
State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

Filing at a Glance

Company: Unified Life Insurance Company
Product Name: ULIC Individual Whole Life Insurance
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.301 Current Assumption - Fixed Premium - Single Life
Filing Type: Form
Date Submitted: 12/12/2012
SERFF Tr Num: UNLI-128769536
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 1072

Implementation: On Approval
Date Requested:
Author(s): Cindy Dwigans, Celeste Williams, Tamesha Johnson
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/10/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

General Information

Project Name: ULIC Individual Whole Life Insurance Status of Filing in Domicile: Pending
 Project Number: 1072 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 01/10/2013
 State Status Changed: 01/10/2013
 Deemer Date: Created By: Tamesha Johnson
 Submitted By: Celeste Williams Corresponding Filing Tracking Number:

Filing Description:
 Enclosed for your review and approval are P106, Whole Life Policy and A105 Conversion Application. These forms are new and will not replace any previously approved forms. These forms will be used to provide conversion of existing term life policies. The Insured has the option of a premium paying period of 5-pay, 10-pay, 20-pay or premiums payable for life. These forms are pending with our domicile state Texas, via filing with the Interstate Compact.

Company and Contact

Filing Contact Information
 Celeste Williams, Senior Compliance cwilliams@unifiedlife.com
 Analyst
 7201 W. 129th St 913-871-7346 [Phone]
 Suite 300
 Overland Park, KS 66213

Filing Company Information
 Unified Life Insurance Company CoCode: 11121 State of Domicile: Texas
 7201 W 129th Group Code: Company Type: Life and
 Suite 300 Group Name: Health
 Overland Park, KS 66213 FEIN Number: 43-1917728 State ID Number:
 (913) 871-7290 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: TX Domicile \$100
 Per Company: No

Company	Amount	Date Processed	Transaction #
Unified Life Insurance Company	\$100.00	12/12/2012	65664701

State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/10/2013	01/10/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	01/08/2013	01/08/2013
Pending Industry Response	Linda Bird	12/18/2012	12/18/2012

Response Letters

Responded By	Created On	Date Submitted
Celeste Williams	01/08/2013	01/08/2013
Tamesha Johnson	01/08/2013	01/08/2013

State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

Disposition

Disposition Date: 01/10/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	AR Certification		Yes
Form (revised)	Whole Life Policy		Yes
Form	Whole Life Policy	Replaced	Yes
Form	Whole Life Policy	Replaced	Yes
Form	Whole Life Conversion Application		Yes
Form	AR Complaint Notice		Yes

State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/08/2013
Submitted Date	01/08/2013
Respond By Date	02/08/2013

Dear Celeste Williams,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: Thank you for your reply to our 12/18/12 Objection Letter. The Suicide Exclusion provision was not revised. The provision that states "If the Insured, sane or insane, dies by suicide while the policy is in Force and within two (2) years after the date a reinstatement becomes effective, the Death Benefit payable will be limited to the sum of premiums paid since reinstatement, less any indebtedness" is not in compliance. This provision is in violation of Ark. Code Ann. 23-81-115(a)(2)(E). After the incontestable period expiration you may not restart upon reinstatement.

Conclusion:

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

Please feel free to contact me if you have questions.

*Sincerely,
Linda Bird*

State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/18/2012
Submitted Date	12/18/2012
Respond By Date	01/18/2013

Dear Celeste Williams,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

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

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

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

Please refer to policy General Provisions under the Suicide Exclusion provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

We did not find a provision in the contract for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

Conclusion:

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

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

State:	Arkansas	Filing Company:	Unified Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life		
Product Name:	ULIC Individual Whole Life Insurance		
Project Name/Number:	ULIC Individual Whole Life Insurance/1072		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/08/2013
Submitted Date	01/08/2013

Dear Linda Bird,

Introduction:

Thank you for your quick review.

Response 1

Comments:

We have removed the above statement from the Policy. We misunderstood the provision. Thank you for your help.

We also have reattached the Statement of Variability. We discovered an error and have corrected the Premium Pay levels per Data Page and changed the Issue Age to 0-90 instead of 0-120.

Related Objection 1

Comments: Thank you for your rely to our 12/18/12 Objection Letter. The Suicide Exclusion provision was not revised. The provision that states "If the Insured, sane or insane, dies by suicide while the policy is in Force and within two (2) years after the date a reinstatement becomes effective, the Death Benefit payable will be limited to the sum of premiums paid since reinstatement, less any indebtedness" is not in compliance. This provision is in violation of Ark. Code Ann. 23-81-115(a)(2)(E). After the incontestable period expiration you may not restart upon reinstatement.

Changed Items:

SERFF Tracking #:

UNLI-128769536

State Tracking #:

Company Tracking #:

1072

State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Revision of SOV to reflect correct Premium Pay levels per Data Page and to change Issue Age to 0-90 instead of 0-120.
Attachment(s):	
P106-SOV-AR.pdf	
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	Revision of SOV to reflect no variation on page 16 for interest on delayed claim payment.
Attachment(s):	
P106-SOV-AR.pdf	
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	
Statement of Variability P106 A105.pdf	

State: Arkansas

Filing Company:

Unified Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life

Product Name: ULIC Individual Whole Life Insurance

Project Name/Number: ULIC Individual Whole Life Insurance/1072

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Whole Life Policy	P106	POL	Initial		59.600	P106-AR Whole Life Policy.pdf	Date Submitted: 01/08/2013 By: Celeste Williams
<i>Previous Version</i>								
1	Whole Life Policy	P106	POL	Initial		59.600	P106-AR Whole Life Policy.pdf	Date Submitted: 01/08/2013 By: Celeste Williams
<i>Previous Version</i>								
1	Whole Life Policy	P106	POL	Initial		59.600	P106 Whole Life Policy.pdf	Date Submitted: 12/12/2012 By: Celeste Williams

No Rate/Rule Schedule items changed.

Conclusion:Sincerely,
Celeste Williams

State:	Arkansas	Filing Company:	Unified Life Insurance Company
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life		
Product Name:	ULIC Individual Whole Life Insurance		
Project Name/Number:	ULIC Individual Whole Life Insurance/1072		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/08/2013
Submitted Date	01/08/2013

Dear Linda Bird,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

Attached is form M154 AR Complaint Notice which is being submitted for review and approval.

We will provide a guaranty notice with each policy.

We have revised incontestability provision to delete the incontestability period after reinstatement.

We have revised interest on death benefit payable provision to provide for the payment of interest at the rate of 8% after 30 days of proof of death has been furnished to the insurer. A revised Statement of Variability has been attached to reflect this change.

A certification is attached for your review.

Related Objection 1

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

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

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

Please refer to policy General Provisions under the Suicide Exclusion provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

We did not find a provision in the contract for the payment of 8% interest on delayed claim payments as described in Ark. Code Ann. 23-81-118.

