

State: Arkansas **Filing Company:** Generation Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Life Products
Project Name/Number: Arkansas/

Filing at a Glance

Company: Generation Life Insurance Company
Product Name: Life Products
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 09/13/2012
SERFF Tr Num: GENL-128636120
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation
Date Requested:
Author(s): David Bell, Resa Carpenter, Brenda Boles, Suzanne Heasley
Reviewer(s): Linda Bird (primary)
Disposition Date: 09/24/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Life Products
Project Name/Number: Arkansas/

Filing Company: Generation Life Insurance Company

General Information

Project Name: Arkansas
 Project Number:
 Requested Filing Mode:
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 09/24/2012
 State Status Changed: 09/24/2012
 Created By: Brenda Boles
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Brenda Boles

Filing Description:
 See attached submission letter.

Company and Contact

Filing Contact Information

Resa Carpenter, Senior Administrative Assistant
 rcarpenter@tbf.com
 PO Box 459
 931-388-7872 [Phone] 2316 [Ext]
 Columbia, TN 38402

Filing Company Information

Generation Life Insurance Company	CoCode: 73504	State of Domicile: Arizona
147 Bear Creek Pike	Group Code: 694	Company Type: Individual Life
PO Box 459	Group Name: Tennessee Farmers	State ID Number:
Columbia, TN 38402	FEIN Number: 86-0200852	
(931) 388-7872 ext. 2323[Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$600.00
 Retaliatory? No
 Fee Explanation: \$50 per Form
 12 Forms Filed
 Per Company: No

Company	Amount	Date Processed	Transaction #
Generation Life Insurance Company	\$600.00	09/13/2012	62649587

SERFF Tracking #:

GENL-128636120

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Generation Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Life Products

Project Name/Number:

Arkansas/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/24/2012	09/24/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/19/2012	09/19/2012

Response Letters

Responded By	Created On	Date Submitted
Brenda Boles	09/20/2012	09/20/2012

SERFF Tracking #:

GENL-128636120

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Generation Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Life Products

Project Name/Number:

Arkansas/

Disposition

Disposition Date: 09/24/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking #:

GENL-128636120

State Tracking #:

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Submission Letter		Yes
Supporting Document	Variability Statement		Yes
Supporting Document (revised)	Actuarial Statement of Methods		No
Supporting Document	Actuarial Statement of Methods	Replaced	No
Supporting Document (revised)	Policy Cost and Benefit Information		Yes
Supporting Document	Policy Cost and Benefit Information	Replaced	Yes
Form	Application		Yes
Form	Term Life Policy		Yes
Form (revised)	Modified Endowment Life Policy	Withdrawn	Yes
Form	Modified Endowment Life Policy	Withdrawn	Yes
Form	Endowment Life Policy		Yes
Form	Endowment Life Policy		Yes
Form	Accelerated Benefit for Terminal Illness Rider		Yes
Form	Disclosure for Accelerated Rider at Application		Yes
Form	Disclosure for Accelerated Rider at Accelerated		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Dependent Child Rider		Yes
Form	Amendment/Endorsement		Yes
Form	Life Customer Service Request		Yes

State: Arkansas

Filing Company: Generation Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Products

Project Name/Number: Arkansas/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/19/2012
Submitted Date	09/19/2012
Respond By Date	09/19/2012

Dear Resa Carpenter,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Life Policies with reduced death benefits in early years are subject to Bulletin 8-85. Contract GL-SEC LF-112012-AR is in violation of Guideline One and Two of this bulletin.

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

SERFF Tracking #:

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Company Tracking #:

State:

Arkansas

Filing Company:

Generation Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

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Life Products

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Arkansas/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/20/2012
Submitted Date	09/20/2012

Dear Linda Bird,

Introduction:

Thank you for your review of our submission and your comments.

Response 1

Comments:

We wish to withdraw the policy form GL-SEC LF-1 2012-AR (Security Life Product).

Related Objection 1

Comments:

Life Policies with reduced death benefits in early years are subject to Bulletin 8-85. Contract GL-SEC LF-112012-AR is in violation of Guidline One and Two of this bulletin.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Actuarial Statement of Methods

Comment:

Satisfied -Name: Policy Cost and Benefit Information

Comment:

SERFF Tracking #:

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Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	GL-SEC LF-1/2012-AR	POL	Modified Endowment Life Policy	Initial	52.700		Date Submitted: 09/20/2012 By: Brenda Boles

Previous Version

<i>1</i>	<i>GL-SEC LF-1/2012-AR</i>	<i>POL</i>	<i>Modified Endowment Life Policy</i>	<i>Initial</i>	<i>52.700</i>	<i>GL-SEC LF-1_2012-AR.pdf</i>	<i>Date Submitted: 09/20/2012 By: Brenda Boles</i>
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No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your continued review of our submission. We appreciate your consideration.

Sincerely,

Brenda Boles

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		GL-MULTIPRODUCT-1/2012-AR	AEF	Application	Initial:	50.400	GL-MULTIPRODUCT-1_2012-AR.pdf
2		GL-SEC TERM-1/2012-AR	POL	Term Life Policy	Initial:	51.100	GL-SEC TERM-1_2012-AR.pdf
3	Withdrawn 09/24/2012	GL-SEC LF-1/2012-AR	POL	Modified Endowment Life Policy	Initial:	52.700	
4		GL-SAFE-1/2012-AR	POL	Endowment Life Policy	Initial:	52.600	GL-SAFE-1_2012-AR.pdf
5		GL-SH100-1/2012-AR	POL	Endowment Life Policy	Initial:	52.600	GL-SH100-1_2012-AR.pdf
6		GL-ACCEL-FORM-1/2012-AR	POLA	Accelerated Benefit for Terminal Illness Rider	Initial:	53.500	GL-ACCEL-FORM-1_2012-AR.pdf
7		GL-ACCEL-APP-1/2012-MULTI	OTH	Disclosure for Accelerated Rider at Application	Initial:	52.500	GL-ACCEL-APP-1_2012-MULTI.pdf
8		GL-ACCEL-COM-1/2012-AR	OTH	Disclosure for Accelerated Rider at Accelerated	Initial:	65.900	GL-ACCEL-COM-1_2012-AR.pdf
9		GL-ACCIDENTAL-1/2012-MULTI	POLA	Accidental Death Benefit Rider	Initial:	51.200	GL-ACCIDENTAL-1_2012-MULTI.pdf

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Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
10		GL-CR-1/2012-MULTI	POLA	Dependent Child Rider	Initial:	50.200	GL-CR-1_2012-MULTI.pdf
11		GL-AMENDMENT-1/2012-MULTI	POLA	Amendment/Endorsement	Initial:	55.000	GL-AMENDMENT-1_2012-MULTI.pdf
12		GL-CSF-1/2012-AR	OTH	Life Customer Service Request	Initial:	50.900	GL-CSF-1_2012-AR.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



[Application Number]

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona ♦ Administrative Office: P. O. Box 459, Columbia, TN 38402
 For Service Call: 1 (855) GEN-4LFE

APPLICATION FOR LIFE INSURANCE (please complete all information)

Part 1 - Applicant Information							
Proposed Insured – Full Name (Women, give maiden name)					<input type="checkbox"/> Male <input type="checkbox"/> Female		State of Birth
Date of Birth		Current Age	Phone Number		Height ft. in.		Weight lbs.
Street Address			City		State	Zip	
Owner (if other than Proposed Insured)		Relationship		Address			
Owner is: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust (Give name and date of Trust)					If business entity, name of principle		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership							
Beneficiary (including Date of Birth, Relationship and Address)							
Contingent Beneficiary (including Date of Birth, Relationship and Address)							

Part 2 – Benefit Selection and Premiums						
Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Select	Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Plan Applied For and Face Amount: Plan: Face Amount: \$ _____		Optional Riders: Accidental Death Rider <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No Specified Amount for Dependent Child \$ _____		
Amount submitted with application \$ _____						
If Dependent Child Rider is elected, list all children proposed for insurance below and complete Part 4a. (If applying for Security Life, Safeguard Life or if the Proposed Insured is a child age 15 or under, SKIP to Part 3).						
Name:		Height	Weight	Age:	Date of Birth:	Birth State:
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female

Part 3 – Existing Insurance and Replacement

Current Life Insurance: Does the Proposed Insured currently have life insurance from another carrier? Yes No (If yes, list all policies)

Company	Amount	Date Issued	Purpose <input type="checkbox"/> Business <input type="checkbox"/> Personal
Company	Amount	Date Issued	Purpose <input type="checkbox"/> Business <input type="checkbox"/> Personal

Replacement: Is this policy to replace any existing life insurance or annuity? Yes No
(If yes, Part 9 must be completed)

Pending Applications: Are there life insurance applications pending with other companies? Yes No
(If yes, list Company(ies) and amount):

Part 4 – Applicant Questions

**Proposed Insured – answer only questions 1-4 if applying for Security Life; answer all questions if applying for any other product plan.
Children Applicants (15 and under) OR Child Rider Skip to Part 4a.**

1.	Is the Proposed Insured a U.S. Citizen or a permanent U.S. resident who holds a permanent visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has the Proposed Insured been diagnosed as having a Terminal Illness? (“Terminal Illness” means any illness diagnosed that would reasonably be expected to cause death within 24 months.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is the Proposed Insured currently confined in a hospital, nursing home, mental facility, hospice or other medical facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the Proposed Insured ever been diagnosed as having or been treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the HIV virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	In the past 5 years has the Proposed Insured been diagnosed or treated by a medical professional for: <ul style="list-style-type: none"> • Respiratory disorder/disease (including asthma, chronic bronchitis, cystic fibrosis or sleep apnea); • Spinal cord and joint injury or disorder (including paralysis, degenerative muscle or nerve disease/disorder, lupus or rheumatoid arthritis); • Disease/disorder of the heart (including murmur or valve defect), aorta, coronary arteries, peripheral vascular system or blood disorder; • Diabetes, thyroid, kidney or other endocrine disorder; • Cancer or other malignancy (except basal cell or squamous cell carcinoma of the skin); • Epilepsy or other seizure disorder; • Mental or nervous disorder, cerebral palsy, mental retardation, major or chronic depression, bipolar disease or mood disorder, schizophrenia, Alzheimer’s disease or dementia; • Any disease or disorder of the intestines (including ulcerative colitis or Crohn’s disease), liver, pancreas or connective tissue; or • Any disease or disorder of the brain (including stroke or transient ischemic attack (TIA) – also known as “mini stroke”)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	In the past 3 years has the Proposed Insured’s driver’s license been suspended or revoked or has the Proposed Insured been convicted of or pleaded “guilty” or “no contest” to any felony, DWI/DUI, or is the Proposed Insured in prison or serving a probation/parole program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	In the past 2 years has the Proposed Insured participated in: <ul style="list-style-type: none"> • Auto, boat, motorcycle, go cart or snowmobile racing; • Boxing of any type; • Hang gliding, ballooning or parachuting; or • Skin, sky or scuba diving? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does the Proposed Insured currently or has ever used tobacco in any form (i.e. cigarettes, cigars, pipe, chewing tobacco or snuff)? If “yes”, when did the Proposed Insured stop? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the Proposed Insured currently or has ever used a nicotine cessation aid such as nicotine gum or patches? If “yes”, when did the Proposed Insured stop? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 4a – Applicant Questions if Child Rider is elected or Child Applicant (15 and under)

Answer all questions shown below for each child proposed for insurance or child applying for insurance.

1.	Is the Proposed Insured a U.S. Citizen or a permanent U.S. resident who holds a permanent visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has the Proposed Insured been diagnosed as having a Terminal Illness? (“Terminal Illness” means any illness diagnosed that would reasonably be expected to cause death within 24 months.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is the Proposed Insured currently confined in a hospital, nursing home, mental facility, hospice or other medical facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the Proposed Insured ever been diagnosed as having or been treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the HIV virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	In the past 5 years has the Proposed Insured been diagnosed or treated by a medical professional for: <ul style="list-style-type: none"> • Respiratory disorder/disease (including asthma, chronic bronchitis, cystic fibrosis or sleep apnea); • Spinal cord and joint injury or disorder (including spina bifida or paralysis); • Disease/disorder of the heart (including murmur or valve defect), aorta, coronary arteries, peripheral vascular system or blood disorder; • Diabetes, thyroid, kidney or other endocrine disorder; • Cancer or other malignancy (except basal cell or squamous cell carcinoma of the skin); • Epilepsy or other seizure disorder; • Mental or nervous disorder, Down’s syndrome, cerebral palsy, mental retardation or autism; • Any disease or disorder of the intestines (including ulcerative colitis or Crohn’s disease), liver, pancreas or connective tissue; • Any disease or disorder of the brain; or • Any other congenital disorder? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	In the past 5 years has the Proposed Insured had any condition requiring: <ul style="list-style-type: none"> • On-going treatment by a physician; • Treatment in a hospital, either on an inpatient or outpatient basis; or • Loss of time from school for at least 30 days during a regular school year? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	In the past 2 years has the Proposed Insured participated in: <ul style="list-style-type: none"> • Auto, boat, motorcycle, go cart or snowmobile racing; • Boxing of any type; • Hang gliding, ballooning or parachuting; or • Skin, sky or scuba diving? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 5 – Applicant Representations, Authorizations and Signatures

I represent that the statements and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that: (1) the entire contract will consist of this application and the policy issued in response to it; (2) no agent of the Company can (a) make or modify contracts; (b) waive any rights or requirements of the company; or (c) waive any information requested by the company; and (3) no insurance will take effect unless: (a) the policy is delivered to the owner; (b) the first modal premium is paid and deemed good on first presentation to the financial institution; and (c) there has been no change since the date of this application in the insurability of all persons proposed for insurance.

Payment Authorization: I authorize the premium to be processed and remitted to the Generation Life Insurance Company through my credit card/bank account as referenced herein. The authority is to remain in effect until I cancel it in writing and until the Company or my credit card/bank account actually receives such notice..

Cardholder/Account holder name:	
Card /Account Type:	
Account Number:	
Expiration Date (if applicable):	

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.

Applicant Signature _____	Date _____
Owner Signature (if other than Proposed Insured) _____	Date _____
Parent of Proposed Insured's Signature for Child Applicant (age 17 and under) _____	Date _____

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

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734

Part 6 – Agent's Statement

I certify that I am currently licensed as a life insurance agent in the resident state of the applicant. I certify that the information contained in this application is correct to the best of my knowledge. I understand that I have no right to bind this coverage or alter the terms of the policy in any manner.

To the best of my knowledge, the policy applied for Does Does Not involve replacement of any life or annuity contracts.

Agent Signature _____	Agent Number _____	Date _____
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Generation Life Insurance Company

THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE

Applicant Name: _____ Address: _____

SS#: _____ DOB: _____

A. Who May Disclose: The Applicant authorizes Generation Life Insurance Company or its reinsurers to make a brief report of his/her personal health information to MIB, Inc. (MIB). The Applicant hereby authorizes the following persons or entities to release health information: (1) licensed health care professionals that have treated or are treating the Applicant; (2) allied health care professionals that have treated or are treating the Applicant; (3) health care facilities that have treated or are treating the Applicant; (4) mental health care facilities and professionals that have treated or are treating the Applicant; (5) pharmacy benefit manager; (6) MIB; & (7)

B. Information to be Disclosed: The information requested pertains to medical information relevant to the Applicant's suitability for coverage of life insurance or any claim made against such life insurance policy. This includes any and all information concerning the Applicant's medical care, treatment or advice, including medical or other care records, diagnosis, pharmacy information & records deemed necessary by Generation Life Insurance Company to issue an insurance policy or determine the Applicant's eligibility for claims payment. This specifically authorizes the release of information relating to: [X] Substance abuse (including drug or alcohol abuse); [X] Mental health (excluding psychotherapy notes); and [X] HIV related information (AIDS related testing or treatment). The Applicant specifically authorizes the disclosure and release of his or her entire medical record upon request of Generation Life Insurance Company.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN DATE

C. Please release the information to the following organization: Generation Life Insurance Company • P.O. Box 459, Columbia, TN 38402

D. Purpose: The purpose of the use or disclosure is: At the request of the Applicant for the purposes of underwriting, premium determination, or claims administration or adjudication.

E. Right to Refuse: The Applicant acknowledges that signing this authorization is voluntary and he/she has the right to refuse to sign this authorization; however, if he/she refuses to sign this authorization, the Applicant understands that Generation Life Insurance Company may not be able to gather the information necessary to determine if he/she, or an unemancipated minor child, is eligible for coverage under an insurance policy offered by Generation Life Insurance Company. Further, Applicant understands that he/she may refuse to sign this authorization and that a health care provider that is a covered entity may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on him/her signing this authorization.

F. Revocation: The Applicant acknowledges that he/she may revoke this authorization at any time by sending a written notice to the Privacy Officer at the address specified above in paragraph C. However, the revocation will not have any effect on any disclosures that a person or entity may have made in reliance on this Authorization before the revocation was received. Furthermore, the Applicant acknowledges that if he/she revokes this Authorization his/her application for life insurance may be declined or claims for benefits may be denied.

G. Expiration: The Applicant acknowledges that unless he/she revokes this Authorization, it will remain in effect from the date hereof and continue in effect until the application is denied or, if the application is approved, for twenty-four (24) months after the date signed.

H. Redisclosure: The Applicant acknowledges that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be redisclosed by the receiving party (including the reporting of protected health information to MIB), but will not be redisclosed by Generation Life Insurance Company except as authorized by the Applicant or as required by law.

I. Certification: I certify that I am (check whichever applies): [] the Applicant, and the identification that I have provided is true and correct. [] the Applicant's authorized representative, with authority to consent to treatment and release of information on behalf of the Applicant, and the identification that I have provided is true and correct. My relationship to the Applicant is that of: _____.

J. I will receive a copy of this form after I sign it. I have read the above & authorize the disclosure of the protected health information as stated.

Signed this _____ day of _____, 20 _____

Address:

Signature: _____

Print Name: _____

Part 8 – Substitute Taxpayer Identification Number Certification (W-9)

INSURED – SUBSTITUTE TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)

Social Security Number								

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number.

OR

Employer Identification Number								

Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is my current taxpayer identification number (or I am waiting for a number to be issued to me); **AND** Yes No
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Yes No

Certification instructions – You must indicate “No” to item (2) above if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transaction, item (2) does not apply. For example, mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest or dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Form W-9 – The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant Signature

Date

OWNER – SUBSTITUTE TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)

Social Security Number								

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number.

OR

Employer Identification Number								

Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is my current taxpayer identification number (or I am waiting for a number to be issued to me); **AND** Yes No
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Yes No

Certification instructions – You must indicate “No” to item (2) above if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transaction, item (2) does not apply. For example, mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest or dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Form W-9 – The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner Signature

Date

Part 9 – Replacement of Life Insurance or Annuities Important Notice

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent, if there is one, and a copy left with the applicant.

For a child applicant (age 17 and under), this document must be signed by the parent of the proposed insured and the agent.

A copy must be left with the parent of the proposed insured.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacement before you make your purchase decision and ask that you answer the following questions and consider the questions shown later on this form.

1. Are you considering discontinuing making premium payments surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insured, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source financing:

_____ Name of Insurer	_____ Policy/Contract#	_____ Name of Insured	_____ (R) Replaced OR (F) Financed
_____ Name of Insurer	_____ Policy/Contract#	_____ Name of Insured	_____ (R) Replaced OR (F) Financed
_____ Name of Insurer	_____ Policy/Contract#	_____ Name of Insured	_____ (R) Replaced OR (F) Financed

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: _____

I certify that the responses herein are, to the best of my knowledge, accurate:

_____ Applicant's Name Printed	_____ Applicant's Signature	_____ Date
_____ Owner's Name Printed (if other than Proposed Insured)	_____ Owner's Signature (if other than Proposed Insured)	_____ Date
_____ Parent of Proposed Insured Name Printed (for child applicant age 17 and under)	_____ Parent of Proposed Insured's Signature (for child applicant age 17 and under)	_____ Date
_____ Agent's Name Printed	_____ Agent's Signature	_____ Date

_____ I do not wish this notice read aloud to me. (Applicant must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Could they change?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for the new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

For Service Call: 1 (855) 436-4533

We will pay the beneficiary the policy proceeds when we receive, at our administrative office, due proof that the insured's death occurred while this policy was in force and prior to the final expiration date. Payment is subject to the terms of this policy, which are contained on this and the following pages.

30 – DAY RIGHT TO EXAMINE POLICY

We want the owner to fully understand and be satisfied with this policy. If for any reason the owner is not satisfied, return it to us within 30 days after receiving it. We will refund all premiums paid, and this policy will be void from the date of issue.

This policy is a legal contract between the owner and us.

PLEASE READ THIS POLICY CAREFULLY!

We have issued this policy at our administrative office as of the date of issue.

A handwritten signature in black ink that reads "Dennis R. Steyer".

Chief Operating Officer

A handwritten signature in black ink that reads "Matthew M. Rogers".

