

Financial Lifeline Plans

MODIFIED WHOLE LIFE INSURANCE
(Form No. 9561)

AGENT GUIDE

Underwriting Guidelines
Premium Rates

Financial Lifeline Plan
Financial Lifeline II Plan
Financial Lifeline III Plan

AGENT GUIDE FOR AGENT USE ONLY

All products and riders not available in all states.

Please check with the State Approval Grid on the Company website or check with the Home Office New Business Agent Support Team at (800) 736-7311 (menu prompt 1, 1, 1) for other state approvals.

COMPANY CONTACT INFORMATION

For the quickest, most effective way to reach someone for assistance in one of our service departments by phone; please follow the automated numerical prompts after dialing our main toll-free number **(800) 736-7311**. The following is a list of prompts that can be pressed to reach the various departments; along with the departmental email addresses and fax numbers:

DEPARTMENT	PROMPTS:	EMAIL	FAX
Agent Contracting	1 1 3	contracting@aatx.com	(254) 297-2110
Commissions	1 1 4	commissions@aatx.com	(254) 297-2126
Client Experience	1 1 7	cx@aatx.com	(254) 297-2105
New Business Agent Support	1 1 1	underwriting@aatx.com	(254) 297-2101
Policy Issue	1 1 1	policyissue@aatx.com	(254) 297-2101
Supplies	1 1 6	supplies@aatx.com	(254) 297-2791
Underwriting	1 1 1	underwriting@aatx.com	(254) 297-2102
Technical Support Helpdesk	2 8 0 8	helpdesk@aatx.com	(254) 297-2190

 **Not Sure Who To Call? Contact our New Business Agent Support:** (800) 736-7311, prompts: 1 1 1

Items to Send	Website	Fax
New Business Applications (completed on paper)	www.insuranceapplication.com (select 'AppDrop')	(254) 297-2100*
New Business Applications (Mobile Application)	www.insuranceapplication.com (select 'Mobile Application')	N/A
New Agent Contracts	www.insuranceapplication.com/contractdrop	(254) 297-2110

* Be sure to include a Fax Application Cover Page.



Want to Chat With Us? Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



www.americanamicable.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, forms, Agent E-file, and other valuable information at the Company websites.

Table of Contents

Item:	Page #:
Company Contact Information	3
Plan Description	5
Application & Required Forms.....	5-6
Policy Specifications	5
Accumulation Fund Options.....	6
Simplified Underwriting (Requirements).....	6
Application Completion	6-8
Bank Draft Procedures / eCheck Procedures	9
Annuity Suitability	9
Third-Party Payor Rule	10
Application Submission.....	10
Product Software	10
Build Chart	11
Rider Descriptions.....	11-18
Total Disability Benefit Rider	14
Accident Only Total Disability Agreement.....	13
Family Insurance Agreement	14
Children's Insurance Agreement/Grandchild Rider.....	15
Accidental Death Benefit Rider	15
Guaranteed Insurability Rider.....	16
Waiver of Premium Disability Agreement.....	17
Terminal Illness Rider.....	17
Confined Care Rider.....	17
Beneficiary Guaranteed Insurability Rider	18
Rider Availability Chart (by plan)	18
Rates Per \$1,000	19-21

FINANCIAL LIFELINE

UNDERWRITING GUIDELINES

PLAN DESCRIPTION

Financial Lifeline is a combination of a simplified issue modified whole life insurance policy and your choice of a cash accumulation option. The death benefit reduces by 50% at age 65 or after five years, whichever is later. After the first policy year, the base premium reduces by approximately 50% and the balance of the payment is contributed to the cash accumulation option you chose.

For Issue Ages 0-17 use application Form No. 9485. May apply for Financial Lifeline I **only**. Ages 0-17 will be underwritten through table 4, rejected above table 4.

For Issue Ages 18-65 use application Form No. 9580. This application features simple 'YES' or 'NO' questions that enable you to quickly determine which plan of insurance the applicant may be eligible for.

The Financial Lifeline plan is for those with no serious health history and can answer 'NO' to all health questions 1 through 12 on the application.

The Financial Lifeline II plan is for those who answer 'NO' to questions 1 through 10, but 'YES' to any health questions 11 through 12.

The Financial Lifeline III plan is for those who answer 'NO' to questions 1 through 6, but 'YES' to any health questions 7 through 10.

If any health questions 1 through 6 are answered 'YES', the applicant is not eligible for any of the Financial Lifeline plans.

Note: All medical questions 1-12 must be answered on the application regardless of plan applied for.

APPLICATION AND REQUIRED FORMS:

- Application for Issue Ages 0-17 - Form No. 9485 (Company specific with state variations)
- Application for Issue Ages 18-65 - Form No. 9580 (Company specific with state variations)
- Disclosure for the Terminal Illness Accelerated Death Benefit Rider, Form No. 9474 (AA, OL, PA, PS); TI501 (IAA); or 3575-D in California - This form must be presented to the applicant at point-of-sale.
- Disclosure for the Accelerated Benefits Rider-Confined Care - Form No. 9675 (Company specific with state variations) - This form must be presented to the applicant at point-of-sale on all Financial Lifeline applications.
- Financial Lifeline Statement of Understanding Form No. 9700 (Company Specific) - This form must be signed by the applicant and a copy submitted to the Home Office with the application.
- Annuity Suitability Disclosure:
 - Florida – Use Form No. 3070(10/14). Submit all four pages.
 - Idaho – Use Form No. ID-AN-2020(12/20). Submit both pages.
 - All Other States – Use Form No. 9671(6/21). If the Agent does NOT recommend the purchase of this annuity, Form No. 3704 must also be completed and sent with the application.
- HIPAA, Form No. 9526 – Must be submitted with each application*
 - *Juvenile Applications – Please print the juvenile's name at the top of the HIPAA form signed by the guardian.
- **PRIOR to writing an application for this product, you must complete the following two items. Failure to do so will result in the application being returned:**
 - 1) Our Company annuity product specific training course. This course can be completed on our Company website. On the "Marketing Sales" page, select the "AML/Annuity" tab. You will then see the option for completing the "Annuity Training". Simply click on this option and follow the instructions.
 - 2) An accredited "Annuity Suitability Training" course. Such courses are offered through numerous vendors (including on-line). Proof of course completion MUST be submitted to the Home Office.

