



LifeTerm Series



MORTGAGE

Agent's Guide



Americo Financial Life and Annuity Insurance Company

Contact Information

Online Services: Access product information, illustration software, forms, and other valuable information at our agent website, Agent Café, and consumer-friendly information can be found at www.americo.com.

Sales Support: Have a question? Sales Support is standing by to assist you with product sales, product availability, software, Agent Café assistance, forms and supply ordering assistance, and general pre-sale questions. Call 1-800-231-0801, ext. 8410 Monday through Friday 8:00 am to 5:00 pm Central Time. Email today at salesupport@americo.com.

Supply Orders: Americo supplies can be ordered one of three ways. You can log on to www.americo.com and order supplies online, fax supply orders to 877-281-7950 (use supply requisition form #55121), or email your order to supplies@americo.com.

Agent Support: New business support, licensing support, and commissions support 1-800-634-1180 or pending.business@americo.com.

Submitting the Application: Submit new business applications by faxing the applications with the Faxed Application Transmittal Form (#AFSFAX 2002) to 1-800-395-9261. A maximum of eight applications may be sent per transmittal form; please retain the original application(s) for your files - do not mail.

Underwriting: Have a special situation? For access to an underwriter, contact the Agent Call Center at 1-800-634-1180 and a representative will direct you to an available underwriter.

To submit Underwriting and Delivery Requirements fax to 1-800-395-9238.

Customer Service: Phone: 1-800-634-1181;
E-mail: kccustomer.service@americo.com;
Fax: 1-800-395-9238.

Mailing Address
P.O. Box 410288
Kansas City, MO 64141-0288

Overnight Deliveries
300 W. 11th Street
Kansas City, MO 64105-1618

Paramedical Companies

The following paramedical companies have been approved to perform paramedical examinations. You may call their 800 numbers or use the Internet to access their local or national directories.

APPS - American Para Professional Systems, Inc.
1-800-635-1677
www.appsnational.com

EMSI - Examination Management Services, Inc.
1-800-872-3674
www.emsinet.com

Portamedic
1-800-782-7373
www.portamedic.com

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LIFETERM SERIES

Agent's Guide

Product Highlights

A competitive series of level term life insurance products and optional riders that provide flexible, guaranteed coverage until the Insured's death or to age 95.

- Available in 15, 20, and 30-year level premium periods
- Premiums guaranteed for five years (30-year only) or for full term
- Minimum face amount of \$50,000 (standard)
- Return of Premium Rider offered (subject to availability)
- Saliva test up to \$100,000 through age 65
- Fully commissionable policy fee
- All policies are convertible
- No NAIC illustration required

Optional Benefit Riders Available:

- Disability Income
- Return of Premium
- Endowment
- Cash Value
- Waiver of Premium
- Children's Term
- Involuntary Unemployment Waiver of Premium
- Accidental Death Benefit

Product Specifications

Individual Policy Series: 262/278

Group Policy Series: 263-C/279-C

Death Benefit & Guaranteed Premium Options

The policy provides a selection of level term periods and premium guarantees. All products are renewable to age 95. Please use the following product names as appropriate when completing the application:

Product Name	Level Term	Premium Guarantee
LTS 15/15	15 years	15 years
LTS 20/20	20 years	20 years
LTS 30/30	30 years	30 years
LTS 30/5	30 years	5 years

Applications

Individual: Consult www.americo.com for your state specific application. Group: Series 5092-C

Issue Ages

Age Last Birthday

Term	Issue Ages	Term	Issue Ages
LTS 15/15	18-70 (18-65 in WA)	LTS 30/30	18-50
LTS 20/20	18-60	LTS 30/5	18-60 (18-50 in KY)

Minimum Face Amounts

\$50,000 Standard for all policies

\$100,000 Preferred for all policies

\$250,000 Ultra Preferred for all policies

Conversion

Conversion Period Schedule

Policy	Conversion Period
LTS 15/15	First 10 years and before age 65
LTS 20/20	First 10 years and before age 65
LTS 30/30	First 10 years
LTS 30/5	First 10 years and before age 65

For issue ages 65-70, conversion is only available in the first policy year.

Conversions are limited to products that are offered for conversion on the date of conversion. Conversions are not allowed when premiums are being waived due to disability. The required annual premium on the conversion policy must exceed the annual premium on the term policy at the time of the conversion. The premium on the conversion policy will be based on the Insured's attained age.

