10 MARKUP - Bonus Removal.pdf

Submitted Date:

08/03/2012

Comments:

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

We are amending this filing due to a company decision to remove any reference of ADLs out of the policy.
The following changes have been made to form AAA403:

1. The definition "Activities of Daily Living" has been removed.
2. The third paragraph under the "Changes in SIB Amount" provision has been removed.

Attached is a redline copy of the revised form. No other changes have been made to the forms in this filing.

We apologize for any inconvenience this may have caused you.

Thank 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
AAA403	Policy/Contract/Fr aternal Certificate: Amendment, Insert Page, Endorsement or Rider	Single Premium Deferred Annuity Contract	Initial				52.200	AAA403 [Filing Form 2012-07- 31].pdf

SERFF Tracking #:

AFLC-128472887

State Tracking #:

Company Tracking #:

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

Supporting Document Schedule Item Changes:

User Added -Name: Redline Copy of Form AAA403

Comment:

AAA403 [Filing Form 2012-07-31] [REDLINE].pdf

State: Arkansas

Filing Company: Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name: 1336-B: SPDA Contract, App, and End

Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Note To Filer

Created By:

Linda Bird on 09/26/2012 01:22 PM

Last Edited By:

Linda Bird

Submitted On:

09/26/2012 01:22 PM

Subject:

Request to Re-Open Filing

Comments:

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

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

TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name: 1336-B: SPDA Contract, App, and End

Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Note To Reviewer

Created By:

Ronni Jones on 09/26/2012 11:56 AM

Last Edited By:

Ronni Jones

Submitted On:

09/26/2012 12:06 PM

Subject:

Request to Re-Open Filing

Comments:

Ms. Bird,

We would like to request that this filing be re-opened due to a company decision to remove any reference of the account value bonus out of the contract. These forms have not been implemented or offered for sale since the approval. No other changes have been made to the forms in this filing. Your acceptance of this request is appreciated.

Thank you.

Ronni Jones
Compliance Analyst

State: Arkansas

Filing Company: Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name: 1336-B: SPDA Contract, App, and End

Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Note To Filer

Created By:

Linda Bird on 08/03/2012 10:18 AM

Last Edited By:

Linda Bird

Submitted On:

08/03/2012 10:18 AM

Subject:

REQUEST TO REOPEN 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: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Note To Reviewer

Created By:

Ronni Jones on 07/31/2012 02:49 PM

Last Edited By:

Ronni Jones

Submitted On:

07/31/2012 04:08 PM

Subject:

REQUEST TO REOPEN FILING

Comments:

Ms. Bird,

We would like to request that this filing be re-opened due to a company decision to remove any reference of ADLs out of the policy. These forms have not been implemented or offered for sale since the approval. No other changes have been made to the forms in this filing. Your acceptance of this request is appreciated.

Thank you.

Ronni Jones
Compliance Analyst

State: Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name: 1336-B: SPDA Contract, App, and End

Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Form Schedule

Lead Form Number: AAA403

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		AAA403	POLA	Single Premium Deferred Annuity Contract	Initial:	52.200	AAA403 [Filing Form 09262012].pdf
2		AAA403-05	DDP	Data Pages for Single Premium Deferred Annuity Contract	Initial:	0.000	AAA403-05 [Filing Form 09262012].pdf
3		AAA403-10	DDP	Data Pages for Single Premium Deferred Annuity Contract	Initial:	0.000	AAA403-10 [Filing Form 09262012].pdf
4		AAA4170	POLA	Waiver of Withdrawal Charges Upon Nursing Home or Hospital Confinement Endorsement	Initial:	53.000	AAA4170 [Filing Form 2012-06-21].pdf
5		AAA5130	AEF	Individual Single Premium Deferred Annuity Application	Initial:	53.100	AAA5130 FILING FORM [2012-06-08].pdf

Form Type Legend:

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

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]

THIS IS A LEGAL CONTRACT - PLEASE READ IT CAREFULLY

Americo Financial Life and Annuity Insurance Company ("We", "Us", "Our" and "Company") will, subject to the terms of this Contract, pay an annuity commencing on the Annuity Date to the Annuitant, if then living, in accordance with the **Annuity Payment Provisions**. If an Owner dies while the Contract is in force and before the Annuity Date, the Company will pay a Death Benefit to the Beneficiary upon receipt of due proof of death. All payments made are subject to the provisions contained on the following pages, all of which are part of this Contract.

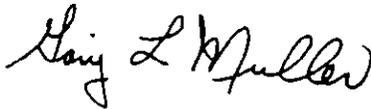
**NOTICE OF 30 DAY RIGHT TO EXAMINE
RIGHT TO CANCEL**

This Contract may be cancelled by delivering or mailing a written notice to Americo Financial Life and Annuity Insurance Company, [P.O. Box 410288, Kansas City, Missouri 64141-0288] or to the insurance agent through whom it was effected, and by returning the Contract before midnight of the thirtieth 30th day after the date the Contract is delivered. Notice given by mail and return of the Contract by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all Premium less any withdrawals within ten (10) days after it receives notice of cancellation and the returned Contract.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Contract, 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: Policyowner Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288.] You may also email Us at [customer.service@americo.com].

Signed for the Company at [Kansas City, Missouri], to be effective on the Contract Date.



Chief Executive Officer



Secretary

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

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CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]
MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

TABLE OF WITHDRAWAL CHARGE PERCENTAGES

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>	<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%	6	5%
2	9%	7	4%
3	8%	8	3%
4	7%	9	2%
5	6%	10	1%
		11+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly

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

CONTRACT DATA PAGE

TABLE OF SECURE INCOME BENEFIT (SIB) PERCENTAGES

Age at Contract Date	Contract Year									
	1	2	3	4	5	6	7	8	9	10
50	[0.37%]	[0.41%]	[0.43%]	[0.44%]	[0.47%]	[0.51%]	[0.56%]	[0.58%]	[0.62%]	[0.65%]
51	[0.37%]	[0.41%]	[0.43%]	[0.45%]	[0.48%]	[0.52%]	[0.57%]	[0.59%]	[0.64%]	[0.67%]
52	[0.38%]	[0.42%]	[0.44%]	[0.46%]	[0.49%]	[0.53%]	[0.58%]	[0.61%]	[0.66%]	[0.69%]
53	[0.39%]	[0.42%]	[0.45%]	[0.47%]	[0.51%]	[0.55%]	[0.60%]	[0.63%]	[0.68%]	[0.71%]
54	[0.40%]	[0.43%]	[0.46%]	[0.48%]	[0.52%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.73%]
55	[0.41%]	[0.44%]	[0.47%]	[0.50%]	[0.54%]	[0.58%]	[0.63%]	[0.67%]	[0.72%]	[0.75%]
56	[0.41%]	[0.44%]	[0.47%]	[0.51%]	[0.55%]	[0.59%]	[0.64%]	[0.68%]	[0.74%]	[0.77%]
57	[0.42%]	[0.45%]	[0.48%]	[0.52%]	[0.56%]	[0.60%]	[0.65%]	[0.70%]	[0.76%]	[0.80%]
58	[0.43%]	[0.45%]	[0.49%]	[0.53%]	[0.58%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.82%]
59	[0.44%]	[0.46%]	[0.50%]	[0.54%]	[0.59%]	[0.63%]	[0.68%]	[0.74%]	[0.80%]	[0.85%]
60	[0.45%]	[0.47%]	[0.51%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.76%]	[0.82%]	[0.87%]
61	[0.46%]	[0.48%]	[0.52%]	[0.57%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.85%]	[0.90%]
62	[0.47%]	[0.49%]	[0.53%]	[0.58%]	[0.64%]	[0.69%]	[0.74%]	[0.80%]	[0.88%]	[0.93%]
63	[0.48%]	[0.50%]	[0.54%]	[0.60%]	[0.65%]	[0.71%]	[0.76%]	[0.83%]	[0.91%]	[0.97%]
64	[0.49%]	[0.51%]	[0.55%]	[0.61%]	[0.67%]	[0.73%]	[0.78%]	[0.85%]	[0.94%]	[1.00%]
65	[0.50%]	[0.53%]	[0.57%]	[0.63%]	[0.69%]	[0.75%]	[0.81%]	[0.88%]	[0.97%]	[1.03%]
66	[0.51%]	[0.55%]	[0.59%]	[0.65%]	[0.72%]	[0.79%]	[0.85%]	[0.92%]	[1.01%]	[1.07%]
67	[0.53%]	[0.57%]	[0.62%]	[0.68%]	[0.75%]	[0.83%]	[0.90%]	[0.96%]	[1.05%]	[1.10%]
68	[0.55%]	[0.59%]	[0.65%]	[0.71%]	[0.78%]	[0.88%]	[0.94%]	[1.01%]	[1.09%]	[1.15%]
69	[0.57%]	[0.61%]	[0.68%]	[0.74%]	[0.81%]	[0.92%]	[0.99%]	[1.05%]	[1.13%]	[1.18%]
70	[0.59%]	[0.64%]	[0.71%]	[0.77%]	[0.85%]	[0.97%]	[1.04%]	[1.10%]	[1.17%]	[1.22%]
71	[0.64%]	[0.69%]	[0.75%]	[0.81%]	[0.89%]	[0.99%]	[1.06%]	[1.13%]	[1.20%]	[1.26%]
72	[0.70%]	[0.74%]	[0.80%]	[0.86%]	[0.93%]	[1.02%]	[1.09%]	[1.16%]	[1.23%]	[1.29%]
73	[0.75%]	[0.79%]	[0.85%]	[0.91%]	[0.97%]	[1.04%]	[1.11%]	[1.19%]	[1.26%]	[1.32%]
74	[0.81%]	[0.84%]	[0.90%]	[0.96%]	[1.01%]	[1.07%]	[1.14%]	[1.22%]	[1.29%]	[1.35%]
75	[0.87%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.10%]	[1.17%]	[1.25%]	[1.33%]	[1.40%]
76	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.11%]	[1.17%]	[1.26%]	[1.34%]	[1.41%]
77	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.07%]	[1.12%]	[1.18%]	[1.27%]	[1.35%]	[1.42%]
78	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.08%]	[1.13%]	[1.19%]	[1.28%]	[1.36%]	[1.43%]
79	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.09%]	[1.14%]	[1.20%]	[1.29%]	[1.37%]	[1.44%]
80	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.10%]	[1.15%]	[1.21%]	[1.30%]	[1.38%]	[1.45%]
81	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.11%]	[1.16%]	[1.22%]	[1.31%]	[1.39%]	[1.46%]
82	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.12%]	[1.17%]	[1.23%]	[1.32%]	[1.40%]	[1.47%]
83	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.13%]	[1.18%]	[1.24%]	[1.33%]	[1.41%]	[1.48%]
84	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.14%]	[1.19%]	[1.25%]	[1.34%]	[1.42%]	[1.49%]
85	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.15%]	[1.20%]	[1.26%]	[1.35%]	[1.43%]	[1.50%]

Percentages for Ages and Contract years not shown will be furnished upon request.

SECURE INCOME BENEFIT (SIB) FEE

Electronic Fund Transfer: [\$0.00]
Payment By Check: [\$5.00]

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

DEFINITION OF TERMS

Account Value - The Account Value is equal to the sum of:

- (a) Premium paid, **less**;
- (b) Monthly Administrative Fees, **less**;
- (c) Any Gross Withdrawals, **plus**;

- (d) Interest credited.

Activities of Daily Living (ADL) - Bathing, dressing, toileting, transferring, continence or eating without assistance as defined in Section 7702(b) of the Code.

Administrative Fee – A percentage of the Account Value calculated and deducted at the beginning of each Contract month. The Administrative Fee is shown on a Contract Data Page.

Age - A person's age on the Contract Date as of their last birthday.

Annuitant - The person who serves as the measuring life for purposes of determining the amount of annuity payments on the Annuity Date.

Annuity Date - The date annuity payments are scheduled to begin. The Annuity Date is shown on a Contract Data Page. During the lifetime of the Annuitant, and at least 1 year after the Contract Date and 30 days prior to the Annuity Date, You may change the Annuity Date in writing to Us.

Beneficiary - The person or persons who may: (a) receive the Death Benefit in accordance with the **Death Provisions**; or (b) receive benefits under a Settlement Option containing a fixed period certain.

Code - The U.S. Internal Revenue Code of 1986, as amended, and the rules and regulations issued thereunder.

Contract Date - The date this Contract becomes effective. The Contract Date is the date from which Contract Age, anniversaries, years and months are determined. The Contract Date is shown on a Contract Data Page.

Contract Age – A person's age as of the most recent Contract anniversary.

Death Benefit – The amount payable to the Beneficiary if any Owner dies before the Annuity Date. The Death Benefit is equal to the Account Value less Premium Tax, or Guaranteed Minimum Value if greater. This value is determined as of the date the last of the requirements that We require to process the death claim is received by Us at Our Office.

Gross Withdrawal - The amount of a withdrawal plus any Withdrawal Charge.

Guaranteed Minimum Value – The Guaranteed Minimum Value is equal to 87.5% of the Premium received, less any withdrawals (excluding Withdrawal Charges), less an annual charge of \$50, less any Premium Tax, with daily interest compounded at the Nonforfeiture Interest Rate.

Minimum Guaranteed Interest Rate - The minimum effective annual rate of interest We will credit to the Contract. The Minimum Guaranteed Interest Rate is shown on a Contract Data Page and is guaranteed for the life of the Contract.

Natural Person - A human being only and not a trust, corporation or any other legally recognized entity.

Net Premium - The Premium paid, less any Gross Withdrawals.

Office - means Our Administrative Office at [300 W. 11th Street, P.O. Box 410288, Kansas City, Missouri 64141-0288.]

Owner - Person(s) or entity(ies) who may exercise all rights and privileges under this Contract during the lifetime of the Annuitant. If an Owner is not a Natural Person, it must have a taxpayer identification number.

Premium – The Single Premium paid to Us as consideration for the benefits provided by the Contract.

Premium Tax - The tax imposed upon Premium, if any, and paid by Us. Not all jurisdictions impose a Premium Tax.

Surrender Value - The Surrender Value is equal to the greater of (a) the Account Value less the Withdrawal Charge, if any, and less any Premium Tax, or (b) the Guaranteed Minimum Value.

"We", "Us", "Our" and "Company" - Americo Financial Life and Annuity Insurance Company.

"You" and "Yours" - means any Owner of this Contract.

PREMIUM PAYMENT PROVISION

Premium is due on the Contract Date and is payable in advance at Our Office or to an authorized agent. This Contract is not in force until the Premium has been paid during the Owner's lifetime, or Annuitant's lifetime if the Owner is not a Natural Person.

ESTABLISHMENT AND CREDITING OF INTEREST

Establishment of Interest Rates

We will establish effective annual rates of interest by resolution of Our Board of Directors. The amount of such rates of interest will never be less than the Minimum Guaranteed Interest Rate shown on a Contract Data Page.

The effective annual rate of interest at the beginning of each Contract year is not subject to change for one year.

Crediting of Interest

Interest will be earned from the first (1st) day after the date the Premium is received at Our Office to the date of payment or other application by Us.

Interest will be credited on a daily basis, at a daily rate, which is the daily equivalent to the effective annual rate of interest then in effect.

SECURE INCOME BENEFIT PROVISIONS

Secure Income Benefit (SIB)

The Secure Income Benefit (SIB) is a systematic level monthly withdrawal that may be elected by the Owner any time prior to the Annuity Date and on or after Your Contract Age 50. All amounts, timing and number of withdrawals within the SIB Provisions are determined in reference to the age of the eldest Owner.

The Secure Income Benefit has no cash value.

SIB Amount

You may request withdrawal of any SIB Amount not greater than the Maximum SIB Amount by notifying Us. The Maximum SIB Amount is a monthly amount equal to the Net Premium multiplied by the percentage shown in the Table of Secure Income Benefit (SIB) Percentages on a Contract Data Page at the time SIB withdrawals first commence.

If the requested SIB Amount is less than the Maximum SIB Amount, a Supplemental SIB Amount may be available for withdrawal. A Supplemental SIB Amount is equal to the cumulative difference between the Maximum SIB Amount and the SIB Amount being withdrawn, less any Supplemental SIB Amount previously withdrawn.

The SIB Fee shown on a Contract Data Page will be deducted from each SIB Amount or Supplemental SIB Amount withdrawn.

Number of SIB Withdrawals

The Maximum Number of SIB Withdrawals is the greater of 120 months or the number of months from the date SIB withdrawals first commence until the Contract month immediately preceding Your Contract Age 85.

The Remaining Number of SIB Withdrawals will be limited to the Maximum Number of SIB Withdrawals available when SIB withdrawals first commenced reduced by the number of SIB withdrawals already disbursed.

Changes in SIB Amount

Requested SIB Amount may be changed by You, but may never exceed the Maximum SIB Amount.

SIB withdrawals may be discontinued by You by notifying Us. The Supplemental SIB Amount will not increase until SIB withdrawals recommence.

After the fifth (5th) Contract anniversary, if You provide evidence acceptable to Us that You are unable to perform at least two Activities of Daily Living (ADLs), You may elect to have the Maximum SIB Amount doubled. If You so elect, the Remaining Number of SIB Withdrawals will be reduced fifty percent (50%) (rounded up to the next integer). Loss of ADLs must have manifested after the Contract Date.

Partial Withdrawal Effect on SIB

If after SIB withdrawals have commenced a Partial Withdrawal exceeds the Supplemental SIB Amount, then the Maximum SIB Amount will be reduced. The reduction to the Maximum SIB Amount will be the same percentage reduction that occurs in the Account Value due to the Gross Withdrawal amount in excess of the Supplemental SIB Amount. **Partial Withdrawals that exceed the Supplemental SIB Amount could reduce future SIB Amounts by more than the dollar amount of the excess withdrawal.**

If after SIB withdrawals have commenced You request a Partial Withdrawal over the telephone, We will let You know whether such withdrawal will affect your SIB Amount and/or the maximum amount You could withdraw without affecting Your SIB Amount.

If after SIB withdrawals have commenced You request a Partial Withdrawal via a withdrawal form provided by Us, the withdrawal form will include:

- (a) A warning in prominent print that any excess withdrawal could reduce future benefits by more than the dollar amount of the excess withdrawal; and,

- (b) An option to contact Us by telephone to find out if, as of that date, a contemplated withdrawal would trigger excess withdrawal treatment.

The actual dollar effect of such withdrawal on future SIB Amounts will be determined as of the date the form is received by Us.

SIB Termination

The SIB will terminate upon a change in ownership (or assignment) of the contract unless:

- (a) The new owner or assignee assumes full ownership of this contract and is essentially the same person (e.g. an individual ownership changed to a personal revocable trust, a joint ownership of husband and wife changed to the surviving spouse when one of them dies, a change to the owner's spouse during the owner's lifetime, a change to a court appointed guardian representing the owner during the owner's lifetime, etc.); or,
- (b) The assignment is for the purposes of effectuating a 1035 exchange of the contract (i.e. the Contract may continue during the temporary assignment period and not terminate until the Contract is actually surrendered).

Neither (a) nor (b) will change the Maximum SIB Amount or the Remaining Number of SIB Withdrawals if withdrawals have commenced.

SIB Annual Supplement

We will provide a supplement to the Annual Report that contains:

- (a) Before the first SIB withdrawal has commenced, the Maximum SIB Amount and the Net Premium.
- (b) After the first SIB withdrawal has commenced, the Maximum SIB Amount and the Remaining Number of SIB Withdrawals available.

Application of the Withdrawal Provision

SIB Amounts and Supplemental SIB Amounts are not subject to the Withdrawal Provisions.

WITHDRAWAL PROVISIONS

Partial Withdrawals

Upon written request before the Annuity Date, subject to the Secure Income Benefit Provisions, You may withdraw from this Contract, subject to the following conditions:

- (a) A withdrawal may not be less than \$500; and,
- (b) The Surrender Value remaining after a partial surrender must be at least \$2,000.

Total Surrender

Upon written request, in a form and manner satisfactory to Us, You may surrender this Contract for its Surrender Value at any time during the Annuitant's lifetime and before the Annuity Date. Payment of the Surrender Value will be in full settlement of Our liability under this Contract.

Withdrawal Charge

The Withdrawal Charge will be determined by multiplying the Account Value or Partial Withdrawal, as applicable, by the appropriate percentage as shown in the Table of Withdrawal Charge Percentages, on the date of withdrawal.

The Table of Withdrawal Charge Percentages is shown on a Contract Data Page.

Waiver of Withdrawal Charge

The Withdrawal Charge will be waived:

- (a) once in each Contract year after the first Contract year on withdrawn amounts equal to or less than 5% of the Account Value immediately prior to the withdrawal. If more than 5% of the Account Value is withdrawn, we will waive the Withdrawal Charge on the amount up to 5% of the Account Value only. Any unused percentage may not be carried over into the next Contract year; or
- (b) in the case of a Total Surrender, if You elect to apply the Surrender Value to a Settlement Option that is either life-contingent or has a Fixed Period Certain Only of at least 10 years.