Chief Executive Officer

LEVEL TERM LIFE INSURANCE POLICY

**Term insurance to age 95
Premiums payable as shown on Policy Schedule
Non-participating**

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POLICY SCHEDULE

INSURED	[John Doe]	DATE OF ISSUE	[January 1, 2012]
POLICY NUMBER	[12345]	INITIAL TERM PERIOD	[10; 20; 30] Years
ISSUE AGE	[35]	FINAL EXPIRATION DATE	[January 1, 2072]
SEX	[Male]	FACE AMOUNT	Shown Below
OWNER	[James Smith]	PLAN	Secure Term [10; 20; 30]
BENEFICIARY	As stated in the application for this policy, unless changed in accordance with policy provisions.		
PREMIUM CLASS	[Preferred; Select]		

POLICY PLAN AND ADDITIONAL BENEFIT(S)

Benefit	Policy Face Amount/ Rider Coverage Amount	Initial Annual Premium	Policy Years Available
Renewable Term to 95 Policy	[\$25,000 - \$250,000 in increments of \$25,000]	[\$230.00]	[60]
Policy Fee		\$70.00	[60]
[Dependent Child Rider Specified Amount	[\$5,000 – (\$50,000 or Policy Face Amount, whichever is less) in increments of \$1,000]	[\$175.00]	[30]
[Covered Dependents under Dependent Child Rider:	[Steve Doe, Susan Doe]]		
[Accidental Death Rider	[\$5,000 – Maximum Policy Face Amount in increments of \$1,000]	[\$120.00]	[30]

TOTAL PREMIUM DUE FOR POLICY AND ALL ATTACHED RIDERS

Annual [\$595.00]	Semi-Annual [\$309.40]	Quarterly [\$157.68]	Monthly [\$51.05]
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INTEREST RATE ON DEATH BENEFIT: 8%

REINSTATEMENT INTEREST RATE: 6%

RESERVE INTEREST RATE: 4%

**Guaranteed Annual Renewable Premiums Per \$1,000
After the First 10 Years
Basic Annual Premiums**

These Premiums are subject to adjustments in accordance with the Adjustable Premium Provision.

Age At Renewal	Preferred		Select		Age At Renewal	Preferred		Select	
	Male	Female	Male	Female		Male	Female	Male	Female
30	3.80	3.25	5.95	4.39	65	54.94	35.23	94.35	49.58
31	3.85	3.33	6.10	4.52	66	60.84	38.92	102.88	54.05
32	3.93	3.41	6.29	4.68	67	67.24	42.67	111.83	58.71
33	4.06	3.51	6.57	4.89	68	74.10	46.44	121.03	62.92
34	4.21	3.67	6.89	5.15	69	81.59	50.47	130.83	67.65
35	4.39	3.82	7.29	5.40	70	90.04	55.12	141.65	72.67
36	4.60	4.06	7.76	5.80	71	101.17	60.68	153.63	79.17
37	4.89	4.34	8.36	6.28	72	111.58	67.57	167.26	87.23
38	5.20	4.65	9.02	6.83	73	123.34	75.97	182.60	97.06
39	5.56	5.02	9.78	7.42	74	137.59	85.85	199.32	108.52
40	5.95	5.41	10.65	8.14	75	152.88	97.03	217.80	121.26
41	6.42	5.88	11.62	8.96	76	169.16	109.30	236.86	134.99
42	6.89	6.34	12.64	9.71	77	186.26	122.49	256.15	149.40
43	7.44	6.81	13.77	10.48	78	204.02	136.58	275.37	164.40
44	7.98	7.28	14.98	11.23	79	222.87	151.97	295.07	180.47
45	8.63	7.77	16.30	11.99	80	243.54	169.31	316.13	198.28
46	9.33	8.29	17.76	12.87	81	266.55	189.25	339.07	218.40
47	10.09	8.87	19.34	13.81	82	292.55	212.13	364.52	241.38
48	10.89	9.49	21.01	14.77	83	321.85	238.58	392.68	267.46
49	11.80	10.14	22.88	15.81	84	353.89	267.88	422.47	298.09
50	12.77	10.89	24.70	17.00	85	387.92	299.99	452.92	328.69
51	13.91	11.70	27.14	18.20	86	423.28	334.31	483.03	363.45
52	15.24	12.61	29.69	19.55	87	459.65	371.05	512.36	396.94
53	16.72	13.68	32.60	21.14	88	496.31	409.79	544.36	434.80
54	18.43	14.77	35.88	22.75	89	533.75	451.13	575.95	470.78
55	20.33	15.94	39.36	24.44	90	572.49	495.01	607.59	512.23
56	22.44	17.13	43.13	26.13	91	613.18	542.31	639.91	556.40
57	24.67	18.33	47.03	27.74	92	657.15	594.36	674.26	604.60
58	27.09	19.47	51.19	29.25	93	706.24	653.64	718.38	659.23
59	29.82	20.70	55.51	30.81	94	769.57	726.23	776.13	729.07
60	32.86	22.13	60.29	32.53					
61	36.24	23.82	65.68	34.74					
62	40.09	25.95	71.73	37.43					
63	44.49	28.63	78.60	41.03					
64	49.45	31.80	86.16	45.06					
Mode Premium Factors: Semi Annual 0.53 Quarterly 0.265 Monthly 0.0858									

DEFINITIONS

Administrative Office: Means the office at PO Box 459, Columbia, Tennessee, 38402. All correspondence regarding this policy should be sent to our administrative office.

Attained Age: Means on any date the issue age plus the number of policy years and completed policy months from the date of issue to that date.

Beneficiary: Means the person designated to receive the policy proceeds. The beneficiary is named in the application and shown on the Policy Schedule unless and until changed by the owner, in accordance with the Change of Beneficiary provision.

Date of Issue: Means the effective date of this policy. The date of issue is shown on the Policy Schedule. Policy years, policy anniversaries, premium due dates, term periods and the final expiration date are measured from this date.

Death Benefit: Means the amount of insurance payable under this policy when you die. The death benefit is the face amount shown on the Policy Schedule.

Final Expiration Date: Means the date you are no longer insured under any of the terms of this policy. The final expiration date is shown on the Policy Schedule.

Initial Term Period: Means the period of time under this policy in which, if no changes are made to this policy, your premium rates are anticipated to remain level. If the initial term period is 10 years, the premiums are guaranteed to not change during the initial term period. If the initial term period is greater than 10 years, the premiums are guaranteed to not increase during the first 10 years. Thereafter, we reserve the right to increase the premiums in accordance with the Adjustable Premium Provision. The initial term period is shown on the Policy Schedule and begins on the date of issue.

Insured: Means the individual named as the insured on the Policy Schedule.

Issue Age: Means your age on your birthday nearest the date of issue.

Owner: Means the person who is entitled to exercise the rights under this policy. The owner is named in the application and shown on the Policy Schedule unless and until changed in accordance with the Change of Owner provision.

Policy Anniversary: Means the same month and day in each succeeding year as the date of issue.

Policy Proceeds: Means the amount of the proceeds payable upon the insured's death which is the sum of:

1. The face amount of insurance; PLUS
2. The portion of any premium paid for a period beyond the policy month of the insured's death; PLUS
3. Any insurance on the life of the insured provided by additional benefits or riders; LESS
4. The portion of any premium due and unpaid which applies to the policy month of the insured's death.

Policy Year: Means the period of time from the date of issue to the first policy anniversary, and each period of time from policy anniversary to policy anniversary thereafter.

Term Period: Means the initial term period and any renewal term period.

You and Your: Means the insured.

We, Our and Us: Means Generation Life Insurance Company.

Written Notice: Means a signed request on a form:

1. Which we furnish; or
2. Other than ours which we accept.

OWNERSHIP, BENEFICIARY AND ASSIGNMENT PROVISIONS

Owner. You are the owner of this policy unless someone else is named in the application and on the Policy Schedule or by endorsement. The owner may name a contingent owner. If the owner dies while you are living, the contingent owner assumes the owner's rights; or, if no contingent owner has been designated, you will assume the owner's rights. The owner may exercise all rights and privileges under this policy except as otherwise stated in this policy subject to:

1. An assignment on file at our administrative office; and
2. The rights of the person named as an irrevocable beneficiary.

Beneficiary. The beneficiary is named on the application and stated on the Policy Schedule unless and until changed by the owner.

Beneficiary Classification. The beneficiary of any policy proceeds will be classified as primary beneficiary or contingent beneficiary. Such classification will determine the interest of that beneficiary with respect to the policy proceeds.

Unless the beneficiary designation provides otherwise, surviving beneficiaries in the same classification will share equally in the proceeds payable to the beneficiaries in that classification.

Payment to Beneficiaries. Policy proceeds will be paid:

1. To the primary beneficiary surviving on the date of your death; if not;
2. To the contingent beneficiary surviving on the date of your death; if not;
3. To the owner or the owner's estate.

Change of Owner or Beneficiary. While you are alive, a change of owner or beneficiary can be made at any time, subject to the following rules:

1. The change must be in a written notice.
2. It must be signed by the owner.
3. The written notice must be sent to and recorded by us.
4. The change will take effect on the date signed, but it will not apply to any payment or action taken by us before we receive the form.

Assignment. No assignment of this policy will bind us unless it is in a written notice and received by us. We will not be responsible for the validity of any assignment. The company reserves the right to require this policy for endorsement of any assignment.

Absolute Assignment- An absolute assignment of this policy will cause the assignee to be made the owner.

Collateral Assignment- A collateral assignment will not cause a change of ownership. However, the rights of any owner, beneficiary or other payee will be subject to the terms of the collateral assignment.

DEATH BENEFIT

Death Benefit Payable. We will pay the policy proceeds to the beneficiary:

1. If the insured dies while this policy is in force;
2. Upon receipt at our administrative office of due proof of your death; and
3. Subject to the terms and conditions of this policy.

Interest on Death Benefit. If payment is not made within 30 days from the date we receive acceptable proof of death, we will add interest to the policy proceeds from the date of death to the date of payment. The interest rate is the rate shown on the Policy Schedule.

Suicide Exclusion. If, within two years of the date of issue, you die by suicide, whether sane or insane, our liability is limited to the premium paid.

PREMIUMS

When Premiums Are Due. To keep this policy in force, each premium must be paid in advance. Premiums are payable in the amounts and for the policy years available shown on the Policy Schedule, or until your earlier death.

The first premium is due on the date of issue. After that, each premium is due when the interval covered by the preceding premium ends. Each premium is due on the same day of the month as the day shown in the date of issue.

Premiums may be paid annually, semi-annually, quarterly or monthly. The owner may change the frequency of premium payments.

Where to Pay Premiums. Each premium after the first is payable at our administrative office or to one of our agents. If the owner requests it, a receipt, signed by our secretary will be given.

Alternate Premium Plans. We provide certain alternate plans for paying premiums. These include a preauthorized check plan. Alternate premium plans are subject to the rules and premium rates that we set.

Grace Period. A grace period of 31 days is allowed for payment of each premium after the first one. Insurance will continue during the grace period. If your death occurs during a grace period, we will deduct from the death benefit that part of the unpaid premium from the due date to the date of your death.

Default in Payment of Premiums. This policy will lapse if any premium is not paid before the end of its 31 day grace period. The date of lapse is the end of the grace period following the date on which the unpaid premium was due. This policy will then terminate on the date of lapse.

Reinstatement. This policy and attached riders, if any, may be reinstated within five years after the date of lapse if each of the following conditions is satisfied:

1. The company will require satisfactory evidence of insurability of all persons insured;
2. All overdue premiums must be paid from the due date of each premium with interest at the rate shown on the Policy Schedule; and
3. Written notice must be furnished to us during your lifetime and within 5 years from the date of lapse.

Reinstatement will take effect when approved by us at our administrative office provided you are alive and all conditions used to determine your insurability remain as stated in the reinstatement application.

Adjustable Premium Provision. The initial premium is guaranteed during the first 10 years of the initial term period shown on the Policy Schedule. After that, we may use premium rates for any period that are not higher than the guaranteed maximum premiums shown in the table on page 4. Any change in premium rates will be uniform for all insureds of the same attained age, sex, premium class, and face amount. The basis for any change will be our actuarial estimation of expected future mortality. No change in premium class will result from any change in the insurability of the insured.

The premiums in the table are the annual premiums for policies in a preferred or select premium class. Semi-annual, quarterly and monthly premiums will be determined from the annual premiums by our rules in effect on the date of issue.

RENEWAL

Renewal Term Periods. If premiums are paid to the end of each term period, this policy may be renewed without evidence of your insurability. However, no renewal will be allowed after the final expiration date. Also, all due premiums must have been paid before renewal can take place.

Renewal Premiums. After the initial term period, this policy may be renewed with increasing annual renewable term premiums up to age 95. Renewal will be effective upon payment of the first premium for the renewal term period, subject to the 31 day grace period provision.

SETTLEMENT OPTIONS

Payment of Policy Proceeds. Policy proceeds may be left with us and paid under a settlement option. The person named to receive payments under an option is called a “payee”. If a payee is other than a natural person (such as a corporation), an option will be available only with our consent. An option is available only if the amount of the policy proceeds applied is at least \$2,500 and if the amount of each regular payment is at least \$25.

Choosing a Settlement Option. While the insured is alive the owner can choose an option that will apply the policy proceeds upon the death of the insured. This choice can be changed during the life of the insured. A change requires the consent of any irrevocable beneficiary.

If the owner has not chosen an option prior to the insured's death, a beneficiary can make this choice upon the insured's death.

To choose an option, we require a written notice sent to our administrative office. We will then send the proper forms to complete. The request will go into effect when we record it.

First Installment. The first installment under option 2, 3, and 4 is payable on the first day the policy proceeds become payable.

Protection of the Benefits. A beneficiary cannot assign or commute amounts under a settlement option, unless the owner permits otherwise. Commute means to receive a discounted cash settlement instead of future guaranteed payments.

Transfer Between Options. A payee who can receive the commuted amount under an option can apply that amount under another option. If transfer is made to option 3, our then current tables and terms of payment will apply.

Evidence Payee is Alive. For option 3, we have the right to require proof satisfactory to us that the payee is alive prior to making any payment.

Proof of Age and Sex. For option 3, we have the right to require proof satisfactory to us of the payee's date of birth and sex before making any payment.

Payment After a Payee Dies. Unless the owner provides otherwise, if a payee dies, we will make a single payment of the unpaid benefit. The payment will be made to the beneficiary of the payee. If no beneficiary is named, payment will be made to the payee's estate.

The single payment is determined as follows:

Option 1 and 4 – The unpaid sum left with us plus any unpaid interest up to the date of the payee's death.

Option 2 – The commuted value of the remaining unpaid payments.

Option 3 – The commuted value of the remaining unpaid guaranteed payments.

The interest rate used to commute the payments is 3% for option 2 and 2 ½% for option 3.

Unless otherwise provided under option 2 and 3, the beneficiary of the payee may elect to receive payments over the balance of the period for option 2 or the balance of the guaranteed period for option 3.

Option 1. Interest Income

The proceeds may be left on deposit with us to earn interest. The owner can choose when he or she wants to receive payments, subject to our approval. The following table shows interest payments per \$1,000 of proceeds and proceeds required to provide interest payments of \$100.

**OPTION 1
Interest Income
3% Guaranteed**

Frequency of Interest Payments	Interest Payments Per \$1,000 Of Proceeds	Proceeds Required To Provide Interest Payments of \$100
Annual	\$30.00	\$3,334
Semi-Annual	\$14.89	\$6,716
Quarterly	\$7.42	\$13,477
Monthly	\$2.47	\$40,484

Option 2. Income for a Fixed Period

Proceeds plus interest will be paid in equal installments for the number of years chosen. The period chosen cannot be more than 30 years. The table for option 2 shows the monthly payment for each \$1,000 of proceeds applied.

Option 3. Life Income

Proceeds will be used to provide payments in equal installments for as long as the payee lives. A guaranteed payment period of 10, 15, or 20 years can be chosen. If the payee dies during this period, payments will continue to be made until the end of the period. The table for option 3 shows the monthly payment for each \$1,000 of proceeds applied.

Option 4. Income of a Fixed Amount

Proceeds plus interest will be paid in equal installments. Payments will continue until principal and interest are exhausted. The principal is the amount of proceeds applied to this option.

OPTION 2
Income for a Fixed Period
3% Guaranteed

Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly	Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly Income
1	\$84.47	\$ 1,184	16	\$6.53	\$15,314
2	42.86	2,334	17	6.23	16,051
3	28.89	3,450	18	5.96	16,778
4	22.06	4,533	19	5.73	17,452
5	17.91	5,584	20	5.51	18,148
6	15.14	6,605	21	5.32	18,797
7	13.16	7,599	22	5.15	19,417
8	11.68	8,562	23	4.99	20,040
9	10.53	9,497	24	4.84	20,661
10	9.61	10,406	25	4.71	21,231
11	8.86	11,287	26	4.59	21,786
12	8.24	12,136	27	4.47	22,371
13	7.71	12,970	28	4.37	22,883
14	7.26	13,774	29	4.27	23,419
15	6.87	14,556	30	4.18	23,923

To obtain other income frequencies, multiply the monthly income by 11.84 for annual life income, 5.96 for semi-annual life income and 2.99 for quarterly life income.

OPTION 3
Life Income
2 ½ % Guaranteed

Monthly Income Per \$1,000 Proceeds

Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain
Male	Female				Male	Female				Male	Female			
20	25	\$2.93	\$2.92	\$2.91	40	45	\$3.76	\$3.71	\$3.64	60	65	\$5.61	\$5.21	\$4.75
21	26	2.95	2.95	2.93	41	46	3.82	3.77	3.69	61	66	5.74	5.30	4.80
22	27	2.98	2.97	2.96	42	47	3.88	3.82	3.74	62	67	5.87	5.39	4.85
23	28	3.01	3.00	2.99	43	48	3.95	3.88	3.79	63	68	6.01	5.48	4.90
24	29	3.04	3.03	3.02	44	49	4.02	3.95	3.84	64	69	6.16	5.56	4.94
25	30	3.08	3.07	3.05	45	50	4.09	4.01	3.90	65	70	6.30	5.65	4.98
26	31	3.11	3.10	3.08	46	51	4.17	4.06	3.95	66	71	6.45	5.73	5.02
27	32	3.14	3.13	3.11	47	52	4.25	4.15	4.01	67	72	6.60	5.82	
28	33	3.18	3.17	3.15	48	53	4.33	4.22	4.07	68	73	6.76	5.90	
29	34	3.22	3.20	3.18	49	54	4.42	4.29	4.12	69	74	6.91	5.97	
30	45	3.26	3.24	3.22	50	55	4.50	4.37	4.18	70	75	7.07	6.05	
31	36	3.30	3.28	3.25	51	56	4.60	4.44	4.24	71	76	7.23	6.12	
32	37	3.34	3.32	3.29	52	57	4.69	4.52	4.30	72	77	7.38	6.18	
33	38	3.39	3.36	3.33	53	58	4.79	4.60	4.36	73	78	7.54	6.24	
34	39	3.43	3.41	3.37	54	59	4.90	4.69	4.41	74	79	7.69	6.30	
35	40	3.48	3.45	3.41	55	60	5.01	4.77	4.47	75	80	7.84	6.35	
36	41	3.53	3.50	3.45	56	61	5.12	4.86	4.53	76	81	7.98	6.39	
37	42	3.59	3.55	3.50	57	62	5.23	4.94	4.59	77	82	8.13		
38	43	3.64	3.60	3.54	58	63	5.35	5.03	4.64	78	83	8.26		
39	44	3.70	3.65	3.59	59	64	5.48	5.12	4.70	79	84	8.39		
										80	85	8.51		
										81	86	8.63		

To obtain other income frequencies, multiply the monthly income by 11.87 for annual life income, 5.97 for semi-annual life income and 2.99 for quarterly life income.

GENERAL PROVISIONS

Entire Contract. This policy is issued in consideration of the first premium and the statements in the application. This policy and the attached application, which by this reference are made a part of this policy, form the entire contract.

All statements in the application are deemed representations and not warranties except in the cause of fraud. No statement will void this policy or be used in defense of a claim unless contained in the application.

Modification of Contract. This policy cannot be changed unless the change is approved in writing by one of the officers of our company. No agent has the authority to change this policy in any way.

Incontestable. We will not contest this policy and attached riders, if any, after they have been in force during the insured's lifetime for two years from the date of issue except for:

1. Non-payment of premiums; and
2. Any claim made under any rider providing accidental death benefits.

Misstatement of Age or Sex. We have the right to correct benefits for misstated age or sex. In such an event, benefits will be the amount the premium actually paid would have bought at the correct age and sex.

Return of Policy and Policy Settlement. We reserve the right to have this policy sent to us for any:

1. Modification;
2. Death settlement;
3. Assignment;
4. Change of owner or beneficiary; or
5. Exercise of any policy privilege.

We will send a payment contract to replace this policy if any settlement option is chosen. All sums to be paid by us under this policy are considered paid when tendered by us at our administrative office.

Nonparticipating. This policy is issued at a nonparticipating premium rate. This means that it will not share in our surplus earnings.

Basis of Reserves. Reserves are calculated based on the 2001 Commissioners Standard Ordinary Mortality Table, Male or Female and an interest rate at the amount shown on the Policy Schedule. A detailed method of computing reserves has been filed with the Insurance Department of the State in which this policy is delivered. All reserves are at least equal to those required by the laws of such State.



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona
Administrative Office: P. O. Box 459, Columbia, TN 38402

LEVEL TERM LIFE INSURANCE POLICY

**Term insurance to age 95
Premiums payable as shown on Policy Schedule
Non-participating**



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

For Service Call: 1 (855) 436-4533

We will pay the beneficiary the policy proceeds when we receive, at our administrative office, due proof that the insured's death occurred while this policy was in force. Or, if the insured is living on the maturity date of this policy and while this policy is in force, we will pay the policy proceeds to the owner. Payment is subject to the terms of this policy, which are contained on this and the following pages.