SERFF Tracking #:

UNLI-128769536

State Tracking #:

Company Tracking #:

1072

State: Arkansas

Filing Company:

Unified Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life

Product Name: ULIC Individual Whole Life Insurance

Project Name/Number: ULIC Individual Whole Life Insurance/1072

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Revision of SOV to reflect no variation on page 16 for interest on delayed claim payment.
Attachment(s):	
P106-SOV-AR.pdf	
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	
Statement of Variability P106 A105.pdf	
Satisfied - Item:	AR Certification
Comments:	
Attachment(s):	
AR Certification.pdf	

SERFF Tracking #:

UNLI-128769536

State Tracking #:

Company Tracking #:

1072

State: Arkansas

Filing Company:

Unified Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life

Product Name: ULIC Individual Whole Life Insurance

Project Name/Number: ULIC Individual Whole Life Insurance/1072

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	Revision of SOV to reflect no variation on page 16 for interest on delayed claim payment.
Attachment(s):	
P106-SOV-AR.pdf	
<i>Previous Version</i>	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	
Statement of Variability P106 A105.pdf	
Satisfied - Item:	AR Certification
Comments:	
Attachment(s):	
AR Certification.pdf	

State: Arkansas

Filing Company:

Unified Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life

Product Name: ULIC Individual Whole Life Insurance

Project Name/Number: ULIC Individual Whole Life Insurance/1072

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Whole Life Policy	P106	POL	Initial		59.600	P106-AR Whole Life Policy.pdf	Date Submitted: 01/08/2013 By: Celeste Williams
<i>Previous Version</i>								
1	<i>Whole Life Policy</i>	<i>P106</i>	<i>POL</i>	<i>Initial</i>		<i>59.600</i>	<i>P106 Whole Life Policy.pdf</i>	<i>Date Submitted: 12/12/2012 By: Celeste Williams</i>
2	AR Complaint Notice	M154	CERA	Initial			M154 AR Complaint Notice.pdf	Date Submitted: 01/08/2013 By: Celeste Williams

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Celeste Williams

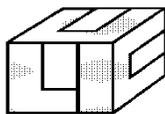
State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

Form Schedule

Lead Form Number: P106								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Whole Life Policy	P106	POL	Initial		59.600	P106-AR Whole Life Policy.pdf
2		Whole Life Conversion Application	A105	AEF	Initial		64.800	A105 Whole Life Conversion Application.pdf
3		AR Complaint Notice	M154	CERA	Initial			M154 AR Complaint Notice.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



UNIFIED LIFE INSURANCE COMPANY

UNIFIED LIFE INSURANCE COMPANY
[7201 WEST 129th STREET, SUITE 300
OVERLAND PARK, KANSAS 66213
XXX-XXX-XXXX]

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

PLEASE READ YOUR POLICY CAREFULLY.

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

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

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

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

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-237-4463]. You may write to the Company at Our Administrative Office address: [Unified Life Insurance Company, Attention: Customer Service, 7201 W. 129th St., Suite 300, Overland Park, KS 66213]. Signed for the Company at its Administrative Office:

[

Chairman of the Board

Secretary

]

WHOLE LIFE INSURANCE POLICY
NONPARTICIPATING -- NO DIVIDENDS

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Policy Data Page

5 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [\$.##] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$.##]	5 Years

Policy Data Page

10 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2013] **MATURITY AGE:** 120
PREMIUM: [\$.##] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$.##]	10 Years

Policy Data Page

20 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [0.00] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$#.##]	20 Years

Policy Data Page

Whole Life

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]

POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]

POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]

MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120

PREMIUM: [0.00] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$#.##]	Lifetime

Schedule of Guaranteed Policy Values

5 Pay

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

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[43.71]	21	280
3	[98.25]	33	216
4	[155.24]	42	88
5	[214.80]		
6	[223.13]		
7	[231.74]		
8	[240.61]		
9	[249.73]		
10	[259.10]		
11	[268.74]		
12	[278.64]		
13	[288.87]		
14	[299.48]		
15	[310.44]		
16	[321.76]		
17	[333.40]		
18	[345.33]		
19	[357.52]		
20	[369.93]		
65	[505.80]		
70	[578.90]		
AGE 120	[1000.00]		

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

10 Pay

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[12.74]	8	153
3	[39.22]	19	46
4	[66.83]	25	167
5	[95.64]	29	343
6	[125.68]	33	235
7	[157.01]	36	312
8	[189.65]	39	323
9	[223.66]	43	168
10	[259.10]		
11	[268.74]		
12	[278.64]		
13	[288.87]		
14	[299.48]		
15	[310.44]		
16	[321.76]		
17	[333.40]		
18	[345.33]		
19	[357.52]		
20	[369.93]		
AGE 65	[505.80]		
AGE 70	[578.90]		
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

20 Pay

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[0.93]	0	256
3	[15.53]	9	83
4	[30.70]	15	45
5	[46.49]	19	26
6	[62.90]	21	360
7	[79.93]	24	45
8	[97.60]	25	324
9	[115.90]	27	149
10	[134.86]	28	247
11	[154.51]	29	278
12	[174.89]	30	261
13	[196.07]	31	202
14	[218.14]	32	114
15	[241.11]	33	18
16	[265.01]	33	304
17	[289.84]	34	268
18	[315.58]	35	326
19	[342.28]	37	294
20	[369.93]		
AGE 65	[505.80]		
AGE 70	[578.90]		
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

Whole Life

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[0.00]	0	0
3	[5.35]	3	227
4	[15.00]	8	124
5	[25.00]	12	11
6	[35.34]	14	278
7	[46.03]	16	273
8	[57.04]	18	114
9	[68.37]	19	175
10	[80.01]	20	130
11	[91.97]	21	17
12	[104.27]	21	220
13	[116.98]	22	21
14	[130.14]	22	147
15	[143.76]	22	235
16	[157.81]	22	290
17	[172.27]	22	318
18	[187.07]	22	323
19	[202.21]	22	308
20	[217.63]	22	273
AGE 65	[386.34]	19	299
AGE 70	[477.11]	17	238
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Definitions

As used in this Policy:

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

Cash Value is shown on a Policy Data Page.

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

Death Benefit is shown on a Policy Data Page.

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

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

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

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

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

In Writing means in a written form satisfactory to Us and filed at Our Administrative Office in [Overland Park, Kansas.]

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

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

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

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

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

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

Policy Date refers to the date the Policy was first put In Force. The Policy Date is shown on the Policy Data Page.

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

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

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

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

We, Us, Our or the **Company** means Unified Life Insurance Company.

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

The Contract

General

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

Entire Contract

The Entire Contract consists of:

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

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

Change of Contract Terms

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

General Provisions

Nonparticipating

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

Misstatement of Age or Sex

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

Termination

The Policy will terminate on the earliest of:

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

Incontestability

We cannot contest the Policy after it has been In Force for two (2) years from the Issue Date and during the Insured's lifetime, except for nonpayment of Premium or in case of fraud when permitted by applicable law in the state where the Policy is delivered or issued for delivery.

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

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

Suicide Exclusion

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

Tax Status

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

Conformity with State Laws

The Policy will be governed by the laws of the Issue State. Any provision that is in conflict with the laws of such state is amended to conform to the minimum requirements of such laws.

Control of the Policy

Owner

The Insured is the Owner of this Policy unless:

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

Rights of Ownership

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

Change of Ownership

While the Insured is living and the Policy is In Force, You may name a new Owner by giving Us notice of the change In Writing. Change of Ownership, unless otherwise specified by the Owner, will become effective on the date the notice of change is signed, subject to any payment or action We may have performed before recording it at Our Administrative Office.

Assignment

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

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

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

Beneficiary

General

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

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

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

Change of Beneficiary

While the Insured is living and this Policy is In Force, You may name a new Beneficiary by submitting to Us notice of the change In Writing. Changes in Beneficiary, unless otherwise specified by the Owner, will take effect on the date the notice of change is signed, subject to any payment or action We may have performed before recording it at Our Home Office.