We will waive the Withdrawal Charge on Secure Income Benefit Amounts and any Supplemental SIB Amount. Waiver of Withdrawal Charge up to 5% of the Account Value is not in addition to any Secure Income Benefit Amount or Supplemental SIB Amount paid.

We will waive the Withdrawal Charge for withdrawals of required minimum distributions (RMDs) applicable to the Account Value of the Contract as defined in the Code and regulations as amended.

Delay of Payment

We may delay payment of any partial withdrawal amount or total surrender amount, other than a Secure Income Benefit payment, for up to six (6) months, with the written approval of the insurance regulatory authority in Your jurisdiction, after We receive Your written request.

ANNUITY PAYMENT PROVISIONS

Annuity Payments

The Owner may designate the person(s) to whom annuity payments will be made. If the Owner fails to make such a designation, annuity payments will be made to the Annuitant during the Annuitant's lifetime.

Date Annuity Payments Start

Annuity payments will start on the Annuity Date if the Annuitant is living and the Contract has not been surrendered. Unless otherwise changed, the Settlement Option is shown on the Contract Data Page. At the Annuity Date if no Settlement has been elected, a Life Income with Fixed Period Certain of five years will be provided, unless otherwise required by the Code.

Change of Settlement Option

During the Annuitant's lifetime and before the Annuity Date, You may change the Settlement Option. Your written election must be received by Us at Our Office at least thirty (30) days prior to the Annuity Date.

Amount of Guaranteed Monthly Annuity

The amount of the annuity payments will be determined as of the Annuity Date. We will apply the Surrender Value as a single premium under the appropriate Settlement Option. The annuity payments at the time of their commencement will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

SETTLEMENT OPTIONS PROVISIONS

Settlement Options

Once payments have started, the election of Settlement Options 1 through 4 shall be final.

Settlement Options are available only with Our consent if: (a) this Contract is assigned; or (b) the payee is not a Natural Person.

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 \$50.00.

Option 1 - Life Income Only

We will pay equal monthly payments for the Annuitant's remaining lifetime. Payments end with the payment due just before the Annuitant's death. There is no death benefit under this Settlement Option.

Option 2 - Life Income with Fixed Period Certain

We will pay equal monthly payments for the longer of: (a) the Annuitant's life; or (b) the fixed period certain. The fixed period certain may be 10 years (120 months) or 20 years (240 months), but in no event may such fixed period certain exceed the Annuitant's life expectancy.

If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been paid.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate. If the Annuitant dies after all payments have been made for the fixed period certain, payments will end with the payment due just before the Annuitant's death.

Option 3 - Fixed Period Certain Only

We will pay equal annual, semiannual, quarterly or monthly payments for a fixed period certain of up to thirty (30) years, but in no event may such fixed period certain exceed the Annuitant's life expectancy. If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been made.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

Option 4 - Payments of a Fixed Amount

We will pay equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.

Option 5 - Proceeds Held At Interest Only

We will hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than five (5) years and no more than twenty (20) years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

Other Forms of Payment

Benefits can be provided under any other Settlement Option not described in this section, subject to Our agreement and any applicable federal or state law, rule or regulation.

DEATH PROVISIONS

In General

Notwithstanding any provision of this Contract to the contrary, any benefits required to be paid under this Contract will be paid in a manner that satisfies the requirements of Internal Revenue Code Section 72(s), as amended from time to time.

Death of Annuitant

If the Annuitant dies before annuity payments under a Settlement Option begin and while the Owner is living, and no Joint Annuitant has been named, the Owner will become the Annuitant, until and unless We receive other written notice.

If a Joint Annuitant has been named, then upon the death of the Annuitant, before annuity payments under a Settlement Option begin and while the Owner is living, the Joint Annuitant will become the Annuitant.

If the Owner is not a Natural Person, the Annuitant may not be changed or a new Annuitant may not be designated. For purposes of the **Death Provisions**, the Annuitant will be considered the Owner.

Death of Owner After Annuity Payments Begin

If any Owner dies on or after the date annuity payments under a Settlement Option begin, any remaining benefit payable will be distributed at least as rapidly as under the Settlement Option then in effect. Until all distributions have been made, the payee will have all rights of ownership.

Death of Owner Before Annuity Payments Begin

If any Owner dies before payment under a Settlement Option starts, We will pay the Death Benefit as described under the Payment of Death Benefit Provision. The Death Benefit must be distributed within five (5) years of the deceased Owner's death.

The Beneficiary may elect (within sixty (60) days of the date We receive due proof of death) to apply this sum under one of the Settlement Options as payee, provided:

- (a) Payments under the Settlement Option begin not later than one (1) year after any Owner's death; and,
- (b) Payments will be payable for the life of the Beneficiary, or over a period not greater than the Beneficiary's life expectancy.

In the event a married couple jointly owns this Contract, the surviving spouse becomes the Owner upon the death of a spouse and may elect to continue the Contract. If the new Owner is someone other than the deceased Owner's spouse, the Death Benefit of the Contract must be distributed within five (5) years of the deceased Owner's death.

If the designated Beneficiary is the surviving spouse of the deceased Owner, the surviving spouse may elect to continue the Contract as the new Owner.

Payment of Death Benefit

Unless You choose otherwise in writing to Us, payment of any Death Benefit will be made to the first person among the following who is alive following Your death:

- (1) The Primary Beneficiary;
- (2) The Contingent Beneficiary;
- (3) If no Primary or Contingent Beneficiary is alive when the Death Benefit is first due, We will make payment to the estate of the Owner or, if no estate, to the successors of the Owner.

Except as provided herein, non-survivors, heirs or estates will not be entitled to any shares. Any person who disclaims an interest will be considered not alive for purposes of this Contract as of the date of written disclaimer.

Proof of death and proper written claim must be received by Us. This Contract or a lost contract statement must be received by Us.

Claims of Creditors

So far as permitted by law, the benefits will not be subject to any claim of the Beneficiary's creditors.

OWNER AND BENEFICIARY PROVISIONS

Owner

The Owner is designated on the Contract Data Page, unless later changed. While the Annuitant is living, the Owner may exercise all rights and privileges granted by this Contract. If there are two (2) or more persons named as Owners, and unless otherwise specified on the application or on the copy of any assignment filed with Us, this Contract will be held in joint tenancy with right of survivorship. Any rights and privileges which may be exercised by the Owner may be exercised only with the consent of all joint Owners.

Change of Owner

You may change the designation of Owner during the lifetime of the Annuitant. Written notice of the change in Owner must be filed at Our Office in a form satisfactory to Us. Unless otherwise specified by the Owner, such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

Change of Annuitant

You may change the designation of the Annuitant at any time before the Annuity Date. Written notice of the change in Annuitant must be filed at Our Office in a form satisfactory to Us. Such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

The Annuitant may not be changed if the Owner is not a Natural Person.

Primary/Contingent Beneficiary

The Primary and Contingent Beneficiaries (if any) are the persons named on the application, unless later changed. If more than one person is named as Primary or Contingent Beneficiary, any payment will be made in equal shares to the survivors or survivor of such persons, unless otherwise provided. If the Beneficiary is "children," this means children born to or legally adopted by the Owner.

Change of Primary/Contingent Beneficiary

You may change the Primary and/or Contingent Beneficiary during the lifetime of the Annuitant by giving written notice to Us at Our Office in a form satisfactory to Us. We will not be bound by any change of Beneficiary unless it is made in writing and recorded at Our Office.

The change in Beneficiary will take effect on the date of the written request, but will be subject to any payment made or other action taken by Us before the request was filed. A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary, except to the extent required by law.

Death of Primary/Contingent Beneficiary

The interest of any Primary or Contingent Beneficiary who dies before the Owner will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen (15) days after, the Owner will also terminate if no benefits have been paid to such Beneficiary. The benefits will then be paid as though the Beneficiary had died before the Owner.

GENERAL PROVISIONS**Entire Contract**

This Contract is issued in consideration of the application and payment of the Premium. The Contract, the application, a copy of which is attached, and all amendments, endorsements and riders which are attached, make the entire contract. All statements made by the applicant shall, in the absence of fraud, be deemed representations and not warranties.

Misstatement of Age or Sex

If the age or sex of the Annuitant or of any other measuring life has been misstated, all amounts payable under this Contract will be those which would be due if the correct age and/or sex had been stated. Any adjustment will be made against the current or next succeeding payments, with yearly interest (not to exceed 6%) charged or credited.

Basis of Computation

The rates for Settlement Options are based upon the Individual Annuity 2000 Mortality Table and an annual effective interest rate of 1.0%.

The settlement options, surrender values and death benefits available under this Contract are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, Model #805.

Proof of Age and Sex

We have the right to require proof satisfactory to Us of the payee's age and sex. We will require this proof before We make any payments.

Proof of Survival

We have the right to require proof satisfactory to Us that the payee is alive at the time each annuity payment or SIB withdrawal is due.

Changes in the Contract

Only Our President, Vice President or Secretary has the authority to make any changes to this Contract. Any such changes must be made in writing and endorsed by an authorized person. No agent or other person has authority to change this Contract or any of its provisions.

We may change or amend this Contract without Your consent only for either of the following reasons:

1. The modification is necessary to make the contract comply with any law or regulation; or,
2. The modification is necessary to assure that the contract maintains its status as an annuity contract for federal income tax purposes.

In the event of a modification, We will send You an endorsement to reflect the modification. No modification is valid unless made in writing by Us and approved by one of Our officers.

Incontestability

This Contract will be incontestable from the Contract Date.

Assignment of Contract

Unless otherwise specified by the Owner, any assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of the notice. We will not assume any responsibility for the validity or sufficiency of an assignment. Any claim under an assignment will be subject to proof of the assignee's interest satisfactory to Us. The interest of any Beneficiary will be subject to the rights of any assignee of record at Our Office, unless the Beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment.

Annual Report

At least once each Contract year after the first Contract year, We will mail to the Owner a report of the Account Value and Surrender Value, plus all amounts debited and credited during the Contract year. The report will also contain the SIB Annual Supplement. The report will be mailed to the last address of the Owner reported to Us. The information will be as of a date not more than two months prior to the date of mailing.

Conformity with State Law

Any terms of this Contract which, on the Contract 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.

Payments by the Company

All sums payable by Us under this Contract are payable at Our Office. All dollar amounts stated in this Contract mean United States dollars. Any money paid to or by Us must be in United States currency.

Premium Taxes

If applicable in the jurisdiction in which You reside, the amount of any premium tax imposed on Us relating to this Contract will be deducted in accordance with the Company's then current practice and any applicable jurisdictional law regarding premium taxes.

If premium tax rates change under Your jurisdiction's law, the applicable premium tax may also change. If You change the jurisdiction in which You reside, the premium tax may or may not apply.

Notices and Directions

We will not be bound by any authorization, direction, election or notice which is not in writing and received by Us at Our Office. All written notices required of Us by this Contract shall be presumed made on the date of mailing to the last known address of the Owner as shown on Our records.

Nonparticipating

This Contract is nonparticipating and will not share in Our profits or surplus earnings. We will pay no dividends on this Contract.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]

JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]

MINIMUM GUARANTEED INTEREST RATE: [0.25]%

NONFORFEITURE INTEREST RATE: [1.0]%

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%
2	9%
3	8%
4	7%
5	6%
6+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly

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

CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]
MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

TABLE OF WITHDRAWAL CHARGE PERCENTAGES

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>	<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%	6	5%
2	9%	7	4%
3	8%	8	3%
4	7%	9	2%
5	6%	10	1%
		11+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly

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

CONTRACT DATA PAGE

TABLE OF SECURE INCOME BENEFIT (SIB) PERCENTAGES

Age at Contract Date	Contract Year									
	1	2	3	4	5	6	7	8	9	10
50	[0.37%]	[0.41%]	[0.43%]	[0.44%]	[0.47%]	[0.51%]	[0.56%]	[0.58%]	[0.62%]	[0.65%]
51	[0.37%]	[0.41%]	[0.43%]	[0.45%]	[0.48%]	[0.52%]	[0.57%]	[0.59%]	[0.64%]	[0.67%]
52	[0.38%]	[0.42%]	[0.44%]	[0.46%]	[0.49%]	[0.53%]	[0.58%]	[0.61%]	[0.66%]	[0.69%]
53	[0.39%]	[0.42%]	[0.45%]	[0.47%]	[0.51%]	[0.55%]	[0.60%]	[0.63%]	[0.68%]	[0.71%]
54	[0.40%]	[0.43%]	[0.46%]	[0.48%]	[0.52%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.73%]
55	[0.41%]	[0.44%]	[0.47%]	[0.50%]	[0.54%]	[0.58%]	[0.63%]	[0.67%]	[0.72%]	[0.75%]
56	[0.41%]	[0.44%]	[0.47%]	[0.51%]	[0.55%]	[0.59%]	[0.64%]	[0.68%]	[0.74%]	[0.77%]
57	[0.42%]	[0.45%]	[0.48%]	[0.52%]	[0.56%]	[0.60%]	[0.65%]	[0.70%]	[0.76%]	[0.80%]
58	[0.43%]	[0.45%]	[0.49%]	[0.53%]	[0.58%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.82%]
59	[0.44%]	[0.46%]	[0.50%]	[0.54%]	[0.59%]	[0.63%]	[0.68%]	[0.74%]	[0.80%]	[0.85%]
60	[0.45%]	[0.47%]	[0.51%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.76%]	[0.82%]	[0.87%]
61	[0.46%]	[0.48%]	[0.52%]	[0.57%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.85%]	[0.90%]
62	[0.47%]	[0.49%]	[0.53%]	[0.58%]	[0.64%]	[0.69%]	[0.74%]	[0.80%]	[0.88%]	[0.93%]
63	[0.48%]	[0.50%]	[0.54%]	[0.60%]	[0.65%]	[0.71%]	[0.76%]	[0.83%]	[0.91%]	[0.97%]
64	[0.49%]	[0.51%]	[0.55%]	[0.61%]	[0.67%]	[0.73%]	[0.78%]	[0.85%]	[0.94%]	[1.00%]
65	[0.50%]	[0.53%]	[0.57%]	[0.63%]	[0.69%]	[0.75%]	[0.81%]	[0.88%]	[0.97%]	[1.03%]
66	[0.51%]	[0.55%]	[0.59%]	[0.65%]	[0.72%]	[0.79%]	[0.85%]	[0.92%]	[1.01%]	[1.07%]
67	[0.53%]	[0.57%]	[0.62%]	[0.68%]	[0.75%]	[0.83%]	[0.90%]	[0.96%]	[1.05%]	[1.10%]
68	[0.55%]	[0.59%]	[0.65%]	[0.71%]	[0.78%]	[0.88%]	[0.94%]	[1.01%]	[1.09%]	[1.15%]
69	[0.57%]	[0.61%]	[0.68%]	[0.74%]	[0.81%]	[0.92%]	[0.99%]	[1.05%]	[1.13%]	[1.18%]
70	[0.59%]	[0.64%]	[0.71%]	[0.77%]	[0.85%]	[0.97%]	[1.04%]	[1.10%]	[1.17%]	[1.22%]
71	[0.64%]	[0.69%]	[0.75%]	[0.81%]	[0.89%]	[0.99%]	[1.06%]	[1.13%]	[1.20%]	[1.26%]
72	[0.70%]	[0.74%]	[0.80%]	[0.86%]	[0.93%]	[1.02%]	[1.09%]	[1.16%]	[1.23%]	[1.29%]
73	[0.75%]	[0.79%]	[0.85%]	[0.91%]	[0.97%]	[1.04%]	[1.11%]	[1.19%]	[1.26%]	[1.32%]
74	[0.81%]	[0.84%]	[0.90%]	[0.96%]	[1.01%]	[1.07%]	[1.14%]	[1.22%]	[1.29%]	[1.35%]
75	[0.87%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.10%]	[1.17%]	[1.25%]	[1.33%]	[1.40%]
76	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.11%]	[1.17%]	[1.26%]	[1.34%]	[1.41%]
77	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.07%]	[1.12%]	[1.18%]	[1.27%]	[1.35%]	[1.42%]
78	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.08%]	[1.13%]	[1.19%]	[1.28%]	[1.36%]	[1.43%]
79	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.09%]	[1.14%]	[1.20%]	[1.29%]	[1.37%]	[1.44%]
80	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.10%]	[1.15%]	[1.21%]	[1.30%]	[1.38%]	[1.45%]
81	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.11%]	[1.16%]	[1.22%]	[1.31%]	[1.39%]	[1.46%]
82	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.12%]	[1.17%]	[1.23%]	[1.32%]	[1.40%]	[1.47%]
83	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.13%]	[1.18%]	[1.24%]	[1.33%]	[1.41%]	[1.48%]
84	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.14%]	[1.19%]	[1.25%]	[1.34%]	[1.42%]	[1.49%]
85	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.15%]	[1.20%]	[1.26%]	[1.35%]	[1.43%]	[1.50%]

Percentages for Ages and Contract years not shown will be furnished upon request.

SECURE INCOME BENEFIT (SIB) FEE

Electronic Fund Transfer: [\$0.00]
Payment By Check: [\$5.00]

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



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

**WAIVER OF WITHDRAWAL CHARGES
UPON NURSING HOME OR HOSPITAL CONFINEMENT**

ENDORSEMENT

Americo Financial Life and Annuity Insurance Company has issued this Endorsement as a part of the Contract to which it is attached, and its provisions apply in lieu of any Contract provisions to the contrary.

The Contract is hereby amended to allow for Partial Withdrawals and/or a Total Surrender of the Contract without incurring any applicable Withdrawal Charges as a result of any Owner's (or Annuitant's, if the Owner is not a natural person) confinement in an inpatient nursing home or hospital.

Conditions for Waiver of Withdrawal Charges - In the event of an inpatient nursing home or hospital confinement, We will waive any applicable Withdrawal Charge if:

- (a) Any Owner (or any Annuitant, if the Owner is not a natural person) has been confined for at least ninety (90) consecutive days to a legally operated hospital or inpatient nursing facility that is state licensed;
- (b) The confinement commenced after the Contract Date;
- (c) The confinement commenced after the Owner (or Annuitant, if the Owner is not a natural person) was named; and
- (d) The Withdrawal request, plus proof of confinement which is satisfactory to Us, is received in writing at Our Office no later than ninety (90) days after discharge from said hospital or inpatient nursing facility.

Termination – This endorsement will terminate on the earliest of the following dates:

- (a) The date We receive written request from any Owner; or
- (b) The date the Contract terminates,

The Termination shall not prejudice the waiver of any Withdrawal Charge while the waiver benefit is in force.

Effective Date – The Effective Date of this Endorsement is the Contract Date shown on a Contract Data Page.

Signed for the Company at Kansas City, Missouri.


Secretary

**Individual Single Premium
Deferred Annuity Application**



Americo Financial Life and Annuity Insurance Company

1. PRODUCT NAME	2. ANNUITY TYPE
	<input type="checkbox"/> Non-Qualified <input type="checkbox"/> SEP-IRA (Annual Income) <input type="checkbox"/> IRA (Traditional) <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____

3. PREMIUM PAYMENT
 Premium Payment with application: \$ _____
 For IRAs, the premium includes:
 \$ _____ for Tax Year _____; \$ _____ for Tax Year _____; \$ _____ as a rollover, which the Owner irrevocably elects to treat as a rollover election.

4. OWNER • *If a Trust, give Trustee, Trust name, and Trust date. A copy of the Trust must be submitted with this application.*

Name (Last, First, MI)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Annuitant
Date of Birth	SSN or Tax I.D. #	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country of Citizenship:
Street Address (all correspondence will be sent to this address)		City	State ZIP
Years at Current Address	Previous Address (Complete if you have lived at your current address less than 5 years.)		
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		E-mail Address

5. JOINT OWNER • *For non-qualified annuities only, if applicable.*

Name (Last, First, MI)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Annuitant
Date of Birth	SSN or Tax I.D. #	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country of Citizenship:
Street Address		City	State ZIP
Years at Current Address	Previous Address (Complete if you have lived at your current address less than 5 years.)		
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		E-mail Address

6. ANNUITANT (if other than Owner)

Name (Last, First, MI)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	SSN or Tax I.D. #	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City State ZIP
Years at Current Address	Previous Address (Complete if you have lived at your current address less than 5 years.)	
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
		E-mail Address

7. JOINT ANNUITANT (if other than Joint Owner) • *For non-qualified annuities only, if applicable.*

Name (Last, First, MI)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	SSN or Tax I.D. #	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City State ZIP
Years at Current Address	Previous Address (Complete if you have lived at your current address less than 5 years.)	
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
		E-mail Address

8. PAYOR (if the party paying premium(s) is neither an Owner, nor an Annuitant)

Name (Last, First, MI)		Relationship to Annuitant	SSN or Tax I.D. #
Street Address		City	State ZIP Years at Current Address
Previous Address (Complete if you have lived at your current address less than 5 years.)		U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Country of Citizenship:
Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		E-mail Address

9. LIFE INSURANCE IN FORCE AND REPLACEMENT INFORMATION YES NO

- a. Does any Owner have life insurance or annuity applications pending with other companies? YES NO
- b. Are there any existing life insurance or annuity contracts with Amerigo or any other Company on the life of any Owner? YES NO
- c. Will the annuity contract applied for replace, change, or otherwise reduce in value, any existing life insurance or annuity contract now in force with Amerigo or any other Company? YES NO

(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.)