30 – DAY RIGHT TO EXAMINE POLICY

We want the owner to fully understand and be satisfied with this policy. If for any reason the owner is not satisfied, return it to us within 30 days after receiving it. We will refund all premiums paid, and this policy will be void from the date of issue.

This policy is a legal contract between the owner and us.

PLEASE READ THIS POLICY CAREFULLY!

We have issued this policy at our administrative office as of the date of issue.

A handwritten signature in black ink that reads "Dennis R. Steffen".

Chief Operating Officer

A handwritten signature in black ink that reads "Matthew M. Johnson".

Chief Executive Officer

ENDOWMENT AT 100 LIFE INSURANCE POLICY

Proceeds payable on the death of the insured or on the maturity date if the insured is living on that date and this policy is in force

**Premiums payable as shown on Policy Schedule
Non-participating**

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POLICY SCHEDULE

INSURED	[John Doe]	DATE OF ISSUE	[January 1, 2012]
POLICY NUMBER	[12345]	MATURITY DATE	[January 1, 2062]
ISSUE AGE	[50]	FACE AMOUNT	Shown Below
SEX	[Male]	PLAN	Safeguard Life
OWNER	[James Smith]	PREMIUM CLASS	[Preferred; Select]
BENEFICIARY	As stated in the application for this policy, unless changed in accordance with policy provisions.		

POLICY PLAN AND ADDITIONAL BENEFIT(S)

Benefit	Policy Face Amount	Annual Premium	Years Payable
Endowment at 100 Life Policy	[\$5,000 - \$250,000 in increments of \$1,000]	[\$636.00]	[50]

TOTAL PREMIUM DUE FOR POLICY

Annual [\$636.00]	Semi-Annual [\$330.72]	Quarterly [\$168.54]	Monthly [\$54.57]
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INTEREST RATE ON DEATH BENEFIT: 8%

REINSTATEMENT INTEREST RATE: 6%

POLICY LOAN INTEREST RATE: 8%

TABLE OF GUARANTEED VALUES (Amounts shown are per thousand)

END OF POLICY YEAR	POLICY ANNIVERSARY	INSURANCE AGE	CASH VALUE	REDUCED PAID UP INSURANCE
	[JANUARY 1]			
1	2013	51	0	0
2	2014	52	0	0
3	2015	53	16	54
4	2016	54	33	107
5	2017	55	50	156
6	2018	56	67	201
7	2019	57	85	246
8	2020	58	103	287
9	2021	59	122	327
10	2022	60	141	365
11	2023	61	161	402
12	2024	62	181	436
13	2025	63	201	468
14	2026	64	221	498
15	2027	65	242	528
16	2028	66	263	556
17	2029	67	284	582
18	2030	68	305	606
19	2031	69	327	630
20	2032	70	349	653
Age 65	2027	65	242	528
Age 70	2032	70	349	653

BASIS OF CALCULATION

ALL POLICY VALUES – COMMISSIONERS 2001 STANDARD ORDINARY MORTALITY TABLE, MALE AND FEMALE, SMOKER AND NONSMOKER AT 5.0%.

THESE FIGURES ARE SHOWN WITHOUT ADJUSTMENT FOR ANY POLICY INDEBTEDNESS. FIGURES NOT SHOWN WILL BE FURNISHED ON REQUEST.

DEFINITIONS

Administrative Office: Means the office at PO Box 459, Columbia, Tennessee, 38402. All correspondence regarding this policy should be sent to our administrative office.

Attained Age: Means on any date the issue age plus the number of policy years and completed policy months from the date of issue to that date.

Beneficiary: Means the person designated to receive the policy proceeds. The beneficiary is named in the application and shown on the Policy Schedule unless and until changed by the owner, in accordance with the Change of Beneficiary provision.

Date of Issue: Means the effective date of this policy. The date of issue is shown on the Policy Schedule. Policy years, policy anniversaries, premium due dates and the maturity date are measured from this date.

Death Benefit: Means the amount of insurance payable under this policy when you die. The death benefit is the face amount shown on the Policy Schedule.

Indebtedness: Means all unpaid policy loans and accrued loan interest.

Insured: Means the individual named as the insured on the Policy Schedule.

Issue Age: Means your age on your birthday nearest the date of issue.

Loan Value: Means the amount which, with accrued interest, equals the cash value on the next premium due date, less indebtedness.

Maturity Date: Means the date on which the owner will be paid the face amount, less any indebtedness, if the insured is then living, provided this policy is still in force. The maturity date is shown on the Policy Schedule.

Owner: Means the person who is entitled to exercise the rights under this policy. The owner is named in the application and shown on the Policy Schedule unless and until changed in accordance with the Change of Owner provision.

Policy Anniversary: Means the same month and day in each succeeding year as the date of issue.

Policy Proceeds: Means the amount of the proceeds payable upon the insured's death which is the sum of:

1. The face amount of insurance; PLUS
2. The portion of any premium paid for a period beyond the policy month of the insured's death; PLUS
3. Any insurance on the life of the insured provided by additional benefits or riders; LESS
4. The portion of any premium due and unpaid which applies to the policy month of the insured's death; LESS
5. Any indebtedness under this policy.

Policy Year: Means the period of time from the date of issue to the first policy anniversary, and each period of time from policy anniversary to policy anniversary thereafter.

You and Your: Means the insured.

We, Our and Us: Means Generation Life Insurance Company.

Written Notice: Means a signed request on a form:

1. Which we furnish; or
2. Other than ours which we accept.

OWNERSHIP, BENEFICIARY AND ASSIGNMENT PROVISIONS

Owner. You are the owner of this policy unless someone else is named in the application and on the Policy Schedule or by endorsement. The owner may name a contingent owner. If the owner dies while you are living, the contingent owner assumes the owner's rights; or, if no contingent owner has been designated, you will assume the owner's rights. The owner may exercise all rights and privileges under this policy except as otherwise stated in this policy subject to:

1. An assignment on file at our administrative office; and
2. The rights of the person named as an irrevocable beneficiary.

Beneficiary. The beneficiary is named on the application and stated on the Policy Schedule unless and until changed by the owner.

Beneficiary Classification. The beneficiary of any policy proceeds will be classified as primary beneficiary or contingent beneficiary. Such classification will determine the interest of that beneficiary with respect to the policy proceeds.

Unless the beneficiary designation provides otherwise, surviving beneficiaries in the same classification will share equally in the proceeds payable to the beneficiaries in that classification.

Payment to Beneficiaries. Policy proceeds will be paid:

1. To the primary beneficiary surviving on the date of your death; if not;
2. To the contingent beneficiary surviving on the date of your death; if not;
3. To the owner or the owner's estate.

Change of Owner or Beneficiary. While you are alive, a change of owner or beneficiary can be made at any time, subject to the following rules:

1. The change must be in a written notice.
2. It must be signed by the owner.
3. The written notice must be sent to and recorded by us.
4. The change will take effect on the date signed, but it will not apply to any payment or action taken by us before we receive the form.

Assignment. No assignment of this policy will bind us unless it is in a written notice and received by us. We will not be responsible for the validity of any assignment. The company reserves the right to require this policy for endorsement of any assignment.

Absolute Assignment- An absolute assignment of this policy will cause the assignee to be made the owner.

Collateral Assignment- A collateral assignment will not cause a change of ownership. However, the rights of any owner, beneficiary or other payee will be subject to the terms of the collateral assignment.

POLICY BENEFITS

Policy Benefits. Policy proceeds payable under this policy will either be a death benefit or an endowment benefit as described below.

Death Benefit. We will pay the policy proceeds to the beneficiary:

1. If the insured dies while this policy is in force and prior to the maturity date;
2. Upon receipt at our administrative office of due proof of the insured's death; and
3. Subject to the terms and conditions of this policy.

Endowment Benefit. We will pay the policy proceeds to the owner:

1. If the insured is living on the maturity date and while this policy is in force; and
2. Subject to the terms and conditions of this policy.

We may require sufficient proof that the insured is living on the maturity date.

Interest on Death Benefit. If payment is not made within 30 days from the date we receive acceptable proof of death, we will add interest to the policy proceeds from the date of death to the date of payment. The interest rate is the rate shown on the Policy Schedule.

Suicide Exclusion. If, within two years of the date of issue, you die by suicide, whether sane or insane, our liability is limited to the premium paid.

PREMIUMS

When Premiums Are Due. To keep this policy in force, each premium must be paid in advance. Premiums are payable in the amounts and for the years payable shown on the Policy Schedule, or until your earlier death.

The first premium is due on the date of issue. After that, each premium is due when the interval covered by the preceding premium ends. Each premium is due on the same day of the month as the day shown in the date of issue.

Premiums may be paid annually, semi-annually, quarterly or monthly. The owner may change the frequency of premium payments.

Where to Pay Premiums. Each premium after the first is payable at our administrative office or to one of our agents. If the owner requests it, a receipt, signed by our secretary will be given.

Alternate Premium Plans. We provide certain alternate plans for paying premiums. These include a preauthorized check plan. Alternate premium plans are subject to the rules and premium rates that we set.

Grace Period. A grace period of 31 days is allowed for payment of each premium after the first one. Insurance will continue during the grace period. If your death occurs during a grace period, we will deduct from the death benefit that part of the unpaid premium from the due date to the date of your death.

Default in Payment of Premiums. This policy will lapse if any premium is not paid before the end of its 31 day grace period. The date of lapse is the end of the grace period following the date on which the unpaid premium was due. This policy will then terminate on the date of lapse except as provided in the Guaranteed Values section of this policy.

Reinstatement. This policy and attached riders, if any, may be reinstated within five years after the date of lapse if each of the following conditions is satisfied:

1. This policy or riders to be reinstated must not have been surrendered for cash;
2. The company will require satisfactory evidence of insurability of all persons insured;
3. Any indebtedness must either be paid or reinstated with interest at the rate shown on the Policy Schedule for policy loans;
4. All overdue premiums must be paid from the due date of each premium with interest at the rate shown on the Policy Schedule; and
5. Written notice must be furnished to us during your lifetime and within 5 years from the date of lapse.

Reinstatement will take effect when approved by us at our administrative office provided you are alive and all conditions used to determine your insurability remain as stated in the reinstatement application.

POLICY LOANS

Right to Borrow. By sending us written notice to our administrative office, the owner may obtain a loan under this policy while the insured is living. This policy must be properly assigned to us before the loan is made. No other collateral is needed. We may require this policy for endorsement of a policy loan.

Maximum Policy Loan Available. The maximum amount of policy loan available is the loan value less:

1. Any premiums needed to pay this policy to the next policy anniversary; and
2. Loan interest to the next policy anniversary.

Policy Loan Interest. The policy loan interest rate is shown on the Policy Schedule, payable in advance. Loan interest is payable each year on the policy anniversary. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest accrues on a daily basis. It constitutes an additional loan against this policy.

Postponement. We may postpone making a loan under this policy for not more than 6 months from the date the written request is received at our administrative office. However, loans under this policy used to pay premiums on policies issued by us will not be postponed.

Repayment. A loan under this policy may be repaid in full or in part at our administrative office while this policy is in force and the insured is alive. The amount repaid may not be less than \$10. If this policy is in force under a guaranteed value option, the amount of the loan deducted in determining the cash surrender value may be repaid only if this policy is reinstated.

Automatic Premium Loan. While this policy is in force, we will automatically make a loan to cover any premiums due and not paid by the end of the grace period. We will make this loan on the last day of the grace period, provided this automatic premium loan does not exceed the available loan value on that date. Interest at the policy loan interest rate shown on the Policy Schedule will be charged on the automatic premium loan from the premium loan date.

If this automatic premium loan exceeds the loan value, this policy will lapse, subject to the Guaranteed Values provision of this policy.

The owner may cancel the automatic premium loan provision at any time by sending us a written notice to our administrative office. Regular premiums falling due after the date we receive the notice will be required to be paid.

Termination of Policy. The policy indebtedness may not exceed the cash value. If the indebtedness equals or exceeds the cash value, this policy will terminate. However this policy will not terminate until 31 days after we mail the termination notice to the last known address of the owner and of any assignee of record.

GUARANTEED VALUES

Cash Value. The Table of Guaranteed Values on page 4 shows the cash value on certain policy anniversary dates. The table assumes that premiums have been paid to these dates. In computing policy values between policy anniversary dates, we allow for the period of time for which premiums have been paid. We also allow for the period of time between policy anniversary dates.

The cash surrender value of this policy will be the cash value less any policy indebtedness.

Election of Guaranteed Value Options. The owner may elect a guaranteed value option not later than 60 days after the due date of the first unpaid premium if the insured is alive. Election is made by filing a written notice at our administrative office.

If no election has been made, option 2 will automatically be provided.

Guaranteed Value Option. The Table of Guaranteed Values on page 4 shows the cash value and the amount of reduced paid-up insurance at the end of certain policy years. Values for times not shown are available on request.

Option 1. Cash Surrender

The owner may surrender this policy for its cash surrender value. The cash surrender value will be:

1. Paid in one sum to the owner; or
2. Applied under a settlement option elected by the owner.

Surrender will be effective on the date we receive both this policy and a written notice. We may postpone payment for not more than 6 months from the effective date of surrender.

Option 2. Reduced Paid-Up Insurance

This policy may be continued in force as reduced paid-up insurance. The amount of reduced paid-up insurance will be calculated using the cash surrender value of this policy as a net single premium as of the due date of the first unpaid premium and at your attained age.

Surrender of Reduced Paid-Up. The owner may surrender reduced paid-up insurance at any time for the then current cash surrender value.

If the reduced paid-up insurance is surrendered within 31 days after a policy anniversary, the cash value used in determining the cash surrender value will not be less than the cash value on the policy anniversary.

Surrender will be effective on the date we receive both this policy and a request on a written notice. We may postpone payment for not more than 6 months from the effective date of surrender.

Riders. When a guaranteed value option becomes effective, all benefit riders attached to this policy, if any, will terminate unless otherwise provided in the rider.

SETTLEMENT OPTIONS

Payment of Policy Proceeds or Cash Value Proceeds. Policy proceeds or cash value proceeds may be left with us and paid under a settlement option. The person named to receive payments under an option is called a "payee". If a payee is other than a natural person (such as a corporation), an option will be available only with our consent. An option is available only if the amount of the proceeds applied is at least \$2,500 and if the amount of each regular payment is at least \$25.00.

Choosing a Settlement Option. While the insured is alive the owner can choose an option that will apply the policy proceeds upon the death of the insured. This choice can be changed during the life of the insured. A change requires the consent of any irrevocable beneficiary.

If the owner has not chosen an option prior to the insured's death, a beneficiary can make this choice upon the insured's death.

To choose an option, we require a request on a written notice sent to our administrative office. We will then send the proper forms to complete. The request will go into effect when we record it.

First Installment. The first installment under option 2, 3, and 4 is payable on the first day the policy proceeds become payable.

Protection of the Benefits. A beneficiary cannot assign or commute amounts under a settlement option, unless the owner permits otherwise. Commute means to receive a discounted cash settlement instead of future guaranteed payments.

Transfer Between Options. A payee who can receive the commuted amount under an option can apply that amount under another option. If transfer is made to option 3, our then current tables and terms of payment will apply.

Evidence Payee is Alive. For option 3, we have the right to require proof satisfactory to us that the payee is alive prior to making any payment.

Proof of Age and Sex. For option 3, we have the right to require proof satisfactory to us of the payee's date of birth and sex before making any payment.

Payment After a Payee Dies. Unless the owner provides otherwise, if a payee dies, we will make a single payment of the unpaid benefit. The payment will be made to the beneficiary of the payee. If no beneficiary is named, payment will be made to the payee's estate.

The single payment is determined as follows:

Option 1 and 4 – The unpaid sum left with us plus any unpaid interest up to the date of the payee's death.

Option 2 – The commuted value of the remaining unpaid payments.

Option 3 – The commuted value of the remaining unpaid guaranteed payments.

The interest rate used to commute the payments is 3% for option 2 and 2 ½% for option 3.

Unless otherwise provided under option 2 and 3, the beneficiary of the payee may elect to receive payments over the balance of the period for option 2 or the balance of the guaranteed period for option 3.

Option 1. Interest Income

The proceeds may be left on deposit with us to earn interest. The owner can choose when he or she wants to receive payments, subject to our approval. The following table shows interest payments per \$1,000 of proceeds and proceeds required to provide interest payments of \$100.

**OPTION 1
Interest Income
3% Guaranteed**

Frequency of Interest Payments	Interest Payments Per \$1,000 Of Proceeds	Proceeds Required To Provide Interest Payments of \$100
Annual	\$30.00	\$3,334
Semi-Annual	\$14.89	\$6,716
Quarterly	\$7.42	\$13,477
Monthly	\$2.47	\$40,484

Option 2. Income for a Fixed Period

Proceeds plus interest will be paid in equal installments for the number of years chosen. The period chosen cannot be more than 30 years. The table for option 2 shows the monthly payment for each \$1,000 of proceeds applied.

Option 3. Life Income

Proceeds will be used to provide payments in equal installments for as long as the payee lives. A guaranteed payment period of 10, 15, or 20 years can be chosen. If the payee dies during this period, payments will continue to be made until the end of the period. The table for option 3 shows the monthly payment for each \$1,000 of proceeds applied.

Option 4. Income of a Fixed Amount

Proceeds plus interest will be paid in equal installments. Payments will continue until principal and interest are exhausted. The principal is the amount of proceeds applied to this option.

OPTION 2
Income for a Fixed Period
3% Guaranteed

Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly	Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly Income
1	\$84.47	\$ 1,184	16	\$6.53	\$15,314
2	42.86	2,334	17	6.23	16,051
3	28.89	3,450	18	5.96	16,778
4	22.06	4,533	19	5.73	17,452
5	17.91	5,584	20	5.51	18,148
6	15.14	6,605	21	5.32	18,797
7	13.16	7,599	22	5.15	19,417
8	11.68	8,562	23	4.99	20,040
9	10.53	9,497	24	4.84	20,661
10	9.61	10,406	25	4.71	21,231
11	8.86	11,287	26	4.59	21,786
12	8.24	12,136	27	4.47	22,371
13	7.71	12,970	28	4.37	22,883
14	7.26	13,774	29	4.27	23,419
15	6.87	14,556	30	4.18	23,923

To obtain other income frequencies, multiply the monthly income by 11.84 for annual life income, 5.96 for semi-annual life income and 2.99 for quarterly life income.

OPTION 3
Life Income
2 ½ % Guaranteed

Monthly Income Per \$1,000 Proceeds

Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain
Male	Female				Male	Female				Male	Female			
20	25	\$2.93	\$2.92	\$2.91	40	45	\$3.76	\$3.71	\$3.64	60	65	\$5.61	\$5.21	\$4.75
21	26	2.95	2.95	2.93	41	46	3.82	3.77	3.69	61	66	5.74	5.30	4.80
22	27	2.98	2.97	2.96	42	47	3.88	3.82	3.74	62	67	5.87	5.39	4.85
23	28	3.01	3.00	2.99	43	48	3.95	3.88	3.79	63	68	6.01	5.48	4.90
24	29	3.04	3.03	3.02	44	49	4.02	3.95	3.84	64	69	6.16	5.56	4.94
25	30	3.08	3.07	3.05	45	50	4.09	4.01	3.90	65	70	6.30	5.65	4.98
26	31	3.11	3.10	3.08	46	51	4.17	4.06	3.95	66	71	6.45	5.73	5.02
27	32	3.14	3.13	3.11	47	52	4.25	4.15	4.01	67	72	6.60	5.82	
28	33	3.18	3.17	3.15	48	53	4.33	4.22	4.07	68	73	6.76	5.90	
29	34	3.22	3.20	3.18	49	54	4.42	4.29	4.12	69	74	6.91	5.97	
30	45	3.26	3.24	3.22	50	55	4.50	4.37	4.18	70	75	7.07	6.05	
31	36	3.30	3.28	3.25	51	56	4.60	4.44	4.24	71	76	7.23	6.12	
32	37	3.34	3.32	3.29	52	57	4.69	4.52	4.30	72	77	7.38	6.18	
33	38	3.39	3.36	3.33	53	58	4.79	4.60	4.36	73	78	7.54	6.24	
34	39	3.43	3.41	3.37	54	59	4.90	4.69	4.41	74	79	7.69	6.30	
35	40	3.48	3.45	3.41	55	60	5.01	4.77	4.47	75	80	7.84	6.35	
36	41	3.53	3.50	3.45	56	61	5.12	4.86	4.53	76	81	7.98	6.39	
37	42	3.59	3.55	3.50	57	62	5.23	4.94	4.59	77	82	8.13		
38	43	3.64	3.60	3.54	58	63	5.35	5.03	4.64	78	83	8.26		
39	44	3.70	3.65	3.59	59	64	5.48	5.12	4.70	79	84	8.39		
										80	85	8.51		
										81	86	8.63		

To obtain other income frequencies, multiply the monthly income by 11.87 for annual life income, 5.97 for semi-annual life income and 2.99 for quarterly life income.

GENERAL PROVISIONS

Entire Contract. This policy is issued in consideration of the first premium and the statements in the application. This policy and the attached application, which by this reference are made a part of this policy, form the entire contract.

All statements in the application are deemed representations and not warranties except in the cause of fraud. No statement will void this policy or be used in defense of a claim unless contained in the application.