Issue Ages: 0-65 (age last birthday)

Minimum Base Policy Premium: \$25 per month

Maximum Face Amount: \$150,000

Premium Paying Modes: Payroll Deduction or Bank Draft

Policy Fee: \$60 Annual Policy Fee (commissionable)

Modal Factors: None

RIDERS AVAILABLE:

Family Insurance Agreement (FIA)	Guaranteed Insurability Rider (GIR)**
Children's Insurance Agreement (CIA)*	Total Disability Benefit Rider (DIR)**+
Accidental Death Benefit Agreement (ADB)*	Accident Only Total Disability Benefit Rider (AODIR) **+
Terminal Illness Accelerated Benefit Rider	Accelerated Benefits Rider-Confined Care*
Beneficiary Guaranteed Insurability Rider (BGIR)*	(not available in CT, DC, IN, MA, NJ, VA, and WA)
Waiver of Premium Disability Agreement (WP)*	Grandchild Rider**

* CIA, ADB, BGIR, Confined Care and WP are available on Financial Lifeline I & II only.

** GIR, DIR, AODIR, and Grandchild Rider on Financial Lifeline I only.

+ Disability Income Rider and Accident Only Disability Benefit Rider cannot be issued on the same policy.

AVAILABLE ACCUMULATION OPTIONS:

- Flexible Premium Fixed Deferred Annuity Rider
- BonusMaster - Requires initial funding and a separate application
- Flex Annuity Plus - Requires initial funding and a separate application

SIMPLIFIED UNDERWRITING

- Issue Ages 0-17 - use Application Form No. 9485
- Issue Ages 18-65 - use Application Form No. 9580

Eligibility for coverage is based on a simplified 'YES/NO' application, build chart, and a check with the Medical Information Bureau (MIB, INC.) and pharmaceutical related facility. The Build charts are on page eight. Check the charts to determine which plan of coverage the Proposed Insured will qualify for based on their build.

APPLICATION COMPLETION

Full Name of Proposed Insured – List full legal name

Age – Calculate based on age last birthday

Height and Weight – Record the Proposed Insured's current height and weight. Refer to the build charts on page six to assist in determining the appropriate plan to apply for.

DL# (Paper): – List the applicant's driver's license number and the state of issue.

DL# (e-App): – If you have a driver's license, select 'YES'. Then provide your driver's license number and the state of issue. If you do not have a driver's license, select 'NO'. Then select the option that applies to your reason for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.

Signature – Power of Attorney (POA) signatures are not acceptable.

Owner – Complete only if the Owner is different than the Proposed Insured. If Owner is different, they MUST sign and date below the Proposed Insured's Signature on the back of the application.

Primary and Contingent Beneficiary:

- Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the Proposed Insured. Also, provide the beneficiary's Social Security number if it can be obtained.
- A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members, or a Trust.

NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or "girlfriend" do not satisfy the insurable interest requirements.

Plan Applied For – Check appropriate box based on the answers to the health questions and the Proposed Insured's build. For Issue Ages 0-17 write 'Financial Lifeline' or abbreviation 'FL'.

Will you replace an existing life insurance policy or an annuity? – Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement forms.

During the past 12 months have you used tobacco in any form? Check 'YES' or 'NO':

- Tobacco in any form includes: cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes. Excludes occasional cigar or pipe use.

When applying for Total Disability Benefit Rider (DIR), Accidental Death Benefit Agreement (ADB) or Waiver of Premium (WP) benefits, complete the question; "Within the past 12 months have you been medically diagnosed or treated for bone or joint disorder or any injury?" The question is listed in the Rider section of the application.

All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.

Applications on Juveniles (Issue Ages 0 to 17):

- If the grandparent or legal guardian applies for coverage on a child we need a copy of guardianship papers.
- All children within the family should be Insured equally.
- We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
- Juvenile questionnaires (Form # 9825) are required to be submitted with the applications.

Terminal Illness Accelerated Benefit Riders Disclosure Statement Form No. 9474 (AA, OL, PA, PS); In CA Form 3575 – Must be presented to the applicant and the agent must certify that it has been presented. (The states of MA, VA, and WA require this disclosure form to be signed by the applicant and submitted with the life application.)

Accelerated Benefit Confined Care Rider Disclosure Statement Form No. 9675 (AA, OL, PA, PS)

- must be presented to the applicant and the agent must certify that it has been presented.

Replacement of Existing Insurance – Great care and attention should be given to any decision to replace an existing policy. You have a responsibility to make sure that your client has all of the necessary facts (advantages & disadvantages) in order to determine if the replacement is in his/her best interest. Replacements (both external & internal) should not be done if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's "Compliance Guidelines" manual found on our website. Applications involving replacement sales are monitored daily. If a trend of multiple replacements or a pattern of improper replacements is noticed, we may take appropriate disciplinary action to include termination of an agent's contract.

State Specifics:

Alabama – Alabama Amendment to Application Form No. 3475 Must be completed and sent to the Home Office along with the life application.

California:

- Notice of Lapse designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- Supplement to Application Form No. 3481 must be completed due to the no cost Terminal Illness Rider and no cost Critical Illness riders provided.
- Terminal Illness Accelerated Death Benefit Rider Disclosure Form No. 3575-D must be presented to the Applicant at point-of-sale.
- Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking of any of his / her personal information.

Connecticut – Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida – If applying for Children's Insurance Agreement and/or the Grandchild Rider, the Proposed Insured must sign and have legal guardianship. If someone other than Parent is signing the application, proof of child guardianship must be provided.

Idaho – Notice of Lapse designee Form No. 3373 must be completed and sent to the Home Office along with the life application.

Kansas:

- Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.
- Conditional Receipt Form No. 9713-KS must be completed and submitted with the application if the mode of payment is bank draft.

Kentucky – Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Ohio – Addendum to Application Form No. 9960 must be completed and sent to the Home Office along with the application when the death benefit applied for is \$50,000 or greater.

Pennsylvania – Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.

Rhode Island – Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

Applicants Re-applying for Coverage – A new application will not be processed if the Proposed Insured has had 2 policies with any of our Companies within the previous 12 months, or had 3 or more policies in the past 5 years, which have lapsed, been made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.

- It is often easier and in the best interests of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:
 - Re-date and Reinstate Request*:
 - If the request is being made within 60 days of the policy date:
 - A policy can be re-dated simply by sending an email request to our Client Experience Department at cx@aatx.com.
 - There is no additional paperwork necessary.
- * A policy can be re-dated ONE time only.