Owner's Name (Last, First, MI)	Company	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.)* YES NO
- e. If this is a 1035 exchange, indicate value to be transferred *(include Absolute Assignment form)*. \$ _____ NA
- f. If current life insurance or annuity is being replaced, indicate the amount of surrender charges that will be assessed. \$ _____ NA

10. BENEFICIARY INFORMATION • *Include additional beneficiaries on a separate page signed and dated by the Owner(s).*

Primary Beneficiary	Name:	Date of Birth:
*Share (%)	Social Security Number:	Relationship:
Address:		Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:	Date of Birth:
*Share (%)	Social Security Number:	Relationship:
Address:		Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

**Be sure to include percentage shares. Percentage shares must total 100%. If shares are not given, they will be equal.*

11. STATEMENT OF INTENT

State insurance law may prohibit the owner of an annuity contract from entering into any agreement to sell, transfer or assign an annuity contract prior to the date the contract was issued, or within a period of time specified by state law after the date the contract was issued. You should consult with legal advisors if you have any questions about these matters.

Amerigo will not knowingly participate in annuity contract sales motivated by a possible sale of annuity contract to a secondary market or participation of investors in annuity contract benefits.

- a. Do you intend to transfer ownership of the annuity contract to a third party (such as a life settlement company, charity, or investor group)? *(If Yes, provide details.)* YES NO
- b. Has any inducement been offered (direct or indirect) to encourage you to apply for this annuity contract, such as cash, gifts, or loan proceeds? *(If Yes, provide details.)* YES NO
- c. Will the premium for this annuity contract be borrowed, loaned or otherwise financed? *(If Yes, provide details.)* YES NO

Details:

12. REMARKS/SPECIAL INSTRUCTIONS

13. AUTHORIZATION AND ACKNOWLEDGEMENTS

I/We represent to Americo Financial Life and Annuity Insurance Company that the statements made on this application are true, complete, and correctly recorded to the best of my/our knowledge and belief. I/We agree that the Company can rely on these statements.

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/We as the Owner(s) certify that the tax identification number and citizenship/residency status that are provided in the application are correct (or are waiting for a number to be issued).

A sales representative/agent does not have Americo's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, contract or receipt, as applicable.

Americo will have no liability until a contract is issued on this application, and is delivered to and accepted by the Owner and the premium due is paid in full while each Proposed Owner and Proposed Annuitant are living,

I/We acknowledge that to the best of My/Our knowledge and belief, that the annuity and any additional benefits applied for are suitable for their investment time horizon, goals and objectives, and financial situation and needs.

I/We 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/We agree that Americo can rely on these statements. I/We agree that this application and/or any amendment to the application will be the basis for any policy issued on this application or any amendment to the application. No information will be considered to have been given to Americo unless it is stated on the application.

Signed at _____ this _____ day of _____, _____.
(City, State) (Day) (Month) (Year)

Signature of Owner

Signature of Joint Owner (if applicable)

Signature of Annuitant (if different than Owner)

Signature of Joint Annuitant (if applicable)

SERFF Tracking #:

AFLC-128472887

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

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability Certification - 403 Series.pdf			
CoC Rule and Reg 19 s 10B.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Please see form schedule tab. Annuity Application AAA5130 will be used to apply for contract AAA403.		

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

		Item Status:	Status Date:
Satisfied - Item:	Arkansas Policyholder Information		
Comments:			
Attachment(s):			
AAR8108 2012-6-29.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Redline Copy of Form AAA403		
Comments:			
Attachment(s):			
AAA403 [Filing Form 2012-07-31] [REDLINE].pdf			

SERFF Tracking #:

AFLC-128472887

State Tracking #:

Company Tracking #:

1336-B

State:

Arkansas

Filing Company:

Americo Financial Life and Annuity Insurance Company

TOI/Sub-TOI:

A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium

Product Name:

1336-B: SPDA Contract, App, and End

Project Name/Number:

1336-B: SPDA Contract, App, and End/1336-B

Item Status:

Status Date:

Satisfied - Item:	Forms AAA403, AAA403-05, AAA403-10 Mark Ups		
Comments:			
Attachment(s):	AAA403 [Filing Form 09262012] MARKUP - Bonus Removal.pdf AAA403-05 MARKUP - Bonus Removal.pdf AAA403-10 MARKUP - Bonus Removal.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 forms listed below have the following readability scores, as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Form Description</u>	<u>Readability Score</u>
AAA403	Single Premium Deferred Annuity Contract	52.2
AAA5130	Individual Single Premium Deferred Annuity Application	53.1
AAA4170	Waiver of Withdrawal Charges Upon Nursing Home or Hospital Confinement Endorsement	53.0



Eric H. Petersen – FSA, MAAA

Assistant Vice President – Product Development
Title

June 15, 2012
Date

ARKANSAS

CERTIFICATION OF COMPLIANCE

COMPANY: Americo Financial Life and Annuity Insurance Company

FORM TITLE(S): Single Premium Deferred Annuity Contract
Data Pages for Single Premium Deferred Annuity Contract (05)
Data Pages for Single Premium Deferred Annuity Contract (10)
Waiver of Withdrawal Charges Upon Nursing Home or Hospital
Confinement Endorsement
Annuity Application

FORM NUMBER(S): AAA403
AAA403-05
AAA403-10
AAA4170
AAA5130

I, Eric H. Petersen – FSA, MAAA hereby certify that, to the best of my knowledge and belief, the above form submission is in compliance with Regulation 19, as well as the other laws and regulations of the State of Arkansas.



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

June 29, 2012
Date

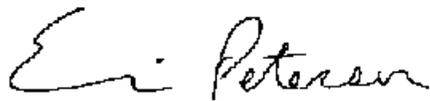
AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

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

June 27, 2012
Date



AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

ARKANSAS POLICYHOLDER INFORMATION

The following information is provided to assist you in obtaining information or service. Please keep this form with your Policy.

1. Soliciting Agent

(ATTACH BUSINESS CARD)

2. For Policyholder Service please contact:

Americo Financial Life and Annuity Insurance Company
300 W. 11th Street
P. O. Box 410288
Kansas City, Missouri 64141-0288

1-800-231-0801

3. If Amerigo Financial Life and Annuity Insurance Company fails to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department

Consumer Service Division
1200 West Third Street
Little Rock, Arkansas 72201

Telephone: (501) 371-2640 or (800) 852-5494

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]

THIS IS A LEGAL CONTRACT - PLEASE READ IT CAREFULLY

Americo Financial Life and Annuity Insurance Company ("We", "Us", "Our" and "Company") will, subject to the terms of this Contract, pay an annuity commencing on the Annuity Date to the Annuitant, if then living, in accordance with the **Annuity Payment Provisions**. If an Owner dies while the Contract is in force and before the Annuity Date, the Company will pay a Death Benefit to the Beneficiary upon receipt of due proof of death. All payments made are subject to the provisions contained on the following pages, all of which are part of this Contract.

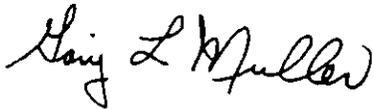
**NOTICE OF 30 DAY RIGHT TO EXAMINE
RIGHT TO CANCEL**

This Contract may be cancelled by delivering or mailing a written notice to Americo Financial Life and Annuity Insurance Company, [P.O. Box 410288, Kansas City, Missouri 64141-0288] or to the insurance agent through whom it was effected, and by returning the Contract before midnight of the thirtieth 30th day after the date the Contract is delivered. Notice given by mail and return of the Contract by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all Premium less any withdrawals within ten (10) days after it receives notice of cancellation and the returned Contract.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Contract, 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: Policyowner Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288.] You may also email Us at [customer.service@americo.com].

Signed for the Company at [Kansas City, Missouri], to be effective on the Contract Date.



Chief Executive Officer



Secretary

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

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CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]
MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

TABLE OF WITHDRAWAL CHARGE PERCENTAGES

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>	<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%	6	5%
2	9%	7	4%
3	8%	8	3%
4	7%	9	2%
5	6%	10	1%
		11+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly
ACCOUNT VALUE BONUS DATE: [5th] Contract Anniversary
ACCOUNT VALUE BONUS PERCENTAGE: [5]%

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

CONTRACT DATA PAGE

TABLE OF SECURE INCOME BENEFIT (SIB) PERCENTAGES

Age at Contract Date	Contract Year									
	1	2	3	4	5	6	7	8	9	10
50	[0.37%]	[0.41%]	[0.43%]	[0.44%]	[0.47%]	[0.51%]	[0.56%]	[0.58%]	[0.62%]	[0.65%]
51	[0.37%]	[0.41%]	[0.43%]	[0.45%]	[0.48%]	[0.52%]	[0.57%]	[0.59%]	[0.64%]	[0.67%]
52	[0.38%]	[0.42%]	[0.44%]	[0.46%]	[0.49%]	[0.53%]	[0.58%]	[0.61%]	[0.66%]	[0.69%]
53	[0.39%]	[0.42%]	[0.45%]	[0.47%]	[0.51%]	[0.55%]	[0.60%]	[0.63%]	[0.68%]	[0.71%]
54	[0.40%]	[0.43%]	[0.46%]	[0.48%]	[0.52%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.73%]
55	[0.41%]	[0.44%]	[0.47%]	[0.50%]	[0.54%]	[0.58%]	[0.63%]	[0.67%]	[0.72%]	[0.75%]
56	[0.41%]	[0.44%]	[0.47%]	[0.51%]	[0.55%]	[0.59%]	[0.64%]	[0.68%]	[0.74%]	[0.77%]
57	[0.42%]	[0.45%]	[0.48%]	[0.52%]	[0.56%]	[0.60%]	[0.65%]	[0.70%]	[0.76%]	[0.80%]
58	[0.43%]	[0.45%]	[0.49%]	[0.53%]	[0.58%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.82%]
59	[0.44%]	[0.46%]	[0.50%]	[0.54%]	[0.59%]	[0.63%]	[0.68%]	[0.74%]	[0.80%]	[0.85%]
60	[0.45%]	[0.47%]	[0.51%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.76%]	[0.82%]	[0.87%]
61	[0.46%]	[0.48%]	[0.52%]	[0.57%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.85%]	[0.90%]
62	[0.47%]	[0.49%]	[0.53%]	[0.58%]	[0.64%]	[0.69%]	[0.74%]	[0.80%]	[0.88%]	[0.93%]
63	[0.48%]	[0.50%]	[0.54%]	[0.60%]	[0.65%]	[0.71%]	[0.76%]	[0.83%]	[0.91%]	[0.97%]
64	[0.49%]	[0.51%]	[0.55%]	[0.61%]	[0.67%]	[0.73%]	[0.78%]	[0.85%]	[0.94%]	[1.00%]
65	[0.50%]	[0.53%]	[0.57%]	[0.63%]	[0.69%]	[0.75%]	[0.81%]	[0.88%]	[0.97%]	[1.03%]
66	[0.51%]	[0.55%]	[0.59%]	[0.65%]	[0.72%]	[0.79%]	[0.85%]	[0.92%]	[1.01%]	[1.07%]
67	[0.53%]	[0.57%]	[0.62%]	[0.68%]	[0.75%]	[0.83%]	[0.90%]	[0.96%]	[1.05%]	[1.10%]
68	[0.55%]	[0.59%]	[0.65%]	[0.71%]	[0.78%]	[0.88%]	[0.94%]	[1.01%]	[1.09%]	[1.15%]
69	[0.57%]	[0.61%]	[0.68%]	[0.74%]	[0.81%]	[0.92%]	[0.99%]	[1.05%]	[1.13%]	[1.18%]
70	[0.59%]	[0.64%]	[0.71%]	[0.77%]	[0.85%]	[0.97%]	[1.04%]	[1.10%]	[1.17%]	[1.22%]
71	[0.64%]	[0.69%]	[0.75%]	[0.81%]	[0.89%]	[0.99%]	[1.06%]	[1.13%]	[1.20%]	[1.26%]
72	[0.70%]	[0.74%]	[0.80%]	[0.86%]	[0.93%]	[1.02%]	[1.09%]	[1.16%]	[1.23%]	[1.29%]
73	[0.75%]	[0.79%]	[0.85%]	[0.91%]	[0.97%]	[1.04%]	[1.11%]	[1.19%]	[1.26%]	[1.32%]
74	[0.81%]	[0.84%]	[0.90%]	[0.96%]	[1.01%]	[1.07%]	[1.14%]	[1.22%]	[1.29%]	[1.35%]
75	[0.87%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.10%]	[1.17%]	[1.25%]	[1.33%]	[1.40%]
76	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.11%]	[1.17%]	[1.26%]	[1.34%]	[1.41%]
77	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.07%]	[1.12%]	[1.18%]	[1.27%]	[1.35%]	[1.42%]
78	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.08%]	[1.13%]	[1.19%]	[1.28%]	[1.36%]	[1.43%]
79	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.09%]	[1.14%]	[1.20%]	[1.29%]	[1.37%]	[1.44%]
80	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.10%]	[1.15%]	[1.21%]	[1.30%]	[1.38%]	[1.45%]
81	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.11%]	[1.16%]	[1.22%]	[1.31%]	[1.39%]	[1.46%]
82	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.12%]	[1.17%]	[1.23%]	[1.32%]	[1.40%]	[1.47%]
83	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.13%]	[1.18%]	[1.24%]	[1.33%]	[1.41%]	[1.48%]
84	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.14%]	[1.19%]	[1.25%]	[1.34%]	[1.42%]	[1.49%]
85	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.15%]	[1.20%]	[1.26%]	[1.35%]	[1.43%]	[1.50%]

Percentages for Ages and Contract years not shown will be furnished upon request.

SECURE INCOME BENEFIT (SIB) FEE

Electronic Fund Transfer: [\$0.00]
Payment By Check: [\$5.00]

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

DEFINITION OF TERMS

Account Value - The Account Value is equal to the sum of:

- (a) Premium paid, **less**;
- (b) Monthly Administrative Fees, **less**;
- (c) Any Gross Withdrawals, **plus**;
- (d) The Account Value Bonus, if any, **plus**;
- (e) Interest credited.

~~**Activities of Daily Living (ADL)** – Bathing, dressing, toileting, transferring, continence or eating without assistance as defined in Section 7702(b) of the Code.~~

Administrative Fee – A percentage of the Account Value calculated and deducted at the beginning of each Contract month. The Administrative Fee is shown on a Contract Data Page.

Age - A person's age on the Contract Date as of their last birthday.

Annuitant - The person who serves as the measuring life for purposes of determining the amount of annuity payments on the Annuity Date.

Annuity Date - The date annuity payments are scheduled to begin. The Annuity Date is shown on a Contract Data Page. During the lifetime of the Annuitant, and at least 1 year after the Contract Date and 30 days prior to the Annuity Date, You may change the Annuity Date in writing to Us.

Beneficiary - The person or persons who may: (a) receive the Death Benefit in accordance with the **Death Provisions**; or (b) receive benefits under a Settlement Option containing a fixed period certain.

Code - The U.S. Internal Revenue Code of 1986, as amended, and the rules and regulations issued thereunder.

Contract Date - The date this Contract becomes effective. The Contract Date is the date from which Contract Age, anniversaries, years and months are determined. The Contract Date is shown on a Contract Data Page.

Contract Age – A person's age as of the most recent Contract anniversary.

Death Benefit – The amount payable to the Beneficiary if any Owner dies before the Annuity Date. The Death Benefit is equal to the Account Value less Premium Tax, or Guaranteed Minimum Value if greater. This value is determined as of the date the last of the requirements that We require to process the death claim is received by Us at Our Office.

Gross Withdrawal - The amount of a withdrawal plus any Withdrawal Charge.

Guaranteed Minimum Value – The Guaranteed Minimum Value is equal to 87.5% of the Premium received, less any withdrawals (excluding Withdrawal Charges), less an annual charge of \$50, less any Premium Tax, with daily interest compounded at the Nonforfeiture Interest Rate.

Minimum Guaranteed Interest Rate - The minimum effective annual rate of interest We will credit to the Contract. The Minimum Guaranteed Interest Rate is shown on a Contract Data Page and is guaranteed for the life of the Contract.

Natural Person - A human being only and not a trust, corporation or any other legally recognized entity.

Net Premium - The Premium paid, less any Gross Withdrawals.

Office - means Our Administrative Office at [300 W. 11th Street, P.O. Box 410288, Kansas City, Missouri 64141-0288.]

Owner - Person(s) or entity(ies) who may exercise all rights and privileges under this Contract during the lifetime of the Annuitant. If an Owner is not a Natural Person, it must have a taxpayer identification number.

Premium – The Single Premium paid to Us as consideration for the benefits provided by the Contract.

Premium Tax - The tax imposed upon Premium, if any, and paid by Us. Not all jurisdictions impose a Premium Tax.

Surrender Value - The Surrender Value is equal to the greater of (a) the Account Value less the Withdrawal Charge, if any, and less any Premium Tax, or (b) the Guaranteed Minimum Value.

"We", "Us", "Our" and "Company" - Americo Financial Life and Annuity Insurance Company.

"You" and "Yours" - means any Owner of this Contract.

PREMIUM PAYMENT PROVISION

Premium is due on the Contract Date and is payable in advance at Our Office or to an authorized agent. This Contract is not in force until the Premium has been paid during the Owner's lifetime, or Annuitant's lifetime if the Owner is not a Natural Person.

ESTABLISHMENT AND CREDITING OF INTEREST

Establishment of Interest Rates

We will establish effective annual rates of interest by resolution of Our Board of Directors. The amount of such rates of interest will never be less than the Minimum Guaranteed Interest Rate shown on a Contract Data Page.

The effective annual rate of interest at the beginning of each Contract year is not subject to change for one year.

Crediting of Interest

Interest will be earned from the first (1st) day after the date the Premium is received at Our Office to the date of payment or other application by Us.

Interest will be credited on a daily basis, at a daily rate, which is the daily equivalent to the effective annual rate of interest then in effect.

Account Value Bonus

On the Account Value Bonus Date shown on a Contract Data Page, We will increase the Account Value. The Account Value will be increased by the Account Value Bonus Percentage shown on a Contract Data Page.

SECURE INCOME BENEFIT PROVISIONS

Secure Income Benefit (SIB)

The Secure Income Benefit (SIB) is a systematic level monthly withdrawal that may be elected by the Owner any time prior to the Annuity Date and on or after Your Contract Age 50. All amounts, timing and number of withdrawals within the SIB Provisions are determined in reference to the age of the eldest Owner.

The Secure Income Benefit has no cash value.

SIB Amount

You may request withdrawal of any SIB Amount not greater than the Maximum SIB Amount by notifying Us. The Maximum SIB Amount is a monthly amount equal to the Net Premium multiplied by the percentage shown in the Table of Secure Income Benefit (SIB) Percentages on a Contract Data Page at the time SIB withdrawals first commence.

If the requested SIB Amount is less than the Maximum SIB Amount, a Supplemental SIB Amount may be available for withdrawal. A Supplemental SIB Amount is equal to the cumulative difference between the Maximum SIB Amount and the SIB Amount being withdrawn, less any Supplemental SIB Amount previously withdrawn.

The SIB Fee shown on a Contract Data Page will be deducted from each SIB Amount or Supplemental SIB Amount withdrawn.

Number of SIB Withdrawals

The Maximum Number of SIB Withdrawals is the greater of 120 months or the number of months from the date SIB withdrawals first commence until the Contract month immediately preceding Your Contract Age 85.

The Remaining Number of SIB Withdrawals will be limited to the Maximum Number of SIB Withdrawals available when SIB withdrawals first commenced reduced by the number of SIB withdrawals already disbursed.

Changes in SIB Amount

Requested SIB Amount may be changed by You, but may never exceed the Maximum SIB Amount.

SIB withdrawals may be discontinued by You by notifying Us. The Supplemental SIB Amount will not increase until SIB withdrawals recommence.

~~After the fifth (5th) Contract anniversary, if You provide evidence acceptable to Us that You are unable to perform at least two Activities of Daily Living (ADLs), You may elect to have the Maximum SIB Amount doubled. If You so elect, the Remaining Number of SIB Withdrawals will be reduced fifty percent (50%) (rounded up to the next integer). Loss of ADLs must have manifested after the Contract Date.~~

Partial Withdrawal Effect on SIB

If after SIB withdrawals have commenced a Partial Withdrawal exceeds the Supplemental SIB Amount, then the Maximum SIB Amount will be reduced. The reduction to the Maximum SIB Amount will be the same percentage reduction that occurs in the Account Value due to the Gross Withdrawal amount in excess of the Supplemental SIB Amount. **Partial Withdrawals that exceed the Supplemental SIB Amount could reduce future SIB Amounts by more than the dollar amount of the excess withdrawal.**

If after SIB withdrawals have commenced You request a Partial Withdrawal over the telephone, We will let You know whether such withdrawal will affect your SIB Amount and/or the maximum amount You could withdraw without affecting Your SIB Amount.