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

Simultaneous Death

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

Premium Payments

General

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

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

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

Grace Period

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

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

Reinstatement

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

- 1) You request reinstatement In Writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory Evidence of Insurability;
- 3) You pay all past due Premiums plus [6.0]% interest per year, compounded annually, from the Premium due date(s) to the date of Reinstatement; and
- 4) You pay any Indebtedness that existed when the Policy terminated or the Policy Loan must be reinstated. You must also pay all past due Policy Loan interest from the date of termination to the date of Reinstatement. Interest on any reinstated Policy Loan will begin on the date of Reinstatement. The effective date of Reinstatement will be the date We approve the application for Reinstatement.

Nonforfeiture Provisions

Nonforfeiture Options

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

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

Automatic Nonforfeiture Option

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

Automatic Premium Loan Option

If a Premium on this Policy is not paid by cash by the end of the grace period, a Policy loan will be made to pay such Premium if the following conditions are met:

- 1) The Owner must have elected the Automatic Premium Loan Option while no Premium was in default. (the election, if not made in the application for this Policy, may be made later by sending written notice to Our Home Office); and
- 2) The Loan Value must be enough to pay the monthly Premium in default with interest to the next Policy anniversary.

This provision may be revoked by filing a written request with the Company.

If the Loan Value is not sufficient to cover the entire amount of any Premium due, no automatic loan will be made and the Premium will be in default. The Net Cash Value will then be used under the extended term insurance option below. Interest on a Premium loan will be charged from the Premium due date. Otherwise the terms of the Policy Loan provision will apply.

Cash Surrender Value Option

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

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

Extended Term Insurance Option

You may choose to continue the Policy as extended term insurance. The amount of extended term insurance as to each Insured will be the face amount on the date of lapse less any Indebtedness. Each Insured's portion of the net Cash Value will be used to continue coverage for the period that portion will purchase.

Reduced Paid-up Insurance Option

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

Basis of Computation

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

The nonforfeiture values for the Policy are equal to or greater than those required by law. The nonforfeiture values are calculated in accordance with the Standard Nonforfeiture Law. A detailed statement of the method of computing values has been filed with the Interstate Insurance Product Regulation Commission.

Policy Loan

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

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

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

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

A loan may be repaid at any time while the Policy is In Force.

Death Benefit Provisions

Death Benefit Payable

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

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

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

Interest on Death Benefit Payable

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

- 1) interest shall accrue and be payable from the date of death; and
- 2) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- 3) interest shall accrue at the rate of 8% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (a), (b), and (c) to the date the claim is paid, where it is:
 - (a) the date that Due Proof of Death is received by Us;
 - (b) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit Payable; and
 - (c) the date that legal impediments to payment of Death Benefit Payable that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit Payable include, but are not limited to:
 - (1) the establishment of guardianships and conservatorships;
 - (2) the appointment and qualification of trustees, executors, and administrators; and
 - (3) the submission of information required to satisfy state and federal reporting requirements.

Examination and Autopsy

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

Settlement Options Provisions

Election of Settlement Option

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

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

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

Any election must be made In Writing to the Company. The Company may require the Policy for endorsement.

Election by Owner

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

Election by Beneficiary

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

Payments

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

The option date under Options 1, 2 and 3 is the date the Proceeds are payable, or the date of election, whichever is later.

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

Claims of Creditors

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

Assignment of Proceeds

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

Additional Interest

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

Change in Payments

Partial withdrawals under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with the consent of the Company. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 2.0% compounded annually.

Payments under Option 3 will be commuted only in the event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at an interest rate of not less than 2.0% compounded annually.

Option 1 - Equal Payments for a Guaranteed Period

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

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

Years	Income	Years	Income
1	\$84.09	14	\$ 6.81
2	42.46	15	6.42
3	28.59	16	6.07
4	21.65	17	5.77
5	17.49	18	5.50
6	14.72	19	5.26
7	12.74	20	5.04
8	11.25	21	4.85
9	10.10	22	4.67
10	9.18	23	4.51
11	8.42	24	4.36
12	7.80	25	4.22
13	7.26		

Option 2 - Equal Payments of a Specified Amount

Equal monthly payments of at least \$50 per month. Payments will begin on the option date and will continue until the Proceeds and interest, at the rate of [2.0]% compounded annually, are exhausted.

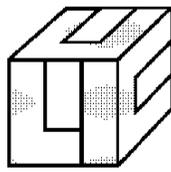
Option 3 - Equal Payments for Life

Equal monthly payments for life, or a guaranteed period of ten (10), fifteen (15), or twenty (20) years as elected and for life thereafter. Guaranteed values are based on the [Annuity 2000 Table, Age Last Birthday and the Insured's sex, with 2.0% interest].

UNIFIED LIFE INSURANCE COMPANY

WHOLE LIFE INSURANCE POLICY
NONPARTICIPATING -- NO DIVIDENDS

Application to Convert Life Insurance



UNIFIED LIFE INSURANCE COMPANY
 [7201 WEST 129th STREET, SUITE 300
 OVERLAND PARK, KANSAS 66213
 XXX-XXX-XXXX]

UNIFIED LIFE INSURANCE COMPANY

You may convert your Life Insurance coverage to an Individual Whole Life Insurance Policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see your certificate. Complete this conversion application. Mail the completed Application with your check or money order for the first modal premium to the above address.

TO BE COMPLETED BY INSURED (Please type or print with ball point pen)			
I hereby apply to convert my life insurance and affirm the following statements of fact:			
Insured Name (First, MI, Last)		Social Security No.	Home Phone No.
Insured Address –Street		City	State Zip
Sex	Age Last Birthday	Date of Birth / /	State of Birth
		Last Date of Active Work Mo Day Year	Present Occupation
Current Amount of Insurance to be Converted \$ _____	Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly*	First full modal premium must be submitted with application	Automatic Premium Loan Provision Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Premium Enclosed \$ _____	

Beneficiary Designation			
Primary Beneficiary Name (First, MI, Last)		Date of Birth / /	Social Security No.
Primary Beneficiary Address –Street		City	State Zip
Secondary Beneficiary Name (First, MI, Last)		Date of Birth / /	Social Security No.
Primary Beneficiary Address –Street		City	State Zip

If more space is needed: 1) use extra paper 2) mark above "See Attached" 3) attachment MUST be signed and dated by Insured.

Is the Owner to be other than the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name (if Different than Insured) (First, MI, Last)	Relationship
Owner (if Different than Insured) Address –Street	City State Zip

The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner.

I declare that the information on this Application is complete and true, to the best of my knowledge and belief. I agree that:

- The statements and answers in this Application are the basis for any Policy issued by Us, and that no information will be considered to have been given to the Company unless it is stated in the Application.
- A sales representative does not have Our authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the this Application, the Policy or receipt.
- The Company will have no liability until a) a Policy is issued on this Application and delivered to and accepted by the owner; and b) the first premium due is paid in full while the Proposed Insured is alive.
- The Company may deposit the payment submitted with this Application prior to approval of this Application. If I am not eligible to convert my insurance, the sole obligation of the Company shall be to refund any premiums paid.

Date	Signed at (City, State)	Insured Signature
Date	Signed at (City, State)	Owner Signature (If other than Insured)

*EFT (Electronic Funds Transfer – Attached a voided check)

[Application FRAUD WARNING

ALL STATES EXCEPT AS INDICATED BELOW

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

ALABAMA

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

ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA

For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS

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.

CALIFORNIA

For your protection California Law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA

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.

DELAWARE

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

INDIANA

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

KENTUCKY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA

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.

MAINE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO

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 civil fines and criminal penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OKLAHOMA

Any person who knowingly and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND

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.