Re-date and Reinstate Request: Term/SI/UL

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - We require both a "Statement of Health" (Form No. 1110) & HIPAA (Form No. 9526) be completed.
 - In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
 - The documents above should be faxed to **Client Experience** at **(254) 297-2105**.
 - As an alternative a new application can be completed and submitted with 'Reinstate' and the policy number indicated at the top. These should also be faxed to **Client Experience** at **(254) 297-2105**.
- If the policy lapse occurred more than one year after the policy date:
 - We require a new application to be completed and submitted to the **New Business Department** at fax # **(254) 297-2100**.
 - ** Upon request we will review these on a case-by-case basis to see if they can be considered for a re-date & reinstate.
- In addition, a new bank authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would require the back premiums due if the payments will be made on direct bill. Payment or bank draft form must be returned with the required forms.
 - The documents above should be faxed to **Client Experience** at **(254) 297-2105**.
 - As an alternative a new application can be completed and submitted with 'Reinstate' and the policy number indicated at the top. These should also be faxed to **Client Experience** at **(254) 297-2105**.
- If the policy lapse occurred more than one year after the policy date:
 - We require a new application to be completed and submitted to the **New Business Department** at fax # **(254) 297-2100**.
 - ** Upon request we will review these on a case-by-case basis to see if they can be considered for a re-date & reinstate.

PREMIUMS REQUIREMENTS

- UL or Non-ROP Term – Two months premium or 1 modal premium
- ROP Term – all missed premiums
- All other plans – all missed premiums

In the case that the policy is over loaned we may need loan interest or a loan payment.

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the Preauthorization Check Plan fields found at the bottom of the back of the application. Please specify a Requested Draft Day, if a specific one is desired.
 - (a) Once the application is approved, the first premium will be drafted upon the date specified. Or if no date is specified, the draft will occur on the day the policy is approved.
 - (b) The initial draft cannot occur more than 30 days after the date the application was signed.
 - (c) Drafts cannot be on the 29th, 30th, or 31st of the month.
- 2) A copy of a void check or deposit slip should accompany the application any time that one is available. If one is not available, then we highly recommend that you also complete the Bank Account Verification section of Form 9903 and submit it along with the application. This helps to ensure the accuracy of the account information and reduces the occurrences of returned drafts. If a debit card is used, locate a bank statement to obtain the actual account number and not the number of the debit card. Green Dot Bank (and other pre-paid cards) not accepted.

Immediate Draft for Cash with Application (CWA) using eCheck:

- 1) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of Form 9903 in addition to items 1 & 2 listed above.
 - (a) The eCheck section of form 9903 (found at the bottom of this form) authorizes the Company to immediately draft for the 1st premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied to pay the first premium. Future drafts will be based on the next premium due date and the requested draft day (if one is provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month, or the 2nd, 3rd, or 4th Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums draft on these same dates, please follow the instructions below:

On the **"Requested Draft Day"** line of the **"PREAUTHORIZATION CHECK PLAN"** on the back page of the application, you will need to list one of the indicators below:

- **'1S'** – if payments are received on the 1st of the month
- **'3S'** – if payments are received on the 3rd of the month
- **'2W'** – if payments are received on the 2nd Wednesday of the month
- **'3W'** – if payments are received on the 3rd Wednesday of the month
- **'4W'** – if payments are received on the 4th Wednesday of the month

The **'Policy Date Request'** field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point-of-sale, our office will have the necessary information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. The rest of the application paperwork is completed in the normal fashion. Also, you still have the option of requesting immediate drafts for CWA; just follow the normal procedures for doing so.

ANNUITY SUITABILITY

Proof of Annuity Suitability training must be provided to the Home Office before you can engage in the sale of any annuities. Financial Lifeline is sold in conjunction with an annuity, therefore Annuity Suitability Training requirements must be completed before you can sell Financial Lifeline. Annuity Suitability requirements may vary by state and it is your responsibility to know and comply with annuity sales training requirements in all states in which you attempt to sell annuities. All agents selling annuities are required by the Home Office, to complete at least a state accredited Annuity Suitability Training course, regardless of that state's Annuity Suitability requirements. State accredited Annuity Suitability courses are offered through numerous vendors (such as limra.com). (For a complete explanation of our Annuity Suitability Compliance rules consult our Company Compliance Manual.)

THIRD-PARTY PAYOR

The Company has experienced problems in terms of anti-selection, adverse claims experience and persistency on applications involving "Third-Party Payors". This is defined as a premium payor other than the Primary Insured, the spouse, business or business partner (regardless of the mode of payment). Examples of "Third-Party Payors" include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the Proposed Insured is age 30 or older. As a result of the issues related to this situation, we DO NOT accept applications where a Third-Party Payor is involved and the applicant is age 30 or older. We do accept such applications if the Payor is a spouse, business, or business partner. If the Proposed Insured ranges from ages 0 to 29, we will allow a Parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the Proposed Insured ranges from ages 25 to 29.

APPLICATION SUBMISSION

New applications may be submitted to the Home Office by scanning, faxing, or mailing. Refer to the Company website for instructions on AppScan, AppDrop, and AppFax under the link "Transmit Apps". Information on AppDrop can also be found on www.insuranceapplication.com (Select the option for "AppDrop"). If the application is scanned or faxed, be sure to transmit all supporting documents. If the application has been scanned or faxed, DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the Bank Draft Procedures section in this guide for the instructions on utilizing the eCheck procedure); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

IMPORTANT

Incomplete or unsigned applications will be amended or returned for completion. Please make sure that all blanks are filled in and the application has been reviewed and signed by the Owner and Proposed Insured. Also, remember to include your agent number.

MOBILE APPLICATIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (select option for the 'Mobile Application').
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- The application and all required forms will be completed in their entirety. Applications will be submitted to the Home Office in good order.
- Applicants can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature or (3) voice signature.

PRODUCT SOFTWARE

No NAIC Illustration is required for the sale. However, presentation software is available on the Company websites and will quickly and easily present the guaranteed death benefit & guaranteed cash values. Quotes can be run based on a desired face amount or premium amount to customize a solution for your client. To run basic quotes using your smart phone or tablet, please go to www.insuranceapplication.com (Select option for the "Phone Quoter").

MINIMUM PREMIUM

The first full modal premium is required with the application, unless the initial premium is bank draft or payroll deduction. The initial premium can be submitted in the form of applicant's personal check, eCheck, bank draft for 1st premium, or completed payroll deduction authorization. See Company website for eCheck procedures.