If after SIB withdrawals have commenced You request a Partial Withdrawal via a withdrawal form provided by Us, the withdrawal form will include:

- (a) A warning in prominent print that any excess withdrawal could reduce future benefits by more than the dollar amount of the excess withdrawal; and,

- (b) An option to contact Us by telephone to find out if, as of that date, a contemplated withdrawal would trigger excess withdrawal treatment.

The actual dollar effect of such withdrawal on future SIB Amounts will be determined as of the date the form is received by Us.

SIB Termination

The SIB will terminate upon a change in ownership (or assignment) of the contract unless:

- (a) The new owner or assignee assumes full ownership of this contract and is essentially the same person (e.g. an individual ownership changed to a personal revocable trust, a joint ownership of husband and wife changed to the surviving spouse when one of them dies, a change to the owner's spouse during the owner's lifetime, a change to a court appointed guardian representing the owner during the owner's lifetime, etc.); or,
- (b) The assignment is for the purposes of effectuating a 1035 exchange of the contract (i.e. the Contract may continue during the temporary assignment period and not terminate until the Contract is actually surrendered).

Neither (a) nor (b) will change the Maximum SIB Amount or the Remaining Number of SIB Withdrawals if withdrawals have commenced.

SIB Annual Supplement

We will provide a supplement to the Annual Report that contains:

- (a) Before the first SIB withdrawal has commenced, the Maximum SIB Amount and the Net Premium.
- (b) After the first SIB withdrawal has commenced, the Maximum SIB Amount and the Remaining Number of SIB Withdrawals available.

Application of the Withdrawal Provision

SIB Amounts and Supplemental SIB Amounts are not subject to the Withdrawal Provisions.

WITHDRAWAL PROVISIONS

Partial Withdrawals

Upon written request before the Annuity Date, subject to the Secure Income Benefit Provisions, You may withdraw from this Contract, subject to the following conditions:

- (a) A withdrawal may not be less than \$500; and,
- (b) The Surrender Value remaining after a partial surrender must be at least \$2,000.

Total Surrender

Upon written request, in a form and manner satisfactory to Us, You may surrender this Contract for its Surrender Value at any time during the Annuitant's lifetime and before the Annuity Date. Payment of the Surrender Value will be in full settlement of Our liability under this Contract.

Withdrawal Charge

The Withdrawal Charge will be determined by multiplying the Account Value or Partial Withdrawal, as applicable, by the appropriate percentage as shown in the Table of Withdrawal Charge Percentages, on the date of withdrawal.

The Table of Withdrawal Charge Percentages is shown on a Contract Data Page.

Waiver of Withdrawal Charge

The Withdrawal Charge will be waived:

- (a) once in each Contract year after the first Contract year on withdrawn amounts equal to or less than 5% of the Account Value immediately prior to the withdrawal. If more than 5% of the Account Value is withdrawn, we will waive the Withdrawal Charge on the amount up to 5% of the Account Value only. Any unused percentage may not be carried over into the next Contract year; or
- (b) in the case of a Total Surrender, if You elect to apply the Surrender Value to a Settlement Option that is either life-contingent or has a Fixed Period Certain Only of at least 10 years.

We will waive the Withdrawal Charge on Secure Income Benefit Amounts and any Supplemental SIB Amount. Waiver of Withdrawal Charge up to 5% of the Account Value is not in addition to any Secure Income Benefit Amount or Supplemental SIB Amount paid.

We will waive the Withdrawal Charge for withdrawals of required minimum distributions (RMDs) applicable to the Account Value of the Contract as defined in the Code and regulations as amended.

Delay of Payment

We may delay payment of any partial withdrawal amount or total surrender amount, other than a Secure Income Benefit payment, for up to six (6) months, with the written approval of the insurance regulatory authority in Your jurisdiction, after We receive Your written request.

ANNUITY PAYMENT PROVISIONS

Annuity Payments

The Owner may designate the person(s) to whom annuity payments will be made. If the Owner fails to make such a designation, annuity payments will be made to the Annuitant during the Annuitant's lifetime.

Date Annuity Payments Start

Annuity payments will start on the Annuity Date if the Annuitant is living and the Contract has not been surrendered. Unless otherwise changed, the Settlement Option is shown on the Contract Data Page. At the Annuity Date if no Settlement has been elected, a Life Income with Fixed Period Certain of five years will be provided, unless otherwise required by the Code.

Change of Settlement Option

During the Annuitant's lifetime and before the Annuity Date, You may change the Settlement Option. Your written election must be received by Us at Our Office at least thirty (30) days prior to the Annuity Date.

Amount of Guaranteed Monthly Annuity

The amount of the annuity payments will be determined as of the Annuity Date. We will apply the Surrender Value as a single premium under the appropriate Settlement Option. The annuity payments at the time of their commencement will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

SETTLEMENT OPTIONS PROVISIONS

Settlement Options

Once payments have started, the election of Settlement Options 1 through 4 shall be final.

Settlement Options are available only with Our consent if: (a) this Contract is assigned; or (b) the payee is not a Natural Person.

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 \$50.00.

Option 1 - Life Income Only

We will pay equal monthly payments for the Annuitant's remaining lifetime. Payments end with the payment due just before the Annuitant's death. There is no death benefit under this Settlement Option.

Option 2 - Life Income with Fixed Period Certain

We will pay equal monthly payments for the longer of: (a) the Annuitant's life; or (b) the fixed period certain. The fixed period certain may be 10 years (120 months) or 20 years (240 months), but in no event may such fixed period certain exceed the Annuitant's life expectancy.

If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been paid.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate. If the Annuitant dies after all payments have been made for the fixed period certain, payments will end with the payment due just before the Annuitant's death.

Option 3 - Fixed Period Certain Only

We will pay equal annual, semiannual, quarterly or monthly payments for a fixed period certain of up to thirty (30) years, but in no event may such fixed period certain exceed the Annuitant's life expectancy. If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been made.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

Option 4 - Payments of a Fixed Amount

We will pay equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.

Option 5 - Proceeds Held At Interest Only

We will hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than five (5) years and no more than twenty (20) years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

Other Forms of Payment

Benefits can be provided under any other Settlement Option not described in this section, subject to Our agreement and any applicable federal or state law, rule or regulation.

DEATH PROVISIONS

In General

Notwithstanding any provision of this Contract to the contrary, any benefits required to be paid under this Contract will be paid in a manner that satisfies the requirements of Internal Revenue Code Section 72(s), as amended from time to time.

Death of Annuitant

If the Annuitant dies before annuity payments under a Settlement Option begin and while the Owner is living, and no Joint Annuitant has been named, the Owner will become the Annuitant, until and unless We receive other written notice.

If a Joint Annuitant has been named, then upon the death of the Annuitant, before annuity payments under a Settlement Option begin and while the Owner is living, the Joint Annuitant will become the Annuitant.

If the Owner is not a Natural Person, the Annuitant may not be changed or a new Annuitant may not be designated. For purposes of the **Death Provisions**, the Annuitant will be considered the Owner.

Death of Owner After Annuity Payments Begin

If any Owner dies on or after the date annuity payments under a Settlement Option begin, any remaining benefit payable will be distributed at least as rapidly as under the Settlement Option then in effect. Until all distributions have been made, the payee will have all rights of ownership.

Death of Owner Before Annuity Payments Begin

If any Owner dies before payment under a Settlement Option starts, We will pay the Death Benefit as described under the Payment of Death Benefit Provision. The Death Benefit must be distributed within five (5) years of the deceased Owner's death.

The Beneficiary may elect (within sixty (60) days of the date We receive due proof of death) to apply this sum under one of the Settlement Options as payee, provided:

- (a) Payments under the Settlement Option begin not later than one (1) year after any Owner's death; and,
- (b) Payments will be payable for the life of the Beneficiary, or over a period not greater than the Beneficiary's life expectancy.

In the event a married couple jointly owns this Contract, the surviving spouse becomes the Owner upon the death of a spouse and may elect to continue the Contract. If the new Owner is someone other than the deceased Owner's spouse, the Death Benefit of the Contract must be distributed within five (5) years of the deceased Owner's death.

If the designated Beneficiary is the surviving spouse of the deceased Owner, the surviving spouse may elect to continue the Contract as the new Owner.

Payment of Death Benefit

Unless You choose otherwise in writing to Us, payment of any Death Benefit will be made to the first person among the following who is alive following Your death:

- (1) The Primary Beneficiary;
- (2) The Contingent Beneficiary;
- (3) If no Primary or Contingent Beneficiary is alive when the Death Benefit is first due, We will make payment to the estate of the Owner or, if no estate, to the successors of the Owner.

Except as provided herein, non-survivors, heirs or estates will not be entitled to any shares. Any person who disclaims an interest will be considered not alive for purposes of this Contract as of the date of written disclaimer.

Proof of death and proper written claim must be received by Us. This Contract or a lost contract statement must be received by Us.

Claims of Creditors

So far as permitted by law, the benefits will not be subject to any claim of the Beneficiary's creditors.

OWNER AND BENEFICIARY PROVISIONS

Owner

The Owner is designated on the Contract Data Page, unless later changed. While the Annuitant is living, the Owner may exercise all rights and privileges granted by this Contract. If there are two (2) or more persons named as Owners, and unless otherwise specified on the application or on the copy of any assignment filed with Us, this Contract will be held in joint tenancy with right of survivorship. Any rights and privileges which may be exercised by the Owner may be exercised only with the consent of all joint Owners.

Change of Owner

You may change the designation of Owner during the lifetime of the Annuitant. Written notice of the change in Owner must be filed at Our Office in a form satisfactory to Us. Unless otherwise specified by the Owner, such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

Change of Annuitant

You may change the designation of the Annuitant at any time before the Annuity Date. Written notice of the change in Annuitant must be filed at Our Office in a form satisfactory to Us. Such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

The Annuitant may not be changed if the Owner is not a Natural Person.

Primary/Contingent Beneficiary

The Primary and Contingent Beneficiaries (if any) are the persons named on the application, unless later changed. If more than one person is named as Primary or Contingent Beneficiary, any payment will be made in equal shares to the survivors or survivor of such persons, unless otherwise provided. If the Beneficiary is "children," this means children born to or legally adopted by the Owner.

Change of Primary/Contingent Beneficiary

You may change the Primary and/or Contingent Beneficiary during the lifetime of the Annuitant by giving written notice to Us at Our Office in a form satisfactory to Us. We will not be bound by any change of Beneficiary unless it is made in writing and recorded at Our Office.

The change in Beneficiary will take effect on the date of the written request, but will be subject to any payment made or other action taken by Us before the request was filed. A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary, except to the extent required by law.

Death of Primary/Contingent Beneficiary

The interest of any Primary or Contingent Beneficiary who dies before the Owner will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen (15) days after, the Owner will also terminate if no benefits have been paid to such Beneficiary. The benefits will then be paid as though the Beneficiary had died before the Owner.

GENERAL PROVISIONS**Entire Contract**

This Contract is issued in consideration of the application and payment of the Premium. The Contract, the application, a copy of which is attached, and all amendments, endorsements and riders which are attached, make the entire contract. All statements made by the applicant shall, in the absence of fraud, be deemed representations and not warranties.

Misstatement of Age or Sex

If the age or sex of the Annuitant or of any other measuring life has been misstated, all amounts payable under this Contract will be those which would be due if the correct age and/or sex had been stated. Any adjustment will be made against the current or next succeeding payments, with yearly interest (not to exceed 6%) charged or credited.

Basis of Computation

The rates for Settlement Options are based upon the Individual Annuity 2000 Mortality Table and an annual effective interest rate of 1.0%.

The settlement options, surrender values and death benefits available under this Contract are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, Model #805.

Proof of Age and Sex

We have the right to require proof satisfactory to Us of the payee's age and sex. We will require this proof before We make any payments.

Proof of Survival

We have the right to require proof satisfactory to Us that the payee is alive at the time each annuity payment or SIB withdrawal is due.

Changes in the Contract

Only Our President, Vice President or Secretary has the authority to make any changes to this Contract. Any such changes must be made in writing and endorsed by an authorized person. No agent or other person has authority to change this Contract or any of its provisions.

We may change or amend this Contract without Your consent only for either of the following reasons:

1. The modification is necessary to make the contract comply with any law or regulation; or,
2. The modification is necessary to assure that the contract maintains its status as an annuity contract for federal income tax purposes.

In the event of a modification, We will send You an endorsement to reflect the modification. No modification is valid unless made in writing by Us and approved by one of Our officers.

Incontestability

This Contract will be incontestable from the Contract Date.

Assignment of Contract

Unless otherwise specified by the Owner, any assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of the notice. We will not assume any responsibility for the validity or sufficiency of an assignment. Any claim under an assignment will be subject to proof of the assignee's interest satisfactory to Us. The interest of any Beneficiary will be subject to the rights of any assignee of record at Our Office, unless the Beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment.

Annual Report

At least once each Contract year after the first Contract year, We will mail to the Owner a report of the Account Value and Surrender Value, plus all amounts debited and credited during the Contract year. The report will also contain the SIB Annual Supplement. The report will be mailed to the last address of the Owner reported to Us. The information will be as of a date not more than two months prior to the date of mailing.

Conformity with State Law

Any terms of this Contract which, on the Contract 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.

Payments by the Company

All sums payable by Us under this Contract are payable at Our Office. All dollar amounts stated in this Contract mean United States dollars. Any money paid to or by Us must be in United States currency.

Premium Taxes

If applicable in the jurisdiction in which You reside, the amount of any premium tax imposed on Us relating to this Contract will be deducted in accordance with the Company's then current practice and any applicable jurisdictional law regarding premium taxes.

If premium tax rates change under Your jurisdiction's law, the applicable premium tax may also change. If You change the jurisdiction in which You reside, the premium tax may or may not apply.

Notices and Directions

We will not be bound by any authorization, direction, election or notice which is not in writing and received by Us at Our Office. All written notices required of Us by this Contract shall be presumed made on the date of mailing to the last known address of the Owner as shown on Our records.

Nonparticipating

This Contract is nonparticipating and will not share in Our profits or surplus earnings. We will pay no dividends on this Contract.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
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]

THIS IS A LEGAL CONTRACT - PLEASE READ IT CAREFULLY

Americo Financial Life and Annuity Insurance Company ("We", "Us", "Our" and "Company") will, subject to the terms of this Contract, pay an annuity commencing on the Annuity Date to the Annuitant, if then living, in accordance with the **Annuity Payment Provisions**. If an Owner dies while the Contract is in force and before the Annuity Date, the Company will pay a Death Benefit to the Beneficiary upon receipt of due proof of death. All payments made are subject to the provisions contained on the following pages, all of which are part of this Contract.

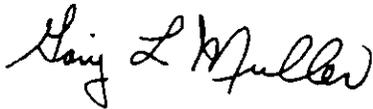
**NOTICE OF 30 DAY RIGHT TO EXAMINE
RIGHT TO CANCEL**

This Contract may be cancelled by delivering or mailing a written notice to Americo Financial Life and Annuity Insurance Company, [P.O. Box 410288, Kansas City, Missouri 64141-0288] or to the insurance agent through whom it was effected, and by returning the Contract before midnight of the thirtieth 30th day after the date the Contract is delivered. Notice given by mail and return of the Contract by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all Premium less any withdrawals within ten (10) days after it receives notice of cancellation and the returned Contract.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Contract, 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: Policyowner Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288.] You may also email Us at [customer.service@americo.com].

Signed for the Company at [Kansas City, Missouri], to be effective on the Contract Date.



Chief Executive Officer



Secretary

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

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CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]
MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

TABLE OF WITHDRAWAL CHARGE PERCENTAGES

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>	<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%	6	5%
2	9%	7	4%
3	8%	8	3%
4	7%	9	2%
5	6%	10	1%
		11+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly
~~**ACCOUNT VALUE BONUS DATE:-** [5th] Contract Anniversary~~
~~**ACCOUNT VALUE BONUS PERCENTAGE:** [5]%~~

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

CONTRACT DATA PAGE

TABLE OF SECURE INCOME BENEFIT (SIB) PERCENTAGES

Age at Contract Date	Contract Year									
	1	2	3	4	5	6	7	8	9	10
50	[0.37%]	[0.41%]	[0.43%]	[0.44%]	[0.47%]	[0.51%]	[0.56%]	[0.58%]	[0.62%]	[0.65%]
51	[0.37%]	[0.41%]	[0.43%]	[0.45%]	[0.48%]	[0.52%]	[0.57%]	[0.59%]	[0.64%]	[0.67%]
52	[0.38%]	[0.42%]	[0.44%]	[0.46%]	[0.49%]	[0.53%]	[0.58%]	[0.61%]	[0.66%]	[0.69%]
53	[0.39%]	[0.42%]	[0.45%]	[0.47%]	[0.51%]	[0.55%]	[0.60%]	[0.63%]	[0.68%]	[0.71%]
54	[0.40%]	[0.43%]	[0.46%]	[0.48%]	[0.52%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.73%]
55	[0.41%]	[0.44%]	[0.47%]	[0.50%]	[0.54%]	[0.58%]	[0.63%]	[0.67%]	[0.72%]	[0.75%]
56	[0.41%]	[0.44%]	[0.47%]	[0.51%]	[0.55%]	[0.59%]	[0.64%]	[0.68%]	[0.74%]	[0.77%]
57	[0.42%]	[0.45%]	[0.48%]	[0.52%]	[0.56%]	[0.60%]	[0.65%]	[0.70%]	[0.76%]	[0.80%]
58	[0.43%]	[0.45%]	[0.49%]	[0.53%]	[0.58%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.82%]
59	[0.44%]	[0.46%]	[0.50%]	[0.54%]	[0.59%]	[0.63%]	[0.68%]	[0.74%]	[0.80%]	[0.85%]
60	[0.45%]	[0.47%]	[0.51%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.76%]	[0.82%]	[0.87%]
61	[0.46%]	[0.48%]	[0.52%]	[0.57%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.85%]	[0.90%]
62	[0.47%]	[0.49%]	[0.53%]	[0.58%]	[0.64%]	[0.69%]	[0.74%]	[0.80%]	[0.88%]	[0.93%]
63	[0.48%]	[0.50%]	[0.54%]	[0.60%]	[0.65%]	[0.71%]	[0.76%]	[0.83%]	[0.91%]	[0.97%]
64	[0.49%]	[0.51%]	[0.55%]	[0.61%]	[0.67%]	[0.73%]	[0.78%]	[0.85%]	[0.94%]	[1.00%]
65	[0.50%]	[0.53%]	[0.57%]	[0.63%]	[0.69%]	[0.75%]	[0.81%]	[0.88%]	[0.97%]	[1.03%]
66	[0.51%]	[0.55%]	[0.59%]	[0.65%]	[0.72%]	[0.79%]	[0.85%]	[0.92%]	[1.01%]	[1.07%]
67	[0.53%]	[0.57%]	[0.62%]	[0.68%]	[0.75%]	[0.83%]	[0.90%]	[0.96%]	[1.05%]	[1.10%]
68	[0.55%]	[0.59%]	[0.65%]	[0.71%]	[0.78%]	[0.88%]	[0.94%]	[1.01%]	[1.09%]	[1.15%]
69	[0.57%]	[0.61%]	[0.68%]	[0.74%]	[0.81%]	[0.92%]	[0.99%]	[1.05%]	[1.13%]	[1.18%]
70	[0.59%]	[0.64%]	[0.71%]	[0.77%]	[0.85%]	[0.97%]	[1.04%]	[1.10%]	[1.17%]	[1.22%]
71	[0.64%]	[0.69%]	[0.75%]	[0.81%]	[0.89%]	[0.99%]	[1.06%]	[1.13%]	[1.20%]	[1.26%]
72	[0.70%]	[0.74%]	[0.80%]	[0.86%]	[0.93%]	[1.02%]	[1.09%]	[1.16%]	[1.23%]	[1.29%]
73	[0.75%]	[0.79%]	[0.85%]	[0.91%]	[0.97%]	[1.04%]	[1.11%]	[1.19%]	[1.26%]	[1.32%]
74	[0.81%]	[0.84%]	[0.90%]	[0.96%]	[1.01%]	[1.07%]	[1.14%]	[1.22%]	[1.29%]	[1.35%]
75	[0.87%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.10%]	[1.17%]	[1.25%]	[1.33%]	[1.40%]
76	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.11%]	[1.17%]	[1.26%]	[1.34%]	[1.41%]
77	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.07%]	[1.12%]	[1.18%]	[1.27%]	[1.35%]	[1.42%]
78	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.08%]	[1.13%]	[1.19%]	[1.28%]	[1.36%]	[1.43%]
79	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.09%]	[1.14%]	[1.20%]	[1.29%]	[1.37%]	[1.44%]
80	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.10%]	[1.15%]	[1.21%]	[1.30%]	[1.38%]	[1.45%]
81	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.11%]	[1.16%]	[1.22%]	[1.31%]	[1.39%]	[1.46%]
82	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.12%]	[1.17%]	[1.23%]	[1.32%]	[1.40%]	[1.47%]
83	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.13%]	[1.18%]	[1.24%]	[1.33%]	[1.41%]	[1.48%]
84	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.14%]	[1.19%]	[1.25%]	[1.34%]	[1.42%]	[1.49%]
85	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.15%]	[1.20%]	[1.26%]	[1.35%]	[1.43%]	[1.50%]

Percentages for Ages and Contract years not shown will be furnished upon request.