Modification of Contract. This policy cannot be changed unless the change is approved in writing by one of the officers of our company. No agent has the authority to change this policy in any way.

Incontestable. We will not contest this policy and attached riders, if any, after they have been in force during the insured's lifetime for two years from the date of issue except for:

1. Non-payment of premiums; and
2. Any claim made under any rider providing accidental death benefits.

Misstatement of Age or Sex. We have the right to correct benefits for misstated age or sex. In such an event, benefits will be the amount the premium actually paid would have bought at the correct age and sex.

Return of Policy and Policy Settlement. We reserve the right to have this policy sent to us for any:

1. Modification;
2. Death settlement;
3. Surrender;
4. Assignment;
5. Policy loan;
6. Change of owner or beneficiary; or
7. Exercise of any policy privilege.

We will send a payment contract to replace this policy if any settlement option is chosen. All sums to be paid by us under this policy are considered paid when tendered by us at our administrative office.

Nonparticipating. This policy is issued at a nonparticipating premium rate. This means that it will not share in our surplus earnings.

Basis of Calculation. We use mortality tables and interest rates to compute certain amounts under this policy. These are the net single premiums, the cash values and the amount and value of any reduced paid-up insurance benefits. The mortality tables and interest rates we use are shown on page 4.

The reserves, cash values and reduced paid-up insurance benefits are not less than the minimum values under the laws of the State where this policy is delivered. We have filed with the State Insurance Department a detailed statement showing how these values were calculated.



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

ENDOWMENT AT 100 LIFE INSURANCE POLICY

Proceeds payable on the death of the insured or on the maturity date if the insured is living on that date and this policy is in force

**Premiums payable as shown on Policy Schedule
Non-participating**



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

For Service Call: 1 (855) 436-4533

We will pay the beneficiary the policy proceeds when we receive, at our administrative office, due proof that the insured's death occurred while this policy was in force. Or, if the insured is living on the maturity date of this policy and while this policy is in force, we will pay the policy proceeds to the owner. Payment is subject to the terms of this policy, which are contained on this and the following pages.

30 – DAY RIGHT TO EXAMINE POLICY

We want the owner to fully understand and be satisfied with this policy. If for any reason the owner is not satisfied, return it to us within 30 days after receiving it. We will refund all premiums paid, and this policy will be void from the date of issue.

This policy is a legal contract between the owner and us.

PLEASE READ THIS POLICY CAREFULLY!

We have issued this policy at our administrative office as of the date of issue.

A handwritten signature in black ink that reads "Dennis R. Steffen".

Chief Operating Officer

A handwritten signature in black ink that reads "Matthew M. Johnson".

Chief Executive Officer

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POLICY SCHEDULE

INSURED	[John Doe]	DATE OF ISSUE	[January 1, 2012]
POLICY NUMBER	[12345]	MATURITY DATE	[January 1, 2077]
ISSUE AGE	[35]	FACE AMOUNT	Shown Below
SEX	[Male]	PLAN	Shelter 100
OWNER	[James Smith]	PREMIUM CLASS	[Preferred; Select]
BENEFICIARY	As stated in the application for this policy, unless changed in accordance with policy provisions.		

POLICY PLAN AND ADDITIONAL BENEFIT(S)

Benefit	Policy Face Amount/Rider Coverage Amount	Annual Premium	Years Payable
Endowment at 100 Life Policy	[\$5,000 - \$250,000 in increments of \$1,000]	[\$584.00]	[65]
Policy Fee		\$30.00	[65]
[Dependent Child Rider Specified Amount]	[\$5,000 – (\$50,000 or Insured’s Face Amount, whichever is less) in increments of \$1,000]	[\$175.00]	[30]
[Covered Dependents under Dependent Child Rider:	[Steve Doe, Susan Doe]]		
[Accidental Death Rider	[\$5,000 – Insured’s Face Amount in increments of \$1,000]	[\$60.00]	[30]

TOTAL PREMIUM DUE FOR POLICY AND ALL ATTACHED RIDERS

Annual [\$849.00]	Semi-Annual [\$441.48]	Quarterly [\$224.99]	Monthly [\$72.84]
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INTEREST RATE ON DEATH BENEFIT: 8%

REINSTATEMENT INTEREST RATE: 6%

POLICY LOAN INTEREST RATE: 8%

TABLE OF GUARANTEED VALUES (Amounts shown are per thousand)

END OF POLICY YEAR	POLICY ANNIVERSARY	INSURANCE AGE	CASH VALUE	REDUCED PAID UP INSURANCE
	[JANUARY 1]			
1	2013	36	0	0
2	2014	37	0	0
3	2015	38	7	31
4	2016	39	18	76
5	2017	40	28	114
6	2018	41	39	154
7	2019	42	51	194
8	2020	43	63	232
9	2021	44	75	267
10	2022	45	87	299
11	2023	46	100	333
12	2024	47	113	364
13	2025	48	126	393
14	2026	49	140	422
15	2027	50	154	450
16	2028	51	168	475
17	2029	52	183	501
18	2030	53	198	525
19	2031	54	214	549
20	2032	55	230	572
Age 65	2042	65	401	749
Age 70	2047	70	491	812

BASIS OF CALCULATION

ALL POLICY VALUES – COMMISSIONERS 2001 STANDARD ORDINARY MORTALITY TABLE, MALE AND FEMALE, COMPOSITE AT 4.0%.

THESE FIGURES ARE SHOWN WITHOUT ADJUSTMENT FOR ANY POLICY INDEBTEDNESS. FIGURES NOT SHOWN WILL BE FURNISHED ON REQUEST.

DEFINITIONS

Administrative Office: Means the office at PO Box 459, Columbia, Tennessee, 38402. All correspondence regarding this policy should be sent to our administrative office.

Attained Age: Means on any date the issue age plus the number of policy years and completed policy months from the date of issue to that date.

Beneficiary: Means the person designated to receive the policy proceeds. The beneficiary is named in the application and shown on the Policy Schedule unless and until changed by the owner, in accordance with the Change of Beneficiary provision.

Date of Issue: Means the effective date of this policy. The date of issue is shown on the Policy Schedule. Policy years, policy anniversaries, premium due dates and the maturity date are measured from this date.

Death Benefit: Means the amount of insurance payable under this policy when you die. The death benefit is the face amount shown on the Policy Schedule.

Indebtedness: Means all unpaid policy loans and accrued loan interest.

Insured: Means the individual named as the insured on the Policy Schedule.

Issue Age: Means your age on your birthday nearest the date of issue.

Loan Value: Means the amount which, with accrued interest, equals the cash value on the next premium due date, less indebtedness.

Maturity Date: Means the date on which the owner will be paid the face amount, less any indebtedness, if the insured is then living, provided this policy is still in force. The maturity date is shown on the Policy Schedule.

Owner: Means the person who is entitled to exercise the rights under this policy. The owner is named in the application and shown on the Policy Schedule unless and until changed in accordance with the Change of Owner provision.

Policy Anniversary: Means the same month and day in each succeeding year as the date of issue.

Policy Proceeds: Means the amount of the proceeds payable upon the insured's death which is the sum of:

1. The face amount of insurance; PLUS
2. The portion of any premium paid for a period beyond the policy month of the insured's death; PLUS
3. Any insurance on the life of the insured provided by additional benefits or riders; LESS
4. The portion of any premium due and unpaid which applies to the policy month of the insured's death; LESS
5. Any indebtedness under this policy.

Policy Year: Means the period of time from the date of issue to the first policy anniversary, and each period of time from policy anniversary to policy anniversary thereafter.

You and Your: Means the insured.

We, Our and Us: Means Generation Life Insurance Company.

Written Notice: Means a signed request on a form:

1. Which we furnish; or
2. Other than ours which we accept.

OWNERSHIP, BENEFICIARY AND ASSIGNMENT PROVISIONS

Owner. You are the owner of this policy unless someone else is named in the application and on the Policy Schedule or by endorsement. The owner may name a contingent owner. If the owner dies while you are living, the contingent owner assumes the owner's rights; or, if no contingent owner has been designated, you will assume the owner's rights. The owner may exercise all rights and privileges under this policy except as otherwise stated in this policy subject to:

1. An assignment on file at our administrative office; and
2. The rights of the person named as an irrevocable beneficiary.

Beneficiary. The beneficiary is named on the application and stated on the Policy Schedule unless and until changed by the owner.

Beneficiary Classification. The beneficiary of any policy proceeds will be classified as primary beneficiary or contingent beneficiary. Such classification will determine the interest of that beneficiary with respect to the policy proceeds.

Unless the beneficiary designation provides otherwise, surviving beneficiaries in the same classification will share equally in the proceeds payable to the beneficiaries in that classification.

Payment to Beneficiaries. Policy proceeds will be paid:

1. To the primary beneficiary surviving on the date of your death; if not;
2. To the contingent beneficiary surviving on the date of your death; if not;
3. To the owner or the owner's estate.

Change of Owner or Beneficiary. While you are alive, a change of owner or beneficiary can be made at any time, subject to the following rules:

1. The change must be in a written notice.
2. It must be signed by the owner.
3. The written notice must be sent to and recorded by us.
4. The change will take effect on the date signed, but it will not apply to any payment or action taken by us before we receive the form.

Assignment. No assignment of this policy will bind us unless it is in a written notice and received by us. We will not be responsible for the validity of any assignment. The company reserves the right to require this policy for endorsement of any assignment.

Absolute Assignment- An absolute assignment of this policy will cause the assignee to be made the owner.

Collateral Assignment- A collateral assignment will not cause a change of ownership. However, the rights of any owner, beneficiary or other payee will be subject to the terms of the collateral assignment.

POLICY BENEFITS

Policy Benefits. Policy proceeds payable under this policy will either be a death benefit or an endowment benefit as described below.

Death Benefit. We will pay the policy proceeds to the beneficiary:

1. If the insured dies while this policy is in force and prior to the maturity date;
2. Upon receipt at our administrative office of due proof of the insured's death; and
3. Subject to the terms and conditions of this policy.

Endowment Benefit. We will pay the policy proceeds to the owner:

1. If the insured is living on the maturity date and while this policy is in force; and
2. Subject to the terms and conditions of this policy.

We may require sufficient proof that the insured is living on the maturity date.

Interest on Death Benefit. If payment is not made within 30 days from the date we receive acceptable proof of death, we will add interest to the policy proceeds from the date of death to the date of payment. The interest rate is the rate shown on the Policy Schedule.

Suicide Exclusion. If, within two years of the date of issue, you die by suicide, whether sane or insane, our liability is limited to the premium paid.

PREMIUMS

When Premiums Are Due. To keep this policy in force, each premium must be paid in advance. Premiums are payable in the amounts and for the years payable shown on the Policy Schedule, or until your earlier death.

The first premium is due on the date of issue. After that, each premium is due when the interval covered by the preceding premium ends. Each premium is due on the same day of the month as the day shown in the date of issue.

Premiums may be paid annually, semi-annually, quarterly or monthly. The owner may change the frequency of premium payments.

Where to Pay Premiums. Each premium after the first is payable at our administrative office or to one of our agents. If the owner requests it, a receipt, signed by our secretary will be given.

Alternate Premium Plans. We provide certain alternate plans for paying premiums. These include a preauthorized check plan. Alternate premium plans are subject to the rules and premium rates that we set.

Grace Period. A grace period of 31 days is allowed for payment of each premium after the first one. Insurance will continue during the grace period. If your death occurs during a grace period, we will deduct from the death benefit that part of the unpaid premium from the due date to the date of your death.

Default in Payment of Premiums. This policy will lapse if any premium is not paid before the end of its 31 day grace period. The date of lapse is the end of the grace period following the date on which the unpaid premium was due. This policy will then terminate on the date of lapse except as provided in the Guaranteed Values section of this policy.

Reinstatement. This policy and attached riders, if any, may be reinstated within five years after the date of lapse if each of the following conditions is satisfied:

1. This policy or riders to be reinstated must not have been surrendered for cash;
2. The company will require satisfactory evidence of insurability of all persons insured;
3. Any indebtedness must either be paid or reinstated with interest at the rate shown on the Policy Schedule for policy loans;
4. All overdue premiums must be paid from the due date of each premium with interest at the rate shown on the Policy Schedule; and
5. Written notice must be furnished to us during your lifetime and within 5 years from the date of lapse.

Reinstatement will take effect when approved by us at our administrative office provided you are alive and all conditions used to determine your insurability remain as stated in the reinstatement application.

POLICY LOANS

Right to Borrow. By sending us written notice to our administrative office, the owner may obtain a loan under this policy while the insured is living. This policy must be properly assigned to us before the loan is made. No other collateral is needed. We may require this policy for endorsement of a policy loan.

Maximum Policy Loan Available. The maximum amount of policy loan available is the loan value less:

1. Any premiums needed to pay this policy to the next policy anniversary; and
2. Loan interest to the next policy anniversary.

Policy Loan Interest. The policy loan interest rate is shown on the Policy Schedule, payable in advance. Loan interest is payable each year on the policy anniversary. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest accrues on a daily basis. It constitutes an additional loan against this policy.

Postponement. We may postpone making a loan under this policy for not more than 6 months from the date the written request is received at our administrative office. However, loans under this policy used to pay premiums on policies issued by us will not be postponed.

Repayment. A loan under this policy may be repaid in full or in part at our administrative office while this policy is in force and the insured is alive. The amount repaid may not be less than \$10. If this policy is in force under a guaranteed value option, the amount of the loan deducted in determining the cash surrender value may be repaid only if this policy is reinstated.

Automatic Premium Loan. While this policy is in force, we will automatically make a loan to cover any premiums due and not paid by the end of the grace period. We will make this loan on the last day of the grace period, provided this automatic premium loan does not exceed the available loan value on that date. Interest at the policy loan interest rate shown on the Policy Schedule will be charged on the automatic premium loan from the premium loan date.

If this automatic premium loan exceeds the loan value, this policy will lapse, subject to the Guaranteed Values provision of this policy.

The owner may cancel the automatic premium loan provision at any time by sending us a written notice to our administrative office. Regular premiums falling due after the date we receive the notice will be required to be paid.

Termination of Policy. The policy indebtedness may not exceed the cash value. If the indebtedness equals or exceeds the cash value, this policy will terminate. However this policy will not terminate until 31 days after we mail the termination notice to the last known address of the owner and of any assignee of record.

GUARANTEED VALUES

Cash Value. The Table of Guaranteed Values on page 4 shows the cash value on certain policy anniversary dates. The table assumes that premiums have been paid to these dates. In computing policy values between policy anniversary dates, we allow for the period of time for which premiums have been paid. We also allow for the period of time between policy anniversary dates.

The cash surrender value of this policy will be the cash value less any policy indebtedness.

Election of Guaranteed Value Options. The owner may elect a guaranteed value option not later than 60 days after the due date of the first unpaid premium if the insured is alive. Election is made by filing a written notice at our administrative office.

If no election has been made, option 2 will automatically be provided.

Guaranteed Value Option. The Table of Guaranteed Values on page 4 shows the cash value and the amount of reduced paid-up insurance at the end of certain policy years. Values for times not shown are available on request.

Option 1. Cash Surrender

The owner may surrender this policy for its cash surrender value. The cash surrender value will be:

1. Paid in one sum to the owner; or
2. Applied under a settlement option elected by the owner.

Surrender will be effective on the date we receive both this policy and a written notice. We may postpone payment for not more than 6 months from the effective date of surrender.

Option 2. Reduced Paid-Up Insurance

This policy may be continued in force as reduced paid-up insurance. The amount of reduced paid-up insurance will be calculated using the cash surrender value of this policy as a net single premium as of the due date of the first unpaid premium and at your attained age.

Surrender of Reduced Paid-Up. The owner may surrender reduced paid-up insurance at any time for the then current cash surrender value.

If the reduced paid-up insurance is surrendered within 31 days after a policy anniversary, the cash value used in determining the cash surrender value will not be less than the cash value on the policy anniversary.

Surrender will be effective on the date we receive both this policy and a request on a written notice. We may postpone payment for not more than 6 months from the effective date of surrender.

Riders. When a guaranteed value option becomes effective, all benefit riders attached to this policy, if any, will terminate unless otherwise provided in the rider.

SETTLEMENT OPTIONS

Payment of Policy Proceeds or Cash Value Proceeds. Policy proceeds or cash value proceeds may be left with us and paid under a settlement option. The person named to receive payments under an option is called a "payee". If a payee is other than a natural person (such as a corporation), an option will be available only with our consent. An option is available only if the amount of the proceeds applied is at least \$2,500 and if the amount of each regular payment is at least \$25.00.

Choosing a Settlement Option. While the insured is alive the owner can choose an option that will apply the policy proceeds upon the death of the insured. This choice can be changed during the life of the insured. A change requires the consent of any irrevocable beneficiary.

If the owner has not chosen an option prior to the insured's death, a beneficiary can make this choice upon the insured's death.

To choose an option, we require a request on a written notice sent to our administrative office. We will then send the proper forms to complete. The request will go into effect when we record it.

First Installment. The first installment under option 2, 3, and 4 is payable on the first day the policy proceeds become payable.

Protection of the Benefits. A beneficiary cannot assign or commute amounts under a settlement option, unless the owner permits otherwise. Commute means to receive a discounted cash settlement instead of future guaranteed payments.

Transfer Between Options. A payee who can receive the commuted amount under an option can apply that amount under another option. If transfer is made to option 3, our then current tables and terms of payment will apply.

Evidence Payee is Alive. For option 3, we have the right to require proof satisfactory to us that the payee is alive prior to making any payment.

Proof of Age and Sex. For option 3, we have the right to require proof satisfactory to us of the payee's date of birth and sex before making any payment.

Payment After a Payee Dies. Unless the owner provides otherwise, if a payee dies, we will make a single payment of the unpaid benefit. The payment will be made to the beneficiary of the payee. If no beneficiary is named, payment will be made to the payee's estate.

The single payment is determined as follows:

Option 1 and 4 – The unpaid sum left with us plus any unpaid interest up to the date of the payee's death.

Option 2 – The commuted value of the remaining unpaid payments.

Option 3 – The commuted value of the remaining unpaid guaranteed payments.

The interest rate used to commute the payments is 3% for option 2 and 2 ½% for option 3.

Unless otherwise provided under option 2 and 3, the beneficiary of the payee may elect to receive payments over the balance of the period for option 2 or the balance of the guaranteed period for option 3.

Option 1. Interest Income

The proceeds may be left on deposit with us to earn interest. The owner can choose when he or she wants to receive payments, subject to our approval. The following table shows interest payments per \$1,000 of proceeds and proceeds required to provide interest payments of \$100.

OPTION 1 Interest Income 3% Guaranteed

Frequency of Interest Payments	Interest Payments Per \$1,000 Of Proceeds	Proceeds Required To Provide Interest Payments of \$100
Annual	\$30.00	\$3,334
Semi-Annual	\$14.89	\$6,716
Quarterly	\$7.42	\$13,477
Monthly	\$2.47	\$40,484

Option 2. Income for a Fixed Period

Proceeds plus interest will be paid in equal installments for the number of years chosen. The period chosen cannot be more than 30 years. The table for option 2 shows the monthly payment for each \$1,000 of proceeds applied.

Option 3. Life Income

Proceeds will be used to provide payments in equal installments for as long as the payee lives. A guaranteed payment period of 10, 15, or 20 years can be chosen. If the payee dies during this period, payments will continue to be made until the end of the period. The table for option 3 shows the monthly payment for each \$1,000 of proceeds applied.

Option 4. Income of a Fixed Amount

Proceeds plus interest will be paid in equal installments. Payments will continue until principal and interest are exhausted. The principal is the amount of proceeds applied to this option.

OPTION 2
Income for a Fixed Period
3% Guaranteed

Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly	Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly Income
1	\$84.47	\$ 1,184	16	\$6.53	\$15,314
2	42.86	2,334	17	6.23	16,051
3	28.89	3,450	18	5.96	16,778
4	22.06	4,533	19	5.73	17,452
5	17.91	5,584	20	5.51	18,148
6	15.14	6,605	21	5.32	18,797
7	13.16	7,599	22	5.15	19,417
8	11.68	8,562	23	4.99	20,040
9	10.53	9,497	24	4.84	20,661
10	9.61	10,406	25	4.71	21,231
11	8.86	11,287	26	4.59	21,786
12	8.24	12,136	27	4.47	22,371
13	7.71	12,970	28	4.37	22,883
14	7.26	13,774	29	4.27	23,419
15	6.87	14,556	30	4.18	23,923

To obtain other income frequencies, multiply the monthly income by 11.84 for annual life income, 5.96 for semi-annual life income and 2.99 for quarterly life income.