Financial Lifeline Plan						
Maximum Weight Table (Unisex)						
Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	205	212	220	227	234	242
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	249	257	265	273	281	289
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	298	306	315	323	332	341
Financial Lifeline II Plan & Financial Lifeline III Plan						
Maximum Weight Table (Unisex)						
Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	238	246	254	262	271	280
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	288	297	306	316	325	335
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	344	354	364	374	384	394
Financial Lifeline ALL Plans						
Minimum Weight Table (Unisex)						
Ht.	4'11"	5'	5'1"	5'2"	5'3"	5'4"
Wt.	88	90	93	95	99	101
Ht.	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"
Wt.	104	106	110	113	117	120
Ht.	5'11"	6'	6'1"	6'2"	6'3"	6'4"
Wt.	125	129	133	136	140	143

Underweight applicants will not be eligible for coverage.

FLEXIBLE PREMIUM FIXED DEFERRED ANNUITY RIDER (Policy Form No. 3055)

- Beginning in the second policy year when the base policy premium reduces, the remaining payment will be added to the annuity rider with no minimum payment required, unless another accumulation option is elected.
- A tax-deferred interest-bearing fixed annuity rider with a guaranteed interest rate of 2.25%.
- Interest is calculated from the date that payment is received to the date of withdrawal.
- Immediate payments to the annuity rider may also be made. Minimum required payment of \$5.00 per month.
- The maximum payment to the annuity rider is \$4,000 per year during any policy year (including amounts related to the premium split beginning in the second policy year).
- There are no withdrawal or other fees or charges.
- Distributions made before age 59½ may be subject to an IRS penalty.
- Annuity Suitability Disclosure – Refer to Page 3 of this Agent Guide for state required Annuity disclosure forms.

BONUSMASTER ANNUITY CONTRACT (Policy Form No. 3058)

- This is a Flexible Premium Fixed Deferred Annuity Contract.
- Requires a separate application (Form No. 9745) in addition to the life application.
- Beginning in the second policy year when the base policy premium reduces, the remaining premium payment may be added to the BonusMaster, however, the contract must be established at the same time as the Financial Lifeline.
- When sold in conjunction with the Financial Lifeline, the contract must be funded immediately with a \$15.00 monthly minimum.
- The guaranteed interest rate is 2.25% credited on a daily basis.
- The BonusMaster provides a guarantee period allowing the initial interest rate to be locked in for one, three, or five years.
- The BonusMaster pays a first year bonus which is calculated by multiplying the premium paid in the first year by the premium bonus percentage. The current premium bonus percentage is 1.5%.
- The Company imposes surrender charges as indicated in the first 9 years. There are no surrender charges after that.
 - **Years 1-9:** 12%, 11%, 10%, 9%, 8%, 7%, 6%, 4%, 2% (Issue Ages 0 to 55)
 - **Years 1-9:** 8%, 8%, 7%, 5%, 4%, 2.5%, 1.5%, 1%, .5% (Issue Ages 56 and up)
 - **Years 10+:** 0%
- A Benefit Summary and Disclosure (Form No. 3059) is required to be signed by the applicant and a copy returned to the Home Office with the application.
- The BonusMaster may be a qualified annuity (either a Traditional IRA or Roth IRA)
- If the annuity will be qualified, an Annuity Disclosure Statement (Form No. 9495) must be left with the applicant.
- The maximum payment to the BonusMaster is \$4,000 per year during any policy year (including amounts related to the premium split beginning in the second policy year & Rollovers).
- Distributions made prior to age 59½ may be subject to an IRS penalty.
- Annuity Suitability Disclosure – Refer to Page three of this Agent Guide for state required Annuity disclosure forms.

FLEX ANNUITY PLUS CONTRACT (Policy Form No. 3056)

- This is a Flexible Premium Fixed Deferred Annuity Contract
- Requires a separate application (Form No. 9497) in addition to the life application.
- Beginning in the second policy year when the base policy premium reduces, the remaining premium payment may be added to the Flex Annuity Plus, however, the contract must be established at the same time as the Financial Lifeline.
- When sold in conjunction with the Financial Lifeline, the contract must be funded immediately with a \$15.00 monthly minimum.
- The maximum payment to the Flex Annuity Plus Contract is \$4,000 per year during any policy year (including amounts related to the premium split beginning in the second policy year & Rollovers).
- The guaranteed interest rate is 2.25%.
- A Benefit Summary and Disclosure (Form No. 3057) is required to be signed by the applicant and a copy returned to the Home Office with the application.
- There are no withdrawal or other fees or charges.
- The Flex Annuity Plus Contract may be a qualified annuity (either a Traditional IRA or Roth IRA)
- Distributions made prior to age 59½ may be subject to an IRS penalty.
- If the annuity will be qualified, an Annuity Disclosure Statement (Form No. 9495) must be left with the applicant.
- Annuity Suitability Disclosure – Refer to Page three of this Agent Guide for state required Annuity disclosure forms.

BENEFITS AND RIDERS not available in all states

TOTAL DISABILITY BENEFIT RIDER (DIR)**

(Policy Form No. 9785)

Issue Ages: 18-55

Maximum Total Disability Benefit Rider: 60% of applicant's monthly income up to \$1,500 of monthly benefit, whichever is less. The maximum monthly benefit period is two years and disability must begin before age 65. If elected, the Disability Income Rider will pay a monthly benefit if the Insured becomes totally disabled as defined and specified in the Rider agreement. The benefit will begin after a 60 day elimination period and the benefits are not retroactive.

ANNUAL PREMIUM PER \$100 OF MONTHLY BENEFIT							
ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM
18	\$ 9.78	28	\$13.60	38	\$20.52	48	\$32.98
19	10.12	29	14.08	39	21.56	49	34.74
20	10.46	30	14.58	40	22.60	50	36.62
21	10.80	31	15.14	41	23.68	51	38.66
22	11.16	32	15.70	42	24.78	52	40.92
23	11.52	33	16.32	43	25.92	53	43.42
24	11.90	34	17.00	44	27.12	54	45.98
25	12.28	35	17.76	45	28.42	55	48.62
26	12.70	36	18.58	46	29.80		
27	13.14	37	19.50	47	31.32		

** Total Disability Benefit Rider and Accident Only Total Disability Benefit Rider cannot be issued on the same policy

ACCIDENT ONLY TOTAL DISABILITY BENEFIT RIDER** (AODIR)

(Policy Form No. 3281)

Issue Ages: 18-55

Minimum AODIR Benefit: \$500 monthly

Maximum AODIR Benefit: 60% of the applicant's monthly income amount up to \$2,000 monthly benefit, whichever is less.