No evidence of insurability is required for conversion of the base policy. Evidence of insurability may be required to convert riders and benefits.

Sex Rating

Male/Female

Underwriting Classes

Ultra Preferred Non-Nicotine, Preferred Non-Nicotine, Standard Non-Nicotine, Preferred Nicotine, Standard Nicotine

Non-Nicotine is defined as no nicotine (cigarettes, cigars, pipe or chewing tobacco, nicotine gum, nicotine patches or

any other products containing nicotine) of any kind in the last 12 months for preferred and standard and 36 months for ultra preferred.

See Underwriting Information section for more information.

Annual Policy Fee

\$90 (fully commissionable)

Premium Modes/Factors Available

Apply after adding \$90 policy fee

Mode	Factor	Mode	Factor
Annual	1.00	Monthly PAC	.095
Semiannual	.52	Bi-Weekly*	.04385
Quarterly	.265		

*Bi-weekly is available only for group list bill payments.

LifeTerm Series – Group Term

This product is offered on a group or individual basis depending on state. A certificate of coverage will be issued to persons who become Insured under the group plan. The certificate specifically states that in the event the group is dissolved, the certificate will be converted to an individual policy. There is no effect on the Insured's coverage. A specimen group certificate and individual policy are available for your review on Agent Café and upon request.

Riders and Benefits

RETURN OF PREMIUM RIDER

(Individual Rider Series 2132;
Group Rider Series 2133)
(Rider not available in all states)
(Available on substandard offers)

Description

This optional benefit rider returns up to 100% of the premium at the end of the level premium period if the policy terminates (other than by the death of the Insured) after the fifth policy anniversary and on or before the expiry date and while the rider is in force. The Return of Premium benefit will be the total accumulation of premium paid on the policy multiplied by the percentage of total premium shown in the Return of Premium Rider table in the Rate Charts section. The total of premium refunded will be reduced by any amount paid under the Disability Income Rider.

Issue Ages

Same as base policy. Only available on LTS 15/15, 30/30, and 30/5 in MN and WA.

ENDOWMENT RIDER

(Individual Rider Series 2143)
(Available only in IN, KS, OR, TX)
(Available on substandard offers)

Description

This rider provides a benefit if the Insured is living, and the rider is in force after the first five years but

before the end of the rider term period. If at any time after the first five years the rider premium is not paid, the endowment benefit will be paid and the rider will terminate. The benefit is a yearly increasing percentage of total premiums, with a maximum of 100%. At the end of the rider term period, this rider automatically expires and the endowment benefit is payable. See Rate Charts section for schedule of percentages and premiums.

CASH VALUE RIDER

(Individual Rider Series 2153)

(Available only in PA)

(Not available on substandard offers or for LifeTerm 30/5.)

Description

This optional rider gives your clients the opportunity to have 100% of total premiums paid returned at the end of the level term period. The Cash Value Rider provides a benefit if the Insured is living, and the rider is in force after the first five years. If the policy or rider is terminated after the fifth policy year, your client will receive a partial benefit. The benefit will then increase yearly until it reaches 100%. Benefits paid under the Cash Value Rider will be reduced by any Disability Income benefits paid. Premium rates are the same rates as the Endowment Rider rates. *Please see the Endowment Rider rates section of this Agent Guide. Note that maximum issue ages differ from the base policy and the Endowment Rider maximum issue ages.*

Maximum Issue Ages

Gender	Class	LTS 15		LTS 20		LTS 30	
		< \$100k	\$100k+	< \$100k	\$100k+	< \$100k	\$100k+
Male	UP NS		70		60		50
	Pref NS		69		60		50
	Std NS	63	65	60	60	50	50
	Pref SM		59		60		50
Female	UP NS		70		60		50
	Pref NS		70		60		50
	Std NS	69	70	60	60	50	50
	Pref SM		66		60		50
	Std SM	60	62	54	59	50	50

WAIVER OF PREMIUM RIDER

(Individual Rider Series 2100;
Group Rider Series 2130)
(Issued through Table 2)

Description

The waiver of premium benefit provides that the total premium (including premium for riders) will be waived if the base Insured becomes totally disabled. After 180

consecutive days of disability, the premium will be waived from the date of disability for the duration of the disability. This benefit terminates on the earliest of:

- ♦ the policy anniversary nearest the Insured's 60th birthday if the Insured is not disabled at the time;
- ♦ the date the Insured recovers if disabled on the policy anniversary nearest the Insured's 60th birthday; or
- ♦ the date the base policy terminates.