TENNESSEE

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VIRGINIA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

Unified Life Insurance Company

NOTICE

Questions regarding your policy or coverage should be directed to:

**Unified Life Insurance Company
P.O. Box 25326
Overland Park, Kansas 66225-5326
Toll Free: 800-237-4463**

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

**Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
501-371-2640 or 1-800-852-5494**

SERFF Tracking #:

UNLI-128769536

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

1072

State:

Arkansas

Filing Company:

Unified Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life

Product Name:

ULIC Individual Whole Life Insurance

Project Name/Number:

ULIC Individual Whole Life Insurance/1072

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Whole Life Generic Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	This is a new Policy and new Application		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Revision of SOV to reflect correct Premium Pay levels per Data Page and to change Issue Age to 0-90 instead of 0-120.		
Attachment(s):			
P106-SOV-AR.pdf			

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

READABILITY CERTIFICATION

Company Name: Unified Life Insurance Company

I hereby certify, that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test.

Form Number	Score
A105	64.8
P106	59.6

Stephanie Baker

Stephanie Baker
Vice President – Risk and Compliance

December 11, 2012

Date

STATEMENT OF VARIABILITY Policy P106 and Application A105

Arkansas

A105 Application

Page Number

Page 1

DESCRIPTION

Company Address and Phone

VARIABLE

Variable only if address or phone changes

P106 Policy

Page Number

Page 1

Page 1

Page 7, 8, 9, 10

Page 7, 8, 9, 10

Page 7, 8, 9, 10

Page 11

Page 14

Page 15

Page 18

DESCRIPTION

Company Address and Phone

Company Signatures

Cash Value

Extended Term Insurance

CSO Table

Office Address

Reinstatement interest

Bases of Computation (CSO Table)

Annuity 2000 Table

VARIABLE

Variable only if address or phone changes

Officer Signatures

Based on Premiums Paid

Based on Cash Value and Age and Sex of Insured

Update if Commissioner's Table is Updated

Variable if address changes

Base on State Law

Update if Commissioner's Table is Updated

Update if Annuity Table is Updated

P106 Policy Data Page 5 Pay

DESCRIPTION

Insured

Issue Age and Sex

Policy Number

Premium Class

Policy Date

Issue Date

Maturity Date

Premium

Mode

Face Amount

Jurisdiction of Issue

Death Benefit

Annual Premium

VARIABLE

Insured Name

0-90, Male/Female

Assigned Policy Number

Risk Classes: Male Aggregate, Male Nonsmoker, Male

Smoker, Female Aggregate, Female Nonsmoker, Female

Smoker

Effective Date of Policy XX/XX/XXXX

Date of issue XX/XX/XXXX

Date of Maturity XX/XX/XXXX

\$XXXX Per Unit Level and payable for 5 Years

Annual, Quarterly, Semi-Annual, EFT Monthly

\$XXXX Selected by Individual

Issue State and DOI Number

= Face Amount

Based on Age, Sex and Face Amount

P106 Policy Data Page 10 Pay

DESCRIPTION

Insured

Issue Age and Sex

Policy Number

Premium Class

Policy Date

Issue Date

Maturity Date

P106-SOV-AR

VARIABLE

Insured Name

0-90, Male/Female

Assigned Policy Number

Risk Classes: Male Aggregate, Male Nonsmoker, Male

Smoker, Female Aggregate, Female Nonsmoker, Female

Smoker

Effective Date of Policy XX/XX/XXXX

Date of issue XX/XX/XXXX

Date of Maturity XX/XX/XXXX

Premium	\$XXXX Per Unit Level and payable for 10 Years
Mode	Annual, Quarterly, Semi-Annual, EFT Monthly
Face Amount	\$XXXX Selected by Individual
Jurisdiction of Issue	Issue State and DOI Number
Death Benefit	= Face Amount
Annual Premium	Based on Age, Sex and Face Amount

P106 Policy Data Page 20 Pay

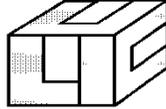
DESCRIPTION	VARIABLE
Insured	Insured Name
Issue Age and Sex	0-90, Male/Female
Policy Number	Assigned Policy Number
Premium Class	Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Policy Date	Effective Date of Policy XX/XX/XXXX
Issue Date	Date of issue XX/XX/XXXX
Maturity Date	Date of Maturity XX/XX/XXXX
Premium	\$XXXX Per Unit Level and payable for 20 Years
Mode	Annual, Quarterly, Semi-Annual, EFT Monthly
Face Amount	\$XXXX Selected by Individual
Jurisdiction of Issue	Issue State and DOI Number
Death Benefit	= Face Amount
Annual Premium	Based on Age, Sex and Face Amount

P106 Policy Data Page Whole Life

DESCRIPTION	VARIABLE
Insured	Insured Name
Issue Age and Sex	0-90, Male/Female
Policy Number	Assigned Policy Number
Premium Class	Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Policy Date	Effective Date of Policy XX/XX/XXXX
Issue Date	Date of issue XX/XX/XXXX
Maturity Date	Date of Maturity XX/XX/XXXX
Premium	\$XXXX Per Unit Level and payable for the life of the insured
Mode	Annual, Quarterly, Semi-Annual, EFT Monthly
Face Amount	\$XXXX Selected by Individual
Jurisdiction of Issue	Issue State and DOI Number
Death Benefit	= Face Amount
Annual Premium	Based on Age, Sex and Face Amount

P106 Policy Schedule of Guaranteed Policy Values

5 Pay, 10 Pay, 20 Pay, Whole Life	
Cash Value	Based on 2001 CSO Mortality Table, Age, Sex, Interest



UNIFIED LIFE INSURANCE COMPANY

**UNIFIED LIFE INSURANCE COMPANY
7201 WEST 129th STREET, SUITE 300
OVERLAND PARK, KANSAS 66213**

I, Stephanie Baker, Vice President of Risk and Compliance, of Unified Life Insurance Company, certify to the best of my knowledge the submission meets the provisions of Regulation 19s10B as well as all applicable requirements of this Department.

Stephanie Baker

Stephanie Baker

Vice President of Risk and Compliance

January 8, 2013

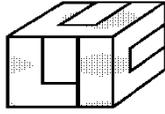
Date

State: Arkansas **Filing Company:** Unified Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.301 Current Assumption - Fixed Premium - Single Life
Product Name: ULIC Individual Whole Life Insurance
Project Name/Number: ULIC Individual Whole Life Insurance/1072

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 Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/08/2013	Replaced 01/10/2013	Form	Whole Life Policy	01/08/2013	P106-AR Whole Life Policy.pdf (Superseded)
01/08/2013	Replaced 01/10/2013	Supporting Document	Statement of Variability	01/08/2013	P106-SOV-AR.pdf (Superseded)
12/11/2012	Replaced 01/10/2013	Supporting Document	Statement of Variability	01/08/2013	Statement of Variability P106 A105.pdf (Superseded)
12/05/2012	Replaced 01/10/2013	Form	Whole Life Policy	01/08/2013	P106 Whole Life Policy.pdf (Superseded)



UNIFIED LIFE INSURANCE COMPANY

UNIFIED LIFE INSURANCE COMPANY
[7201 WEST 129th STREET, SUITE 300
OVERLAND PARK, KANSAS 66213
XXX-XXX-XXXX]

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

PLEASE READ YOUR POLICY CAREFULLY.