If elected, this rider will pay a monthly benefit up to a maximum monthly benefit as described above if the Insured becomes totally disabled due to an accident as defined and specified in the Rider agreement. The benefit will begin after a 60 day elimination period and the benefits are not retroactive. The maximum benefit period is 2 years and disability must begin before age 65.

ANNUAL PREMIUM PER \$100 OF MONTHLY BENEFIT					
ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM	ISSUE AGE	PREMIUM
18	\$ 8.77	32	\$ 11.62	46	\$ 12.35
19	9.09	33	11.63	47	12.51
20	9.41	34	11.64	48	12.68
21	9.74	35	11.66	49	12.86
22	10.08	36	11.68	50	13.10
23	10.42	37	11.72	51	13.38
24	10.78	38	11.76	52	13.71
25	11.13	39	11.82	53	14.07
26	11.34	40	11.88	54	14.51
27	11.41	41	11.92	55	15.04
28	11.47	42	11.98		
29	11.54	43	12.04		
30	11.62	44	12.13		
31	11.62	45	12.23		

** Total Disability Benefit Rider and Accident Only Total Disability Benefit Rider cannot be issued on the same policy.

TOTAL DISABILITY BENEFIT RIDER & ACCIDENT ONLY TOTAL DISABILITY BENEFIT RIDER (DIR & AODIR) GUIDELINES

- The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past six months.
- The following Proposed Insured occupations are not eligible for DIR or AODIR:
 - Blasters & Explosives Handlers
 - Disabled
 - Participated in High-Risk Avocations within the past 12 months
 - Individuals carrying a weapon in their occupation
 - Professional Athletes
 - Structural Workers/Iron Workers
 - Underground Miners & Workers
 - Unemployed (except stay-at-home spouses, significant others, or students)
 - Casino Workers
 - Retired
 - Housekeeping
 - Students
 - Janitors
 - Migrant laborers
- The following Proposed Insured occupations are not eligible for DIR only:
 - Self Employed

FAMILY INSURANCE AGREEMENT (FIA) (Policy Form No. 8374)

Issue Ages: To be eligible for coverage under the FIA a child must not have reached his or her 18th birthday on the date the application is taken. Children born after the issue of the policy are automatically covered by the agreement after they become 15 days old. Children already born must be 15 days old on the date the application is taken. Coverage on the spouse may be issued on a spouse ages 15-60.

- The Family Insurance Agreement provides \$3,000 coverage per unit on all children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base.
- The FIA Rider expires on the policy anniversary date nearest the Primary Insured's attained age 65. Coverage on the spouse expires at the spouses age 65.
- The cost per unit is \$39.00 annually (\$1.50 biweekly).
- The maximum number of units available is five (5).
- spouse signature only required if spouse is applying for over \$25,000.
- Provides a decreasing face amount of term coverage on the spouse as his/her age increases according to the following chart.

SPOUSE'S INSURANCE PER UNIT OF FIA									
AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT	AGE	AMOUNT
15	\$16,750	25	\$13,250	35	\$9,750	45	\$6,250	55	\$2,750
16	16,400	26	12,900	36	9,400	46	5,900	56	2,400
17	16,050	27	12,550	37	9,050	47	5,550	57	2,050
18	15,700	28	12,200	38	8,700	48	5,200	58	1,700
19	15,350	29	11,850	39	8,350	49	4,850	59	1,350
20	15,000	30	11,500	40	8,000	50	4,500	60	1,000
21	14,650	31	11,150	41	7,650	51	4,150	61	1,000
22	14,300	32	10,800	42	7,300	52	3,800	62	1,000
23	13,950	33	10,450	43	6,950	53	3,450	63	1,000
24	13,600	34	10,100	44	6,600	54	3,100	64	1,000

CHILDREN'S INSURANCE AGREEMENT (CIA)
(Policy Form 8375 (AA, OL, PA, PS); CIB304 (IAA))

Provides \$3,000 per unit of level term insurance on the lives of children until the earlier of the child's age 25 or the applicants age 65, at which time their coverage is convertible to a whole life or endowment plan of insurance at a rate of up to five times the amount of insurance provided on the CIA.

Issue Ages: Children must be 15 days old and not have reached his or her 18th birthday on the date the application is taken. The Primary Insured under the base policy must not be over age 50.

- The Children's Insurance Agreement (CIA) provides term insurance on the lives of the children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base.
- The cost per unit is \$8.50 annually (\$.32 biweekly).
- Each unit provides \$3,000.00 of coverage.
- The maximum number of CIA units cannot exceed five units and the combination of FIA and CIA units cannot exceed five units.

GRANDCHILD RIDER (GCIA)

Policy Form 9579 (AA, OL, PA, PS) when attached to Financial Lifeline I (Not available on Financial Lifeline II or III).

The Grandchild Rider provides \$5,000 per unit of term insurance on the lives of each grandchild and great grandchildren through age 20. This benefit also guarantees their future insurability for up to \$25,000 of individual protection regardless of their health.

Rider coverage is fully paid-up in the event of the Primary Insured's death.

Issue Ages: Primary Insured: 50 - 65

Grandchildren: 180 days - 15 years per unit

Premium: \$12.00 annually (\$1.00 monthly) per grandchild per unit

Maximum Units: 2

ACCIDENTAL DEATH BENEFIT AGREEMENT (ADB)

(Policy Form No. 7159)

Issue Ages: 0 - 64

- If the Insured dies as the result of an accident, an additional amount will be paid to his or her beneficiaries.
- Issue Amounts: Minimum - \$1,000. Maximum - The lesser of \$150,000 or five times the face amount of base policy.

ADB RATES PER \$1,000.00 OF COVERAGE			
ISSUE AGE	RATE	ISSUE AGE	RATE
0 - 36	\$.96	55-57	\$1.44
37 - 42	1.08	58-61	1.56
43 - 48	1.20	62-64	1.68
49 - 54	1.32		

ADB Calculation Example: Male, Age 25, Monthly, \$10,000 ADB

$(\$.96 \times 10) \div 12 = \$.80$ per month. Add ADB monthly premium to total monthly premium.

GUARANTEED INSURABILITY RIDER (GIR)
(Policy Form No. 8367)

Issue Ages: 0 - 37

- This rider enables the Insured to purchase additional amounts of insurance without evidence of insurability at specified option dates.
- It is available at issue only and **cannot** be added at a later date.
- Maximum amount is the lesser of the base face amount or \$50,000.
- The option dates for the purchase of additional insurance shall be the anniversary dates of the effective date of the Rider on which the age of the Insured at his/her nearest birthday is 25, 28, 31, 34, 37, and 40.