If the policy includes a Children's Term Rider, the waiver of premium must also be purchased on the Children's Term Rider.

Issue Ages

18 – 55 for LTS 15/15, 20/20, and 30/5
18 – 50 for LTS 30/30

Guaranteed Premiums

The annual premium per \$1,000 of face amount is based on the Insured's issue age for the benefit and whether or not the Return of Premium Rider is selected.

DISABILITY INCOME RIDER

(Individual Rider Series 2145;

Group Rider Series 2145-C)

(Issued through Table 2)

Supplemental Application (Individual Application Series 5083; Group Application Series 5083-C)

Description

The Disability Income (DI) Rider allows the Insured to receive monthly benefit payments in the event of a total disability. A 90-day waiting period applies, which means disability income benefits begin to accrue after the Insured has been totally disabled for 90 continuous days, and the Insured has met all the requirements for benefits under this rider. No benefits are payable unless the period of total disability lasts longer than 90 days. Benefit payments begin to accrue on the 91st day and are payable in arrears on or near the 120th day. The exact date that the client begins receiving benefits depends on the issue state of the Insured. See the policy for complete details.

Total disability must:

- ♦ begin while coverage is in effect;
- ♦ continue for at least three months;
- ♦ begin before the Insured person's contract expiration date;
- ♦ result from injury or disease;
- ♦ keep the Insured person from being able to perform the material and substantial duties of his or her regular occupation while not engaged in any other occupation for wage or profit as a result of the injury or disease.

Issue Ages

18-60 for LTS 15/15, 20/20, and 30/5

18-50 for LTS 30/30

Minimum Benefit

The minimum benefit is \$100 per month.

Maximum Benefit

The maximum benefit is the lesser of \$2,000 per month or two percent of the base face amount. Benefit amounts are limited to a maximum of 60% of the applicant's gross earned monthly income, 40% in CA. For federal, state, county, and city employees benefit amounts are limited to a maximum of 60% of gross earned monthly income with a maximum cap of \$1,500.

The DI benefit issued will coordinate with other individual DI insurance in force on the applicant. The maximum benefit issued will be based upon the total DI benefits on the applicant not exceeding the percentages stated above.

Maximum Benefit Period

Benefits will be paid for a maximum of one to two years depending on which option is chosen at time of issue. After a period of total disability, if the Insured returns to work for a period of less than six months, then any subsequent total disability resulting from the initial cause or a related condition(s) will be considered a part of the initial total disability.

Termination

DI Rider coverage terminates upon:

- ♦ surrender or termination of the base coverage,
- ♦ the coverage anniversary following the Insured's 65th birthday, or
- ♦ the monthiversary following the receipt of written request to terminate the rider.

Claiming the Benefit

The Insured must send us satisfactory written notice of total disability. We must receive such notice:

- ♦ while the rider coverage is in effect for the Insured,
- ♦ during the Insured person's life,
- ♦ while the Insured is totally disabled, and
- ♦ within 30 days of becoming totally disabled.

In addition to the notice, proof of total disability must be furnished and all requirements for claiming the benefit must be met. See contract for details and exceptions.

Proof of Continued Total Disability

We may periodically require proof of continued total disability. We may also require that a physician of our choice, at our expense, examine the Insured. Monthly benefits will end if the Insured does not provide satisfactory proof within 30 days of our request, if the

Insured is no longer totally disabled, or if the policy is surrendered or terminated. The Insured will agree to notify us as soon as possible after the Insured is no longer totally disabled.

See *Disability Income Rider Underwriting Guidelines* for more information.

CHILDREN'S TERM RIDER
(Individual Rider Series 2018;
Group Rider Series 2135)
(Issued through Table 2)

Description

This rider provides level term life insurance on any child, stepchild, or legally adopted child of the Insured named in the application, provided the child is 18 years of age or younger on the date of application. After the date of application, the rider will include any child born to the Insured or legally adopted by the Insured, provided the child is 18 years of age or younger at the time of adoption. The Children's Rider is issued in units of \$1,000 of level term life insurance. **The maximum number of units available is 10.** Coverage on each child terminates on the child's 25th birthday or the policy anniversary nearest the base Insured's 65th birthday, if earlier. If the base Insured dies while this rider is in force, the level term life insurance on each child becomes fully paid-up term insurance.