OPTION 3
Life Income
2 ½ % Guaranteed

Monthly Income Per \$1,000 Proceeds

Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain
Male	Female				Male	Female				Male	Female			
20	25	\$2.93	\$2.92	\$2.91	40	45	\$3.76	\$3.71	\$3.64	60	65	\$5.61	\$5.21	\$4.75
21	26	2.95	2.95	2.93	41	46	3.82	3.77	3.69	61	66	5.74	5.30	4.80
22	27	2.98	2.97	2.96	42	47	3.88	3.82	3.74	62	67	5.87	5.39	4.85
23	28	3.01	3.00	2.99	43	48	3.95	3.88	3.79	63	68	6.01	5.48	4.90
24	29	3.04	3.03	3.02	44	49	4.02	3.95	3.84	64	69	6.16	5.56	4.94
25	30	3.08	3.07	3.05	45	50	4.09	4.01	3.90	65	70	6.30	5.65	4.98
26	31	3.11	3.10	3.08	46	51	4.17	4.06	3.95	66	71	6.45	5.73	5.02
27	32	3.14	3.13	3.11	47	52	4.25	4.15	4.01	67	72	6.60	5.82	
28	33	3.18	3.17	3.15	48	53	4.33	4.22	4.07	68	73	6.76	5.90	
29	34	3.22	3.20	3.18	49	54	4.42	4.29	4.12	69	74	6.91	5.97	
30	45	3.26	3.24	3.22	50	55	4.50	4.37	4.18	70	75	7.07	6.05	
31	36	3.30	3.28	3.25	51	56	4.60	4.44	4.24	71	76	7.23	6.12	
32	37	3.34	3.32	3.29	52	57	4.69	4.52	4.30	72	77	7.38	6.18	
33	38	3.39	3.36	3.33	53	58	4.79	4.60	4.36	73	78	7.54	6.24	
34	39	3.43	3.41	3.37	54	59	4.90	4.69	4.41	74	79	7.69	6.30	
35	40	3.48	3.45	3.41	55	60	5.01	4.77	4.47	75	80	7.84	6.35	
36	41	3.53	3.50	3.45	56	61	5.12	4.86	4.53	76	81	7.98	6.39	
37	42	3.59	3.55	3.50	57	62	5.23	4.94	4.59	77	82	8.13		
38	43	3.64	3.60	3.54	58	63	5.35	5.03	4.64	78	83	8.26		
39	44	3.70	3.65	3.59	59	64	5.48	5.12	4.70	79	84	8.39		
										80	85	8.51		
										81	86	8.63		

To obtain other income frequencies, multiply the monthly income by 11.87 for annual life income, 5.97 for semi-annual life income and 2.99 for quarterly life income.

GENERAL PROVISIONS

Entire Contract. This policy is issued in consideration of the first premium and the statements in the application. This policy and the attached application, which by this reference are made a part of this policy, form the entire contract.

All statements in the application are deemed representations and not warranties except in the cause of fraud. No statement will void this policy or be used in defense of a claim unless contained in the application.

Modification of Contract. This policy cannot be changed unless the change is approved in writing by one of the officers of our company. No agent has the authority to change this policy in any way.

Incontestable. We will not contest this policy and attached riders, if any, after they have been in force during the insured's lifetime for two years from the date of issue except for:

1. Non-payment of premiums; and
2. Any claim made under any rider providing accidental death benefits.

Misstatement of Age or Sex. We have the right to correct benefits for misstated age or sex. In such an event, benefits will be the amount the premium actually paid would have bought at the correct age and sex.

Return of Policy and Policy Settlement. We reserve the right to have this policy sent to us for any:

1. Modification;
2. Death settlement;
3. Surrender;
4. Assignment;
5. Policy loan;
6. Change of owner or beneficiary; or
7. Exercise of any policy privilege.

We will send a payment contract to replace this policy if any settlement option is chosen. All sums to be paid by us under this policy are considered paid when tendered by us at our administrative office.

Nonparticipating. This policy is issued at a nonparticipating premium rate. This means that it will not share in our surplus earnings.

Basis of Calculation. We use mortality tables and interest rates to compute certain amounts under this policy. These are the net single premiums, the cash values and the amount and value of any reduced paid-up insurance benefits. The mortality tables and interest rates we use are shown on page 4.

The reserves, cash values and reduced paid-up insurance benefits are not less than the minimum values under the laws of the State where this policy is delivered. We have filed with the State Insurance Department a detailed statement showing how these values were calculated.



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

ENDOWMENT AT 100 LIFE INSURANCE POLICY

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**Premiums payable as shown on Policy Schedule
Non-participating**



Generation Life Insurance Company

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Administrative Office: P. O. Box 459, Columbia, TN 38402

For Service Call: 1 (855) 436-4533

ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

Consequences of Receiving Accelerated Benefit: This rider provides an accelerated benefit for terminal illness. Whether or not a tax liability will be incurred when a benefit is paid under this rider depends on the facts and circumstances under which the payment is made and received as well as how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. Receipt of accelerated benefits may affect the recipient's, the recipient's spouse's or the recipient's child(ren)'s eligibility for government benefits and entitlements such as Medicaid. The recipient of a benefit is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of said payment will affect the recipient's, the recipient's spouse's or recipient's child(ren)'s eligibility for public assistance. We make no representations about the tax impact of the benefit.

The benefit paid under this rider will reduce the policy's death benefit and any other values under the policy, if any, as described in this rider.

AGREEMENT

This rider is part of the policy to which it is attached. This rider becomes effective on the later of the date of issue of the policy or the date shown on an endorsement to the Policy Schedule. We have issued this rider in consideration of the application attached to the policy.

Unless amended by this rider, policy definitions and terms apply to this rider.

RIDER DEFINITIONS

As used in this rider:

Physician: Means a licensed medical provider who acts within the scope of his or her license to practice medicine and who provides treatment or care necessary for the insured's sickness or injury. The physician must be someone other than the insured, owner or a member of the insured's or owner's immediate family.

Terminal Illness; Terminally Ill: Means a non-correctable medical condition including a physical injury that, with a reasonable degree of medical certainty, will result in the insured's death within 12 months from the date of the physician's written statement and which was first diagnosed while the policy and this rider were in force. The terminal illness must not have resulted from intentionally self-inflicted injury.

RIDER BENEFIT

Subject to the terms of the policy and this rider, the owner may request up to a maximum accelerated benefit of 50% of the policy's face amount upon receipt of due proof, satisfactory to Us, that the insured is terminally ill. Due proof will include a properly completed claim form and a written statement from a physician. We reserve the right to obtain a second medical opinion at our expense.

The total amount we will pay as an accelerated benefit will not exceed \$150,000 due to the terminal illness of the insured even if there is more than one policy or rider with us or one of our affiliates which provides such coverage on the insured.

The accelerated benefit will be paid in a lump sum unless otherwise agreed between the owner and us.

ADDITIONAL BENEFIT

If the maximum accelerated benefit is not paid initially, and it has been less than 12 months from the date we receive satisfactory proof of terminal illness, an additional accelerated benefit may be paid up to the difference, but not for less than \$5,000. We may require additional satisfactory proof of terminal illness at that time.

EFFECT ON POLICY

The accelerated benefit plus any accrued interest will be treated as a lien against the policy values. This lien gives us the right to offset any amounts paid under this rider against the policy proceeds of the policy and other policy values, if any.

The policy proceeds will be reduced by the amount of the accelerated benefit payment plus any accrued interest and the administrative charge.

After payment of the accelerated benefit, premiums under the policy which are not paid by the end of the grace period will be added to the lien for up to three years from the date we receive satisfactory proof of terminal illness. After this three year period, the owner is required to pay premiums when due to keep the policy in force. If the policy lapses, the lien, any policy loans and accrued interest will be deducted from any cash values under the policy.

Your access to the cash value, if any, under the policy is limited to the excess of the cash value over the lien including accrued interest. Future access to any additional policy loans and any partial withdrawals will be limited to the excess of the cash values, if any, over the sum of the lien including accrued interest and any outstanding policy loans.

ADMINISTRATIVE CHARGE

We may charge a one-time administrative charge which will be deducted from the accelerated benefit paid. This charge will not exceed \$200.

INTEREST

We will charge interest on the amount of the lien. The interest accrues daily at the same interest rate as the policy's loan interest rate. If a loan provision is not included in the policy, interest accrues daily at an effective annual interest rate of the greater of: (1) the current yield on 90 day treasury bills; or (2) the current maximum statutory adjustable policy loan interest rate in the state in which this rider is issued.

Accrued interest will be added to the lien on the policy anniversary. Interest does not continue to accrue on the lien when the lien and any policy loans, plus accrued interest equals the death benefit (prior to the deduction of the lien, policy loans and accrued interest) on the policy and this rider.

CONDITIONS

The payment of any accelerated benefit is subject to the following:

1. The policy and this rider must be in force on the date we receive satisfactory proof of terminal illness.
2. We will not make payment of any accelerated benefit if that payment is less than \$5,000.
3. The release of any collateral assignment and the approval of any irrevocable beneficiary(ies) is required prior to payment of the accelerated benefit in the form of a signed acknowledgment of concurrence for payout.
4. The policy must be collaterally assigned to us for an amount equal to the lien and accrued interest. No changes to the policy are permitted without our consent.
5. Any cash value of the policy, if applicable, without considering the effect of any outstanding policy loans must be less than the maximum accelerated benefit.

If any death benefit remains after payment of an accelerated benefit, an accidental death benefit provision, if any, in the policy or a rider will not be affected by the payment of the accelerated benefit.

TERMINATION

This rider terminates on the earliest of the following:

1. The date the policy terminates, matures or expires or the date when any non-forfeiture provision, if any, of the policy takes effect; or
2. The date we receive written notice from the owner surrendering this rider.

PREMIUMS

There are no premiums due or payable for this rider.

We have issued this rider at our administrative office on the effective date of this rider.



Chief Operating Officer



Chief Executive Officer



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

For Service Call: 1 (855) 436-4533

DISCLOSURE - ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

BENEFIT. The owner may request up to 50% of the policy's face amount upon receipt of satisfactory due proof (which includes a written statement from a physician) that the insured has a terminal illness reasonably expected to result in the insured's death within 12 months.

When the accelerated benefit is paid:

- We may charge a one-time administrative charge up to \$200 to be deducted from the accelerated benefit paid.
- Interest will be charged and will accrue daily at the same interest rate as the policy's loan interest rate. If the policy does not have a loan provision, the interest rate charged will be an effective annual interest rate of the greater of: (1) the current yield on 90 day treasury bills; or (2) the current maximum statutory adjustable policy loan interest rate in the state in which the rider is issued. The accelerated benefit paid plus any accrued interest will be treated as a lien against policy values.
- The policy proceeds will be reduced by the amount of the accelerated benefit payment plus any accrued interest and the administrative charge. The owner's access to the cash value, if any, under the policy is limited to the excess of the cash value over the lien including accrued interest. Future access to any additional policy loans and any partial withdrawals will be limited to the excess of the cash values, if any, over the sum of the lien including accrued interest and any outstanding policy loans.

Consequences of Receiving Accelerated Benefit: The rider provides an accelerated benefit for terminal illness. Whether or not a tax liability will be incurred when a benefit is paid under the rider depends on the facts and circumstances under which the payment is made and received as well as how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. Receipt of accelerated benefits may affect the recipient's, the recipient's spouse's or the recipient's child(ren)'s eligibility for government benefits and entitlements such as Medicaid. The recipient of a benefit is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of said payment will affect the recipient's, the recipient's spouse's or recipient's child(ren)'s eligibility for public assistance. We make no representations about the tax impact of the benefit.

I acknowledge that I have received and read this disclosure statement which was furnished to me prior to signing the application for insurance.

Applicant's Signature

Date

Owner's Signature (if other than Proposed Insured)

Date

Parent of Proposed Insured's Signature for Child Applicant (age 17 and under)

Date



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

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For Service Call: 1 (855) 436-4533

DISCLOSURE - ACCELERATED BENEFIT RIDER FOR TERMINAL ILLNESS

BENEFIT. The owner has requested _____% of the policy's face amount.

When the accelerated benefit was paid:

- We charged an administrative charge of \$_____.
- Interest will be charged at the rate of _____%.
- The policy's death benefit has been reduced by \$_____.
- The cash value, if any, has been reduced by \$_____.

After payment of the accelerated benefit, premiums under the policy which are not paid by the end of the grace period will be added to the lien for up to three years from the date we receive satisfactory proof of terminal illness. After this three year period, the owner is required to pay premiums when due to keep the policy in force.

Consequences of Receiving Accelerated Benefit: The rider provides an accelerated benefit for terminal illness. Whether or not a tax liability will be incurred when a benefit is paid under the rider depends on the facts and circumstances under which the payment is made and received as well as how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. Receipt of accelerated benefits may affect the recipient's, the recipient's spouse's or the recipient's child(ren)'s eligibility for government benefits and entitlements such as Medicaid. The recipient of a benefit is advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of said payment will affect the recipient's, the recipient's spouse's or recipient's child(ren)'s eligibility for public assistance. We make no representations about the tax impact of the benefit.

I acknowledge that I have received and read this disclosure statement.

Insured's Signature

Date

Owner's Signature (if other than Insured)

Date

Parent of Insured's Signature for Child Insured (age 17 and under)

Date



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

For Service Call: 1 (855) 436-4533

ACCIDENTAL DEATH RIDER

AGREEMENT

This rider is part of the policy to which it is attached. This rider becomes effective on the later of the date of issue of the policy or the date shown on an endorsement to the Policy Schedule. We have issued this rider because:

1. The required premium has been paid; and
2. We relied on the application for this rider.

Unless amended by this rider, policy definitions and terms apply to this rider. Rider premiums are paid to the company at the same time as the policy premiums.

RIDER DEFINITION

As used in this rider:

Injury: Means accidental bodily injury which is the direct cause of loss, independent of disease. The injury must be incurred after the effective date of this rider and while the policy and this rider are in force.

RIDER BENEFIT

Subject to the terms of the policy and this rider, we will pay the beneficiary the proceeds of this rider when we receive due proof that the insured sustained an injury that, directly and independently of all other causes, resulted in death within 90 days of such injury and while the policy and this rider are in force.

The proceeds will be the accidental death benefit shown on the Policy Schedule. The proceeds will be payable in addition to any other policy proceeds payable under the policy. We have a right, at our expense, to have an autopsy performed unless prohibited by law.

EXCLUSIONS

We will not pay any benefits under this rider for death caused by or resulting from:

1. Suicide, whether sane or insane;
2. Committing an assault or felony;
3. War, declared or undeclared, or any act of war;
4. Disease, illness or infirmity of the body or mind;
5. Taking of any drug or medication unless taken as prescribed by a physician, intentional overdose or being under the influence of drugs unless taken as prescribed by a physician;
6. Participation in a riot or insurrection;
7. Travel in or descent from, an aircraft except when the insured is a fare-paying passenger; or
8. Any poison or gas voluntarily taken, administered, absorbed or inhaled.

TERMINATION

This rider terminates on the earliest of the following:

1. The date the policy terminates;
2. The end of the grace period following the date any premium due for this rider is not paid before the end of the grace period;
3. The date the insured attains age 65; or
4. The premium due date on or next following the date the company receives written notice from the owner to terminate this rider.

PREMIUMS

While this rider is in effect, premiums are due in an amount shown on the Policy Schedule.

We have issued this rider at our administrative office on the effective date of this rider.



Chief Operating Officer



Chief Executive Officer



Generation Life Insurance Company

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DEPENDENT CHILD RIDER

AGREEMENT

This rider is part of the policy to which it is attached. This rider becomes effective on the later of the date of issue of the policy or the date shown on an endorsement to the Policy Schedule. We have issued this rider because:

1. The required premium has been paid; and
2. We relied on the application for this rider.

Unless amended by this rider, policy definitions and terms apply to this rider. Rider premiums are paid to the company at the same time as the policy premiums.

RIDER DEFINITION

As used in this rider:

Dependent Child: Means the insured's or insured's spouse's unmarried:

1. Child;
2. Stepchild; or
3. Legally adopted child;

after attaining 15 days of age and before attaining the age of 22 who are shown on any initial and/or subsequent application for this rider.

BENEFICIARY

Unless otherwise provided to the company in writing by the owner, the insured of the policy is the primary beneficiary for all benefits under this rider. If the insured pre-deceases the dependent child, the owner will be the beneficiary. If both the insured and the owner pre-decease the dependent child, the beneficiary will be the dependent child's estate.

RIDER BENEFIT

Subject to the terms of the policy and this rider, we will pay the beneficiary the proceeds of this rider when we receive due proof of the death of any covered dependent child. The policy and this rider must be in force on the date of the dependent child's death.

The proceeds will be the dependent child's specified amount in force on the date of death. Proceeds will be payable in a lump sum unless the beneficiary elects to have the proceeds paid under one of the settlement options provided in the policy. If payment is not made within 30 days from the date we receive acceptable proof of death, we will add interest to the proceeds from the date of death until the date of payment at the interest rate on death benefit shown in the Policy Schedule.

CHANGES TO THE SPECIFIED AMOUNT

At any time after the first year this rider is in force, the owner can request an increase or decrease in the specified amount payable under this rider by submitting written notice to us at our administrative office.

A decrease will be effective on the premium due date on or next following the date we receive the request. In no event may the specified amount be reduced to less than \$1,000.

For an increase, the owner must also submit a supplementary application for us to determine proof that the dependent child(ren) are insurable for the increase. An increase will be effective on the date shown on an endorsement to the Policy Schedule.

ASSIGNMENT

The benefits of this rider may not be assigned as security for an obligation.

SUICIDE

If a dependent child commits suicide, while sane or insane, within two years from the effective date of this rider, Our liability will be limited to a return of premiums paid on behalf of such dependent child.

If there are any increases in the dependent child's specified amount, a separate two year period applies to the effective date of each increase.

If this rider is reinstated, this provision will be measured from the reinstatement date.

LIMITS ON CONTESTING THIS RIDER

We rely on the statements made in the application for this rider and applications for any increases in the dependent child's specified amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this rider unless it is in an application.

We will not contest payment of the proceeds represented by the dependent child's initial specified amount after this rider has been in force for two years. We will not contest payment of any death benefit represented by increases in the dependent child's specified amount after an increase has been in effect for two years.

TERMINATION

Coverage for a dependent child under this rider terminates on the earliest of the following:

1. The date this rider terminates;
2. The end of the grace period following the date any premium due for such dependent child is not paid before the end of the grace period;
3. The date the dependent child ceases to be a dependent child as defined in this rider; or
4. The date the owner gives the company written notice to terminate coverage for such dependent child.

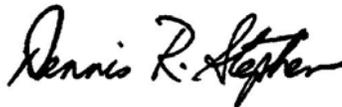
This rider terminates on the earliest of the following:

1. The date the policy terminates;
2. The end of the grace period following the date any premium due for this rider is not paid before the end of the grace period;
3. The date the insured no longer has any dependent child(ren) covered under this rider;
4. The date the insured attains age 65; or
5. The premium due date on or next following the date the company receives written notice from the owner to terminate this rider.

PREMIUMS

While this rider is in effect, premiums are due in an amount shown on the Policy Schedule. Any changes in premiums due for this rider as a result of an increase or decrease in the specified amount for any dependent child or the addition or termination of coverage under this rider for any dependent child will be shown on an endorsement to the Policy Schedule.

We have issued this rider at our administrative office on the effective date of this rider.



Chief Operating Officer



Chief Executive Officer



Generation Life Insurance Company

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For Service Call: 1 (855) 436-4533

AMENDMENT/ENDORSEMENT

POLICY NUMBER:

EFFECTIVE DATE OF THIS AMENDMENT/ ENDORSEMENT:

The policy to which this amendment/endorsement is attached is amended/endorsed on the effective date shown above. [A revised Policy Schedule reflecting the below described changes is attached.] This amendment/endorsement is subject to all of the terms and conditions of the policy to which it is attached.

[The Policy Schedule is amended to change the name of the owner to: [].]

[The Policy Schedule is amended to change the name of the insured to: [].]

[The Policy Schedule is amended to change the name of the beneficiary to: [].]

[The Policy Schedule is amended to change the face amount to: [].]

[The Policy Schedule is amended to change the name of the plan to: [].]

[The Policy Schedule is amended to change the annual premium amount and total premium due for policy modal rates to: [].]

[The policy is endorsed to provide for the following assignment: [].]

[The Policy Schedule is amended to [add] [delete] the [Accidental Death Rider] [Dependent Child Rider] [Accelerated Benefit for Terminal Illness Rider].]

[The Policy Schedule is amended, with respect to the Dependent Child Rider to reflect the following change in the specified amount: [].]

[The Policy Schedule is amended, with respect to the Dependent Child Rider to [add] [delete] the following dependent child: [].]

[The Policy Schedule [and Table of Guaranteed Values] is amended to reflect the revisions to affected amounts due to an acceleration of benefit.]

I hereby agree that these changes will be an endorsement/amendment to and becoming a part of the policy/application/rider to which it is attached. This endorsement/amendment will not change, alter or amend the policy/application/rider to which it is attached in any way except as expressly stated herein.

Chief Operating Officer

Chief Executive Officer

Owner's Signature

Date

SECTION G – POLICY LOAN

Process loan in the following amount:

Maximum Amount

\$ _____ Amount Requested

SECTION H – AUTOMATIC PREMIUM LOAN

Remove policy premiums from being paid by Automatic Premium Loan.

SECTION I – DECREASE IN COVERAGE

From (Amount): _____

To (Amount): _____

Note: Signed written notice of release acceptable to the Company from a collateral assignee is required to be attached to this form.

SECTION J – PLAN CHANGE (within 90 days of issue)

If increasing, complete Statement of Insurability.

Policy Required. Proposal Required

From (Plan): _____ (Amount): _____

To (Plan): _____ (Amount): _____

SECTION K – DUPLICATE POLICY

The policy was lost or destroyed. If the original policy is found later I will return it to the Company. This statement is made for the purpose of procuring a duplicate of said policy.

SECTION L – PREFERRED RATES

Complete Statement of Insurability.