GIR RATES PER \$1,000 OF COVERAGE			
ISSUE AGE	RATE	ISSUE AGE	RATE
0	\$.45	19	\$ 1.09
1	.48	20	1.13
2	.50	21	1.16
3	.53	22	1.19
4	.56	23	1.21
5	.59	24	1.24
6	.62	25	1.27
7	.66	26	1.30
8	.69	27	1.34
9	.74	28	1.39
10	.78	29	1.44
11	.81	30	1.48
12	.85	31	1.52
13	.89	32	1.56
14	.92	33	1.60
15	.96	34	1.63
16	.99	35	1.68
17	1.03	36	1.72
18	1.06	37	1.51

WAIVER OF PREMIUM DISABILITY AGREEMENT (WP)
(Policy Form No. 7180 for AA, PA and PS & PWO for OL)

Issue Ages: 0-55 inclusive

The Company will waive your life insurance premium and the planned cash accumulation option payment (excluding any excess payments) in the event of permanent and total disability of the Insured as defined and specified in the agreement. The principal points in the agreement are:

- Total disability has existed continuously for at least six consecutive months.
- Due proof that the Insured became totally disabled while this agreement was in force must be furnished to the Company at its Home Office.
- Premium for the benefit ceases when the benefit terminates.
- Cash and loan values continue to increase if premiums are being waived.
- Premiums shall not be waived if disability results directly or indirectly from service in the military, naval or air forces of any country while engaged in war, whether declared or undeclared.

With the addition of this rider, if the Insured becomes disabled (as defined in the agreement) prior to age 60, then premiums will be waived during such disability and up to age 100. The rates are unisex and are for ages 0 through 55. Premiums are paid to age 60 and are expressed per \$100 of premium to be waived.

RATES PER \$100 TO BE WAIVED					
AGE	RATE	AGE	RATE	AGE	RATE
0-5	\$ 1.39	22	\$ 2.36	39	\$ 4.75
6	1.43	23	2.45	40	5.00
7	1.47	24	2.53	41	5.26
8	1.51	25	2.62	42	5.55
9	1.55	26	2.72	43	5.86
10	1.60	27	2.82	44	6.21
11	1.64	28	2.93	45	6.59
12	1.69	29	3.05	46	7.15
13	1.75	30	3.17	47	7.78
14	1.80	31	3.31	48	8.50
15	1.86	32	3.45	49	9.31
16	1.92	33	3.60	50	10.23
17	1.99	34	3.76	51	11.27
18	2.06	35	3.94	52	12.46
19	2.14	36	4.12	53	13.79
20	2.21	37	4.31	54	15.30
21	2.29	38	4.52	55	16.98

NO COST RIDERS INCLUDED (not available in all states)

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER
(Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (IAA); In CA Form 3575)

With this benefit you can receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 months in some states). This rider is added to every policy (where available) at no additional premium. An Actuarial Adjustment Factor and an Administrative Charge of \$150 will be assessed at the time of acceleration. Remember to leave disclosure statement Form No. 9474 (AA, OL, PA, PS), TI501 (IAA); For California, please refer to Policy Form No. 3672-CA for rider details. (The states of MA, VA, & WA require this disclosure form to be signed by the applicant and submitted with the application.)

ACCELERATED BENEFITS RIDER-CONFINED CARE
(Policy Form No. 9674)

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the face amount up to \$5,000 per month. This rider is added to every Financial Lifeline I & II policy (where available) at no additional premium. (Not available in CT, DC, IN, MA, NJ, VA, and WA)

BENEFICIARY GUARANTEED INSURABILITY RIDER (BGIR)
(Policy Form No. 9679)

With this benefit, you can leave a legacy to multiple generations. If your policy was in force for at least five years before your death, your beneficiary will have the following options:

1. The beneficiary can receive all the proceeds in cash income tax-free;
2. Or, purchase either a whole life policy or a policy of the same type as this policy then offered by the Company (not to exceed the lesser of the death benefit proceeds received or \$150,000) **with no medical exam**;
3. Or, a combination of both 1 and 2 above.

This Rider is added to every Financial Lifeline I & II policy (where available) at no additional premium.

RIDER AVAILABILITY CHART			
	FINANCIAL LIFELINE PLANS		
	PLAN I	PLAN II	PLAN III
Family Insurance Agreement (FIA)	Yes	Yes	Yes
Children's Insurance Agreement (CIA)	Yes	Yes	No
Grandchild Rider (GCIA)	Yes	Yes	No
Accidental Death Benefit (ADB)	Yes	Yes	No
Waiver of Premium (WP)	Yes	Yes	No
Disability Income (DIR)	Yes	No	No
Accident Only DIR (AODIR)	Yes	No	No
Guaranteed Insurability (GIR)	Yes	No	No
Terminal Illness*	Yes	Yes	Yes
Confined Care*	Yes	Yes	No
Beneficiary Guaranteed Insurability*	Yes	Yes	No
* Available for No Additional Charge			