Conversion to a new policy is available on the child's 25th birthday or the policy anniversary nearest the base Insured's 65th birthday, if earlier. Conversion to a level-premium, permanent policy of insurance is permitted for up to five times the amount of coverage in force on the child.

Issue Ages

Child must be 15 days - 18 years; Age Last Birthday

Insured: LTS 15/15: 18 - 64
LTS 20/20, 30/30, and 30/5: Same as base policy

Face Amount

Children's Term Rider		
Annual Rates per \$1000 Rider Face		
	w/o WOP	w/WOP
Base	\$5.75	\$5.95
w/ROP	\$8.00	\$8.30
w/Endowment	\$8.00	\$8.30

Minimum = \$1,000 (1 unit)
Maximum = \$10,000 (10 units)

**INVOLUNTARY UNEMPLOYMENT
WAIVER OF PREMIUM RIDER**

(Individual Rider Series 2140;
Group Rider Series 2140-C)
(Issued through Table 2)

Description

This rider will waive up to six months of the premium for the period of the Insured's continuous unemployment if the Insured suffers Involuntary Unemployment, up to a maximum of \$500 per month. This benefit may be used only once every five years. The Insured must have worked full-time for at least 90 days after the effective date of the rider and for at least 90 days prior to receiving state or federal unemployment benefits. In order to waive the premium, the Insured must be receiving State or Federal unemployment benefits for at least four consecutive weeks and not be currently employed on a full-time basis.

There is no charge for this rider and it will automatically be added when the Waiver of Premium for Disability Rider is selected.

Issue Ages

18 – 55 for LTS 15/15, 20/20, and 30/5
18 – 50 for LTS 30/30

Termination

Age 60

Payments cease when the Insured secures new employment. Proof must be given of continuous unemployment or disability in order to continue to collect the benefit. If the Insured becomes unemployed on more than one occasion, premiums will only be waived once every five years.

ACCIDENTAL DEATH BENEFIT RIDER

(Individual Rider Series 2111;
Group Rider Series 2111-C)
(Issued through Table 2)

Description

Provides for an additional benefit in the event of the Insured's death as a result of an accidental bodily injury within 90 days of the injury.

Issue Ages

18 – 65, Age Last Birthday.

Minimum Benefit

\$10,000

Maximum Benefit

Lesser of \$400,000 or face amount of the base coverage.

New Business Information

Fast Track Policy Issue

- ♦ Fax application along with the fax application transmittal form to the appropriate fax number (see Contact Information). Keep the original for your files.
- ♦ Answer all questions on the application.
- ♦ Double check before submitting. Common errors that can delay processing include missing signatures, dates, and agent numbers.
- ♦ Print clearly using black ink.
- ♦ Submit all state-required forms, replacement, and original forms.
- ♦ Detach conditional receipt and leave with applicant, if applicable.
- ♦ Note special requests such as policy date, date to save age, or issue family member or partners together.

Cash With Applications (CWA)

- ♦ Do not send partial premiums. A full modal premium is required. Do not send cash. We do not accept money orders for initial premium payments.
- ♦ We cannot process premium checks that are postdated, backdated more than six months or improperly endorsed.
- ♦ Bank draft authorization with a voided check is considered by the home office to be the same as CWA. We will draft for the first premium immediately upon underwriting approval, assuming no other requirements are outstanding.
- ♦ If application is faxed with bank draft authorization form and initial premium was also collected, a copy of the initial premium check must also be faxed with application to avoid an immediate bank draft for initial premium.
- ♦ You must note the policy number on the CWA check before mailing the check to the home office.
- ♦ Personal checks written by the agent on behalf of the applicant will not be accepted.

Underwriting Information

Underwriting Classes

Classes	Minimum Face Amount
Ultra Preferred Non-Nicotine	\$250,000
Preferred Non-Nicotine	\$100,000
Preferred Nicotine	\$100,000
Standard Non-Nicotine	\$50,000
Standard Nicotine	\$50,000

NOTE: Five underwriting classes (Ultra Preferred, Preferred Non-Nicotine, Preferred Nicotine, Standard Non-Nicotine, and Standard Nicotine) are offered. When applying for Ultra Preferred or Preferred rates, closely review the underwriting criteria within each class to make sure the applicant qualifies.