SECTION M – ADD OR CHANGE RIDER(S)

Add: (*Complete Statement of Insurability*)

Accidental Death Rider (Same face amount as policy)

Dependent Child Rider Specified Amount: _____

Change: (Dependent Child Rider)

Complete Statement of Insurability if increasing amount.

Decrease Specified Amount to: _____

Increase Specified Amount to: _____

SECTION N – SETTLEMENT VALUES OPTIONS

If request settlement under my policy be.

Interest Income Annual Semi-Annual
 Quarterly Monthly

Income Fixed Period Number of Years: _____

Life Income

Life Income Period Certain 10 Years 15 Years 20 Years

Income Fixed Amount Amount: _____

SECTION O – REINSTATEMENT

Complete Statement of Insurability

SECTION P – POLICY VALUES OPTION

I request my policy be placed on Reduced Paid-Up Insurance.

SECTION Q – REMOVE RIDERS

Accidental Death Rider Dependent Child Rider

Owner's Statement and Signature

I hereby request the changes identified in this completed Life Customer Service Request Form. I represent that all information provided is true, correct and complete to the best of my knowledge and belief.

I understand that the effective date of the changes requested: (a) which **DO NOT REQUIRE** a Statement of Insurability will be, unless otherwise indicated in the policy, the date this signed Life Customer Service Request Form is received by the Administrative Office of the Company; and (b) which **DO REQUIRE** a Statement of Insurability will be as described in the Insured Representations, Authorizations and Signatures for Statement(s) of Insurability section of this Life Customer Service Request Form.

I understand that any changes will not apply to any payment or action taken by the Company before it receives a copy of this signed form at its Administrative Office.

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.

Owner Signature _____ Date _____



Policy Number: _____

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona • Administrative Office: P. O. Box 459, Columbia, TN 38402
 For Service Call: 1 (855) GEN-4LFE

STATEMENT OF INSURABILITY *ages 16 & up*

I,	_____	, of	_____	_____	_____
	Full Name		Address	City	State Zip Code
_____	_____	_____	_____	_____	_____
Date of Birth	ft. in.	lbs.	, hereby apply for:		Reinstatement
	Height	Weight		Increased Plan Change	Preferred Rates Additional Benefits

1.	Has the Insured been diagnosed as having a Terminal Illness? (“Terminal Illness” means any illness diagnosed that would reasonably be expected to cause death within 24 months.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is the Insured currently confined in a hospital, nursing home, mental facility, hospice or other medical facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has the Insured ever been diagnosed as having or been treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the HIV virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	In the past 5 years has the Insured been diagnosed or treated by a medical professional for: <ul style="list-style-type: none"> • Respiratory disorder/disease (including asthma, chronic bronchitis, cystic fibrosis or sleep apnea); • Spinal cord and joint injury or disorder (including paralysis, degenerative muscle or nerve disease/disorder, lupus or rheumatoid arthritis); • Disease/disorder of the heart (including murmur or valve defect), aorta, coronary arteries, peripheral vascular system or blood disorder; • Diabetes, thyroid, kidney or other endocrine disorder; • Cancer or other malignancy (except basal cell or squamous cell carcinoma of the skin); • Epilepsy or other seizure disorder; • Mental or nervous disorder, cerebral palsy, mental retardation, major or chronic depression, bipolar disease or mood disorder, schizophrenia, Alzheimer’s disease or dementia; • Any disease or disorder of the intestines (including ulcerative colitis or Crohn’s disease), liver, pancreas or connective tissue; or • Any disease or disorder of the brain (including stroke or transient ischemic attack (TIA) – also known as “mini stroke”)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	In the past 3 years has the Insured’s driver’s license been suspended or revoked or has the Insured been convicted of or pleaded “guilty” or “no contest” to any felony, DWI/DUI, or is the Insured in prison or serving a probation/parole program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	In the past 2 years has the Insured participated in: <ul style="list-style-type: none"> • Auto, boat, motorcycle, go cart or snowmobile racing; • Boxing of any type; • Hang gliding, ballooning or parachuting; or • Skin, sky or scuba diving? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Does the Insured currently or has ever used tobacco in any form (i.e. cigarettes, cigars, pipe, chewing tobacco or snuff)? If “yes”, when did the Insured stop? _____ Does the Insured currently or has ever used a nicotine cessation aid such as nicotine gum or patches? If “yes”, when did the Insured stop? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No



Policy Number: _____

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona ♦ Administrative Office: P. O. Box 459, Columbia, TN 38402
 For Service Call: 1 (855) GEN-4LFE

CHILD (age 15 & under) STATEMENT OF INSURABILITY

I, _____	, of _____	_____	_____
Full Name	Address	City	State
_____	_____	_____	_____
Date of Birth	ft. _____ in. _____	lbs. _____	Weight
_____ , hereby apply for:		Reinstatement	Preferred Rates
		Increased Plan Change	Additional Benefits
		Increased Specified Amount under Dependent Child Rider	

1.	Has the Insured been diagnosed as having a Terminal Illness? ("Terminal Illness" means any illness diagnosed that would reasonably be expected to cause death within 24 months.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Is the Insured currently confined in a hospital, nursing home, mental facility, hospice or other medical facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has the Insured ever been diagnosed as having or been treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the HIV virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	In the past 5 years has the Insured been diagnosed or treated by a medical professional for: <ul style="list-style-type: none"> • Respiratory disorder/disease (including asthma, chronic bronchitis, cystic fibrosis or sleep apnea); • Spinal cord and joint injury or disorder (including spina bifida or paralysis); • Disease/disorder of the heart (including murmur or valve defect), aorta, coronary arteries, peripheral vascular system or blood disorder; • Diabetes, thyroid, kidney or other endocrine disorder; • Cancer or other malignancy (except basal cell or squamous cell carcinoma of the skin); • Epilepsy or other seizure disorder; • Mental or nervous disorder, Down's syndrome, cerebral palsy, mental retardation or autism; • Any disease or disorder of the intestines (including ulcerative colitis or Crohn's disease), liver, pancreas or connective tissue; • Any disease or disorder of the brain; or • Any other congenital disorder? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	In the past 5 years has the Insured had any condition requiring: <ul style="list-style-type: none"> • On-going treatment by a physician; • Treatment in a hospital, either on an inpatient or outpatient basis; or • Loss of time from school for at least 30 days during a regular school year? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	In the past 2 years has the Insured participated in: <ul style="list-style-type: none"> • Auto, boat, motorcycle, go cart or snowmobile racing; • Boxing of any type; • Hang gliding, ballooning or parachuting; or • Skin, sky or scuba diving? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUTHORIZATION TO RELEASE HEALTH INFORMATION

Generation Life Insurance Company

THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE

Applicant Name: _____ Address: _____

SS#: _____ DOB: _____

A. Who May Disclose: The Applicant authorizes Generation Life Insurance Company or its reinsurers to make a brief report of his/her personal health information to MIB, Inc. (MIB). The Applicant hereby authorizes the following persons or entities to release health information: (1) licensed health care professionals that have treated or are treating the Applicant; (2) allied health care professionals that have treated or are treating the Applicant; (3) health care facilities that have treated or are treating the Applicant; (4) mental health care facilities and professionals that have treated or are treating the Applicant; (5) pharmacy benefit manager; (6) MIB; & (7) _____

B. Information to be Disclosed: The information requested pertains to medical information relevant to the Applicant's suitability for coverage of life insurance or any claim made against such life insurance policy. This includes any and all information concerning the Applicant's medical care, treatment or advice, including medical or other care records, diagnosis, pharmacy information & records deemed necessary by Generation Life Insurance Company to issue an insurance policy or determine the Applicant's eligibility for claims payment. This specifically authorizes the release of information relating to: Substance abuse (including drug or alcohol abuse); Mental health (excluding psychotherapy notes); and HIV related information (AIDS related testing or treatment). **The Applicant specifically authorizes the disclosure and release of his or her entire medical record upon request of Generation Life Insurance Company.** _____

SIGNATURE OF PATIENT OR LEGAL GUARDIAN DATE

C. Please release the information to the following organization:
Generation Life Insurance Company • P.O. Box 459, Columbia, TN 38402

D. Purpose: The purpose of the use or disclosure is: At the request of the Applicant for the purposes of underwriting, premium determination, or claims administration or adjudication.

E. Right to Refuse: The Applicant acknowledges that signing this authorization is voluntary and he/she has the right to refuse to sign this authorization; however, if he/she refuses to sign this authorization, the Applicant understands that Generation Life Insurance Company may not be able to gather the information necessary to determine if he/she, or an unemancipated minor child, is eligible for coverage under an insurance policy offered by Generation Life Insurance Company. Further, Applicant understands that he/she may refuse to sign this authorization and that a health care provider that is a covered entity may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on him/her signing this authorization.

F. Revocation: The Applicant acknowledges that he/she may revoke this authorization at any time by sending a written notice to the Privacy Officer at the address specified above in paragraph C. However, the revocation will not have any effect on any disclosures that a person or entity may have made in reliance on this Authorization before the revocation was received. Furthermore, the Applicant acknowledges that if he/she revokes this Authorization his/her application for life insurance may be declined or claims for benefits may be denied.

G. Expiration: The Applicant acknowledges that unless he/she revokes this Authorization, it will remain in effect from the date hereof and continue in effect until the application is denied or, if the application is approved, for twenty-four (24) months after the date signed.

H. Redisclosure: The Applicant acknowledges that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be redisclosed by the receiving party (including the reporting of protected health information to MIB), but will not be redisclosed by Generation Life Insurance Company except as authorized by the Applicant or as required by law.

I. Certification: I certify that I am (*check whichever applies*):
 the Applicant, and the identification that I have provided is true and correct.
 the Applicant's authorized representative, with authority to consent to treatment and release of information on behalf of the Applicant, and the identification that I have provided is true and correct. My relationship to the Applicant is that of: _____.

J. I will receive a copy of this form after I sign it. I have read the above & authorize the disclosure of the protected health information as stated.

Signed this _____ day of _____, 20 _____

Address: _____

Signature: _____

Print Name: _____

SERFF Tracking #:

GENL-128636120

State Tracking #:

Company Tracking #:

State: Arkansas

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Life Products

Project Name/Number: Arkansas/

Filing Company:

Generation Life Insurance Company

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	GL-complaint-1_2012-AR.pdf Compliance Certification AR.pdf Readability certification for filing AR.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Please note- the application was also uploaded under 'Forms' tab.		
Attachment(s):	GL-MULTIPRODUCT-1_2012-AR.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Submission Letter		
Comments:			
Attachment(s):	Submission Letter_AR.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Variability Statement		
Comments:			
Attachment(s):	Variability Statement for filing AR.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Policy Cost and Benefit Information		

SERFF Tracking #:

GENL-128636120

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Generation Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Life Products

Project Name/Number:

Arkansas/

Comments:

Attachment(s):

Safeguard Life Cost Disclosure.pdf

Secure Term Cost Disclosure.pdf

Shelter 100 Cost Disclosure.pdf

Generation Life Insurance Company

**P.O. Box 459
Columbia, Tennessee, 38402**

IMPORTANT INFORMATION

If You have questions about Your Policy or a claim You have filed, please write to our Home Office or contact our Policy Service Department.

GENERATION LIFE INSURANCE COMPANY

**P. O. Box 459
Columbia, TN 38402
1 (855) GEN-4LFE**

If we at Generation Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
Telephone: (501) 371-2640 or 1 (800) 852-5494

Compliance Certification

Insurance Company: Generation Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
GL-MULTIPRODUCT-1/2012-AR	Application
GL-SEC TERM-1/2012-AR	Term Life Policy
GL-SEC LF-1/2012-AR	Modified Endowment Life Policy
GL-SAFE-1/2012-AR	Endowment Life Policy
GL-SH100-1/2012-AR	Endowment Life Policy
GL-ACCEL-FORM-1/2012-AR	Accelerated Benefit for Terminal Illness Rider
GL-ACCEL-APP-1/2012-MULTI	Disclosure for Accelerated Rider at Application
GL-ACCEL-COM-1/2012-AR	Disclosure for Accelerated Rider at acceleration
GL-ACCIDENTAL-1/2012-MULTI	Accidental Death Benefit Rider
GL-CR-1/2012-MULTI	Dependent Child Rider
GL-AMENDMENT-1/2012-MULTI	Amendment/Endorsement
GL-CSF-1/2012-AR	Life Customer Service Request

I hereby certify that in connection with the above referenced forms, Generation Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination
Rule & Regulation 49 pertaining to Guaranty Association Notices


Authorized Signature

Dennis R. Stephen
Name

Chief Operating Officer
Title

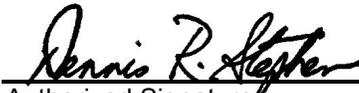
09-13-12
Date

Readability Certification

Insurance Company: Generation Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
GL-MULTIPRODUCT-1/2012-AR	Application	50.4
GL-SEC TERM-1/2012-AR	Term Life Policy	51.1
GL-SEC LF-1/2012-AR	Modified Endowment Life Policy	52.7
GL-SAFE-1/2012-AR	Endowment Life Policy	52.6
GL-SH100-1/2012-AR	Endowment Life Policy	52.6
GL-ACCEL-FORM-1/2012-AR	Accelerated Benefit for Terminal Illness Rider	53.5
GL-ACCEL-APP-1/2012-MULTI	Disclosure for Accelerated Rider at Application	52.5
GL-ACCEL-COM-1/2012-AR	Disclosure for Accelerated Rider at acceleration	65.9
GL-ACCIDENTAL-1/2012-MULTI	Accidental Death Benefit Rider	51.2
GL-CR-1/2012-MULTI	Dependent Child Rider	50.2
GL-AMENDMENT-1/2012-MULTI	Amendment/Endorsement	55.0
GL-CSF-1/2012-AR	Life Customer Service Request	50.9

I hereby certify that the above referenced form complies with the readability requirements of this State.


Authorized Signature

Dennis R. Stephen

Name

Chief Operating Officer

Title

09-13-12

Date



[Application Number]

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona ♦ Administrative Office: P. O. Box 459, Columbia, TN 38402
 For Service Call: 1 (855) GEN-4LFE

APPLICATION FOR LIFE INSURANCE (please complete all information)

Part 1 - Applicant Information							
Proposed Insured – Full Name (Women, give maiden name)					<input type="checkbox"/> Male <input type="checkbox"/> Female		State of Birth
Date of Birth		Current Age	Phone Number		Height	ft.	Weight
							lbs.
Street Address			City		State	Zip	
Owner (if other than Proposed Insured)		Relationship		Address			
Owner is: <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust (Give name and date of Trust)					If business entity, name of principle		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership							
Beneficiary (including Date of Birth, Relationship and Address)							
Contingent Beneficiary (including Date of Birth, Relationship and Address)							

Part 2 – Benefit Selection and Premiums						
Class: <input type="checkbox"/> Preferred <input type="checkbox"/> Select	Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Plan Applied For and Face Amount: Plan: Face Amount: \$ _____		Optional Riders: Accidental Death Rider <input type="checkbox"/> Yes <input type="checkbox"/> No Dependent Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No Specified Amount for Dependent Child \$ _____		
Amount submitted with application \$ _____						
If Dependent Child Rider is elected, list all children proposed for insurance below and complete Part 4a. (If applying for Security Life, Safeguard Life or if the Proposed Insured is a child age 15 or under, SKIP to Part 3).						
Name:		Height	Weight	Age:	Date of Birth:	Birth State:
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female
		ft. in.	lbs.			<input type="checkbox"/> Male <input type="checkbox"/> Female

Part 3 – Existing Insurance and Replacement

Current Life Insurance: Does the Proposed Insured currently have life insurance from another carrier? Yes No (If yes, list all policies)

Company	Amount	Date Issued	Purpose <input type="checkbox"/> Business <input type="checkbox"/> Personal
Company	Amount	Date Issued	Purpose <input type="checkbox"/> Business <input type="checkbox"/> Personal

Replacement: Is this policy to replace any existing life insurance or annuity? Yes No
(If yes, Part 9 must be completed)

Pending Applications: Are there life insurance applications pending with other companies? Yes No
(If yes, list Company(ies) and amount):

Part 4 – Applicant Questions

**Proposed Insured – answer only questions 1-4 if applying for Security Life; answer all questions if applying for any other product plan.
Children Applicants (15 and under) OR Child Rider Skip to Part 4a.**

1.	Is the Proposed Insured a U.S. Citizen or a permanent U.S. resident who holds a permanent visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has the Proposed Insured been diagnosed as having a Terminal Illness? (“Terminal Illness” means any illness diagnosed that would reasonably be expected to cause death within 24 months.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is the Proposed Insured currently confined in a hospital, nursing home, mental facility, hospice or other medical facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the Proposed Insured ever been diagnosed as having or been treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the HIV virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	In the past 5 years has the Proposed Insured been diagnosed or treated by a medical professional for: <ul style="list-style-type: none"> • Respiratory disorder/disease (including asthma, chronic bronchitis, cystic fibrosis or sleep apnea); • Spinal cord and joint injury or disorder (including paralysis, degenerative muscle or nerve disease/disorder, lupus or rheumatoid arthritis); • Disease/disorder of the heart (including murmur or valve defect), aorta, coronary arteries, peripheral vascular system or blood disorder; • Diabetes, thyroid, kidney or other endocrine disorder; • Cancer or other malignancy (except basal cell or squamous cell carcinoma of the skin); • Epilepsy or other seizure disorder; • Mental or nervous disorder, cerebral palsy, mental retardation, major or chronic depression, bipolar disease or mood disorder, schizophrenia, Alzheimer’s disease or dementia; • Any disease or disorder of the intestines (including ulcerative colitis or Crohn’s disease), liver, pancreas or connective tissue; or • Any disease or disorder of the brain (including stroke or transient ischemic attack (TIA) – also known as “mini stroke”)? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	In the past 3 years has the Proposed Insured’s driver’s license been suspended or revoked or has the Proposed Insured been convicted of or pleaded “guilty” or “no contest” to any felony, DWI/DUI, or is the Proposed Insured in prison or serving a probation/parole program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	In the past 2 years has the Proposed Insured participated in: <ul style="list-style-type: none"> • Auto, boat, motorcycle, go cart or snowmobile racing; • Boxing of any type; • Hang gliding, ballooning or parachuting; or • Skin, sky or scuba diving? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does the Proposed Insured currently or has ever used tobacco in any form (i.e. cigarettes, cigars, pipe, chewing tobacco or snuff)? If “yes”, when did the Proposed Insured stop? _____ Does the Proposed Insured currently or has ever used a nicotine cessation aid such as nicotine gum or patches? If “yes”, when did the Proposed Insured stop? _____	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

Part 4a – Applicant Questions if Child Rider is elected or Child Applicant (15 and under)

Answer all questions shown below for each child proposed for insurance or child applying for insurance.

1.	Is the Proposed Insured a U.S. Citizen or a permanent U.S. resident who holds a permanent visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has the Proposed Insured been diagnosed as having a Terminal Illness? (“Terminal Illness” means any illness diagnosed that would reasonably be expected to cause death within 24 months.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Is the Proposed Insured currently confined in a hospital, nursing home, mental facility, hospice or other medical facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Has the Proposed Insured ever been diagnosed as having or been treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or any immune deficiency related disorder or tested positive for antibodies to the HIV virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	In the past 5 years has the Proposed Insured been diagnosed or treated by a medical professional for: <ul style="list-style-type: none"> • Respiratory disorder/disease (including asthma, chronic bronchitis, cystic fibrosis or sleep apnea); • Spinal cord and joint injury or disorder (including spina bifida or paralysis); • Disease/disorder of the heart (including murmur or valve defect), aorta, coronary arteries, peripheral vascular system or blood disorder; • Diabetes, thyroid, kidney or other endocrine disorder; • Cancer or other malignancy (except basal cell or squamous cell carcinoma of the skin); • Epilepsy or other seizure disorder; • Mental or nervous disorder, Down’s syndrome, cerebral palsy, mental retardation or autism; • Any disease or disorder of the intestines (including ulcerative colitis or Crohn’s disease), liver, pancreas or connective tissue; • Any disease or disorder of the brain; or • Any other congenital disorder? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	In the past 5 years has the Proposed Insured had any condition requiring: <ul style="list-style-type: none"> • On-going treatment by a physician; • Treatment in a hospital, either on an inpatient or outpatient basis; or • Loss of time from school for at least 30 days during a regular school year? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	In the past 2 years has the Proposed Insured participated in: <ul style="list-style-type: none"> • Auto, boat, motorcycle, go cart or snowmobile racing; • Boxing of any type; • Hang gliding, ballooning or parachuting; or • Skin, sky or scuba diving? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 5 – Applicant Representations, Authorizations and Signatures

I represent that the statements and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief. I agree that: (1) the entire contract will consist of this application and the policy issued in response to it; (2) no agent of the Company can (a) make or modify contracts; (b) waive any rights or requirements of the company; or (c) waive any information requested by the company; and (3) no insurance will take effect unless: (a) the policy is delivered to the owner; (b) the first modal premium is paid and deemed good on first presentation to the financial institution; and (c) there has been no change since the date of this application in the insurability of all persons proposed for insurance.

Payment Authorization: I authorize the premium to be processed and remitted to the Generation Life Insurance Company through my credit card/bank account as referenced herein. The authority is to remain in effect until I cancel it in writing and until the Company or my credit card/bank account actually receives such notice..