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

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

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

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

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-237-4463]. You may write to the Company at Our Administrative Office address: [Unified Life Insurance Company, Attention: Customer Service, 7201 W. 129th St., Suite 300, Overland Park, KS 66213]. Signed for the Company at its Administrative Office:

[

Chairman of the Board

Secretary

]

WHOLE LIFE INSURANCE POLICY
NONPARTICIPATING -- NO DIVIDENDS

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Policy Data Page

5 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [\$.##] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$.##]	5 Years

Policy Data Page

10 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2013] **MATURITY AGE:** 120
PREMIUM: [\$.##] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$.##]	10 Years

Policy Data Page

20 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [0.00] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$#.##]	20 Years

Policy Data Page

Whole Life

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [0.00] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$#.##]	Lifetime

Schedule of Guaranteed Policy Values

5 Pay

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

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[43.71]	21	280
3	[98.25]	33	216
4	[155.24]	42	88
5	[214.80]		
6	[223.13]		
7	[231.74]		
8	[240.61]		
9	[249.73]		
10	[259.10]		
11	[268.74]		
12	[278.64]		
13	[288.87]		
14	[299.48]		
15	[310.44]		
16	[321.76]		
17	[333.40]		
18	[345.33]		
19	[357.52]		
20	[369.93]		
65	[505.80]		
70	[578.90]		
AGE 120	[1000.00]		

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

10 Pay

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[12.74]	8	153
3	[39.22]	19	46
4	[66.83]	25	167
5	[95.64]	29	343
6	[125.68]	33	235
7	[157.01]	36	312
8	[189.65]	39	323
9	[223.66]	43	168
10	[259.10]		
11	[268.74]		
12	[278.64]		
13	[288.87]		
14	[299.48]		
15	[310.44]		
16	[321.76]		
17	[333.40]		
18	[345.33]		
19	[357.52]		
20	[369.93]		
AGE 65	[505.80]		
AGE 70	[578.90]		
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

20 Pay

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[0.93]	0	256
3	[15.53]	9	83
4	[30.70]	15	45
5	[46.49]	19	26
6	[62.90]	21	360
7	[79.93]	24	45
8	[97.60]	25	324
9	[115.90]	27	149
10	[134.86]	28	247
11	[154.51]	29	278
12	[174.89]	30	261
13	[196.07]	31	202
14	[218.14]	32	114
15	[241.11]	33	18
16	[265.01]	33	304
17	[289.84]	34	268
18	[315.58]	35	326
19	[342.28]	37	294
20	[369.93]		
AGE 65	[505.80]		
AGE 70	[578.90]		
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

Whole Life

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[0.00]	0	0
3	[5.35]	3	227
4	[15.00]	8	124
5	[25.00]	12	11
6	[35.34]	14	278
7	[46.03]	16	273
8	[57.04]	18	114
9	[68.37]	19	175
10	[80.01]	20	130
11	[91.97]	21	17
12	[104.27]	21	220
13	[116.98]	22	21
14	[130.14]	22	147
15	[143.76]	22	235
16	[157.81]	22	290
17	[172.27]	22	318
18	[187.07]	22	323
19	[202.21]	22	308
20	[217.63]	22	273
AGE 65	[386.34]	19	299
AGE 70	[477.11]	17	238
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Definitions

As used in this Policy:

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

Cash Value is shown on a Policy Data Page.

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

Death Benefit is shown on a Policy Data Page.

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

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

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

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

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

In Writing means in a written form satisfactory to Us and filed at Our Administrative Office in [Overland Park, Kansas.]

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

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

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

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

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

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

Policy Date refers to the date the Policy was first put In Force. The Policy Date is shown on the Policy Data Page.

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

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

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

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

We, Us, Our or the **Company** means Unified Life Insurance Company.

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

The Contract

General

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

Entire Contract

The Entire Contract consists of:

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

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

Change of Contract Terms

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

General Provisions

Nonparticipating

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

Misstatement of Age or Sex

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

Termination

The Policy will terminate on the earliest of:

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

Incontestability

We cannot contest the Policy after it has been In Force for two (2) years from the Issue Date and during the Insured's lifetime, except for nonpayment of Premium or in case of fraud when permitted by applicable law in the state where the Policy is delivered or issued for delivery.

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

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

Suicide Exclusion

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

If the Insured, sane or insane, dies by suicide while the Policy is In Force and within two (2) years after the date a reinstatement becomes effective, the Death Benefit Payable will be limited to the sum of Premiums paid since reinstatement, less any Indebtedness.

Tax Status

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

Conformity with State Laws

The Policy will be governed by the laws of the Issue State. Any provision that is in conflict with the laws of such state is amended to conform to the minimum requirements of such laws.

Control of the Policy

Owner

The Insured is the Owner of this Policy unless:

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

Rights of Ownership

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

Change of Ownership

While the Insured is living and the Policy is In Force, You may name a new Owner by giving Us notice of the change In Writing. Change of Ownership, unless otherwise specified by the Owner, will become effective on the date the notice of change is signed, subject to any payment or action We may have performed before recording it at Our Administrative Office.

Assignment

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

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

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

Beneficiary

General

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

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

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

Change of Beneficiary

While the Insured is living and this Policy is In Force, You may name a new Beneficiary by submitting to Us notice of the change In Writing. Changes in Beneficiary, unless otherwise specified by the Owner, will take effect on the date the notice of change is signed, subject to any payment or action We may have performed before recording it at Our Home Office.

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

Simultaneous Death

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

Premium Payments

General

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

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

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

Grace Period

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

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

Reinstatement

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

- 1) You request reinstatement In Writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory Evidence of Insurability;
- 3) You pay all past due Premiums plus [6.0]% interest per year, compounded annually, from the Premium due date(s) to the date of Reinstatement; and
- 4) You pay any Indebtedness that existed when the Policy terminated or the Policy Loan must be reinstated. You must also pay all past due Policy Loan interest from the date of termination to the date of Reinstatement. Interest on any reinstated Policy Loan will begin on the date of Reinstatement. The effective date of Reinstatement will be the date We approve the application for Reinstatement.

Nonforfeiture Provisions

Nonforfeiture Options

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

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

Automatic Nonforfeiture Option

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

Automatic Premium Loan Option

If a Premium on this Policy is not paid by cash by the end of the grace period, a Policy loan will be made to pay such Premium if the following conditions are met:

- 1) The Owner must have elected the Automatic Premium Loan Option while no Premium was in default. (the election, if not made in the application for this Policy, may be made later by sending written notice to Our Home Office); and
- 2) The Loan Value must be enough to pay the monthly Premium in default with interest to the next Policy anniversary.

This provision may be revoked by filing a written request with the Company.

If the Loan Value is not sufficient to cover the entire amount of any Premium due, no automatic loan will be made and the Premium will be in default. The Net Cash Value will then be used under the extended term insurance option below. Interest on a Premium loan will be charged from the Premium due date. Otherwise the terms of the Policy Loan provision will apply.

Cash Surrender Value Option

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

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

Extended Term Insurance Option

You may choose to continue the Policy as extended term insurance. The amount of extended term insurance as to each Insured will be the face amount on the date of lapse less any Indebtedness. Each Insured's portion of the net Cash Value will be used to continue coverage for the period that portion will purchase.

Reduced Paid-up Insurance Option

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

Basis of Computation

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

The nonforfeiture values for the Policy are equal to or greater than those required by law. The nonforfeiture values are calculated in accordance with the Standard Nonforfeiture Law. A detailed statement of the method of computing values has been filed with the Interstate Insurance Product Regulation Commission.

Policy Loan

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

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

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

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

A loan may be repaid at any time while the Policy is In Force.