Financial Lifeline - Issue Ages 0-65

Annual Premiums Per \$1,000

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+
0-17	13.44	6.72	13.44	6.72	NA	NA	NA	NA
18	16.69	8.35	15.80	7.90	22.07	11.04	19.72	9.86
19	17.03	8.52	16.13	8.07	22.63	11.32	20.16	10.08
20	17.36	8.68	16.47	8.24	23.30	11.65	20.72	10.36
21	17.81	8.91	16.92	8.46	24.08	12.04	21.40	10.70
22	18.37	9.19	17.48	8.74	24.87	12.44	22.18	11.09
23	19.04	9.52	18.15	9.08	25.76	12.88	23.08	11.54
24	19.83	9.92	18.93	9.47	26.77	13.39	23.97	11.99
25	20.61	10.31	19.72	9.86	27.89	13.95	24.87	12.44
26	21.40	10.70	20.50	10.25	29.12	14.56	25.88	12.94
27	22.18	11.09	21.28	10.64	30.36	15.18	27.00	13.50
28	23.08	11.54	22.07	11.04	31.70	15.85	28.23	14.12
29	23.97	11.99	22.85	11.43	33.16	16.58	29.57	14.79
30	24.87	12.44	23.64	11.82	34.72	17.36	31.03	15.52
31	25.88	12.94	24.53	12.27	36.29	18.15	32.48	16.24
32	26.88	13.44	25.54	12.77	37.86	18.93	33.94	16.97
33	28.00	14.00	26.66	13.33	39.43	19.72	35.40	17.70
34	29.24	14.62	27.78	13.89	41.00	20.50	36.74	18.37
35	30.47	15.24	29.01	14.51	42.68	21.34	38.08	19.04
36	31.59	15.80	30.13	15.07	44.58	22.29	39.43	19.72
37	32.60	16.30	31.14	15.57	46.71	23.36	40.77	20.39
38	33.60	16.80	32.04	16.02	49.17	24.59	42.23	21.12
39	34.61	17.31	32.93	16.47	51.86	25.93	43.68	21.84
40	35.73	17.87	33.83	16.92	54.55	27.28	45.14	22.57
41	37.08	18.54	34.95	17.48	57.35	28.68	46.82	23.41
42	38.53	19.27	36.29	18.15	60.15	30.08	48.72	24.36
43	40.10	20.05	37.86	18.93	62.95	31.48	50.74	25.37
44	41.78	20.89	39.54	19.77	65.75	32.88	52.87	26.44
45	43.57	21.79	41.33	20.67	68.77	34.39	55.00	27.50
46	45.36	22.68	43.12	21.56	71.91	35.96	57.24	28.62
47	47.27	23.64	45.03	22.52	75.04	37.52	59.70	29.85
48	49.28	24.64	46.93	23.47	78.18	39.09	62.28	31.14
49	51.41	25.71	48.84	24.42	81.43	40.72	64.96	32.48
50	53.54	26.77	50.74	25.37	84.68	42.34	67.65	33.83
51	55.89	27.95	52.98	26.49	87.70	43.85	70.56	35.28
52	58.36	29.18	55.33	27.67	90.61	45.31	73.81	36.91
53	60.93	30.47	58.13	29.07	93.30	46.65	77.17	38.59
54	63.73	31.87	60.93	30.47	95.99	48.00	80.64	40.32
55	66.76	33.38	63.28	31.64	98.45	49.23	84.34	42.17
56	70.90	35.45	67.99	34.00	102.60	51.30	90.72	45.36
57	76.16	38.08	73.03	36.52	108.42	54.21	97.44	48.72
58	81.76	40.88	78.52	39.26	116.48	58.24	104.50	52.25
59	88.48	44.24	85.24	42.62	125.78	62.89	112.34	56.17
60	95.65	47.83	90.72	45.36	135.97	67.99	120.85	60.43
61	103.49	51.75	98.56	49.28	147.62	73.81	131.27	65.64
62	112.00	56.00	106.85	53.43	160.39	80.20	142.47	71.24
63	121.64	60.82	115.92	57.96	174.84	87.42	155.46	77.73
64	132.28	66.14	126.34	63.17	191.08	95.54	170.58	85.29
65	144.26	72.13	137.76	68.88	208.32	104.16	186.82	93.41

Premium Calculation Example: Male Non-Tobacco Age 35, \$30,000 Face Amount paid Monthly.
 $\$30.47 \times 30 = \$914.10 + \$60.00$ (policy fee) = $\$974.10 \div 12 = \81.18 .

Issue Ages: Based on age last birthday

Policy Fee: Add \$60.00 annual policy fee

Financial Lifeline II - Issue Ages 18-65

Annual Premiums Per \$1,000

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+
18	25.04	12.53	23.69	11.85	33.10	16.56	29.57	14.79
19	25.54	12.77	24.20	12.10	33.94	16.97	30.24	15.12
20	26.04	13.03	24.70	12.36	34.95	17.48	31.08	15.55
21	26.72	13.37	25.37	12.69	36.12	18.07	32.09	16.05
22	27.56	13.78	26.21	13.11	37.30	18.65	33.27	16.64
23	28.56	14.28	27.22	13.61	38.64	19.32	34.61	17.31
24	29.74	14.88	28.40	14.21	40.16	20.09	35.96	17.98
25	30.92	15.46	29.57	14.79	41.84	20.93	37.30	18.65
26	32.09	16.05	30.75	15.38	43.68	21.84	38.81	19.41
27	33.27	16.64	31.92	15.96	45.53	22.77	40.49	20.25
28	34.61	17.31	33.10	16.56	47.55	23.78	42.34	21.17
29	35.96	17.98	34.28	17.14	49.73	24.87	44.36	22.18
30	37.30	18.65	35.45	17.73	52.08	26.04	46.54	23.28
31	38.81	19.41	36.80	18.41	54.44	27.22	48.72	24.36
32	40.32	20.16	38.31	19.16	56.79	28.40	50.91	25.46
33	42.00	21.00	39.99	20.00	59.14	29.57	53.09	26.55
34	43.85	21.93	41.67	20.84	61.49	30.75	55.11	27.56
35	45.70	22.85	43.52	21.77	64.01	32.01	57.12	28.56
36	47.38	23.69	45.20	22.61	66.87	33.44	59.14	29.57
37	48.89	24.45	46.71	23.36	70.06	35.04	61.16	30.58
38	50.40	25.20	48.05	24.03	73.76	36.89	63.34	31.68
39	51.92	25.97	49.40	24.70	77.79	38.90	65.52	32.76
40	53.60	26.81	50.74	25.37	81.82	40.92	67.71	33.86
41	55.61	27.81	52.42	26.21	86.02	43.01	70.23	35.12
42	57.80	28.90	54.44	27.22	90.22	45.12	73.08	36.55
43	60.15	30.08	56.79	28.40	94.42	47.21	76.11	38.06
44	62.67	31.34	59.31	29.66	98.62	49.32	79.30	39.65
45	65.36	32.69	62.00	31.01	103.16	51.58	82.49	41.25
46	68.04	34.03	64.68	32.35	107.86	53.93	85.85	42.93
47	70.90	35.45	67.54	33.77	112.56	56.28	89.55	44.78
48	73.92	36.96	70.40	35.21	117.27	58.64	93.41	46.71
49	77.12	38.57	73.25	36.63	122.14	61.08	97.44	48.72
50	80.31	40.16	76.11	38.06	127.01	63.51	101.48	50.74
51	83.84	41.93	79.47	39.74	131.55	65.78	105.84	52.92
52	87.53	43.77	83.00	41.50	135.92	67.97	110.72	55.37
53	91.40	45.70	87.20	43.61	139.95	69.98	115.76	57.89
54	95.60	47.81	91.40	45.70	143.98	72.00	120.96	60.48
55	100.13	50.07	94.92	47.47	147.68	73.85	126.51	63.26
56	106.35	53.18	101.98	51.00	153.89	76.95	136.08	68.04
57	114.24	57.12	109.54	54.77	162.63	81.32	146.16	73.08
58	122.64	61.32	117.77	58.89	174.72	87.36	156.75	78.38
59	132.72	66.36	127.85	63.93	188.67	94.34	168.51	84.26
60	143.48	71.74	136.08	68.04	203.96	101.98	181.28	90.65
61	155.24	77.62	147.84	73.92	221.43	110.72	196.90	98.45
62	168.00	84.00	160.28	80.14	240.58	120.29	213.70	106.85
63	182.45	91.23	173.88	86.95	262.25	131.13	233.19	116.60
64	198.41	99.21	189.51	94.76	286.61	143.31	255.87	127.94
65	216.39	108.20	206.64	103.32	312.48	156.24	280.23	140.12