Cardholder/Account holder name:	
Card /Account Type:	
Account Number:	
Expiration Date (if applicable):	

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.

Applicant Signature _____
Date

Owner Signature (if other than Proposed Insured) _____
Date

Parent of Proposed Insured's Signature for Child Applicant (age 17 and under) _____
Date

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

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734

Part 6 – Agent's Statement

I certify that I am currently licensed as a life insurance agent in the resident state of the applicant. I certify that the information contained in this application is correct to the best of my knowledge. I understand that I have no right to bind this coverage or alter the terms of the policy in any manner.

To the best of my knowledge, the policy applied for Does Does Not involve replacement of any life or annuity contracts.

Agent Signature _____ _____
Agent Number _____
Date

Generation Life Insurance Company

THIS AUTHORIZATION COMPLIES WITH THE HIPAA PRIVACY RULE

Applicant Name: _____ Address: _____

SS#: _____ DOB: _____

A. Who May Disclose: The Applicant authorizes Generation Life Insurance Company or its reinsurers to make a brief report of his/her personal health information to MIB, Inc. (MIB). The Applicant hereby authorizes the following persons or entities to release health information: (1) licensed health care professionals that have treated or are treating the Applicant; (2) allied health care professionals that have treated or are treating the Applicant; (3) health care facilities that have treated or are treating the Applicant; (4) mental health care facilities and professionals that have treated or are treating the Applicant; (5) pharmacy benefit manager; (6) MIB; & (7)

B. Information to be Disclosed: The information requested pertains to medical information relevant to the Applicant's suitability for coverage of life insurance or any claim made against such life insurance policy. This includes any and all information concerning the Applicant's medical care, treatment or advice, including medical or other care records, diagnosis, pharmacy information & records deemed necessary by Generation Life Insurance Company to issue an insurance policy or determine the Applicant's eligibility for claims payment. This specifically authorizes the release of information relating to: [X] Substance abuse (including drug or alcohol abuse); [X] Mental health (excluding psychotherapy notes); and [X] HIV related information (AIDS related testing or treatment). The Applicant specifically authorizes the disclosure and release of his or her entire medical record upon request of Generation Life Insurance Company.

SIGNATURE OF PATIENT OR LEGAL GUARDIAN DATE

C. Please release the information to the following organization: Generation Life Insurance Company • P.O. Box 459, Columbia, TN 38402

D. Purpose: The purpose of the use or disclosure is: At the request of the Applicant for the purposes of underwriting, premium determination, or claims administration or adjudication.

E. Right to Refuse: The Applicant acknowledges that signing this authorization is voluntary and he/she has the right to refuse to sign this authorization; however, if he/she refuses to sign this authorization, the Applicant understands that Generation Life Insurance Company may not be able to gather the information necessary to determine if he/she, or an unemancipated minor child, is eligible for coverage under an insurance policy offered by Generation Life Insurance Company. Further, Applicant understands that he/she may refuse to sign this authorization and that a health care provider that is a covered entity may not condition treatment, payment, enrollment in its health plan, or eligibility for benefits on him/her signing this authorization.

F. Revocation: The Applicant acknowledges that he/she may revoke this authorization at any time by sending a written notice to the Privacy Officer at the address specified above in paragraph C. However, the revocation will not have any effect on any disclosures that a person or entity may have made in reliance on this Authorization before the revocation was received. Furthermore, the Applicant acknowledges that if he/she revokes this Authorization his/her application for life insurance may be declined or claims for benefits may be denied.

G. Expiration: The Applicant acknowledges that unless he/she revokes this Authorization, it will remain in effect from the date hereof and continue in effect until the application is denied or, if the application is approved, for twenty-four (24) months after the date signed.

H. Redisclosure: The Applicant acknowledges that information used or disclosed in accordance with this authorization may no longer be protected by federal law, and could be redisclosed by the receiving party (including the reporting of protected health information to MIB), but will not be redisclosed by Generation Life Insurance Company except as authorized by the Applicant or as required by law.

I. Certification: I certify that I am (check whichever applies): [] the Applicant, and the identification that I have provided is true and correct. [] the Applicant's authorized representative, with authority to consent to treatment and release of information on behalf of the Applicant, and the identification that I have provided is true and correct. My relationship to the Applicant is that of: _____.

J. I will receive a copy of this form after I sign it. I have read the above & authorize the disclosure of the protected health information as stated.

Signed this _____ day of _____, 20 _____

Address:

Signature: _____

Print Name: _____

Part 8 – Substitute Taxpayer Identification Number Certification (W-9)

INSURED – SUBSTITUTE TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)

Social Security Number								

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number.

OR

Employer Identification Number								

Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is my current taxpayer identification number (or I am waiting for a number to be issued to me); **AND** Yes No
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Yes No

Certification instructions – You must indicate “No” to item (2) above if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transaction, item (2) does not apply. For example, mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest or dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Form W-9 – The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant Signature

Date

OWNER – SUBSTITUTE TAXPAYER IDENTIFICATION NUMBER CERTIFICATION (W-9)

Social Security Number								

Enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number.

OR

Employer Identification Number								

Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is my current taxpayer identification number (or I am waiting for a number to be issued to me); **AND** Yes No
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. Yes No

Certification instructions – You must indicate “No” to item (2) above if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transaction, item (2) does not apply. For example, mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest or dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Form W-9 – The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner Signature

Date

Part 9 – Replacement of Life Insurance or Annuities Important Notice

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the agent, if there is one, and a copy left with the applicant.

For a child applicant (age 17 and under), this document must be signed by the parent of the proposed insured and the agent.

A copy must be left with the parent of the proposed insured.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacement before you make your purchase decision and ask that you answer the following questions and consider the questions shown later on this form.

1. Are you considering discontinuing making premium payments surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insured, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source financing:

_____ Name of Insurer	_____ Policy/Contract#	_____ Name of Insured	_____ (R) Replaced OR (F) Financed
_____ Name of Insurer	_____ Policy/Contract#	_____ Name of Insured	_____ (R) Replaced OR (F) Financed
_____ Name of Insurer	_____ Policy/Contract#	_____ Name of Insured	_____ (R) Replaced OR (F) Financed

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because: _____

I certify that the responses herein are, to the best of my knowledge, accurate:

_____ Applicant's Name Printed	_____ Applicant's Signature	_____ Date
_____ Owner's Name Printed (if other than Proposed Insured)	_____ Owner's Signature (if other than Proposed Insured)	_____ Date
_____ Parent of Proposed Insured Name Printed (for child applicant age 17 and under)	_____ Parent of Proposed Insured's Signature (for child applicant age 17 and under)	_____ Date
_____ Agent's Name Printed	_____ Agent's Signature	_____ Date

_____ I do not wish this notice read aloud to me. (Applicant must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Could they change?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for the new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:
How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:
Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:
What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?



Generation Life Insurance Company

Administrative Office

Post Office Box 459 • Columbia, TN 38402-0459
855.436.4533 • generationlifeinsurance.com

September 13, 2012

Arkansas Department Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Generation Life Insurance Company

NAIC # 73504

GL-MULTIPRODUCT-1/2012-AR	Application
GL-SEC TERM-1/2012-AR	Term Life Policy
GL-SEC LF-1/2012-AR	Modified Endowment Life Policy
GL-SAFE-1/2012-AR	Endowment Life Policy
GL-SH100-1/2012-AR	Endowment Life Policy
GL-ACCEL-FORM-1/2012-AR	Accelerated Benefit for Terminal Illness Rider
GL-ACCEL-APP-1/2012-MULTI	Disclosure for Accelerated Rider at Application
GL-ACCEL-COM-1/2012-AR	Disclosure for Accelerated Rider at Acceleration
GL-ACCIDENTAL-1/2012-MULTI	Accidental Death Benefit Rider
GL-CR-1/2012-MULTI	Dependent Child Rider
GL-AMENDMENT-1/2012-MULTI	Amendment/Endorsement
GI-CSF-1/2012-AR	Life Customer Service Request

Dear Sir or Madam:

This filing is being submitted for review and approval. These forms are new and are not intended to replace any previously approved forms.

Form GL-SEC TERM-1/2012-AR is an individual term life policy.

Form GL-SEC LF-1/2012-AR is a modified endowment life policy.

Forms GL-SAFE-1/2012-AR and GL-SH100-1/2012-AR are endowment life policies.

Form GL-CR-1/2012-MULTI is an optional rider providing coverage for dependent children which may be elected in connection with form GL-SEC TERM-1/2012-AR and form GL-SH100-1/2012-AR. Form GL-ACCIDENTAL-1/2012-MULTI is an optional rider providing coverage for accidental death which may be elected in connection with form GL-SEC TERM-1/2012-AR and form GL-SH100-1/2012-AR. Form GL-ACCEL-FORM-1/2012-AR is a rider providing an accelerated benefit in the case of Terminal Illness which will automatically be attached to forms GL-SEC TERM-1/2012-AR, GL-SEC LF-1/2012-AR, GL-SAFE-1/2012-AR and GL-SH100-1/2012-AR.

Form GL-ACCEL-APP-1/2012-MULTI is a disclosure regarding the accelerated benefit rider to be used at time of application for the policy to which the rider will be attached. Form GL-ACCEL-COM-1/2012-AR is a disclosure regarding the accelerated benefit rider to be used at time of acceleration of the benefit.

Form GL-MULTIPRODUCT-1/2012-AR is an application to be used in connection with all policy and rider forms. The Company will also use the application in an on-line format.

Form GL-AMENDMENT-1/2012-MULTI is a form used to make routine changes to the forms. The form will only be used for the items shown on the form in brackets and as described in the variability statement. Form GL-CSF-1/2012-AR is a Life Customer Service Request form which will also be used in an on-line format.

The policies will not be illustrated. The forms are exempt from filing in the domiciliary state of Arizona.

Should you have any questions or need anything further, please do not hesitate to contact me at (931) 388-7872 ext 2316 or rcarpenter@tbf.com.

Sincerely,

A handwritten signature in black ink that reads "Resa Carpenter". The signature is written in a cursive style with a large initial "R" and "C".

Resa Carpenter
Sr. Administrative Assistant

Variability Statement

Form GL-SEC TERM-1/2012-AR

Policy Schedule

The brackets allow for personalization of the policy issued to the insured including optional riders. The brackets for the Initial Term Period allow for the option selected to be shown and all options available are contained in the variables. The brackets for the Plan allow for the plan selected to be chosen and all options available are contained in the variables.

The ranges for policy face amounts and rider benefit amounts are shown indicating minimum and maximum amounts and applicable increments of amounts between. The brackets around the rider(s) allow for reference to the rider(s) to be removed in the event the optional rider(s) are not elected.

The dollar amounts shown in brackets are representative of a "John Doe" sample for male, issue age 35, preferred premium class, initial term period of 20 years, face amount of \$100,000, policy fee of \$70, dependent child rider elected with specified amount of \$50,000 and accidental death rider elected in the amount of \$100,000.

The available issue ages are:

Secure Term 10:	age 20 – 70
Secure Term 20:	age 20 – 60
Secure Term 30:	age 20 – 50

Table of Guaranteed Annual Renewal Premiums Per \$1,000

The brackets at the beginning and end of the table allow for personalization of the amounts for the policy issued to the insured.

Form GL-SEC LF-1/2012-AR

Policy Schedule

The brackets allow for personalization of the policy issued to the insured. The ranges for policy face amounts are shown indicating minimum and maximum amounts and applicable increments of amounts between.

The dollar amounts shown in brackets are representative of a "John Doe" sample for male, issue age 35, face amount of \$25,000 and policy fee of \$50.

The available issue ages are age 25 – 80.

Table of Guaranteed Values

The brackets at the beginning and end of the table allow for personalization of the amounts for the policy issued to the insured.

Form GL-SAFE-1/2012-AR

Policy Schedule

The brackets allow for personalization of the policy issued to the insured. The ranges for policy face amounts are shown indicating minimum and maximum amounts and applicable increments of amounts between.

The dollar amounts shown in brackets are representative of a "John Doe" sample for male, issue age 50, preferred premium class, face amount of \$25,000.

The available issue ages are age 50 – 85.

Table of Guaranteed Values

The brackets at the beginning and end of the table allow for personalization of the amounts for the policy issued to the insured.

Form GL-SH100-1/2012-AR

Policy Schedule

The brackets allow for personalization of the policy issued to the insured including optional riders. The ranges for policy face amounts and rider benefit amounts are shown indicating minimum and maximum amounts and applicable increments of amounts between. The brackets around the rider(s) allow for reference to the rider(s) to be removed in the event the optional rider(s) are not elected.

The dollar amounts shown in brackets are representative of a "John Doe" sample for male, issue age 35, preferred premium class, face amount of \$50,000, policy fee of \$30, dependent child rider elected with specified amount of \$50,000 and accidental death rider elected in the amount of \$50,000.

The available issue ages are age 0 – 75.

Table of Guaranteed Values

The brackets at the beginning and end of the table allow for personalization of the amounts for the policy issued to the insured.

Form GL-AMENDMENT-1/2012-MULTI

- The brackets in the first paragraph allow for reference to a revised policy schedule to be attached in connection with the change shown in the rider (if a revised policy schedule is required).
- The listing of items to be changed are bracketed which allows for removal of items not being revised. Only the items shown for revision will be available on this form; the amendment/endorsement will not be used for any changes other than those listed.
- The brackets within each item will allow for personalization of the applicable change.

Generation Life Insurance Company

Administrative Office: PO Box 459, Columbia, TN 38402

Statement of Policy Cost and Benefit Information

Prepared For: JOHN DOE Policy Number: GL0000477

Agent: Mark McDaniel Policy Age: 35

Date: 7/3/2012

Coverage Name and Description: Renewable Term to Age 95

Policy Year	Death Benefit	Guaranteed Annual Premium	Current Annual Premium
1	\$50,000	\$182.00	\$182.00
2	\$50,000	\$182.00	\$182.00
3	\$50,000	\$182.00	\$182.00
4	\$50,000	\$182.00	\$182.00
5	\$50,000	\$182.00	\$182.00
10	\$50,000	\$182.00	\$182.00
20	\$50,000	\$991.50	\$991.50
Age 65	\$50,000	\$2,817.00	\$2,817.00

The Annual rate of interest for policy loans is 5%

Cost Comparison Disclosure

	10 Year		20 Year	
	Guaranteed	Current	Guaranteed	Current
Surrender Cost Index Per 1000	\$3.64	\$3.64	\$7.49	\$7.49
Net Payment Cost Index Per 1000	\$3.64	\$3.64	\$7.49	\$7.49

An explanation of the intended use of the cost indexes is included in the life insurance buyers guide.

Generation Life Insurance Company

Administrative Office: PO Box 459, Columbia, TN 38402

Statement of Policy Cost and Benefit Information

Prepared For: JOHN DOE Policy Number: GL0000478

Agent: Mark McDaniel Policy Age: 35

Date: 7/3/2012

Coverage Name and Description: Endowment at Age 100

Policy Year	Death Benefit	Annual Premium	Cash Value
1	\$50,000	\$614.00	\$0.00
2	\$50,000	\$614.00	\$0.00
3	\$50,000	\$614.00	\$350.00
4	\$50,000	\$614.00	\$900.00
5	\$50,000	\$614.00	\$1,400.00
10	\$50,000	\$614.00	\$4,350.00
20	\$50,000	\$614.00	\$11,500.00
Age 65	\$50,000	\$614.00	\$20,950.00

The Annual rate of interest for policy loans is 5%

Cost Comparison Disclosure

	10 Year	20 Year
Surrender Cost Index Per 1000	\$5.69	\$5.66
Net Payment Cost Index Per 1000	\$12.28	\$12.28

An explanation of the intended use of the cost indexes is included in the life insurance buyers guide.

SERFF Tracking #:

GENL-128636120

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

Arkansas

Filing Company:

Generation Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Life Products

Project Name/Number:

Arkansas/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/13/2012	Supporting Document	Policy Cost and Benefit Information	09/20/2012	Safeguard Life Cost Disclosure.pdf Secure Term Cost Disclosure.pdf Security Life Cost Disclosure.pdf (Superseded) Shelter 100 Cost Disclosure.pdf
08/13/2012	Form	Modified Endowment Life Policy	09/20/2012	GL-SEC LF-1_2012-AR.pdf (Superseded)

Generation Life Insurance Company

Administrative Office: PO Box 459, Columbia, TN 38402

Statement of Policy Cost and Benefit Information

Prepared For: JOHN DOE Policy Number: GL0000477

Agent: Mark McDaniel Policy Age: 35

Date: 7/3/2012

Coverage Name and Description: Renewable Term to Age 95

Policy Year	Death Benefit	Guaranteed Annual Premium	Current Annual Premium
1	\$50,000	\$182.00	\$182.00
2	\$50,000	\$182.00	\$182.00
3	\$50,000	\$182.00	\$182.00
4	\$50,000	\$182.00	\$182.00
5	\$50,000	\$182.00	\$182.00
10	\$50,000	\$182.00	\$182.00
20	\$50,000	\$991.50	\$991.50
Age 65	\$50,000	\$2,817.00	\$2,817.00

The Annual rate of interest for policy loans is 5%

Cost Comparison Disclosure

	10 Year		20 Year	
	Guaranteed	Current	Guaranteed	Current
Surrender Cost Index Per 1000	\$3.64	\$3.64	\$7.49	\$7.49
Net Payment Cost Index Per 1000	\$3.64	\$3.64	\$7.49	\$7.49

An explanation of the intended use of the cost indexes is included in the life insurance buyers guide.



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona

Administrative Office: P. O. Box 459, Columbia, TN 38402

For Service Call: 1 (855) 436-4533

We will pay the beneficiary the policy proceeds when we receive, at our administrative office, due proof that the insured's death occurred while this policy was in force. Or, if the insured is living on the maturity date of this policy and while this policy is in force, we will pay the policy proceeds to the owner. Payment is subject to the terms of this policy, which are contained on this and the following pages.

30 – DAY RIGHT TO EXAMINE POLICY

We want the owner to fully understand and be satisfied with this policy. If for any reason the owner is not satisfied, return it to us within 30 days after receiving it. We will refund all premiums paid, and this policy will be void from the date of issue.

This policy is a legal contract between the owner and us.

PLEASE READ THIS POLICY CAREFULLY!

We have issued this policy at our administrative office as of the date of issue.

Handwritten signature of Dennis R. Steyer in black ink.

Chief Operating Officer

Handwritten signature of Matthew M. Rogers in black ink.

Chief Executive Officer

MODIFIED ENDOWMENT AT 100 LIFE INSURANCE POLICY

Proceeds payable on the death of the insured or on the maturity date if the insured is living on that date and this policy is in force

Limited life insurance the first two policy years
Premiums payable as shown on Policy Schedule
Non-participating

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POLICY SCHEDULE

INSURED	[John Doe]	DATE OF ISSUE	[January 1, 2012]
POLICY NUMBER	[12345]	MATURITY DATE	[January 1, 2077]
ISSUE AGE	[35]	FACE AMOUNT	Shown Below
SEX	[Male]	PLAN	Security Life
OWNER	[James Smith]		
BENEFICIARY	As stated in the application for this policy, unless changed in accordance with policy provisions.		

POLICY PLAN AND ADDITIONAL BENEFIT(S)

Benefit	Policy Face Amount			Annual Premium	Years Payable
	First Policy Year	Second Policy Year	Third Policy Year and After		
Modified Endowment at 100 Life Policy	* Premiums Paid Times 110%	* Premiums Paid Times 120%	[\$5,000 - \$50,000 in increments of \$1,000]	[\$750.00]	[65]
Policy Fee				\$50.00	[65]

*** IN THE FIRST TWO YEARS, THE DEATH BENEFIT WILL BE THE FULL FACE AMOUNT IF DEATH IS DUE TO AN INJURY SUBJECT TO THE LIMITATIONS ON ACCIDENTAL DEATH IN THIS POLICY.**

TOTAL PREMIUM DUE FOR POLICY

Annual [\$800.00]	Semi-Annual [\$416.00]	Quarterly [\$212.00]	Monthly [\$68.64]
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INTEREST RATE ON DEATH BENEFIT: 8%

REINSTATEMENT INTEREST RATE: 6%

POLICY LOAN INTEREST RATE: 8%

TABLE OF GUARANTEED VALUES (Amounts shown are per thousand)

END OF POLICY YEAR	POLICY ANNIVERSARY	INSURANCE AGE	CASH VALUE	REDUCED PAID UP INSURANCE
	[JANUARY 1]			
1	2013	36	0	0
2	2014	37	0	0
3	2015	38	8	48
4	2016	39	17	98
5	2017	40	26	144
6	2018	41	35	185
7	2019	42	44	223
8	2020	43	54	263
9	2021	44	64	299
10	2022	45	75	336
11	2023	46	86	371
12	2024	47	97	402
13	2025	48	109	434
14	2026	49	121	463
15	2027	50	133	489
16	2028	51	146	516
17	2029	52	160	544
18	2030	53	174	569
19	2031	54	188	592
20	2032	55	202	612
Age 65	2042	65	365	783
Age 70	2047	70	454	839

BASIS OF CALCULATION

ALL POLICY VALUES – COMMISSIONERS 2001 STANDARD ORDINARY MORTALITY TABLE, MALE AND FEMALE, COMPOSITE AT 5.0%.

THESE FIGURES ARE SHOWN WITHOUT ADJUSTMENT FOR ANY POLICY INDEBTEDNESS. FIGURES NOT SHOWN WILL BE FURNISHED ON REQUEST.