Approved Paramedical Companies

The following paramedical companies have been approved to perform paramedical examinations for Americo. You may call their 800 numbers or use the Internet to access local or national directories.

APPS - American Para Professional Systems, Inc.
1-800-635-1677
www.appsnational.com

EMSI - Examination Management Services, Inc.
1-800-872-3674
www.emsinet.com

Portamedic
1-800-782-7373
www.portamedic.com

Standard Medical Requirements

Minimum requirements for **Ultra Preferred** and **Preferred** rates include a Long Form Exam, HOS, and Blood Profile.

Medical Requirements Addendum

Amounts	Issue Ages			
	18-40	41-60	61-65	66 & Over
\$50,000 to 99,999 [^]	Agent Collected Saliva [^]	Agent Collected Saliva [^]	Agent Collected Saliva [^]	Paramed Exam, HOS
100,000 to 250,000	Agent Collected Saliva [^]	Paramed Exam, HOS	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile
250,001 to 1,000,000	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile	Paramed Exam, HOS, Blood Profile
1,000,001 to 3,000,000	Paramed Exam, HOS, Blood Profile, ECG	Paramed Exam, HOS, Blood Profile, ECG	MD Exam, HOS, Blood Profile, ECG	MD Exam, HOS, Blood Profile, ECG
Over 3,000,000	MD Exam, HOS, Blood Profile, Treadmill ECG	MD Exam, HOS, Blood Profile, Treadmill ECG	MD Exam, HOS, Blood Profile, Treadmill ECG	MD Exam, HOS, Blood Profile, Treadmill ECG

Lab Work:

All lab work should be done by Clinical Reference Laboratory.

[^]Agent Collected Saliva:

The saliva specimen is collected by the agent and forwarded to Clinical Reference Laboratory. The agent must be certified to collect the saliva specimen and complete a brief training program. This process can be

completed over the Internet at www.salivatrain.com or through a training brochure available from the Home Office.

Inspection Report Requirements:

All products over \$1,000,000.

MD Exams:

The MD Exam must be completed by a physician who is state board licensed rather than a paramedic. A licensed MD or DO, including the applicant's personal physician, may perform the exam. It is recommended that you contact your local paramedical company to determine if they have an MD on staff who can perform the MD exam.

Fasting and Blood Profiles:

An applicant must not eat for 10 to 12 hours (at least a minimum of 6 hours) prior to a blood test. Applicants may drink water, tea, or black coffee (no sugar).

Attending Physician Statement (APS):

Reports may be ordered at the discretion of the underwriter but, in general, will be ordered based on the amount of insurance, age, medical history, medical examination findings, or MIB results.

Ultra Preferred Underwriting

A minimum face amount of \$250,000 on the Insured is required to be eligible for ultra preferred underwriting. Qualifying as an ultra preferred risk involves meeting the standard underwriting medical requirements plus the following additional criteria:

The applicant must be an acceptable risk and meet all requirements in each criteria to qualify for ultra preferred rates. Applicants with medical histories involving diabetes, internal cancer or melanoma, coronary artery disease, alcohol abuse or drug abuse, as well as any borderline ratable risks are ineligible. Driving history, family history, height and weight, as well as occupation and avocations (including flying) must be identified on the application. The applicant should also be questioned on blood pressure and cholesterol history prior to quoting ultra preferred rates.

- | | |
|--------------------|----------------------------|
| 1. Driving history | 6. Height and weight |
| 2. Family history | (see build chart) |
| 3. Blood pressure | 7. Laboratory test results |
| 4. Cholesterol | within 10% of normal |
| 5. Nicotine use | range |

Remember to use the policy code UNN (Ultra Preferred Non-Nicotine) on the application to designate ultra preferred underwriting.

The applicant must also be an acceptable standard risk with:

- No participation in a hazardous occupation or avocation.

- No flying other than as a commercial crew member or passenger. Private aviation will be considered with an aviation exclusion rider.

Additional Criteria for Ultra Preferred Underwriting

1. Driving History

- A motor vehicle report may be obtained. Include the applicant's driver's license number and the state in which it was issued.
- The applicant must have no DUI (driving while under the influence) or reckless driving convictions in the past five years.
- The applicant cannot have more than two moving violations in the past five years.