SECURE INCOME BENEFIT (SIB) FEE

Electronic Fund Transfer: [\$0.00]
Payment By Check: [\$5.00]

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

DEFINITION OF TERMS

Account Value - The Account Value is equal to the sum of:

- (a) Premium paid, **less**;
- (b) Monthly Administrative Fees, **less**;
- (c) Any Gross Withdrawals, **plus**;
- ~~(d) The Account Value Bonus, if any, plus;~~
- ~~(e)~~(d) Interest credited.

Activities of Daily Living (ADL) - Bathing, dressing, toileting, transferring, continence or eating without assistance as defined in Section 7702(b) of the Code.

Administrative Fee – A percentage of the Account Value calculated and deducted at the beginning of each Contract month. The Administrative Fee is shown on a Contract Data Page.

Age - A person's age on the Contract Date as of their last birthday.

Annuitant - The person who serves as the measuring life for purposes of determining the amount of annuity payments on the Annuity Date.

Annuity Date - The date annuity payments are scheduled to begin. The Annuity Date is shown on a Contract Data Page. During the lifetime of the Annuitant, and at least 1 year after the Contract Date and 30 days prior to the Annuity Date, You may change the Annuity Date in writing to Us.

Beneficiary - The person or persons who may: (a) receive the Death Benefit in accordance with the **Death Provisions**; or (b) receive benefits under a Settlement Option containing a fixed period certain.

Code - The U.S. Internal Revenue Code of 1986, as amended, and the rules and regulations issued thereunder.

Contract Date - The date this Contract becomes effective. The Contract Date is the date from which Contract Age, anniversaries, years and months are determined. The Contract Date is shown on a Contract Data Page.

Contract Age – A person's age as of the most recent Contract anniversary.

Death Benefit – The amount payable to the Beneficiary if any Owner dies before the Annuity Date. The Death Benefit is equal to the Account Value less Premium Tax, or Guaranteed Minimum Value if greater. This value is determined as of the date the last of the requirements that We require to process the death claim is received by Us at Our Office.

Gross Withdrawal - The amount of a withdrawal plus any Withdrawal Charge.

Guaranteed Minimum Value – The Guaranteed Minimum Value is equal to 87.5% of the Premium received, less any withdrawals (excluding Withdrawal Charges), less an annual charge of \$50, less any Premium Tax, with daily interest compounded at the Nonforfeiture Interest Rate.

Minimum Guaranteed Interest Rate - The minimum effective annual rate of interest We will credit to the Contract. The Minimum Guaranteed Interest Rate is shown on a Contract Data Page and is guaranteed for the life of the Contract.

Natural Person - A human being only and not a trust, corporation or any other legally recognized entity.

Net Premium - The Premium paid, less any Gross Withdrawals.

Office - means Our Administrative Office at [300 W. 11th Street, P.O. Box 410288, Kansas City, Missouri 64141-0288.]

Owner - Person(s) or entity(ies) who may exercise all rights and privileges under this Contract during the lifetime of the Annuitant. If an Owner is not a Natural Person, it must have a taxpayer identification number.

Premium – The Single Premium paid to Us as consideration for the benefits provided by the Contract.

Premium Tax - The tax imposed upon Premium, if any, and paid by Us. Not all jurisdictions impose a Premium Tax.

Surrender Value - The Surrender Value is equal to the greater of (a) the Account Value less the Withdrawal Charge, if any, and less any Premium Tax, or (b) the Guaranteed Minimum Value.

"We", "Us", "Our" and "Company" - Americo Financial Life and Annuity Insurance Company.

"You" and "Yours" - means any Owner of this Contract.

PREMIUM PAYMENT PROVISION

Premium is due on the Contract Date and is payable in advance at Our Office or to an authorized agent. This Contract is not in force until the Premium has been paid during the Owner's lifetime, or Annuitant's lifetime if the Owner is not a Natural Person.

ESTABLISHMENT AND CREDITING OF INTEREST

Establishment of Interest Rates

We will establish effective annual rates of interest by resolution of Our Board of Directors. The amount of such rates of interest will never be less than the Minimum Guaranteed Interest Rate shown on a Contract Data Page.

The effective annual rate of interest at the beginning of each Contract year is not subject to change for one year.

Crediting of Interest

Interest will be earned from the first (1st) day after the date the Premium is received at Our Office to the date of payment or other application by Us.

Interest will be credited on a daily basis, at a daily rate, which is the daily equivalent to the effective annual rate of interest then in effect.

Account Value Bonus

~~On the Account Value Bonus Date shown on a Contract Data Page, We will increase the Account Value. The Account Value will be increased by the Account Value Bonus Percentage shown on a Contract Data Page.~~

SECURE INCOME BENEFIT PROVISIONS

Secure Income Benefit (SIB)

The Secure Income Benefit (SIB) is a systematic level monthly withdrawal that may be elected by the Owner any time prior to the Annuity Date and on or after Your Contract Age 50. All amounts, timing and number of withdrawals within the SIB Provisions are determined in reference to the age of the eldest Owner.

The Secure Income Benefit has no cash value.

SIB Amount

You may request withdrawal of any SIB Amount not greater than the Maximum SIB Amount by notifying Us. The Maximum SIB Amount is a monthly amount equal to the Net Premium multiplied by the percentage shown in the Table of Secure Income Benefit (SIB) Percentages on a Contract Data Page at the time SIB withdrawals first commence.

If the requested SIB Amount is less than the Maximum SIB Amount, a Supplemental SIB Amount may be available for withdrawal. A Supplemental SIB Amount is equal to the cumulative difference between the Maximum SIB Amount and the SIB Amount being withdrawn, less any Supplemental SIB Amount previously withdrawn.

The SIB Fee shown on a Contract Data Page will be deducted from each SIB Amount or Supplemental SIB Amount withdrawn.

Number of SIB Withdrawals

The Maximum Number of SIB Withdrawals is the greater of 120 months or the number of months from the date SIB withdrawals first commence until the Contract month immediately preceding Your Contract Age 85.

The Remaining Number of SIB Withdrawals will be limited to the Maximum Number of SIB Withdrawals available when SIB withdrawals first commenced reduced by the number of SIB withdrawals already disbursed.

Changes in SIB Amount

Requested SIB Amount may be changed by You, but may never exceed the Maximum SIB Amount.

SIB withdrawals may be discontinued by You by notifying Us. The Supplemental SIB Amount will not increase until SIB withdrawals recommence.

After the fifth (5th) Contract anniversary, if You provide evidence acceptable to Us that You are unable to perform at least two Activities of Daily Living (ADLs), You may elect to have the Maximum SIB Amount doubled. If You so elect, the Remaining Number of SIB Withdrawals will be reduced fifty percent (50%) (rounded up to the next integer). Loss of ADLs must have manifested after the Contract Date.

Partial Withdrawal Effect on SIB

If after SIB withdrawals have commenced a Partial Withdrawal exceeds the Supplemental SIB Amount, then the Maximum SIB Amount will be reduced. The reduction to the Maximum SIB Amount will be the same percentage reduction that occurs in the Account Value due to the Gross Withdrawal amount in excess of the Supplemental SIB Amount. **Partial Withdrawals that exceed the Supplemental SIB Amount could reduce future SIB Amounts by more than the dollar amount of the excess withdrawal.**

If after SIB withdrawals have commenced You request a Partial Withdrawal over the telephone, We will let You know whether such withdrawal will affect your SIB Amount and/or the maximum amount You could withdraw without affecting Your SIB Amount.

If after SIB withdrawals have commenced You request a Partial Withdrawal via a withdrawal form provided by Us, the withdrawal form will include:

- (a) A warning in prominent print that any excess withdrawal could reduce future benefits by more than the dollar amount of the excess withdrawal; and,

- (b) An option to contact Us by telephone to find out if, as of that date, a contemplated withdrawal would trigger excess withdrawal treatment.

The actual dollar effect of such withdrawal on future SIB Amounts will be determined as of the date the form is received by Us.

SIB Termination

The SIB will terminate upon a change in ownership (or assignment) of the contract unless:

- (a) The new owner or assignee assumes full ownership of this contract and is essentially the same person (e.g. an individual ownership changed to a personal revocable trust, a joint ownership of husband and wife changed to the surviving spouse when one of them dies, a change to the owner's spouse during the owner's lifetime, a change to a court appointed guardian representing the owner during the owner's lifetime, etc.); or,
- (b) The assignment is for the purposes of effectuating a 1035 exchange of the contract (i.e. the Contract may continue during the temporary assignment period and not terminate until the Contract is actually surrendered).

Neither (a) nor (b) will change the Maximum SIB Amount or the Remaining Number of SIB Withdrawals if withdrawals have commenced.

SIB Annual Supplement

We will provide a supplement to the Annual Report that contains:

- (a) Before the first SIB withdrawal has commenced, the Maximum SIB Amount and the Net Premium.
- (b) After the first SIB withdrawal has commenced, the Maximum SIB Amount and the Remaining Number of SIB Withdrawals available.

Application of the Withdrawal Provision

SIB Amounts and Supplemental SIB Amounts are not subject to the Withdrawal Provisions.

WITHDRAWAL PROVISIONS

Partial Withdrawals

Upon written request before the Annuity Date, subject to the Secure Income Benefit Provisions, You may withdraw from this Contract, subject to the following conditions:

- (a) A withdrawal may not be less than \$500; and,
- (b) The Surrender Value remaining after a partial surrender must be at least \$2,000.

Total Surrender

Upon written request, in a form and manner satisfactory to Us, You may surrender this Contract for its Surrender Value at any time during the Annuitant's lifetime and before the Annuity Date. Payment of the Surrender Value will be in full settlement of Our liability under this Contract.

Withdrawal Charge

The Withdrawal Charge will be determined by multiplying the Account Value or Partial Withdrawal, as applicable, by the appropriate percentage as shown in the Table of Withdrawal Charge Percentages, on the date of withdrawal.

The Table of Withdrawal Charge Percentages is shown on a Contract Data Page.

Waiver of Withdrawal Charge

The Withdrawal Charge will be waived:

- (a) once in each Contract year after the first Contract year on withdrawn amounts equal to or less than 5% of the Account Value immediately prior to the withdrawal. If more than 5% of the Account Value is withdrawn, we will waive the Withdrawal Charge on the amount up to 5% of the Account Value only. Any unused percentage may not be carried over into the next Contract year; or
- (b) in the case of a Total Surrender, if You elect to apply the Surrender Value to a Settlement Option that is either life-contingent or has a Fixed Period Certain Only of at least 10 years.

We will waive the Withdrawal Charge on Secure Income Benefit Amounts and any Supplemental SIB Amount. Waiver of Withdrawal Charge up to 5% of the Account Value is not in addition to any Secure Income Benefit Amount or Supplemental SIB Amount paid.

We will waive the Withdrawal Charge for withdrawals of required minimum distributions (RMDs) applicable to the Account Value of the Contract as defined in the Code and regulations as amended.

Delay of Payment

We may delay payment of any partial withdrawal amount or total surrender amount, other than a Secure Income Benefit payment, for up to six (6) months, with the written approval of the insurance regulatory authority in Your jurisdiction, after We receive Your written request.

ANNUITY PAYMENT PROVISIONS

Annuity Payments

The Owner may designate the person(s) to whom annuity payments will be made. If the Owner fails to make such a designation, annuity payments will be made to the Annuitant during the Annuitant's lifetime.

Date Annuity Payments Start

Annuity payments will start on the Annuity Date if the Annuitant is living and the Contract has not been surrendered. Unless otherwise changed, the Settlement Option is shown on the Contract Data Page. At the Annuity Date if no Settlement has been elected, a Life Income with Fixed Period Certain of five years will be provided, unless otherwise required by the Code.

Change of Settlement Option

During the Annuitant's lifetime and before the Annuity Date, You may change the Settlement Option. Your written election must be received by Us at Our Office at least thirty (30) days prior to the Annuity Date.

Amount of Guaranteed Monthly Annuity

The amount of the annuity payments will be determined as of the Annuity Date. We will apply the Surrender Value as a single premium under the appropriate Settlement Option. The annuity payments at the time of their commencement will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

SETTLEMENT OPTIONS PROVISIONS

Settlement Options

Once payments have started, the election of Settlement Options 1 through 4 shall be final.

Settlement Options are available only with Our consent if: (a) this Contract is assigned; or (b) the payee is not a Natural Person.

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 \$50.00.

Option 1 - Life Income Only

We will pay equal monthly payments for the Annuitant's remaining lifetime. Payments end with the payment due just before the Annuitant's death. There is no death benefit under this Settlement Option.

Option 2 - Life Income with Fixed Period Certain

We will pay equal monthly payments for the longer of: (a) the Annuitant's life; or (b) the fixed period certain. The fixed period certain may be 10 years (120 months) or 20 years (240 months), but in no event may such fixed period certain exceed the Annuitant's life expectancy.

If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been paid.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate. If the Annuitant dies after all payments have been made for the fixed period certain, payments will end with the payment due just before the Annuitant's death.

Option 3 - Fixed Period Certain Only

We will pay equal annual, semiannual, quarterly or monthly payments for a fixed period certain of up to thirty (30) years, but in no event may such fixed period certain exceed the Annuitant's life expectancy. If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been made.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

Option 4 - Payments of a Fixed Amount

We will pay equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.

Option 5 - Proceeds Held At Interest Only

We will hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than five (5) years and no more than twenty (20) years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

Other Forms of Payment

Benefits can be provided under any other Settlement Option not described in this section, subject to Our agreement and any applicable federal or state law, rule or regulation.

DEATH PROVISIONS

In General

Notwithstanding any provision of this Contract to the contrary, any benefits required to be paid under this Contract will be paid in a manner that satisfies the requirements of Internal Revenue Code Section 72(s), as amended from time to time.

Death of Annuitant

If the Annuitant dies before annuity payments under a Settlement Option begin and while the Owner is living, and no Joint Annuitant has been named, the Owner will become the Annuitant, until and unless We receive other written notice.

If a Joint Annuitant has been named, then upon the death of the Annuitant, before annuity payments under a Settlement Option begin and while the Owner is living, the Joint Annuitant will become the Annuitant.

If the Owner is not a Natural Person, the Annuitant may not be changed or a new Annuitant may not be designated. For purposes of the **Death Provisions**, the Annuitant will be considered the Owner.

Death of Owner After Annuity Payments Begin

If any Owner dies on or after the date annuity payments under a Settlement Option begin, any remaining benefit payable will be distributed at least as rapidly as under the Settlement Option then in effect. Until all distributions have been made, the payee will have all rights of ownership.

Death of Owner Before Annuity Payments Begin

If any Owner dies before payment under a Settlement Option starts, We will pay the Death Benefit as described under the Payment of Death Benefit Provision. The Death Benefit must be distributed within five (5) years of the deceased Owner's death.

The Beneficiary may elect (within sixty (60) days of the date We receive due proof of death) to apply this sum under one of the Settlement Options as payee, provided:

- (a) Payments under the Settlement Option begin not later than one (1) year after any Owner's death; and,
- (b) Payments will be payable for the life of the Beneficiary, or over a period not greater than the Beneficiary's life expectancy.

In the event a married couple jointly owns this Contract, the surviving spouse becomes the Owner upon the death of a spouse and may elect to continue the Contract. If the new Owner is someone other than the deceased Owner's spouse, the Death Benefit of the Contract must be distributed within five (5) years of the deceased Owner's death.

If the designated Beneficiary is the surviving spouse of the deceased Owner, the surviving spouse may elect to continue the Contract as the new Owner.

Payment of Death Benefit

Unless You choose otherwise in writing to Us, payment of any Death Benefit will be made to the first person among the following who is alive following Your death:

- (1) The Primary Beneficiary;
- (2) The Contingent Beneficiary;
- (3) If no Primary or Contingent Beneficiary is alive when the Death Benefit is first due, We will make payment to the estate of the Owner or, if no estate, to the successors of the Owner.

Except as provided herein, non-survivors, heirs or estates will not be entitled to any shares. Any person who disclaims an interest will be considered not alive for purposes of this Contract as of the date of written disclaimer.

Proof of death and proper written claim must be received by Us. This Contract or a lost contract statement must be received by Us.

Claims of Creditors

So far as permitted by law, the benefits will not be subject to any claim of the Beneficiary's creditors.

OWNER AND BENEFICIARY PROVISIONS

Owner

The Owner is designated on the Contract Data Page, unless later changed. While the Annuitant is living, the Owner may exercise all rights and privileges granted by this Contract. If there are two (2) or more persons named as Owners, and unless otherwise specified on the application or on the copy of any assignment filed with Us, this Contract will be held in joint tenancy with right of survivorship. Any rights and privileges which may be exercised by the Owner may be exercised only with the consent of all joint Owners.

Change of Owner

You may change the designation of Owner during the lifetime of the Annuitant. Written notice of the change in Owner must be filed at Our Office in a form satisfactory to Us. Unless otherwise specified by the Owner, such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

Change of Annuitant

You may change the designation of the Annuitant at any time before the Annuity Date. Written notice of the change in Annuitant must be filed at Our Office in a form satisfactory to Us. Such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

The Annuitant may not be changed if the Owner is not a Natural Person.

Primary/Contingent Beneficiary

The Primary and Contingent Beneficiaries (if any) are the persons named on the application, unless later changed. If more than one person is named as Primary or Contingent Beneficiary, any payment will be made in equal shares to the survivors or survivor of such persons, unless otherwise provided. If the Beneficiary is "children," this means children born to or legally adopted by the Owner.

Change of Primary/Contingent Beneficiary

You may change the Primary and/or Contingent Beneficiary during the lifetime of the Annuitant by giving written notice to Us at Our Office in a form satisfactory to Us. We will not be bound by any change of Beneficiary unless it is made in writing and recorded at Our Office.

The change in Beneficiary will take effect on the date of the written request, but will be subject to any payment made or other action taken by Us before the request was filed. A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary, except to the extent required by law.

Death of Primary/Contingent Beneficiary

The interest of any Primary or Contingent Beneficiary who dies before the Owner will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen (15) days after, the Owner will also terminate if no benefits have been paid to such Beneficiary. The benefits will then be paid as though the Beneficiary had died before the Owner.

GENERAL PROVISIONS**Entire Contract**

This Contract is issued in consideration of the application and payment of the Premium. The Contract, the application, a copy of which is attached, and all amendments, endorsements and riders which are attached, make the entire contract. All statements made by the applicant shall, in the absence of fraud, be deemed representations and not warranties.

Misstatement of Age or Sex

If the age or sex of the Annuitant or of any other measuring life has been misstated, all amounts payable under this Contract will be those which would be due if the correct age and/or sex had been stated. Any adjustment will be made against the current or next succeeding payments, with yearly interest (not to exceed 6%) charged or credited.

Basis of Computation

The rates for Settlement Options are based upon the Individual Annuity 2000 Mortality Table and an annual effective interest rate of 1.0%.

The settlement options, surrender values and death benefits available under this Contract are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, Model #805.

Proof of Age and Sex

We have the right to require proof satisfactory to Us of the payee's age and sex. We will require this proof before We make any payments.

Proof of Survival

We have the right to require proof satisfactory to Us that the payee is alive at the time each annuity payment or SIB withdrawal is due.

Changes in the Contract

Only Our President, Vice President or Secretary has the authority to make any changes to this Contract. Any such changes must be made in writing and endorsed by an authorized person. No agent or other person has authority to change this Contract or any of its provisions.

We may change or amend this Contract without Your consent only for either of the following reasons:

1. The modification is necessary to make the contract comply with any law or regulation; or,
2. The modification is necessary to assure that the contract maintains its status as an annuity contract for federal income tax purposes.

In the event of a modification, We will send You an endorsement to reflect the modification. No modification is valid unless made in writing by Us and approved by one of Our officers.

Incontestability

This Contract will be incontestable from the Contract Date.

Assignment of Contract

Unless otherwise specified by the Owner, any assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of the notice. We will not assume any responsibility for the validity or sufficiency of an assignment. Any claim under an assignment will be subject to proof of the assignee's interest satisfactory to Us. The interest of any Beneficiary will be subject to the rights of any assignee of record at Our Office, unless the Beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment.

Annual Report

At least once each Contract year after the first Contract year, We will mail to the Owner a report of the Account Value and Surrender Value, plus all amounts debited and credited during the Contract year. The report will also contain the SIB Annual Supplement. The report will be mailed to the last address of the Owner reported to Us. The information will be as of a date not more than two months prior to the date of mailing.

Conformity with State Law

Any terms of this Contract which, on the Contract 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.