DEFINITIONS

Administrative Office: Means the office at PO Box 459, Columbia, Tennessee, 38402. All correspondence regarding this policy should be sent to our administrative office.

Attained Age: Means on any date the issue age plus the number of policy years and completed policy months from the date of issue to that date.

Beneficiary: Means the person designated to receive the policy proceeds. The beneficiary is named in the application and shown on the Policy Schedule unless and until changed by the owner, in accordance with the Change of Beneficiary provision.

Date of Issue: Means the effective date of this policy. The date of issue is shown on the Policy Schedule. Policy years, policy anniversaries, premium due dates and the maturity date are measured from this date.

Death Benefit: Means the amount of insurance payable under this policy when you die. The death benefit is the face amount shown on the Policy Schedule.

Indebtedness: Means all unpaid policy loans and accrued loan interest.

Injury: Means an accidental bodily injury which is the direct cause of death, independent of disease. The injury must be sustained after the date of issue of this policy and while this policy is in force.

Insured: Means the individual named as the insured on the Policy Schedule.

Issue Age: Means your age on your birthday nearest the date of issue.

Loan Value: Means the amount which, with accrued interest, equals the cash value on the next premium due date, less indebtedness.

Maturity Date: Means the date on which the owner will be paid the face amount, less any indebtedness, if the insured is then living, provided this policy is still in force. The maturity date is shown on the Policy Schedule.

Owner: Means the person who is entitled to exercise the rights under this policy. The owner is named in the application and shown on the Policy Schedule unless and until changed in accordance with the Change of Owner provision.

Policy Anniversary: Means the same month and day in each succeeding year as the date of issue.

Policy Proceeds: Means the amount of the proceeds payable upon the insured's death which is the sum of:

1. The face amount of insurance; PLUS
2. The portion of any premium paid for a period beyond the policy month of the insured's death; PLUS
3. Any insurance on the life of the insured provided by additional benefits or riders; LESS
4. The portion of any premium due and unpaid which applies to the policy month of the insured's death; LESS
5. Any indebtedness under this policy.

Policy Year: Means the period of time from the date of issue to the first policy anniversary, and each period of time from policy anniversary to policy anniversary thereafter.

You and Your: Means the insured.

We, Our and Us: Means Generation Life Insurance Company.

Written Notice: Means a signed request on a form:

1. Which we furnish; or
2. Other than ours which we accept.

OWNERSHIP, BENEFICIARY AND ASSIGNMENT PROVISIONS

Owner. You are the owner of this policy unless someone else is named in the application and on the Policy Schedule or by endorsement. The owner may name a contingent owner. If the owner dies while you are living, the contingent owner assumes the owner's rights; or, if no contingent owner has been designated, you will assume the owner's rights. The owner may exercise all rights and privileges under this policy except as otherwise stated in this policy subject to:

1. An assignment on file at our administrative office; and
2. The rights of the person named as an irrevocable beneficiary.

Beneficiary. The beneficiary is named on the application and stated on the Policy Schedule unless and until changed by the owner.

Beneficiary Classification. The beneficiary of any policy proceeds will be classified as primary beneficiary or contingent beneficiary. Such classification will determine the interest of that beneficiary with respect to the policy proceeds.

Unless the beneficiary designation provides otherwise, surviving beneficiaries in the same classification will share equally in the proceeds payable to the beneficiaries in that classification.

Payment to Beneficiaries. Policy proceeds will be paid:

1. To the primary beneficiary surviving on the date of your death; if not;
2. To the contingent beneficiary surviving on the date of your death; if not;
3. To the owner or the owner's estate.

Change of Owner or Beneficiary. While you are alive, a change of owner or beneficiary can be made at any time, subject to the following rules:

1. The change must be in a written notice.
2. It must be signed by the owner.
3. The written notice must be sent to and recorded by us.
4. The change will take effect on the date signed, but it will not apply to any payment or action taken by us before we receive the form.

Assignment. No assignment of this policy will bind us unless it is in a written notice and received by us. We will not be responsible for the validity of any assignment. The company reserves the right to require this policy for endorsement of any assignment.

Absolute Assignment- An absolute assignment of this policy will cause the assignee to be made the owner.

Collateral Assignment- A collateral assignment will not cause a change of ownership. However, the rights of any owner, beneficiary or other payee will be subject to the terms of the collateral assignment.

POLICY BENEFITS

Policy Benefits. Policy proceeds payable under this policy will either be a death benefit or an endowment benefit as described below.

Death Benefit. We will pay the policy proceeds to the beneficiary:

1. If the insured dies while this policy is in force and prior to the maturity date;
2. Upon receipt at our administrative office of due proof of the insured's death; and
3. Subject to the terms and conditions of this policy.

If death occurs during the first two policy years following the date of issue, the face amount will be reduced as shown on the Policy Schedule.

Accidental Death Benefit. If, during the first two policy years following the date of issue, death occurs due to an injury, then, the face amount will not be reduced and the full face amount under this policy will be paid, subject to the Limitations on Accidental Death Benefit in this policy.

No accidental death benefit is payable under this policy after the first two policy years following the date of issue.

Limitations on Accidental Death Benefit. The accidental death benefit is not payable if your death is caused by or resulting from:

1. Suicide, whether sane or insane;
2. Committing an assault or felony;
3. War, declared or undeclared, or any act of war;
4. Disease, illness or infirmity of the body or mind;
5. Taking of any drug or medication unless taken as prescribed by a physician, intentional overdose or being under the influence of drugs unless taken as prescribed by a physician;
6. Participation in a riot or insurrection;
7. Travel in or descent from, an aircraft except when the insured is a fare-paying passenger; or
8. Any poison or gas voluntarily taken, administered, absorbed or inhaled.

Endowment Benefit. We will pay the policy proceeds to the owner:

1. If the insured is living on the maturity date and while this policy is in force; and
2. Subject to the terms and conditions of this policy.

We may require sufficient proof that the insured is living on the maturity date.

Interest on Death Benefit. If payment is not made within 30 days from the date we receive acceptable proof of death, we will add interest to the policy proceeds from the date of death to the date of payment. The interest rate is the rate shown on the Policy Schedule.

Suicide Exclusion. If, within two years of the date of issue, you die by suicide, whether sane or insane, our liability is limited to the premium paid.

PREMIUMS

When Premiums Are Due. To keep this policy in force, each premium must be paid in advance. Premiums are payable in the amounts and for the years payable shown on the Policy Schedule, or until your earlier death.

The first premium is due on the date of issue. After that, each premium is due when the interval covered by the preceding premium ends. Each premium is due on the same day of the month as the day shown in the date of issue.

Premiums may be paid annually, semi-annually, quarterly or monthly. The owner may change the frequency of premium payments.

Where to Pay Premiums. Each premium after the first is payable at our administrative office or to one of our agents. If the owner requests it, a receipt, signed by our secretary will be given.

Alternate Premium Plans. We provide certain alternate plans for paying premiums. These include a preauthorized check plan. Alternate premium plans are subject to the rules and premium rates that we set.

Grace Period. A grace period of 31 days is allowed for payment of each premium after the first one. Insurance will continue during the grace period. If your death occurs during a grace period, we will deduct from the death benefit that part of the unpaid premium from the due date to the date of your death.

Default in Payment of Premiums. This policy will lapse if any premium is not paid before the end of its 31 day grace period. The date of lapse is the end of the grace period following the date on which the unpaid premium was due. This policy will then terminate on the date of lapse except as provided in the Guaranteed Values section of this policy.

Reinstatement. This policy and attached riders, if any, may be reinstated within five years after the date of lapse if each of the following conditions is satisfied:

1. This policy or riders to be reinstated must not have been surrendered for cash;
2. The company will require satisfactory evidence of insurability of all persons insured;
3. Any indebtedness must either be paid or reinstated with interest at the rate shown on the Policy Schedule for policy loans;
4. All overdue premiums must be paid from the due date of each premium with interest at the rate shown on the Policy Schedule; and
5. Written notice must be furnished to us during your lifetime and within 5 years from the date of lapse.

Reinstatement will take effect when approved by us at our administrative office provided you are alive and all conditions used to determine your insurability remain as stated in the reinstatement application.

POLICY LOANS

Right to Borrow. By sending us written notice to our administrative office, the owner may obtain a loan under this policy while the insured is living. This policy must be properly assigned to us before the loan is made. No other collateral is needed. We may require this policy for endorsement of a policy loan.

Maximum Policy Loan Available. The maximum amount of policy loan available is the loan value less:

1. Any premiums needed to pay this policy to the next policy anniversary; and
2. Loan interest to the next policy anniversary.

Policy Loan Interest. The policy loan interest rate is shown on the Policy Schedule, payable in advance. Loan interest is payable each year on the policy anniversary. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest accrues on a daily basis. It constitutes an additional loan against this policy.

Postponement. We may postpone making a loan under this policy for not more than 6 months from the date the written request is received at our administrative office. However, loans under this policy used to pay premiums on policies issued by us will not be postponed.

Repayment. A loan under this policy may be repaid in full or in part at our administrative office while this policy is in force and the insured is alive. The amount repaid may not be less than \$10. If this policy is in force under a guaranteed value option, the amount of the loan deducted in determining the cash surrender value may be repaid only if this policy is reinstated.

Automatic Premium Loan. While this policy is in force, we will automatically make a loan to cover any premiums due and not paid by the end of the grace period. We will make this loan on the last day of the grace period, provided this automatic premium loan does not exceed the available loan value on that date. Interest at the policy loan interest rate shown on the Policy Schedule will be charged on the automatic premium loan from the premium loan date.

If this automatic premium loan exceeds the loan value, this policy will lapse, subject to the Guaranteed Values provision of this policy.

The owner may cancel the automatic premium loan provision at any time by sending us a written notice to our administrative office. Regular premiums falling due after the date we receive the notice will be required to be paid.

Termination of Policy. The policy indebtedness may not exceed the cash value. If the indebtedness equals or exceeds the cash value, this policy will terminate. However this policy will not terminate until 31 days after we mail the termination notice to the last known address of the owner and of any assignee of record.

GUARANTEED VALUES

Cash Value. The Table of Guaranteed Values on page 4 shows the cash value on certain policy anniversary dates. The table assumes that premiums have been paid to these dates. In computing policy values between policy anniversary dates, we allow for the period of time for which premiums have been paid. We also allow for the period of time between policy anniversary dates.

The cash surrender value of this policy will be the cash value less any policy indebtedness.

Election of Guaranteed Value Options. The owner may elect a guaranteed value option not later than 60 days after the due date of the first unpaid premium if the insured is alive. Election is made by filing a written notice at our administrative office.

If no election has been made, option 2 will automatically be provided.

Guaranteed Value Option. The Table of Guaranteed Values on page 4 shows the cash value and the amount of reduced paid-up insurance at the end of certain policy years. Values for times not shown are available on request.

Option 1. Cash Surrender

The owner may surrender this policy for its cash surrender value. The cash surrender value will be:

1. Paid in one sum to the owner; or
2. Applied under a settlement option elected by the owner.

Surrender will be effective on the date we receive both this policy and a written notice. We may postpone payment for not more than 6 months from the effective date of surrender.

Option 2. Reduced Paid-Up Insurance

This policy may be continued in force as reduced paid-up insurance. The amount of reduced paid-up insurance will be calculated using the cash surrender value of this policy as a net single premium as of the due date of the first unpaid premium and at your attained age.

Surrender of Reduced Paid-Up. The owner may surrender reduced paid-up insurance at any time for the then current cash surrender value.

If the reduced paid-up insurance is surrendered within 31 days after a policy anniversary, the cash value used in determining the cash surrender value will not be less than the cash value on the policy anniversary.

Surrender will be effective on the date we receive both this policy and a request on a written notice. We may postpone payment for not more than 6 months from the effective date of surrender.

Riders. When a guaranteed value option becomes effective, all benefit riders attached to this policy, if any, will terminate unless otherwise provided in the rider.

SETTLEMENT OPTIONS

Payment of Policy Proceeds or Cash Value Proceeds. Policy proceeds or cash value proceeds may be left with us and paid under a settlement option. The person named to receive payments under an option is called a "payee". If a payee is other than a natural person (such as a corporation), an option will be available only with our consent. An option is available only if the amount of the proceeds applied is at least \$2,500 and if the amount of each regular payment is at least \$25.00.

Choosing a Settlement Option. While the insured is alive the owner can choose an option that will apply the policy proceeds upon the death of the insured. This choice can be changed during the life of the insured. A change requires the consent of any irrevocable beneficiary.

If the owner has not chosen an option prior to the insured's death, a beneficiary can make this choice upon the insured's death.

To choose an option, we require a request on a written notice sent to our administrative office. We will then send the proper forms to complete. The request will go into effect when we record it.

First Installment. The first installment under option 2, 3, and 4 is payable on the first day the policy proceeds become payable.

Protection of the Benefits. A beneficiary cannot assign or commute amounts under a settlement option, unless the owner permits otherwise. Commute means to receive a discounted cash settlement instead of future guaranteed payments.

Transfer Between Options. A payee who can receive the commuted amount under an option can apply that amount under another option. If transfer is made to option 3, our then current tables and terms of payment will apply.

Evidence Payee is Alive. For option 3, we have the right to require proof satisfactory to us that the payee is alive prior to making any payment.

Proof of Age and Sex. For option 3, we have the right to require proof satisfactory to us of the payee's date of birth and sex before making any payment.

Payment After a Payee Dies. Unless the owner provides otherwise, if a payee dies, we will make a single payment of the unpaid benefit. The payment will be made to the beneficiary of the payee. If no beneficiary is named, payment will be made to the payee's estate.

The single payment is determined as follows:

Option 1 and 4 – The unpaid sum left with us plus any unpaid interest up to the date of the payee's death.

Option 2 – The commuted value of the remaining unpaid payments.

Option 3 – The commuted value of the remaining unpaid guaranteed payments.

The interest rate used to commute the payments is 3% for option 2 and 2 ½% for option 3.

Unless otherwise provided under option 2 and 3, the beneficiary of the payee may elect to receive payments over the balance of the period for option 2 or the balance of the guaranteed period for option 3.

Option 1. Interest Income

The proceeds may be left on deposit with us to earn interest. The owner can choose when he or she wants to receive payments, subject to our approval. The following table shows interest payments per \$1,000 of proceeds and proceeds required to provide interest payments of \$100.

OPTION 1
Interest Income
3% Guaranteed

Frequency of Interest Payments	Interest Payments Per \$1,000 Of Proceeds	Proceeds Required To Provide Interest Payments of \$100
Annual	\$30.00	\$3,334
Semi-Annual	\$14.89	\$6,716
Quarterly	\$7.42	\$13,477
Monthly	\$2.47	\$40,484

Option 2. Income for a Fixed Period

Proceeds plus interest will be paid in equal installments for the number of years chosen. The period chosen cannot be more than 30 years. The table for option 2 shows the monthly payment for each \$1,000 of proceeds applied.

Option 3. Life Income

Proceeds will be used to provide payments in equal installments for as long as the payee lives. A guaranteed payment period of 10, 15, or 20 years can be chosen. If the payee dies during this period, payments will continue to be made until the end of the period. The table for option 3 shows the monthly payment for each \$1,000 of proceeds applied.

Option 4. Income of a Fixed Amount

Proceeds plus interest will be paid in equal installments. Payments will continue until principal and interest are exhausted. The principal is the amount of proceeds applied to this option.

OPTION 2
Income for a Fixed Period
3% Guaranteed

Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly	Number of Years Payable	Monthly Income Per \$1,000 Proceeds	Proceeds Required to Provide \$100 Monthly Income
1	\$84.47	\$ 1,184	16	\$6.53	\$15,314
2	42.86	2,334	17	6.23	16,051
3	28.89	3,450	18	5.96	16,778
4	22.06	4,533	19	5.73	17,452
5	17.91	5,584	20	5.51	18,148
6	15.14	6,605	21	5.32	18,797
7	13.16	7,599	22	5.15	19,417
8	11.68	8,562	23	4.99	20,040
9	10.53	9,497	24	4.84	20,661
10	9.61	10,406	25	4.71	21,231
11	8.86	11,287	26	4.59	21,786
12	8.24	12,136	27	4.47	22,371
13	7.71	12,970	28	4.37	22,883
14	7.26	13,774	29	4.27	23,419
15	6.87	14,556	30	4.18	23,923

To obtain other income frequencies, multiply the monthly income by 11.84 for annual life income, 5.96 for semi-annual life income and 2.99 for quarterly life income.

OPTION 3
Life Income
2 ½ % Guaranteed

Monthly Income Per \$1,000 Proceeds														
Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain	Age of Payee		10 Years Certain	15 Years Certain	20 Years Certain
Male	Female				Male	Female				Male	Female			
20	25	\$2.93	\$2.92	\$2.91	40	45	\$3.76	\$3.71	\$3.64	60	65	\$5.61	\$5.21	\$4.75
21	26	2.95	2.95	2.93	41	46	3.82	3.77	3.69	61	66	5.74	5.30	4.80
22	27	2.98	2.97	2.96	42	47	3.88	3.82	3.74	62	67	5.87	5.39	4.85
23	28	3.01	3.00	2.99	43	48	3.95	3.88	3.79	63	68	6.01	5.48	4.90
24	29	3.04	3.03	3.02	44	49	4.02	3.95	3.84	64	69	6.16	5.56	4.94
25	30	3.08	3.07	3.05	45	50	4.09	4.01	3.90	65	70	6.30	5.65	4.98
26	31	3.11	3.10	3.08	46	51	4.17	4.06	3.95	66	71	6.45	5.73	5.02
27	32	3.14	3.13	3.11	47	52	4.25	4.15	4.01	67	72	6.60	5.82	
28	33	3.18	3.17	3.15	48	53	4.33	4.22	4.07	68	73	6.76	5.90	
29	34	3.22	3.20	3.18	49	54	4.42	4.29	4.12	69	74	6.91	5.97	
30	45	3.26	3.24	3.22	50	55	4.50	4.37	4.18	70	75	7.07	6.05	
31	36	3.30	3.28	3.25	51	56	4.60	4.44	4.24	71	76	7.23	6.12	
32	37	3.34	3.32	3.29	52	57	4.69	4.52	4.30	72	77	7.38	6.18	
33	38	3.39	3.36	3.33	53	58	4.79	4.60	4.36	73	78	7.54	6.24	
34	39	3.43	3.41	3.37	54	59	4.90	4.69	4.41	74	79	7.69	6.30	
35	40	3.48	3.45	3.41	55	60	5.01	4.77	4.47	75	80	7.84	6.35	
36	41	3.53	3.50	3.45	56	61	5.12	4.86	4.53	76	81	7.98	6.39	
37	42	3.59	3.55	3.50	57	62	5.23	4.94	4.59	77	82	8.13		
38	43	3.64	3.60	3.54	58	63	5.35	5.03	4.64	78	83	8.26		
39	44	3.70	3.65	3.59	59	64	5.48	5.12	4.70	79	84	8.39		
										80	85	8.51		
										81	86	8.63		

To obtain other income frequencies, multiply the monthly income by 11.87 for annual life income, 5.97 for semi-annual life income and 2.99 for quarterly life income.

GENERAL PROVISIONS

Entire Contract. This policy is issued in consideration of the first premium and the statements in the application. This policy and the attached application, which by this reference are made a part of this policy, form the entire contract.

All statements in the application are deemed representations and not warranties except in the cause of fraud. No statement will void this policy or be used in defense of a claim unless contained in the application.

Modification of Contract. This policy cannot be changed unless the change is approved in writing by one of the officers of our company. No agent has the authority to change this policy in any way.

Incontestable. We will not contest this policy and attached riders, if any, after they have been in force during the insured's lifetime for two years from the date of issue except for:

1. Non-payment of premiums; and
2. Any claim made under any rider providing accidental death benefits.

Misstatement of Age or Sex. We have the right to correct benefits for misstated age or sex. In such an event, benefits will be the amount the premium actually paid would have bought at the correct age and sex.

Return of Policy and Policy Settlement. We reserve the right to have this policy sent to us for any:

1. Modification;
2. Death settlement;
3. Surrender;
4. Assignment;
5. Policy loan;
6. Change of owner or beneficiary; or
7. Exercise of any policy privilege.

We will send a payment contract to replace this policy if any settlement option is chosen. All sums to be paid by us under this policy are considered paid when tendered by us at our administrative office.

Nonparticipating. This policy is issued at a nonparticipating premium rate. This means that it will not share in our surplus earnings.

Basis of Calculation. We use mortality tables and interest rates to compute certain amounts under this policy. These are the net single premiums, the cash values and the amount and value of any reduced paid-up insurance benefits. The mortality tables and interest rates we use are shown on page 4.

The reserves, cash values and reduced paid-up insurance benefits are not less than the minimum values under the laws of the State where this policy is delivered. We have filed with the State Insurance Department a detailed statement showing how these values were calculated.



Generation Life Insurance Company

Home Office: 5025 N. Central Avenue, #546, Phoenix, Arizona
Administrative Office: P. O. Box 459, Columbia, TN 38402

MODIFIED ENDOWMENT AT 100 LIFE INSURANCE POLICY

Proceeds payable on the death of the insured or on the maturity date if the insured is living on that date and this policy is in force
Limited life insurance the first two policy years
Premiums payable as shown on Policy Schedule
Non-participating