Premium Calculation Example: Male Non-Tobacco Age 35, \$20,000 Face Amount paid Monthly.
 $\$45.70 \times 20 = \$914.00 + \$60.00$ (policy fee) = $\$974.00 \div 12 = \81.17 .

Issue Ages: Based on age last birthday

Policy Fee: Add \$60.00 annual policy fee

Financial Lifeline III - Issue Ages 18-65

Annual Premiums Per \$1,000

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+	Yr. 1	Yr. 2+
18	50.07	25.04	47.38	23.69	66.20	33.10	59.14	29.57
19	51.08	25.54	48.39	24.20	67.88	33.94	60.48	30.24
20	52.08	26.04	49.40	24.70	69.89	34.95	62.16	31.08
21	53.43	26.72	50.74	25.37	72.24	36.12	64.18	32.09
22	55.11	27.56	52.42	26.21	74.60	37.30	66.53	33.27
23	57.12	28.56	54.44	27.22	77.28	38.64	69.22	34.61
24	59.48	29.74	56.79	28.40	80.31	40.16	71.91	35.96
25	61.83	30.92	59.14	29.57	83.67	41.84	74.60	37.30
26	64.18	32.09	61.49	30.75	87.36	43.68	77.62	38.81
27	66.53	33.27	63.84	31.92	91.06	45.53	80.98	40.49
28	69.22	34.61	66.20	33.10	95.09	47.55	84.68	42.34
29	71.91	35.96	68.55	34.28	99.46	49.73	88.71	44.36
30	74.60	37.30	70.90	35.45	104.16	52.08	93.08	46.54
31	77.62	38.81	73.59	36.80	108.87	54.44	97.44	48.72
32	80.64	40.32	76.61	38.31	113.57	56.79	101.81	50.91
33	84.00	42.00	79.97	39.99	118.28	59.14	106.18	53.09
34	87.70	43.85	83.33	41.67	122.98	61.49	110.21	55.11
35	91.40	45.70	87.03	43.52	128.02	64.01	114.24	57.12
36	94.76	47.38	90.39	45.20	133.73	66.87	118.28	59.14
37	97.78	48.89	93.41	46.71	140.12	70.06	122.31	61.16
38	100.80	50.40	96.10	48.05	147.51	73.76	126.68	63.34
39	103.83	51.92	98.79	49.40	155.57	77.79	131.04	65.52
40	107.19	53.60	101.48	50.74	163.64	81.82	135.41	67.71
41	111.22	55.61	104.84	52.42	172.04	86.02	140.45	70.23
42	115.59	57.80	108.87	54.44	180.44	90.22	146.16	73.08
43	120.29	60.15	113.57	56.79	188.84	94.42	152.21	76.11
44	125.33	62.67	118.61	59.31	197.24	98.62	158.60	79.30
45	130.71	65.36	123.99	62.00	206.31	103.16	164.98	82.49
46	136.08	68.04	129.36	64.68	215.72	107.86	171.70	85.85
47	141.80	70.90	135.08	67.54	225.12	112.56	179.09	89.55
48	147.84	73.92	140.79	70.40	234.53	117.27	186.82	93.41
49	154.23	77.12	146.50	73.25	244.28	122.14	194.88	97.44
50	160.61	80.31	152.21	76.11	254.02	127.01	202.95	101.48
51	167.67	83.84	158.93	79.47	263.09	131.55	211.68	105.84
52	175.06	87.53	165.99	83.00	271.83	135.92	221.43	110.72
53	182.79	91.40	174.39	87.20	279.89	139.95	231.51	115.76
54	191.19	95.60	182.79	91.40	287.96	143.98	241.92	120.96
55	200.26	100.13	189.84	94.92	295.35	147.68	253.01	126.51
56	212.69	106.35	203.96	101.98	307.78	153.89	272.16	136.08
57	228.48	114.24	219.08	109.54	325.25	162.63	292.32	146.16
58	245.28	122.64	235.54	117.77	349.44	174.72	313.49	156.75
59	265.44	132.72	255.70	127.85	377.33	188.67	337.01	168.51
60	286.95	143.48	272.16	136.08	407.91	203.96	362.55	181.28
61	310.47	155.24	295.68	147.84	442.85	221.43	393.80	196.90
62	336.00	168.00	320.55	160.28	481.16	240.58	427.40	213.70
63	364.90	182.45	347.76	173.88	524.50	262.25	466.37	233.19
64	396.82	198.41	379.01	189.51	573.22	286.61	511.73	255.87
65	432.77	216.39	413.28	206.64	624.96	312.48	560.45	280.23

Premium Calculation Example: Male Non-Tobacco Age 35, \$20,000 Face Amount paid Monthly.
 $\$91.40 \times 20 = \$1,828.00 + \$60.00$ (policy fee) = $\$1,888.00 \div 12 = \157.33 .

Issue Ages: Based on age last birthday

Policy Fee: Add \$60.00 annual policy fee



QUALITY. SERVICE. EXCELLENCE.

SERVICE HOURS

LIVE CHAT

8:00 a.m - 4:45 p.m. Monday - Friday
Central Time (excluding holidays).

PHONE HOURS

8:00 a.m - 4:00 p.m. Monday - Friday
Central Time (excluding holidays).

For Agent Use Only. Not For Public Distribution.

All products and riders not available in all states. Please check with the State Approval Grid under State Approvals on the Company website or check with the Home Office New Business Marketing Sales Team at (800)736-7311 (prompt 1, 1, 1) for approvals