Death Benefit Provisions

Death Benefit Payable

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

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

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

Interest on Death Benefit Payable

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

- 1) interest shall accrue and be payable from the date of death; and
- 2) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- 3) interest shall accrue at the rate of 8% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (a), (b), and (c) to the date the claim is paid, where it is:
 - (a) the date that Due Proof of Death is received by Us;
 - (b) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit Payable; and
 - (c) the date that legal impediments to payment of Death Benefit Payable that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit Payable include, but are not limited to:
 - (1) the establishment of guardianships and conservatorships;
 - (2) the appointment and qualification of trustees, executors, and administrators; and
 - (3) the submission of information required to satisfy state and federal reporting requirements.

Examination and Autopsy

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

Settlement Options Provisions

Election of Settlement Option

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

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

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

Any election must be made In Writing to the Company. The Company may require the Policy for endorsement.

Election by Owner

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

Election by Beneficiary

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

Payments

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

The option date under Options 1, 2 and 3 is the date the Proceeds are payable, or the date of election, whichever is later.

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

Claims of Creditors

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

Assignment of Proceeds

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

Additional Interest

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

Change in Payments

Partial withdrawals under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with the consent of the Company. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 2.0% compounded annually.

Payments under Option 3 will be commuted only in the event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at an interest rate of not less than 2.0% compounded annually.

Option 1 - Equal Payments for a Guaranteed Period

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

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

Years	Income	Years	Income
1	\$84.09	14	\$ 6.81
2	42.46	15	6.42
3	28.59	16	6.07
4	21.65	17	5.77
5	17.49	18	5.50
6	14.72	19	5.26
7	12.74	20	5.04
8	11.25	21	4.85
9	10.10	22	4.67
10	9.18	23	4.51
11	8.42	24	4.36
12	7.80	25	4.22
13	7.26		

Option 2 - Equal Payments of a Specified Amount

Equal monthly payments of at least \$50 per month. Payments will begin on the option date and will continue until the Proceeds and interest, at the rate of [2.0]% compounded annually, are exhausted.

Option 3 - Equal Payments for Life

Equal monthly payments for life, or a guaranteed period of ten (10), fifteen (15), or twenty (20) years as elected and for life thereafter. Guaranteed values are based on the [Annuity 2000 Table, Age Last Birthday and the Insured's sex, with 2.0% interest].

UNIFIED LIFE INSURANCE COMPANY

WHOLE LIFE INSURANCE POLICY
NONPARTICIPATING -- NO DIVIDENDS

STATEMENT OF VARIABILITY Policy P106 and Application A105

Arkansas

A105 Application

Page Number
Page 1

DESCRIPTION
Company Address and Phone

VARIABLE
Variable only if address or phone changes

P106 Policy

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DESCRIPTION
Company Address and Phone
Company Signatures
Cash Value
Extended Term Insurance
CSO Table
Office Address
Reinstatement interest
Bases of Computation (CSO Table)
Annuity 2000 Table

VARIABLE
Variable only if address or phone changes
Officer Signatures
Based on Premiums Paid
Based on Cash Value and Age and Sex of Insured
Update if Commissioner's Table is Updated
Variable if address changes
Base on State Law
Update if Commissioner's Table is Updated
Update if Annuity Table is Updated

P106 Policy Data Page 5 Pay

DESCRIPTION
Insured
Issue Age and Sex
Policy Number
Premium Class

Policy Date
Issue Date
Maturity Date
Premium
Mode
Face Amount
Jurisdiction of Issue
Death Benefit
Annual Premium

VARIABLE
Insured Name
0-120, Male/Female
Assigned Policy Number
Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Effective Date of Policy XX/XX/XXXX
Date of issue XX/XX/XXXX
Date of Maturity XX/XX/XXXX
\$XXXX Per Unit Level and payable for 5 Years
Annual, Quarterly, Semi-Annual, EFT Monthly
\$XXXX Selected by Individual
Issue State and DOI Number
= Face Amount
Based on Age, Sex and Face Amount

P106 Policy Data Page 10 Pay

DESCRIPTION
Insured
Issue Age and Sex
Policy Number
Premium Class

Policy Date
Issue Date
Maturity Date

VARIABLE
Insured Name
0-120, Male/Female
Assigned Policy Number
Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Effective Date of Policy XX/XX/XXXX
Date of issue XX/XX/XXXX
Date of Maturity XX/XX/XXXX

Premium	\$XXXX Per Unit Level and payable for 5 Years
Mode	Annual, Quarterly, Semi-Annual, EFT Monthly
Face Amount	\$XXXX Selected by Individual
Jurisdiction of Issue	Issue State and DOI Number
Death Benefit	= Face Amount
Annual Premium	Based on Age, Sex and Face Amount

P106 Policy Data Page 20 Pay

DESCRIPTION	VARIABLE
Insured	Insured Name
Issue Age and Sex	0-120, Male/Female
Policy Number	Assigned Policy Number
Premium Class	Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Policy Date	Effective Date of Policy XX/XX/XXXX
Issue Date	Date of issue XX/XX/XXXX
Maturity Date	Date of Maturity XX/XX/XXXX
Premium	\$XXXX Per Unit Level and payable for 5 Years
Mode	Annual, Quarterly, Semi-Annual, EFT Monthly
Face Amount	\$XXXX Selected by Individual
Jurisdiction of Issue	Issue State and DOI Number
Death Benefit	= Face Amount
Annual Premium	Based on Age, Sex and Face Amount

P106 Policy Data Page Whole Life

DESCRIPTION	VARIABLE
Insured	Insured Name
Issue Age and Sex	0-120, Male/Female
Policy Number	Assigned Policy Number
Premium Class	Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Policy Date	Effective Date of Policy XX/XX/XXXX
Issue Date	Date of issue XX/XX/XXXX
Maturity Date	Date of Maturity XX/XX/XXXX
Premium	\$XXXX Per Unit Level and payable for 5 Years
Mode	Annual, Quarterly, Semi-Annual, EFT Monthly
Face Amount	\$XXXX Selected by Individual
Jurisdiction of Issue	Issue State and DOI Number
Death Benefit	= Face Amount
Annual Premium	Based on Age, Sex and Face Amount

P106 Policy Schedule of Guaranteed Policy Values

5 Pay, 10 Pay, 20 Pay, Whole Life	
Cash Value	Based on 2001 CSO Mortality Table, Age, Sex, Interest

STATEMENT OF VARIABILITY Policy P106 and Application A105

A105 Application

Page Number

Page 1

DESCRIPTION

Company Address and Phone

VARIABLE

Variable only if address or phone changes

P106 Policy

Page Number

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DESCRIPTION

Company Address and Phone

Company Signatures

Cash Value

Extended Term Insurance

CSO Table

Office Address

Reinstatement interest

Bases of Computation (CSO Table)

Policy Loan Interest

Annuity 2000 Table

VARIABLE

Variable only if address or phone changes

Officer Signatures

Based on Premiums Paid

Based on Cash Value and Age and Sex of Insured

Update if Commissioner's Table is Updated

Variable if address changes

Base on State Law

Update if Commissioner's Table is Updated

Based on State Law

Update if Annuity Table is Updated

P106 Policy Data Page 5 Pay

DESCRIPTION

Insured

Issue Age and Sex

Policy Number

Premium Class

Policy Date

Issue Date

Maturity Date

Premium

Mode

Face Amount

Jurisdiction of Issue

Death Benefit

Annual Premium

VARIABLE

Insured Name

0-120, Male/Female

Assigned Policy Number

Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker

Effective Date of Policy XX/XX/XXXX

Date of issue XX/XX/XXXX

Date of Maturity XX/XX/XXXX

\$XXXX Per Unit Level and payable for 5 Years

Annual, Quarterly, Semi-Annual, EFT Monthly

\$XXXX Selected by Individual

Issue State and DOI Number

= Face Amount

Based on Age, Sex and Face Amount

P106 Policy Data Page 10 Pay

DESCRIPTION

Insured

Issue Age and Sex

Policy Number

Premium Class

Policy Date

Issue Date

VARIABLE

Insured Name

0-120, Male/Female

Assigned Policy Number

Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker

Effective Date of Policy XX/XX/XXXX

Date of issue XX/XX/XXXX

Maturity Date	Date of Maturity XX/XX/XXXX
Premium	\$XXXX Per Unit Level and payable for 5 Years
Mode	Annual, Quarterly, Semi-Annual, EFT Monthly
Face Amount	\$XXXX Selected by Individual
Jurisdiction of Issue	Issue State and DOI Number
Death Benefit	= Face Amount
Annual Premium	Based on Age, Sex and Face Amount