Payments by the Company

All sums payable by Us under this Contract are payable at Our Office. All dollar amounts stated in this Contract mean United States dollars. Any money paid to or by Us must be in United States currency.

Premium Taxes

If applicable in the jurisdiction in which You reside, the amount of any premium tax imposed on Us relating to this Contract will be deducted in accordance with the Company's then current practice and any applicable jurisdictional law regarding premium taxes.

If premium tax rates change under Your jurisdiction's law, the applicable premium tax may also change. If You change the jurisdiction in which You reside, the premium tax may or may not apply.

Notices and Directions

We will not be bound by any authorization, direction, election or notice which is not in writing and received by Us at Our Office. All written notices required of Us by this Contract shall be presumed made on the date of mailing to the last known address of the Owner as shown on Our records.

Nonparticipating

This Contract is nonparticipating and will not share in Our profits or surplus earnings. We will pay no dividends on this Contract.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]

MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%
2	9%
3	8%
4	7%
5	6%
6+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly
~~**ACCOUNT VALUE BONUS DATE:** [5th] Contract Anniversary~~
~~**ACCOUNT VALUE BONUS PERCENTAGE:** [5]%~~

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

CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]
MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

TABLE OF WITHDRAWAL CHARGE PERCENTAGES

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>	<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%	6	5%
2	9%	7	4%
3	8%	8	3%
4	7%	9	2%
5	6%	10	1%
		11+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly
~~**ACCOUNT VALUE BONUS DATE:-** [5th] Contract Anniversary~~
~~**ACCOUNT VALUE BONUS PERCENTAGE:** [5]%~~

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

CONTRACT DATA PAGE

TABLE OF SECURE INCOME BENEFIT (SIB) PERCENTAGES

Age at Contract Date	Contract Year									
	1	2	3	4	5	6	7	8	9	10
50	[0.37%]	[0.41%]	[0.43%]	[0.44%]	[0.47%]	[0.51%]	[0.56%]	[0.58%]	[0.62%]	[0.65%]
51	[0.37%]	[0.41%]	[0.43%]	[0.45%]	[0.48%]	[0.52%]	[0.57%]	[0.59%]	[0.64%]	[0.67%]
52	[0.38%]	[0.42%]	[0.44%]	[0.46%]	[0.49%]	[0.53%]	[0.58%]	[0.61%]	[0.66%]	[0.69%]
53	[0.39%]	[0.42%]	[0.45%]	[0.47%]	[0.51%]	[0.55%]	[0.60%]	[0.63%]	[0.68%]	[0.71%]
54	[0.40%]	[0.43%]	[0.46%]	[0.48%]	[0.52%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.73%]
55	[0.41%]	[0.44%]	[0.47%]	[0.50%]	[0.54%]	[0.58%]	[0.63%]	[0.67%]	[0.72%]	[0.75%]
56	[0.41%]	[0.44%]	[0.47%]	[0.51%]	[0.55%]	[0.59%]	[0.64%]	[0.68%]	[0.74%]	[0.77%]
57	[0.42%]	[0.45%]	[0.48%]	[0.52%]	[0.56%]	[0.60%]	[0.65%]	[0.70%]	[0.76%]	[0.80%]
58	[0.43%]	[0.45%]	[0.49%]	[0.53%]	[0.58%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.82%]
59	[0.44%]	[0.46%]	[0.50%]	[0.54%]	[0.59%]	[0.63%]	[0.68%]	[0.74%]	[0.80%]	[0.85%]
60	[0.45%]	[0.47%]	[0.51%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.76%]	[0.82%]	[0.87%]
61	[0.46%]	[0.48%]	[0.52%]	[0.57%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.85%]	[0.90%]
62	[0.47%]	[0.49%]	[0.53%]	[0.58%]	[0.64%]	[0.69%]	[0.74%]	[0.80%]	[0.88%]	[0.93%]
63	[0.48%]	[0.50%]	[0.54%]	[0.60%]	[0.65%]	[0.71%]	[0.76%]	[0.83%]	[0.91%]	[0.97%]
64	[0.49%]	[0.51%]	[0.55%]	[0.61%]	[0.67%]	[0.73%]	[0.78%]	[0.85%]	[0.94%]	[1.00%]
65	[0.50%]	[0.53%]	[0.57%]	[0.63%]	[0.69%]	[0.75%]	[0.81%]	[0.88%]	[0.97%]	[1.03%]
66	[0.51%]	[0.55%]	[0.59%]	[0.65%]	[0.72%]	[0.79%]	[0.85%]	[0.92%]	[1.01%]	[1.07%]
67	[0.53%]	[0.57%]	[0.62%]	[0.68%]	[0.75%]	[0.83%]	[0.90%]	[0.96%]	[1.05%]	[1.10%]
68	[0.55%]	[0.59%]	[0.65%]	[0.71%]	[0.78%]	[0.88%]	[0.94%]	[1.01%]	[1.09%]	[1.15%]
69	[0.57%]	[0.61%]	[0.68%]	[0.74%]	[0.81%]	[0.92%]	[0.99%]	[1.05%]	[1.13%]	[1.18%]
70	[0.59%]	[0.64%]	[0.71%]	[0.77%]	[0.85%]	[0.97%]	[1.04%]	[1.10%]	[1.17%]	[1.22%]
71	[0.64%]	[0.69%]	[0.75%]	[0.81%]	[0.89%]	[0.99%]	[1.06%]	[1.13%]	[1.20%]	[1.26%]
72	[0.70%]	[0.74%]	[0.80%]	[0.86%]	[0.93%]	[1.02%]	[1.09%]	[1.16%]	[1.23%]	[1.29%]
73	[0.75%]	[0.79%]	[0.85%]	[0.91%]	[0.97%]	[1.04%]	[1.11%]	[1.19%]	[1.26%]	[1.32%]
74	[0.81%]	[0.84%]	[0.90%]	[0.96%]	[1.01%]	[1.07%]	[1.14%]	[1.22%]	[1.29%]	[1.35%]
75	[0.87%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.10%]	[1.17%]	[1.25%]	[1.33%]	[1.40%]
76	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.11%]	[1.17%]	[1.26%]	[1.34%]	[1.41%]
77	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.07%]	[1.12%]	[1.18%]	[1.27%]	[1.35%]	[1.42%]
78	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.08%]	[1.13%]	[1.19%]	[1.28%]	[1.36%]	[1.43%]
79	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.09%]	[1.14%]	[1.20%]	[1.29%]	[1.37%]	[1.44%]
80	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.10%]	[1.15%]	[1.21%]	[1.30%]	[1.38%]	[1.45%]
81	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.11%]	[1.16%]	[1.22%]	[1.31%]	[1.39%]	[1.46%]
82	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.12%]	[1.17%]	[1.23%]	[1.32%]	[1.40%]	[1.47%]
83	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.13%]	[1.18%]	[1.24%]	[1.33%]	[1.41%]	[1.48%]
84	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.14%]	[1.19%]	[1.25%]	[1.34%]	[1.42%]	[1.49%]
85	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.15%]	[1.20%]	[1.26%]	[1.35%]	[1.43%]	[1.50%]

Percentages for Ages and Contract years not shown will be furnished upon request.

SECURE INCOME BENEFIT (SIB) FEE

Electronic Fund Transfer: [\$0.00]
Payment By Check: [\$5.00]

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

State: Arkansas **Filing Company:** Americo Financial Life and Annuity Insurance Company
TOI/Sub-TOI: A021 Individual Annuities- Deferred Non-Variable/A021.003 Single Premium
Product Name: 1336-B: SPDA Contract, App, and End
Project Name/Number: 1336-B: SPDA Contract, App, and End/1336-B

Superceded 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)
08/03/2012	Form	Single Premium Deferred Annuity Contract	09/26/2012	AAA403 [Filing Form 2012-07-31].pdf (Superceded)
06/15/2012	Form	Single Premium Deferred Annuity Contract	08/03/2012	AAA403 [Filing Form 2012-06-21].pdf (Superceded)
06/15/2012	Form	Data Pages for Single Premium Deferred Annuity Contract	09/26/2012	AAA403-05 [Filing Form 2012-06-21].pdf (Superceded)
06/15/2012	Form	Data Pages for Single Premium Deferred Annuity Contract	09/26/2012	AAA403-10 [Filing Form 2012-06-21].pdf (Superceded)
06/12/2012	Supporting Document	Flesch Certification	06/29/2012	Readability Certification - 403 Series.pdf

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]

THIS IS A LEGAL CONTRACT - PLEASE READ IT CAREFULLY

Americo Financial Life and Annuity Insurance Company ("We", "Us", "Our" and "Company") will, subject to the terms of this Contract, pay an annuity commencing on the Annuity Date to the Annuitant, if then living, in accordance with the **Annuity Payment Provisions**. If an Owner dies while the Contract is in force and before the Annuity Date, the Company will pay a Death Benefit to the Beneficiary upon receipt of due proof of death. All payments made are subject to the provisions contained on the following pages, all of which are part of this Contract.

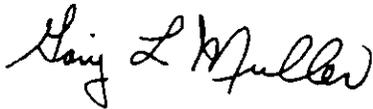
**NOTICE OF 30 DAY RIGHT TO EXAMINE
RIGHT TO CANCEL**

This Contract may be cancelled by delivering or mailing a written notice to Americo Financial Life and Annuity Insurance Company, [P.O. Box 410288, Kansas City, Missouri 64141-0288] or to the insurance agent through whom it was effected, and by returning the Contract before midnight of the thirtieth 30th day after the date the Contract is delivered. Notice given by mail and return of the Contract by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all Premium less any withdrawals within ten (10) days after it receives notice of cancellation and the returned Contract.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Contract, 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: Policyowner Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288.] You may also email Us at [customer.service@americo.com].

Signed for the Company at [Kansas City, Missouri], to be effective on the Contract Date.



Chief Executive Officer



Secretary

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

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CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]
MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

TABLE OF WITHDRAWAL CHARGE PERCENTAGES

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>	<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%	6	5%
2	9%	7	4%
3	8%	8	3%
4	7%	9	2%
5	6%	10	1%
		11+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly
ACCOUNT VALUE BONUS DATE: [5th] Contract Anniversary
ACCOUNT VALUE BONUS PERCENTAGE: [5]%

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

CONTRACT DATA PAGE

TABLE OF SECURE INCOME BENEFIT (SIB) PERCENTAGES

Age at Contract Date	Contract Year									
	1	2	3	4	5	6	7	8	9	10
50	[0.37%]	[0.41%]	[0.43%]	[0.44%]	[0.47%]	[0.51%]	[0.56%]	[0.58%]	[0.62%]	[0.65%]
51	[0.37%]	[0.41%]	[0.43%]	[0.45%]	[0.48%]	[0.52%]	[0.57%]	[0.59%]	[0.64%]	[0.67%]
52	[0.38%]	[0.42%]	[0.44%]	[0.46%]	[0.49%]	[0.53%]	[0.58%]	[0.61%]	[0.66%]	[0.69%]
53	[0.39%]	[0.42%]	[0.45%]	[0.47%]	[0.51%]	[0.55%]	[0.60%]	[0.63%]	[0.68%]	[0.71%]
54	[0.40%]	[0.43%]	[0.46%]	[0.48%]	[0.52%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.73%]
55	[0.41%]	[0.44%]	[0.47%]	[0.50%]	[0.54%]	[0.58%]	[0.63%]	[0.67%]	[0.72%]	[0.75%]
56	[0.41%]	[0.44%]	[0.47%]	[0.51%]	[0.55%]	[0.59%]	[0.64%]	[0.68%]	[0.74%]	[0.77%]
57	[0.42%]	[0.45%]	[0.48%]	[0.52%]	[0.56%]	[0.60%]	[0.65%]	[0.70%]	[0.76%]	[0.80%]
58	[0.43%]	[0.45%]	[0.49%]	[0.53%]	[0.58%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.82%]
59	[0.44%]	[0.46%]	[0.50%]	[0.54%]	[0.59%]	[0.63%]	[0.68%]	[0.74%]	[0.80%]	[0.85%]
60	[0.45%]	[0.47%]	[0.51%]	[0.56%]	[0.61%]	[0.65%]	[0.70%]	[0.76%]	[0.82%]	[0.87%]
61	[0.46%]	[0.48%]	[0.52%]	[0.57%]	[0.62%]	[0.67%]	[0.72%]	[0.78%]	[0.85%]	[0.90%]
62	[0.47%]	[0.49%]	[0.53%]	[0.58%]	[0.64%]	[0.69%]	[0.74%]	[0.80%]	[0.88%]	[0.93%]
63	[0.48%]	[0.50%]	[0.54%]	[0.60%]	[0.65%]	[0.71%]	[0.76%]	[0.83%]	[0.91%]	[0.97%]
64	[0.49%]	[0.51%]	[0.55%]	[0.61%]	[0.67%]	[0.73%]	[0.78%]	[0.85%]	[0.94%]	[1.00%]
65	[0.50%]	[0.53%]	[0.57%]	[0.63%]	[0.69%]	[0.75%]	[0.81%]	[0.88%]	[0.97%]	[1.03%]
66	[0.51%]	[0.55%]	[0.59%]	[0.65%]	[0.72%]	[0.79%]	[0.85%]	[0.92%]	[1.01%]	[1.07%]
67	[0.53%]	[0.57%]	[0.62%]	[0.68%]	[0.75%]	[0.83%]	[0.90%]	[0.96%]	[1.05%]	[1.10%]
68	[0.55%]	[0.59%]	[0.65%]	[0.71%]	[0.78%]	[0.88%]	[0.94%]	[1.01%]	[1.09%]	[1.15%]
69	[0.57%]	[0.61%]	[0.68%]	[0.74%]	[0.81%]	[0.92%]	[0.99%]	[1.05%]	[1.13%]	[1.18%]
70	[0.59%]	[0.64%]	[0.71%]	[0.77%]	[0.85%]	[0.97%]	[1.04%]	[1.10%]	[1.17%]	[1.22%]
71	[0.64%]	[0.69%]	[0.75%]	[0.81%]	[0.89%]	[0.99%]	[1.06%]	[1.13%]	[1.20%]	[1.26%]
72	[0.70%]	[0.74%]	[0.80%]	[0.86%]	[0.93%]	[1.02%]	[1.09%]	[1.16%]	[1.23%]	[1.29%]
73	[0.75%]	[0.79%]	[0.85%]	[0.91%]	[0.97%]	[1.04%]	[1.11%]	[1.19%]	[1.26%]	[1.32%]
74	[0.81%]	[0.84%]	[0.90%]	[0.96%]	[1.01%]	[1.07%]	[1.14%]	[1.22%]	[1.29%]	[1.35%]
75	[0.87%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.10%]	[1.17%]	[1.25%]	[1.33%]	[1.40%]
76	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.06%]	[1.11%]	[1.17%]	[1.26%]	[1.34%]	[1.41%]
77	[0.86%]	[0.90%]	[0.95%]	[1.01%]	[1.07%]	[1.12%]	[1.18%]	[1.27%]	[1.35%]	[1.42%]
78	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.08%]	[1.13%]	[1.19%]	[1.28%]	[1.36%]	[1.43%]
79	[0.86%]	[0.90%]	[0.96%]	[1.02%]	[1.09%]	[1.14%]	[1.20%]	[1.29%]	[1.37%]	[1.44%]
80	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.10%]	[1.15%]	[1.21%]	[1.30%]	[1.38%]	[1.45%]
81	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.11%]	[1.16%]	[1.22%]	[1.31%]	[1.39%]	[1.46%]
82	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.12%]	[1.17%]	[1.23%]	[1.32%]	[1.40%]	[1.47%]
83	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.13%]	[1.18%]	[1.24%]	[1.33%]	[1.41%]	[1.48%]
84	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.14%]	[1.19%]	[1.25%]	[1.34%]	[1.42%]	[1.49%]
85	[0.86%]	[0.90%]	[0.97%]	[1.03%]	[1.15%]	[1.20%]	[1.26%]	[1.35%]	[1.43%]	[1.50%]

Percentages for Ages and Contract years not shown will be furnished upon request.

SECURE INCOME BENEFIT (SIB) FEE

Electronic Fund Transfer: [\$0.00]
Payment By Check: [\$5.00]

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

DEFINITION OF TERMS

Account Value - The Account Value is equal to the sum of:

- (a) Premium paid, **less**;
- (b) Monthly Administrative Fees, **less**;
- (c) Any Gross Withdrawals, **plus**;
- (d) The Account Value Bonus, if any, **plus**;
- (e) Interest credited.

Administrative Fee – A percentage of the Account Value calculated and deducted at the beginning of each Contract month. The Administrative Fee is shown on a Contract Data Page.

Age - A person's age on the Contract Date as of their last birthday.

Annuitant - The person who serves as the measuring life for purposes of determining the amount of annuity payments on the Annuity Date.

Annuity Date - The date annuity payments are scheduled to begin. The Annuity Date is shown on a Contract Data Page. During the lifetime of the Annuitant, and at least 1 year after the Contract Date and 30 days prior to the Annuity Date, You may change the Annuity Date in writing to Us.

Beneficiary - The person or persons who may: (a) receive the Death Benefit in accordance with the **Death Provisions**; or (b) receive benefits under a Settlement Option containing a fixed period certain.

Code - The U.S. Internal Revenue Code of 1986, as amended, and the rules and regulations issued thereunder.

Contract Date - The date this Contract becomes effective. The Contract Date is the date from which Contract Age, anniversaries, years and months are determined. The Contract Date is shown on a Contract Data Page.

Contract Age – A person's age as of the most recent Contract anniversary.

Death Benefit – The amount payable to the Beneficiary if any Owner dies before the Annuity Date. The Death Benefit is equal to the Account Value less Premium Tax, or Guaranteed Minimum Value if greater. This value is determined as of the date the last of the requirements that We require to process the death claim is received by Us at Our Office.

Gross Withdrawal - The amount of a withdrawal plus any Withdrawal Charge.

Guaranteed Minimum Value – The Guaranteed Minimum Value is equal to 87.5% of the Premium received, less any withdrawals (excluding Withdrawal Charges), less an annual charge of \$50, less any Premium Tax, with daily interest compounded at the Nonforfeiture Interest Rate.

Minimum Guaranteed Interest Rate - The minimum effective annual rate of interest We will credit to the Contract. The Minimum Guaranteed Interest Rate is shown on a Contract Data Page and is guaranteed for the life of the Contract.

Natural Person - A human being only and not a trust, corporation or any other legally recognized entity.

Net Premium - The Premium paid, less any Gross Withdrawals.

Office - means Our Administrative Office at [300 W. 11th Street, P.O. Box 410288, Kansas City, Missouri 64141-0288.]

Owner - Person(s) or entity(ies) who may exercise all rights and privileges under this Contract during the lifetime of the Annuitant. If an Owner is not a Natural Person, it must have a taxpayer identification number.

Premium – The Single Premium paid to Us as consideration for the benefits provided by the Contract.

Premium Tax - The tax imposed upon Premium, if any, and paid by Us. Not all jurisdictions impose a Premium Tax.

Surrender Value - The Surrender Value is equal to the greater of (a) the Account Value less the Withdrawal Charge, if any, and less any Premium Tax, or (b) the Guaranteed Minimum Value.

"We", "Us", "Our" and "Company" - Amerigo Financial Life and Annuity Insurance Company.

"You" and "Yours" - means any Owner of this Contract.

PREMIUM PAYMENT PROVISION

Premium is due on the Contract Date and is payable in advance at Our Office or to an authorized agent. This Contract is not in force until the Premium has been paid during the Owner's lifetime, or Annuitant's lifetime if the Owner is not a Natural Person.

ESTABLISHMENT AND CREDITING OF INTEREST

Establishment of Interest Rates

We will establish effective annual rates of interest by resolution of Our Board of Directors. The amount of such rates of interest will never be less than the Minimum Guaranteed Interest Rate shown on a Contract Data Page.

The effective annual rate of interest at the beginning of each Contract year is not subject to change for one year.

Crediting of Interest

Interest will be earned from the first (1st) day after the date the Premium is received at Our Office to the date of payment or other application by Us.

Interest will be credited on a daily basis, at a daily rate, which is the daily equivalent to the effective annual rate of interest then in effect.

Account Value Bonus

On the Account Value Bonus Date shown on a Contract Data Page, We will increase the Account Value. The Account Value will be increased by the Account Value Bonus Percentage shown on a Contract Data Page.

SECURE INCOME BENEFIT PROVISIONS

Secure Income Benefit (SIB)

The Secure Income Benefit (SIB) is a systematic level monthly withdrawal that may be elected by the Owner any time prior to the Annuity Date and on or after Your Contract Age 50. All amounts, timing and number of withdrawals within the SIB Provisions are determined in reference to the age of the eldest Owner.

The Secure Income Benefit has no cash value.

SIB Amount

You may request withdrawal of any SIB Amount not greater than the Maximum SIB Amount by notifying Us. The Maximum SIB Amount is a monthly amount equal to the Net Premium multiplied by the percentage shown in the Table of Secure Income Benefit (SIB) Percentages on a Contract Data Page at the time SIB withdrawals first commence.