P106 Policy Data Page 20 Pay

DESCRIPTION

Insured
Issue Age and Sex
Policy Number
Premium Class

Policy Date
Issue Date
Maturity Date
Premium
Mode
Face Amount
Jurisdiction of Issue
Death Benefit
Annual Premium

VARIABLE

Insured Name
0-120, Male/Female
Assigned Policy Number
Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Effective Date of Policy XX/XX/XXXX
Date of issue XX/XX/XXXX
Date of Maturity XX/XX/XXXX
\$XXXX Per Unit Level and payable for 5 Years
Annual, Quarterly, Semi-Annual, EFT Monthly
\$XXXX Selected by Individual
Issue State and DOI Number
= Face Amount
Based on Age, Sex and Face Amount

P106 Policy Data Page Whole Life

DESCRIPTION

Insured
Issue Age and Sex
Policy Number
Premium Class

Policy Date
Issue Date
Maturity Date
Premium
Mode
Face Amount
Jurisdiction of Issue
Death Benefit
Annual Premium

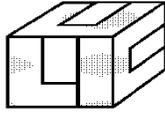
VARIABLE

Insured Name
0-120, Male/Female
Assigned Policy Number
Risk Classes: Male Aggregate, Male Nonsmoker, Male Smoker, Female Aggregate, Female Nonsmoker, Female Smoker
Effective Date of Policy XX/XX/XXXX
Date of issue XX/XX/XXXX
Date of Maturity XX/XX/XXXX
\$XXXX Per Unit Level and payable for 5 Years
Annual, Quarterly, Semi-Annual, EFT Monthly
\$XXXX Selected by Individual
Issue State and DOI Number
= Face Amount
Based on Age, Sex and Face Amount

P106 Policy Schedule of Guaranteed Policy Values

5 Pay, 10 Pay, 20 Pay, Whole Life
Cash Value

Based on 2001 CSO Mortality Table, Age, Sex, Interest



UNIFIED LIFE INSURANCE COMPANY

**UNIFIED LIFE INSURANCE COMPANY
[7201 WEST 129th STREET, SUITE 300
OVERLAND PARK, KANSAS 66213
XXX-XXX-XXXX]**

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

PLEASE READ YOUR POLICY CAREFULLY.

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

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

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

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

COMPLAINT NOTICE

To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number [1-800-237-4463]. You may write to the Company at Our Administrative Office address: [Unified Life Insurance Company, Attention: Customer Service, 7201 W. 129th St., Suite 300, Overland Park, KS 66213]. Signed for the Company at its Administrative Office:

[

Chairman of the Board

Secretary

]

**WHOLE LIFE INSURANCE POLICY
NONPARTICIPATING -- NO DIVIDENDS**

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Policy Data Page

5 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [\$.##] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$.##]	5 Years

Policy Data Page

10 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2013] **MATURITY AGE:** 120
PREMIUM: [\$.##] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$.##]	10 Years

Policy Data Page

20 Pay

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [0.00] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$#.##]	20 Years

Policy Data Page

Whole Life

INSURED: [JOHN DOE] **ISSUE AGE AND SEX:** [35, MALE]
POLICY NUMBER: [XXXXX] **RISK CLASS:** [MALE AGGREGATE]
POLICY DATE: [January 1, 2013] **ISSUE DATE:** [January 1, 2013]
MATURITY DATE: [December 31, 2098] **MATURITY AGE:** 120
PREMIUM: [0.00] **MODE:** [ANNUAL]

FACE AMOUNT: [\$1,000.00]

JURISDICTION OF ISSUE: [Alaska]
[Insurance Department Telephone Number: 1-907-269-7900]

DESCRIPTION OF COVERAGE

BENEFIT DESCRIPTION	FACE AMOUNT	BENEFIT PERIOD	ANNUAL PREMIUM	YEARS PAYABLE
Whole Life Insurance Policy	[\$1,000.00]	To Age 120	[\$#.##]	Lifetime

Schedule of Guaranteed Policy Values

5 Pay

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

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[43.71]	21	280
3	[98.25]	33	216
4	[155.24]	42	88
5	[214.80]		
6	[223.13]		
7	[231.74]		
8	[240.61]		
9	[249.73]		
10	[259.10]		
11	[268.74]		
12	[278.64]		
13	[288.87]		
14	[299.48]		
15	[310.44]		
16	[321.76]		
17	[333.40]		
18	[345.33]		
19	[357.52]		
20	[369.93]		
65	[505.80]		
70	[578.90]		
AGE 120	[1000.00]		

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

10 Pay

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[12.74]	8	153
3	[39.22]	19	46
4	[66.83]	25	167
5	[95.64]	29	343
6	[125.68]	33	235
7	[157.01]	36	312
8	[189.65]	39	323
9	[223.66]	43	168
10	[259.10]		
11	[268.74]		
12	[278.64]		
13	[288.87]		
14	[299.48]		
15	[310.44]		
16	[321.76]		
17	[333.40]		
18	[345.33]		
19	[357.52]		
20	[369.93]		
AGE 65	[505.80]		
AGE 70	[578.90]		
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

20 Pay

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[0.93]	0	256
3	[15.53]	9	83
4	[30.70]	15	45
5	[46.49]	19	26
6	[62.90]	21	360
7	[79.93]	24	45
8	[97.60]	25	324
9	[115.90]	27	149
10	[134.86]	28	247
11	[154.51]	29	278
12	[174.89]	30	261
13	[196.07]	31	202
14	[218.14]	32	114
15	[241.11]	33	18
16	[265.01]	33	304
17	[289.84]	34	268
18	[315.58]	35	326
19	[342.28]	37	294
20	[369.93]		
AGE 65	[505.80]		
AGE 70	[578.90]		
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Schedule of Guaranteed Policy Values

Whole Life

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

[

End of Policy Year	Cash Value	Extended Term Insurance	
		Yrs.	Days
1	[0.00]	0	0
2	[0.00]	0	0
3	[5.35]	3	227
4	[15.00]	8	124
5	[25.00]	12	11
6	[35.34]	14	278
7	[46.03]	16	273
8	[57.04]	18	114
9	[68.37]	19	175
10	[80.01]	20	130
11	[91.97]	21	17
12	[104.27]	21	220
13	[116.98]	22	21
14	[130.14]	22	147
15	[143.76]	22	235
16	[157.81]	22	290
17	[172.27]	22	318
18	[187.07]	22	323
19	[202.21]	22	308
20	[217.63]	22	273
AGE 65	[386.34]	19	299
AGE 70	[477.11]	17	238
AGE 120	[1000.00]		

]

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

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

Values for years not shown will be furnished upon request.

Definitions

As used in this Policy:

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

Cash Value is shown on a Policy Data Page.