If the requested SIB Amount is less than the Maximum SIB Amount, a Supplemental SIB Amount may be available for withdrawal. A Supplemental SIB Amount is equal to the cumulative difference between the Maximum SIB Amount and the SIB Amount being withdrawn, less any Supplemental SIB Amount previously withdrawn.

The SIB Fee shown on a Contract Data Page will be deducted from each SIB Amount or Supplemental SIB Amount withdrawn.

Number of SIB Withdrawals

The Maximum Number of SIB Withdrawals is the greater of 120 months or the number of months from the date SIB withdrawals first commence until the Contract month immediately preceding Your Contract Age 85.

The Remaining Number of SIB Withdrawals will be limited to the Maximum Number of SIB Withdrawals available when SIB withdrawals first commenced reduced by the number of SIB withdrawals already disbursed.

Changes in SIB Amount

Requested SIB Amount may be changed by You, but may never exceed the Maximum SIB Amount.

SIB withdrawals may be discontinued by You by notifying Us. The Supplemental SIB Amount will not increase until SIB withdrawals recommence.

Partial Withdrawal Effect on SIB

If after SIB withdrawals have commenced a Partial Withdrawal exceeds the Supplemental SIB Amount, then the Maximum SIB Amount will be reduced. The reduction to the Maximum SIB Amount will be the same percentage reduction that occurs in the Account Value due to the Gross Withdrawal amount in excess of the Supplemental SIB Amount. **Partial Withdrawals that exceed the Supplemental SIB Amount could reduce future SIB Amounts by more than the dollar amount of the excess withdrawal.**

If after SIB withdrawals have commenced You request a Partial Withdrawal over the telephone, We will let You know whether such withdrawal will affect your SIB Amount and/or the maximum amount You could withdraw without affecting Your SIB Amount.

If after SIB withdrawals have commenced You request a Partial Withdrawal via a withdrawal form provided by Us, the withdrawal form will include:

- (a) A warning in prominent print that any excess withdrawal could reduce future benefits by more than the dollar amount of the excess withdrawal; and,
- (b) An option to contact Us by telephone to find out if, as of that date, a contemplated withdrawal would trigger excess withdrawal treatment.

The actual dollar effect of such withdrawal on future SIB Amounts will be determined as of the date the form is received by Us.

SIB Termination

The SIB will terminate upon a change in ownership (or assignment) of the contract unless:

- (a) The new owner or assignee assumes full ownership of this contract and is essentially the same person (e.g. an individual ownership changed to a personal revocable trust, a joint ownership of husband and wife changed to the surviving spouse when one of them dies, a change to the owner's spouse during the owner's lifetime, a change to a court appointed guardian representing the owner during the owner's lifetime, etc.); or,
- (b) The assignment is for the purposes of effectuating a 1035 exchange of the contract (i.e. the Contract may continue during the temporary assignment period and not terminate until the Contract is actually surrendered).

Neither (a) nor (b) will change the Maximum SIB Amount or the Remaining Number of SIB Withdrawals if withdrawals have commenced.

SIB Annual Supplement

We will provide a supplement to the Annual Report that contains:

- (a) Before the first SIB withdrawal has commenced, the Maximum SIB Amount and the Net Premium.
- (b) After the first SIB withdrawal has commenced, the Maximum SIB Amount and the Remaining Number of SIB Withdrawals available.

Application of the Withdrawal Provision

SIB Amounts and Supplemental SIB Amounts are not subject to the Withdrawal Provisions.

WITHDRAWAL PROVISIONS

Partial Withdrawals

Upon written request before the Annuity Date, subject to the Secure Income Benefit Provisions, You may withdraw from this Contract, subject to the following conditions:

- (a) A withdrawal may not be less than \$500; and,
- (b) The Surrender Value remaining after a partial surrender must be at least \$2,000.

Total Surrender

Upon written request, in a form and manner satisfactory to Us, You may surrender this Contract for its Surrender Value at any time during the Annuitant's lifetime and before the Annuity Date. Payment of the Surrender Value will be in full settlement of Our liability under this Contract.

Withdrawal Charge

The Withdrawal Charge will be determined by multiplying the Account Value or Partial Withdrawal, as applicable, by the appropriate percentage as shown in the Table of Withdrawal Charge Percentages, on the date of withdrawal.

The Table of Withdrawal Charge Percentages is shown on a Contract Data Page.

Waiver of Withdrawal Charge

The Withdrawal Charge will be waived:

- (a) once in each Contract year after the first Contract year on withdrawn amounts equal to or less than 5% of the Account Value immediately prior to the withdrawal. If more than 5% of the Account Value is withdrawn, we will waive the Withdrawal Charge on the amount up to 5% of the Account Value only. Any unused percentage may not be carried over into the next Contract year; or
- (b) in the case of a Total Surrender, if You elect to apply the Surrender Value to a Settlement Option that is either life-contingent or has a Fixed Period Certain Only of at least 10 years.

We will waive the Withdrawal Charge on Secure Income Benefit Amounts and any Supplemental SIB Amount. Waiver of Withdrawal Charge up to 5% of the Account Value is not in addition to any Secure Income Benefit Amount or Supplemental SIB Amount paid.

We will waive the Withdrawal Charge for withdrawals of required minimum distributions (RMDs) applicable to the Account Value of the Contract as defined in the Code and regulations as amended.

Delay of Payment

We may delay payment of any partial withdrawal amount or total surrender amount, other than a Secure Income Benefit payment, for up to six (6) months, with the written approval of the insurance regulatory authority in Your jurisdiction, after We receive Your written request.

ANNUITY PAYMENT PROVISIONS

Annuity Payments

The Owner may designate the person(s) to whom annuity payments will be made. If the Owner fails to make such a designation, annuity payments will be made to the Annuitant during the Annuitant's lifetime.

Date Annuity Payments Start

Annuity payments will start on the Annuity Date if the Annuitant is living and the Contract has not been surrendered. Unless otherwise changed, the Settlement Option is shown on the Contract Data Page. At the Annuity Date if no Settlement has been elected, a Life Income with Fixed Period Certain of five years will be provided, unless otherwise required by the Code.

Change of Settlement Option

During the Annuitant's lifetime and before the Annuity Date, You may change the Settlement Option. Your written election must be received by Us at Our Office at least thirty (30) days prior to the Annuity Date.

Amount of Guaranteed Monthly Annuity

The amount of the annuity payments will be determined as of the Annuity Date. We will apply the Surrender Value as a single premium under the appropriate Settlement Option. The annuity payments at the time of their commencement will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

SETTLEMENT OPTIONS PROVISIONS

Settlement Options

Once payments have started, the election of Settlement Options 1 through 4 shall be final.

Settlement Options are available only with Our consent if: (a) this Contract is assigned; or (b) the payee is not a Natural Person.

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 \$50.00.

Option 1 - Life Income Only

We will pay equal monthly payments for the Annuitant's remaining lifetime. Payments end with the payment due just before the Annuitant's death. There is no death benefit under this Settlement Option.

Option 2 - Life Income with Fixed Period Certain

We will pay equal monthly payments for the longer of: (a) the Annuitant's life; or (b) the fixed period certain. The fixed period certain may be 10 years (120 months) or 20 years (240 months), but in no event may such fixed period certain exceed the Annuitant's life expectancy.

If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been paid.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate. If the Annuitant dies after all payments have been made for the fixed period certain, payments will end with the payment due just before the Annuitant's death.

Option 3 - Fixed Period Certain Only

We will pay equal annual, semiannual, quarterly or monthly payments for a fixed period certain of up to thirty (30) years, but in no event may such fixed period certain exceed the Annuitant's life expectancy. If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been made.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

Option 4 - Payments of a Fixed Amount

We will pay equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.

Option 5 - Proceeds Held At Interest Only

We will hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than five (5) years and no more than twenty (20) years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

Other Forms of Payment

Benefits can be provided under any other Settlement Option not described in this section, subject to Our agreement and any applicable federal or state law, rule or regulation.

DEATH PROVISIONS

In General

Notwithstanding any provision of this Contract to the contrary, any benefits required to be paid under this Contract will be paid in a manner that satisfies the requirements of Internal Revenue Code Section 72(s), as amended from time to time.

Death of Annuitant

If the Annuitant dies before annuity payments under a Settlement Option begin and while the Owner is living, and no Joint Annuitant has been named, the Owner will become the Annuitant, until and unless We receive other written notice.

If a Joint Annuitant has been named, then upon the death of the Annuitant, before annuity payments under a Settlement Option begin and while the Owner is living, the Joint Annuitant will become the Annuitant.

If the Owner is not a Natural Person, the Annuitant may not be changed or a new Annuitant may not be designated. For purposes of the **Death Provisions**, the Annuitant will be considered the Owner.

Death of Owner After Annuity Payments Begin

If any Owner dies on or after the date annuity payments under a Settlement Option begin, any remaining benefit payable will be distributed at least as rapidly as under the Settlement Option then in effect. Until all distributions have been made, the payee will have all rights of ownership.

Death of Owner Before Annuity Payments Begin

If any Owner dies before payment under a Settlement Option starts, We will pay the Death Benefit as described under the Payment of Death Benefit Provision. The Death Benefit must be distributed within five (5) years of the deceased Owner's death.

The Beneficiary may elect (within sixty (60) days of the date We receive due proof of death) to apply this sum under one of the Settlement Options as payee, provided:

- (a) Payments under the Settlement Option begin not later than one (1) year after any Owner's death; and,
- (b) Payments will be payable for the life of the Beneficiary, or over a period not greater than the Beneficiary's life expectancy.

In the event a married couple jointly owns this Contract, the surviving spouse becomes the Owner upon the death of a spouse and may elect to continue the Contract. If the new Owner is someone other than the deceased Owner's spouse, the Death Benefit of the Contract must be distributed within five (5) years of the deceased Owner's death.

If the designated Beneficiary is the surviving spouse of the deceased Owner, the surviving spouse may elect to continue the Contract as the new Owner.

Payment of Death Benefit

Unless You choose otherwise in writing to Us, payment of any Death Benefit will be made to the first person among the following who is alive following Your death:

- (1) The Primary Beneficiary;
- (2) The Contingent Beneficiary;
- (3) If no Primary or Contingent Beneficiary is alive when the Death Benefit is first due, We will make payment to the estate of the Owner or, if no estate, to the successors of the Owner.

Except as provided herein, non-survivors, heirs or estates will not be entitled to any shares. Any person who disclaims an interest will be considered not alive for purposes of this Contract as of the date of written disclaimer.

Proof of death and proper written claim must be received by Us. This Contract or a lost contract statement must be received by Us.

Claims of Creditors

So far as permitted by law, the benefits will not be subject to any claim of the Beneficiary's creditors.

OWNER AND BENEFICIARY PROVISIONS

Owner

The Owner is designated on the Contract Data Page, unless later changed. While the Annuitant is living, the Owner may exercise all rights and privileges granted by this Contract. If there are two (2) or more persons named as Owners, and unless otherwise specified on the application or on the copy of any assignment filed with Us, this Contract will be held in joint tenancy with right of survivorship. Any rights and privileges which may be exercised by the Owner may be exercised only with the consent of all joint Owners.

Change of Owner

You may change the designation of Owner during the lifetime of the Annuitant. Written notice of the change in Owner must be filed at Our Office in a form satisfactory to Us. Unless otherwise specified by the Owner, such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

Change of Annuitant

You may change the designation of the Annuitant at any time before the Annuity Date. Written notice of the change in Annuitant must be filed at Our Office in a form satisfactory to Us. Such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

The Annuitant may not be changed if the Owner is not a Natural Person.

Primary/Contingent Beneficiary

The Primary and Contingent Beneficiaries (if any) are the persons named on the application, unless later changed. If more than one person is named as Primary or Contingent Beneficiary, any payment will be made in equal shares to the survivors or survivor of such persons, unless otherwise provided. If the Beneficiary is "children," this means children born to or legally adopted by the Owner.

Change of Primary/Contingent Beneficiary

You may change the Primary and/or Contingent Beneficiary during the lifetime of the Annuitant by giving written notice to Us at Our Office in a form satisfactory to Us. We will not be bound by any change of Beneficiary unless it is made in writing and recorded at Our Office.

The change in Beneficiary will take effect on the date of the written request, but will be subject to any payment made or other action taken by Us before the request was filed. A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary, except to the extent required by law.

Death of Primary/Contingent Beneficiary

The interest of any Primary or Contingent Beneficiary who dies before the Owner will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen (15) days after, the Owner will also terminate if no benefits have been paid to such Beneficiary. The benefits will then be paid as though the Beneficiary had died before the Owner.

GENERAL PROVISIONS**Entire Contract**

This Contract is issued in consideration of the application and payment of the Premium. The Contract, the application, a copy of which is attached, and all amendments, endorsements and riders which are attached, make the entire contract. All statements made by the applicant shall, in the absence of fraud, be deemed representations and not warranties.

Misstatement of Age or Sex

If the age or sex of the Annuitant or of any other measuring life has been misstated, all amounts payable under this Contract will be those which would be due if the correct age and/or sex had been stated. Any adjustment will be made against the current or next succeeding payments, with yearly interest (not to exceed 6%) charged or credited.

Basis of Computation

The rates for Settlement Options are based upon the Individual Annuity 2000 Mortality Table and an annual effective interest rate of 1.0%.

The settlement options, surrender values and death benefits available under this Contract are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, Model #805.

Proof of Age and Sex

We have the right to require proof satisfactory to Us of the payee's age and sex. We will require this proof before We make any payments.

Proof of Survival

We have the right to require proof satisfactory to Us that the payee is alive at the time each annuity payment or SIB withdrawal is due.

Changes in the Contract

Only Our President, Vice President or Secretary has the authority to make any changes to this Contract. Any such changes must be made in writing and endorsed by an authorized person. No agent or other person has authority to change this Contract or any of its provisions.

We may change or amend this Contract without Your consent only for either of the following reasons:

1. The modification is necessary to make the contract comply with any law or regulation; or,
2. The modification is necessary to assure that the contract maintains its status as an annuity contract for federal income tax purposes.

In the event of a modification, We will send You an endorsement to reflect the modification. No modification is valid unless made in writing by Us and approved by one of Our officers.

Incontestability

This Contract will be incontestable from the Contract Date.

Assignment of Contract

Unless otherwise specified by the Owner, any assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of the notice. We will not assume any responsibility for the validity or sufficiency of an assignment. Any claim under an assignment will be subject to proof of the assignee's interest satisfactory to Us. The interest of any Beneficiary will be subject to the rights of any assignee of record at Our Office, unless the Beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment.

Annual Report

At least once each Contract year after the first Contract year, We will mail to the Owner a report of the Account Value and Surrender Value, plus all amounts debited and credited during the Contract year. The report will also contain the SIB Annual Supplement. The report will be mailed to the last address of the Owner reported to Us. The information will be as of a date not more than two months prior to the date of mailing.

Conformity with State Law

Any terms of this Contract which, on the Contract 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.

Payments by the Company

All sums payable by Us under this Contract are payable at Our Office. All dollar amounts stated in this Contract mean United States dollars. Any money paid to or by Us must be in United States currency.

Premium Taxes

If applicable in the jurisdiction in which You reside, the amount of any premium tax imposed on Us relating to this Contract will be deducted in accordance with the Company's then current practice and any applicable jurisdictional law regarding premium taxes.

If premium tax rates change under Your jurisdiction's law, the applicable premium tax may also change. If You change the jurisdiction in which You reside, the premium tax may or may not apply.

Notices and Directions

We will not be bound by any authorization, direction, election or notice which is not in writing and received by Us at Our Office. All written notices required of Us by this Contract shall be presumed made on the date of mailing to the last known address of the Owner as shown on Our records.

Nonparticipating

This Contract is nonparticipating and will not share in Our profits or surplus earnings. We will pay no dividends on this Contract.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
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]

THIS IS A LEGAL CONTRACT - PLEASE READ IT CAREFULLY

Americo Financial Life and Annuity Insurance Company ("We", "Us", "Our" and "Company") will, subject to the terms of this Contract, pay an annuity commencing on the Annuity Date to the Annuitant, if then living, in accordance with the **Annuity Payment Provisions**. If an Owner dies while the Contract is in force and before the Annuity Date, the Company will pay a Death Benefit to the Beneficiary upon receipt of due proof of death. All payments made are subject to the provisions contained on the following pages, all of which are part of this Contract.

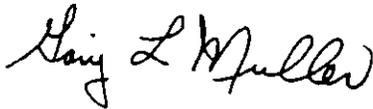
**NOTICE OF 30 DAY RIGHT TO EXAMINE
RIGHT TO CANCEL**

This Contract may be cancelled by delivering or mailing a written notice to Americo Financial Life and Annuity Insurance Company, [P.O. Box 410288, Kansas City, Missouri 64141-0288] or to the insurance agent through whom it was effected, and by returning the Contract before midnight of the thirtieth 30th day after the date the Contract is delivered. Notice given by mail and return of the Contract by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all Premium less any withdrawals within ten (10) days after it receives notice of cancellation and the returned Contract.

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Contract, 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: Policyowner Service, [P.O. Box 410288, Kansas City, Missouri 64141-0288.] You may also email Us at [customer.service@americo.com].

Signed for the Company at [Kansas City, Missouri], to be effective on the Contract Date.



Chief Executive Officer



Secretary

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

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DEFINITION OF TERMS

Account Value - The Account Value is equal to the sum of:

- (a) Premium paid, **less**;
- (b) Monthly Administrative Fees, **less**;
- (c) Any Gross Withdrawals, **plus**;
- (d) The Account Value Bonus, if any, **plus**;
- (e) Interest credited.

Activities of Daily Living (ADL) - Bathing, dressing, toileting, transferring, continence or eating without assistance as defined in Section 7702(b) of the Code.

Administrative Fee – A percentage of the Account Value calculated and deducted at the beginning of each Contract month. The Administrative Fee is shown on a Contract Data Page.

Age - A person's age on the Contract Date as of their last birthday.

Annuitant - The person who serves as the measuring life for purposes of determining the amount of annuity payments on the Annuity Date.

Annuity Date - The date annuity payments are scheduled to begin. The Annuity Date is shown on a Contract Data Page. During the lifetime of the Annuitant, and at least 1 year after the Contract Date and 30 days prior to the Annuity Date, You may change the Annuity Date in writing to Us.

Beneficiary - The person or persons who may: (a) receive the Death Benefit in accordance with the **Death Provisions**; or (b) receive benefits under a Settlement Option containing a fixed period certain.

Code - The U.S. Internal Revenue Code of 1986, as amended, and the rules and regulations issued thereunder.

Contract Date - The date this Contract becomes effective. The Contract Date is the date from which Contract Age, anniversaries, years and months are determined. The Contract Date is shown on a Contract Data Page.

Contract Age – A person's age as of the most recent Contract anniversary.

Death Benefit – The amount payable to the Beneficiary if any Owner dies before the Annuity Date. The Death Benefit is equal to the Account Value less Premium Tax, or Guaranteed Minimum Value if greater. This value is determined as of the date the last of the requirements that We require to process the death claim is received by Us at Our Office.

Gross Withdrawal - The amount of a withdrawal plus any Withdrawal Charge.

Guaranteed Minimum Value – The Guaranteed Minimum Value is equal to 87.5% of the Premium received, less any withdrawals (excluding Withdrawal Charges), less an annual charge of \$50, less any Premium Tax, with daily interest compounded at the Nonforfeiture Interest Rate.

Minimum Guaranteed Interest Rate - The minimum effective annual rate of interest We will credit to the Contract. The Minimum Guaranteed Interest Rate is shown on a Contract Data Page and is guaranteed for the life of the Contract.

Natural Person - A human being only and not a trust, corporation or any other legally recognized entity.

Net Premium - The Premium paid, less any Gross Withdrawals.

Office - means Our Administrative Office at [300 W. 11th Street, P.O. Box 410288, Kansas City, Missouri 64141-0288.]

Owner - Person(s) or entity(ies) who may exercise all rights and privileges under this Contract during the lifetime of the Annuitant. If an Owner is not a Natural Person, it must have a taxpayer identification number.

Premium – The Single Premium paid to Us as consideration for the benefits provided by the Contract.

Premium Tax - The tax imposed upon Premium, if any, and paid by Us. Not all jurisdictions impose a Premium Tax.

Surrender Value - The Surrender Value is equal to the greater of (a) the Account Value less the Withdrawal Charge, if any, and less any Premium Tax, or (b) the Guaranteed Minimum Value.

"We", "Us", "Our" and "Company" - Americo Financial Life and Annuity Insurance Company.

"You" and "Yours" - means any Owner of this Contract.

PREMIUM PAYMENT PROVISION

Premium is due on the Contract Date and is payable in advance at Our Office or to an authorized agent. This Contract is not in force until the Premium has been paid during the Owner's lifetime, or Annuitant's lifetime if the Owner is not a Natural Person.

ESTABLISHMENT AND CREDITING OF INTEREST

Establishment of Interest Rates

We will establish effective annual rates of interest by resolution of Our Board of Directors. The amount of such rates of interest will never be less than the Minimum Guaranteed Interest Rate shown on a Contract Data Page.

The effective annual rate of interest at the beginning of each Contract year is not subject to change for one year.

Crediting of Interest

Interest will be earned from the first (1st) day after the date the Premium is received at Our Office to the date of payment or other application by Us.

Interest will be credited on a daily basis, at a daily rate, which is the daily equivalent to the effective annual rate of interest then in effect.

Account Value Bonus

On the Account Value Bonus Date shown on a Contract Data Page, We will increase the Account Value. The Account Value will be increased by the Account Value Bonus Percentage shown on a Contract Data Page.

SECURE INCOME BENEFIT PROVISIONS

Secure Income Benefit (SIB)

The Secure Income Benefit (SIB) is a systematic level monthly withdrawal that may be elected by the Owner any time prior to the Annuity Date and on or after Your Contract Age 50. All amounts, timing and number of withdrawals within the SIB Provisions are determined in reference to the age of the eldest Owner.

The Secure Income Benefit has no cash value.

SIB Amount

You may request withdrawal of any SIB Amount not greater than the Maximum SIB Amount by notifying Us. The Maximum SIB Amount is a monthly amount equal to the Net Premium multiplied by the percentage shown in the Table of Secure Income Benefit (SIB) Percentages on a Contract Data Page at the time SIB withdrawals first commence.

If the requested SIB Amount is less than the Maximum SIB Amount, a Supplemental SIB Amount may be available for withdrawal. A Supplemental SIB Amount is equal to the cumulative difference between the Maximum SIB Amount and the SIB Amount being withdrawn, less any Supplemental SIB Amount previously withdrawn.

The SIB Fee shown on a Contract Data Page will be deducted from each SIB Amount or Supplemental SIB Amount withdrawn.

Number of SIB Withdrawals

The Maximum Number of SIB Withdrawals is the greater of 120 months or the number of months from the date SIB withdrawals first commence until the Contract month immediately preceding Your Contract Age 85.

The Remaining Number of SIB Withdrawals will be limited to the Maximum Number of SIB Withdrawals available when SIB withdrawals first commenced reduced by the number of SIB withdrawals already disbursed.

Changes in SIB Amount

Requested SIB Amount may be changed by You, but may never exceed the Maximum SIB Amount.

SIB withdrawals may be discontinued by You by notifying Us. The Supplemental SIB Amount will not increase until SIB withdrawals recommence.

After the fifth (5th) Contract anniversary, if You provide evidence acceptable to Us that You are unable to perform at least two Activities of Daily Living (ADLs), You may elect to have the Maximum SIB Amount doubled. If You so elect, the Remaining Number of SIB Withdrawals will be reduced fifty percent (50%) (rounded up to the next integer). Loss of ADLs must have manifested after the Contract Date.

Partial Withdrawal Effect on SIB

If after SIB withdrawals have commenced a Partial Withdrawal exceeds the Supplemental SIB Amount, then the Maximum SIB Amount will be reduced. The reduction to the Maximum SIB Amount will be the same percentage reduction that occurs in the Account Value due to the Gross Withdrawal amount in excess of the Supplemental SIB Amount. **Partial Withdrawals that exceed the Supplemental SIB Amount could reduce future SIB Amounts by more than the dollar amount of the excess withdrawal.**

If after SIB withdrawals have commenced You request a Partial Withdrawal over the telephone, We will let You know whether such withdrawal will affect your SIB Amount and/or the maximum amount You could withdraw without affecting Your SIB Amount.

If after SIB withdrawals have commenced You request a Partial Withdrawal via a withdrawal form provided by Us, the withdrawal form will include:

- (a) A warning in prominent print that any excess withdrawal could reduce future benefits by more than the dollar amount of the excess withdrawal; and,

- (b) An option to contact Us by telephone to find out if, as of that date, a contemplated withdrawal would trigger excess withdrawal treatment.

The actual dollar effect of such withdrawal on future SIB Amounts will be determined as of the date the form is received by Us.

SIB Termination

The SIB will terminate upon a change in ownership (or assignment) of the contract unless:

- (a) The new owner or assignee assumes full ownership of this contract and is essentially the same person (e.g. an individual ownership changed to a personal revocable trust, a joint ownership of husband and wife changed to the surviving spouse when one of them dies, a change to the owner's spouse during the owner's lifetime, a change to a court appointed guardian representing the owner during the owner's lifetime, etc.); or,
- (b) The assignment is for the purposes of effectuating a 1035 exchange of the contract (i.e. the Contract may continue during the temporary assignment period and not terminate until the Contract is actually surrendered).

Neither (a) nor (b) will change the Maximum SIB Amount or the Remaining Number of SIB Withdrawals if withdrawals have commenced.

SIB Annual Supplement

We will provide a supplement to the Annual Report that contains:

- (a) Before the first SIB withdrawal has commenced, the Maximum SIB Amount and the Net Premium.
- (b) After the first SIB withdrawal has commenced, the Maximum SIB Amount and the Remaining Number of SIB Withdrawals available.

Application of the Withdrawal Provision

SIB Amounts and Supplemental SIB Amounts are not subject to the Withdrawal Provisions.

WITHDRAWAL PROVISIONS

Partial Withdrawals

Upon written request before the Annuity Date, subject to the Secure Income Benefit Provisions, You may withdraw from this Contract, subject to the following conditions:

- (a) A withdrawal may not be less than \$500; and,
- (b) The Surrender Value remaining after a partial surrender must be at least \$2,000.

Total Surrender

Upon written request, in a form and manner satisfactory to Us, You may surrender this Contract for its Surrender Value at any time during the Annuitant's lifetime and before the Annuity Date. Payment of the Surrender Value will be in full settlement of Our liability under this Contract.

Withdrawal Charge

The Withdrawal Charge will be determined by multiplying the Account Value or Partial Withdrawal, as applicable, by the appropriate percentage as shown in the Table of Withdrawal Charge Percentages, on the date of withdrawal.

The Table of Withdrawal Charge Percentages is shown on a Contract Data Page.

Waiver of Withdrawal Charge

The Withdrawal Charge will be waived:

- (a) once in each Contract year after the first Contract year on withdrawn amounts equal to or less than 5% of the Account Value immediately prior to the withdrawal. If more than 5% of the Account Value is withdrawn, we will waive the Withdrawal Charge on the amount up to 5% of the Account Value only. Any unused percentage may not be carried over into the next Contract year; or
- (b) in the case of a Total Surrender, if You elect to apply the Surrender Value to a Settlement Option that is either life-contingent or has a Fixed Period Certain Only of at least 10 years.

We will waive the Withdrawal Charge on Secure Income Benefit Amounts and any Supplemental SIB Amount. Waiver of Withdrawal Charge up to 5% of the Account Value is not in addition to any Secure Income Benefit Amount or Supplemental SIB Amount paid.

We will waive the Withdrawal Charge for withdrawals of required minimum distributions (RMDs) applicable to the Account Value of the Contract as defined in the Code and regulations as amended.

Delay of Payment

We may delay payment of any partial withdrawal amount or total surrender amount, other than a Secure Income Benefit payment, for up to six (6) months, with the written approval of the insurance regulatory authority in Your jurisdiction, after We receive Your written request.

ANNUITY PAYMENT PROVISIONS

Annuity Payments

The Owner may designate the person(s) to whom annuity payments will be made. If the Owner fails to make such a designation, annuity payments will be made to the Annuitant during the Annuitant's lifetime.

Date Annuity Payments Start

Annuity payments will start on the Annuity Date if the Annuitant is living and the Contract has not been surrendered. Unless otherwise changed, the Settlement Option is shown on the Contract Data Page. At the Annuity Date if no Settlement has been elected, a Life Income with Fixed Period Certain of five years will be provided, unless otherwise required by the Code.

Change of Settlement Option

During the Annuitant's lifetime and before the Annuity Date, You may change the Settlement Option. Your written election must be received by Us at Our Office at least thirty (30) days prior to the Annuity Date.

Amount of Guaranteed Monthly Annuity

The amount of the annuity payments will be determined as of the Annuity Date. We will apply the Surrender Value as a single premium under the appropriate Settlement Option. The annuity payments at the time of their commencement will not be less than those that would be provided by the application of the Surrender Value to purchase a single premium immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

SETTLEMENT OPTIONS PROVISIONS

Settlement Options

Once payments have started, the election of Settlement Options 1 through 4 shall be final.

Settlement Options are available only with Our consent if: (a) this Contract is assigned; or (b) the payee is not a Natural Person.

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 \$50.00.

Option 1 - Life Income Only

We will pay equal monthly payments for the Annuitant's remaining lifetime. Payments end with the payment due just before the Annuitant's death. There is no death benefit under this Settlement Option.

Option 2 - Life Income with Fixed Period Certain

We will pay equal monthly payments for the longer of: (a) the Annuitant's life; or (b) the fixed period certain. The fixed period certain may be 10 years (120 months) or 20 years (240 months), but in no event may such fixed period certain exceed the Annuitant's life expectancy.

If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been paid.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate. If the Annuitant dies after all payments have been made for the fixed period certain, payments will end with the payment due just before the Annuitant's death.

Option 3 - Fixed Period Certain Only

We will pay equal annual, semiannual, quarterly or monthly payments for a fixed period certain of up to thirty (30) years, but in no event may such fixed period certain exceed the Annuitant's life expectancy. If the Annuitant dies during the fixed period certain, the remaining fixed period certain payments will be paid to the Beneficiary until all the remaining payments under the fixed period certain have been paid.

After the Annuitant's death, the Beneficiary may designate a payee to receive any remaining payments payable if the Beneficiary dies before all of the payments under the fixed period certain have been made.

If the Beneficiary dies before receiving all of the remaining payments and there is no designated payee or a designated payee does not survive the Beneficiary for at least fifteen (15) days, the remaining fixed period certain payments will be paid to the Beneficiary's estate.

Option 4 - Payments of a Fixed Amount

We will pay equal annual, semiannual, quarterly or monthly payments of the amount chosen until the proceeds and interest are fully paid. The payments must total at least \$120 a year for each \$1,000 of proceeds held under this Settlement Option. The final payment will equal the amount of any unpaid balance.

Option 5 - Proceeds Held At Interest Only

We will hold the proceeds as principal, making interest payments annually, semiannually, quarterly or monthly, for a period of not less than five (5) years and no more than twenty (20) years, as elected. Payments under this Settlement Option will begin at the end of the first elected interest period following such date.

Other Forms of Payment

Benefits can be provided under any other Settlement Option not described in this section, subject to Our agreement and any applicable federal or state law, rule or regulation.

DEATH PROVISIONS

In General

Notwithstanding any provision of this Contract to the contrary, any benefits required to be paid under this Contract will be paid in a manner that satisfies the requirements of Internal Revenue Code Section 72(s), as amended from time to time.

Death of Annuitant

If the Annuitant dies before annuity payments under a Settlement Option begin and while the Owner is living, and no Joint Annuitant has been named, the Owner will become the Annuitant, until and unless We receive other written notice.

If a Joint Annuitant has been named, then upon the death of the Annuitant, before annuity payments under a Settlement Option begin and while the Owner is living, the Joint Annuitant will become the Annuitant.

If the Owner is not a Natural Person, the Annuitant may not be changed or a new Annuitant may not be designated. For purposes of the **Death Provisions**, the Annuitant will be considered the Owner.

Death of Owner After Annuity Payments Begin

If any Owner dies on or after the date annuity payments under a Settlement Option begin, any remaining benefit payable will be distributed at least as rapidly as under the Settlement Option then in effect. Until all distributions have been made, the payee will have all rights of ownership.

Death of Owner Before Annuity Payments Begin

If any Owner dies before payment under a Settlement Option starts, We will pay the Death Benefit as described under the Payment of Death Benefit Provision. The Death Benefit must be distributed within five (5) years of the deceased Owner's death.

The Beneficiary may elect (within sixty (60) days of the date We receive due proof of death) to apply this sum under one of the Settlement Options as payee, provided:

- (a) Payments under the Settlement Option begin not later than one (1) year after any Owner's death; and,
- (b) Payments will be payable for the life of the Beneficiary, or over a period not greater than the Beneficiary's life expectancy.

In the event a married couple jointly owns this Contract, the surviving spouse becomes the Owner upon the death of a spouse and may elect to continue the Contract. If the new Owner is someone other than the deceased Owner's spouse, the Death Benefit of the Contract must be distributed within five (5) years of the deceased Owner's death.

If the designated Beneficiary is the surviving spouse of the deceased Owner, the surviving spouse may elect to continue the Contract as the new Owner.

Payment of Death Benefit

Unless You choose otherwise in writing to Us, payment of any Death Benefit will be made to the first person among the following who is alive following Your death:

- (1) The Primary Beneficiary;
- (2) The Contingent Beneficiary;
- (3) If no Primary or Contingent Beneficiary is alive when the Death Benefit is first due, We will make payment to the estate of the Owner or, if no estate, to the successors of the Owner.

Except as provided herein, non-survivors, heirs or estates will not be entitled to any shares. Any person who disclaims an interest will be considered not alive for purposes of this Contract as of the date of written disclaimer.

Proof of death and proper written claim must be received by Us. This Contract or a lost contract statement must be received by Us.

Claims of Creditors

So far as permitted by law, the benefits will not be subject to any claim of the Beneficiary's creditors.

OWNER AND BENEFICIARY PROVISIONS

Owner

The Owner is designated on the Contract Data Page, unless later changed. While the Annuitant is living, the Owner may exercise all rights and privileges granted by this Contract. If there are two (2) or more persons named as Owners, and unless otherwise specified on the application or on the copy of any assignment filed with Us, this Contract will be held in joint tenancy with right of survivorship. Any rights and privileges which may be exercised by the Owner may be exercised only with the consent of all joint Owners.

Change of Owner

You may change the designation of Owner during the lifetime of the Annuitant. Written notice of the change in Owner must be filed at Our Office in a form satisfactory to Us. Unless otherwise specified by the Owner, such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

Change of Annuitant

You may change the designation of the Annuitant at any time before the Annuity Date. Written notice of the change in Annuitant must be filed at Our Office in a form satisfactory to Us. Such change will take effect on the date of the written request but will be subject to any payment made or other action taken by Us before the request was filed.

The Annuitant may not be changed if the Owner is not a Natural Person.

Primary/Contingent Beneficiary

The Primary and Contingent Beneficiaries (if any) are the persons named on the application, unless later changed. If more than one person is named as Primary or Contingent Beneficiary, any payment will be made in equal shares to the survivors or survivor of such persons, unless otherwise provided. If the Beneficiary is "children," this means children born to or legally adopted by the Owner.

Change of Primary/Contingent Beneficiary

You may change the Primary and/or Contingent Beneficiary during the lifetime of the Annuitant by giving written notice to Us at Our Office in a form satisfactory to Us. We will not be bound by any change of Beneficiary unless it is made in writing and recorded at Our Office.

The change in Beneficiary will take effect on the date of the written request, but will be subject to any payment made or other action taken by Us before the request was filed. A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary, except to the extent required by law.

Death of Primary/Contingent Beneficiary

The interest of any Primary or Contingent Beneficiary who dies before the Owner will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen (15) days after, the Owner will also terminate if no benefits have been paid to such Beneficiary. The benefits will then be paid as though the Beneficiary had died before the Owner.

GENERAL PROVISIONS**Entire Contract**

This Contract is issued in consideration of the application and payment of the Premium. The Contract, the application, a copy of which is attached, and all amendments, endorsements and riders which are attached, make the entire contract. All statements made by the applicant shall, in the absence of fraud, be deemed representations and not warranties.

Misstatement of Age or Sex

If the age or sex of the Annuitant or of any other measuring life has been misstated, all amounts payable under this Contract will be those which would be due if the correct age and/or sex had been stated. Any adjustment will be made against the current or next succeeding payments, with yearly interest (not to exceed 6%) charged or credited.

Basis of Computation

The rates for Settlement Options are based upon the Individual Annuity 2000 Mortality Table and an annual effective interest rate of 1.0%.

The settlement options, surrender values and death benefits available under this Contract are not less than the minimum benefits required by the NAIC Standard Nonforfeiture Law for Individual Deferred Annuities, Model #805.

Proof of Age and Sex

We have the right to require proof satisfactory to Us of the payee's age and sex. We will require this proof before We make any payments.

Proof of Survival

We have the right to require proof satisfactory to Us that the payee is alive at the time each annuity payment or SIB withdrawal is due.

Changes in the Contract

Only Our President, Vice President or Secretary has the authority to make any changes to this Contract. Any such changes must be made in writing and endorsed by an authorized person. No agent or other person has authority to change this Contract or any of its provisions.

We may change or amend this Contract without Your consent only for either of the following reasons:

1. The modification is necessary to make the contract comply with any law or regulation; or,
2. The modification is necessary to assure that the contract maintains its status as an annuity contract for federal income tax purposes.

In the event of a modification, We will send You an endorsement to reflect the modification. No modification is valid unless made in writing by Us and approved by one of Our officers.

Incontestability

This Contract will be incontestable from the Contract Date.

Assignment of Contract

Unless otherwise specified by the Owner, any assignment shall take effect on the date the notice of assignment is signed, subject to any payments made or actions taken by Us prior to receipt of the notice. We will not assume any responsibility for the validity or sufficiency of an assignment. Any claim under an assignment will be subject to proof of the assignee's interest satisfactory to Us. The interest of any Beneficiary will be subject to the rights of any assignee of record at Our Office, unless the Beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment.

Annual Report

At least once each Contract year after the first Contract year, We will mail to the Owner a report of the Account Value and Surrender Value, plus all amounts debited and credited during the Contract year. The report will also contain the SIB Annual Supplement. The report will be mailed to the last address of the Owner reported to Us. The information will be as of a date not more than two months prior to the date of mailing.

Conformity with State Law

Any terms of this Contract which, on the Contract 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.

Payments by the Company

All sums payable by Us under this Contract are payable at Our Office. All dollar amounts stated in this Contract mean United States dollars. Any money paid to or by Us must be in United States currency.

Premium Taxes

If applicable in the jurisdiction in which You reside, the amount of any premium tax imposed on Us relating to this Contract will be deducted in accordance with the Company's then current practice and any applicable jurisdictional law regarding premium taxes.

If premium tax rates change under Your jurisdiction's law, the applicable premium tax may also change. If You change the jurisdiction in which You reside, the premium tax may or may not apply.

Notices and Directions

We will not be bound by any authorization, direction, election or notice which is not in writing and received by Us at Our Office. All written notices required of Us by this Contract shall be presumed made on the date of mailing to the last known address of the Owner as shown on Our records.

Nonparticipating

This Contract is nonparticipating and will not share in Our profits or surplus earnings. We will pay no dividends on this Contract.

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Guaranteed Minimum Withdrawal Benefit
Limited Benefit Waiving Withdrawal Charge
Nonparticipating - No Dividends

CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
DATE OF ISSUE: [AUGUST 1, 2012] **ANNUITY DATE:** [AUGUST 1, 2057]
OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]

MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%
2	9%
3	8%
4	7%
5	6%
6+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly
ACCOUNT VALUE BONUS DATE: [5th] Contract Anniversary
ACCOUNT VALUE BONUS PERCENTAGE: [5]%

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

CONTRACT DATA PAGE

CONTRACT NUMBER: [SPECIMEN] **CONTRACT DATE:** [AUGUST 1, 2012]
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OWNER: [JOHN DOE] **JOINT OWNER:** [JANE DOE]
OWNER AGE: [55] **JOINT OWNER AGE:** [55]
SEX: [M] **SEX:** [F]

PLAN: SINGLE PREMIUM DEFERRED ANNUITY
SETTLEMENT OPTION: [LIFE INCOME WITH FIXED PERIOD CERTAIN OF TEN YEARS]

ANNUITANT: [JOHN DOE]
JOINT ANNUITANT: [JANE DOE]

SINGLE PREMIUM: [\$10,000]
MINIMUM GUARANTEED INTEREST RATE: [0.25]%
NONFORFEITURE INTEREST RATE: [1.0]%

TABLE OF WITHDRAWAL CHARGE PERCENTAGES

<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>	<u>Contract Year</u>	<u>Withdrawal Charge Percentage</u>
1	10%	6	5%
2	9%	7	4%
3	8%	8	3%
4	7%	9	2%
5	6%	10	1%
		11+	0%

ADMINISTRATIVE FEE: [0.042]% Monthly
ACCOUNT VALUE BONUS DATE: [5th] Contract Anniversary
ACCOUNT VALUE BONUS PERCENTAGE: [5]%

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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 forms listed below have the following readability scores, as calculated by the Flesch Reading Ease Test.

<u>Form</u> <u>Number</u>	<u>Form Description</u>	<u>Readability</u> <u>Score</u>
AAA403	Single Premium Deferred Annuity Contract	52.2
AAA5130	Individual Single Premium Deferred Annuity Application	53.1
AAA4170	Waiver of Withdrawal Charges Upon Nursing Home or Hospital Confinement Endorsement	53.0



Eric H. Petersen – FSA, MAAA

Assistant Vice President – Product Development
Title

June 15, 2012
Date