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

Death Benefit is shown on a Policy Data Page.

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

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

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

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

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

In Writing means in a written form satisfactory to Us and filed at Our Administrative Office in [Overland Park, Kansas.]

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

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

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

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

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

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

Policy Date refers to the date the Policy was first put In Force. The Policy Date is shown on the Policy Data Page.

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

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

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

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

We, Us, Our or the **Company** means Unified Life Insurance Company.

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

The Contract

General

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

Entire Contract

The Entire Contract consists of:

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

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

Change of Contract Terms

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

General Provisions

Nonparticipating

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

Misstatement of Age or Sex

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

Termination

The Policy will terminate on the earliest of:

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

Incontestability

We cannot contest the Policy after it has been In Force for two (2) years from the Issue Date and during the Insured's lifetime, except for nonpayment of Premium or in case of fraud when permitted by applicable law in the state where the Policy is delivered or issued for delivery.

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

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

permitted by applicable law in the state where the Policy is delivered or issued for delivery.

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

Suicide Exclusion

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

If the Insured, sane or insane, dies by suicide while the Policy is In Force and within two (2) years after the date a reinstatement becomes effective, the Death Benefit Payable will be limited to the sum of Premiums paid since reinstatement, less any Indebtedness.

Tax Status

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

Conformity with State Laws

The Policy will be governed by the laws of the Issue State. Any provision that is in conflict with the laws of such state is amended to conform to the minimum requirements of such laws.

Control of the Policy

Owner

The Insured is the Owner of this Policy unless:

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

Rights of Ownership

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

Change of Ownership

While the Insured is living and the Policy is In Force, You may name a new Owner by giving Us notice of the change In Writing. Change of Ownership, unless otherwise specified by the Owner, will become effective on the date the notice of change is signed, subject to any payment or action We may have performed before recording it at Our Administrative Office.

Assignment

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

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

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

Beneficiary

General

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

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

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

Change of Beneficiary

While the Insured is living and this Policy is In Force, You may name a new Beneficiary by submitting to Us notice of the change In Writing. Changes in Beneficiary, unless otherwise specified by the Owner, will take effect on the date the notice of change is signed, subject to any payment or action We may have performed before recording it at Our Home Office.

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

Simultaneous Death

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

Premium Payments

General

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

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

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

Grace Period

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

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

Reinstatement

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

- 1) You request reinstatement In Writing within three (3) years after the Grace Period ends;
- 2) You provide satisfactory Evidence of Insurability;
- 3) You pay all past due Premiums plus [6.0]% interest per year, compounded annually, from the Premium due date(s) to the date of Reinstatement; and
- 4) You pay any Indebtedness that existed when the Policy terminated or the Policy Loan must be reinstated. You must also pay all past due Policy Loan interest from the date of termination to the date of Reinstatement. Interest on any reinstated Policy Loan will begin on the date of Reinstatement. The effective date of Reinstatement will be the date We approve the application for Reinstatement.

Nonforfeiture Provisions

Nonforfeiture Options

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

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

Automatic Nonforfeiture Option

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

Automatic Premium Loan Option

If a Premium on this Policy is not paid by cash by the end of the grace period, a Policy loan will be made to pay such Premium if the following conditions are met:

- 1) The Owner must have elected the Automatic Premium Loan Option while no Premium was in default. (the election, if not made in the application for this Policy, may be made later by sending written notice to Our Home Office); and
- 2) The Loan Value must be enough to pay the monthly Premium in default with interest to the next Policy anniversary.

This provision may be revoked by filing a written request with the Company.

If the Loan Value is not sufficient to cover the entire amount of any Premium due, no automatic loan will be made and the Premium will be in default. The Net Cash Value will then be used under the extended term insurance option below. Interest on a Premium loan will be charged from the Premium due date. Otherwise the terms of the Policy Loan provision will apply.

Cash Surrender Value Option

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

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

Extended Term Insurance Option

You may choose to continue the Policy as extended term insurance. The amount of extended term insurance as to each Insured will be the face amount on the date of lapse less any Indebtedness. Each Insured's portion of the net Cash Value will be used to continue coverage for the period that portion will purchase.

Reduced Paid-up Insurance Option

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

Basis of Computation

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

The nonforfeiture values for the Policy are equal to or greater than those required by law. The nonforfeiture values are calculated in accordance with the Standard Nonforfeiture Law. A detailed statement of the method of computing values has been filed with the Interstate Insurance Product Regulation Commission.

Policy Loan

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

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

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

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

A loan may be repaid at any time while the Policy is In Force.

Death Benefit Provisions

Death Benefit Payable

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

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

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

Interest on Death Benefit Payable

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

- 1) interest shall accrue and be payable from the date of death;
- 2) interest shall accrue at the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining these rates, We will use the rate in effect on the date of death;
- 3) interest shall accrue at the effective annual rate determined in item (2) above, plus additional interest at a rate of [2.5]% annually beginning with the date that is thirty-one (31) calendar days from the latest of items (a), (b), and (c) to the date the claim is paid, where it is:
 - (a) the date that Due Proof of Death is received by Us;
 - (b) the date We receive sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the Death Benefit Payable; and
 - (c) the date that legal impediments to payment of Death Benefit Payable that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to Payment of Death Benefit Payable include, but are not limited to:
 - (1) the establishment of guardianships and conservatorships;
 - (2) the appointment and qualification of trustees, executors, and administrators; and
 - (3) the submission of information required to satisfy state and federal reporting requirements.

Examination and Autopsy

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

Settlement Options Provisions

Election of Settlement Option

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

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

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

Any election must be made In Writing to the Company. The Company may require the Policy for endorsement.

Election by Owner

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

Election by Beneficiary

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

Payments

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

The option date under Options 1, 2 and 3 is the date the Proceeds are payable, or the date of election, whichever is later.

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

Claims of Creditors

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

Assignment of Proceeds

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

Additional Interest

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

Change in Payments

Partial withdrawals under Options 1 and 2 may not be made. All payments under Options 1 and 2 may be paid in one sum only with the consent of the Company. The value of any one sum payment will be the sum of any remaining guaranteed payments discounted at an interest rate of not less than 2.0% compounded annually.

Payments under Option 3 will be commuted only in the event of death of the payee. Any payments that remain to be paid under Option 3 at the death of the payee will be paid in one sum. The value of the one sum payment will be the sum of the remaining guaranteed payments, discounted at an interest rate of not less than 2.0% compounded annually.

Option 1 - Equal Payments for a Guaranteed Period

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

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

Years	Income	Years	Income
1	\$84.09	14	\$ 6.81
2	42.46	15	6.42
3	28.59	16	6.07
4	21.65	17	5.77
5	17.49	18	5.50
6	14.72	19	5.26
7	12.74	20	5.04
8	11.25	21	4.85
9	10.10	22	4.67
10	9.18	23	4.51
11	8.42	24	4.36
12	7.80	25	4.22
13	7.26		

Option 2 - Equal Payments of a Specified Amount

Equal monthly payments of at least \$50 per month. Payments will begin on the option date and will continue until the Proceeds and interest, at the rate of [2.0]% compounded annually, are exhausted.

Option 3 - Equal Payments for Life

Equal monthly payments for life, or a guaranteed period of ten (10), fifteen (15), or twenty (20) years as elected and for life thereafter. Guaranteed values are based on the [Annuity 2000 Table, Age Last Birthday and the Insured's sex, with 2.0% interest].

UNIFIED LIFE INSURANCE COMPANY

WHOLE LIFE INSURANCE POLICY
NONPARTICIPATING -- NO DIVIDENDS