2. Family History

The applicant must not have a family history of a death of a parent or sibling prior to age 60 due to:

- Cardiovascular Disease
- Cerebrovascular Disease (such as stroke or aneurysm)
- Diabetes

3. Blood Pressure

Ages	Maximum Reading
18 - 40	140/80 (untreated)
41 - 70	140/85 (untreated)

The applicant must not have a history of high blood pressure, be under treatment, or using medication to control blood pressure.

4. Cholesterol

Ages	Maximum Reading
18 - 70	225 (untreated)

The applicant's cholesterol/HDL ratio cannot exceed 5.0. Also, the applicant must not have a history of high cholesterol, be under treatment, or using medication to control cholesterol.

5. Definition of Non-Nicotine

No nicotine (cigarettes, cigars, pipe, or chewing tobacco; nicotine gum; nicotine patches or other products containing nicotine) use of any kind in the past 36 months.

6. Ultra Preferred Height and Weight

Height	Male Weight	Female Weight
4'8"	90-125	78-114
4'9"	93-130	81-118
4'10"	96-135	83-121
4'11"	100-140	86-126
5'0"	104-145	90-128
5'1"	107-148	93-130
5'2"	111-153	96-131
5'3"	115-157	99-132
5'4"	118-161	102-135
5'5"	122-166	105-137
5'6"	125-173	108-140
5'7"	128-177	111-144
5'8"	131-181	114-148
5'9"	135-187	117-153
5'10"	138-192	120-156
5'11"	142-196	123-159
6'0"	146-202	126-163
6'1"	149-209	129-167
6'2"	153-214	133-173
6'3"	157-219	136-178
6'4"	161-223	139-181
6'5"	164-230	142-185
6'6"	169-238	146-191
6'7"	173-245	150-195

7. Laboratory Test Results

The laboratory test results may deviate within 10 percent of the normal ranges to be considered for Ultra Preferred. We recommend that blood be drawn after 10-12 hours of fasting.

NOTE: The ultra preferred policy is available on a Non-Nicotine classification only.

Preferred Underwriting

A minimum face amount of \$100,000 on the primary Insured is required to be eligible for preferred underwriting. Qualifying as a preferred risk involves meeting the standard underwriting medical

- | | |
|--------------------|-----------------------|
| 1. Driving history | 6. Height and weight |
| 2. Family history | (see build chart) |
| 3. Blood pressure | 7. Laboratory test |
| 4. Cholesterol | results within 10% of |
| 5. Nicotine use | normal range |

requirements plus the following additional criteria: The applicant must be an acceptable risk and meet all requirements in each criteria to qualify for preferred rates. Applicants with medical histories involving diabetes, internal cancer or melanoma, coronary artery disease, or alcohol/drug abuse, as well as ratable risks are ineligible. Driving history, family history, height and weight, as well as occupation and avocations (including flying) must be identified on the application. The applicant should also be questioned on blood pressure and cholesterol history prior to quoting preferred rates. Remember to use the policy

code PNN (Preferred Non-Nicotine) or PNIC (Preferred Nicotine) on the application to designate preferred underwriting.

The applicant must also be an acceptable standard risk with:

- No ratable occupation or avocation.
- No flying other than as a commercial crew member or passenger. Private aviation will be considered with an aviation exclusion rider.

Additional Criteria for Preferred Underwriting

1. Driving History

- A motor vehicle report may be obtained. Include the applicant's driver's license number and the state in which it was issued.
- The applicant must have no DUI (driving while under the influence) or reckless driving convictions in the past five years.
- The applicant cannot have more than three moving violations in the past three years.

2. Family History

The applicant must not have a family history of a death of a parent or sibling prior to age 60 due to:

- Cardiovascular Disease
- Cerebrovascular Disease (such as stroke or aneurysm)
- Diabetes

3. Blood Pressure

Ages	Maximum Reading
18 - 40	140/80
41 - 70	140/85

Individuals being treated for hypertension whose blood pressure average over the past 12 months does not exceed the range shown above can be preferred.

4. Cholesterol

Ages	Maximum Reading
18 - 70	250

The applicant's cholesterol/HDL ratio cannot exceed 6.5. Individuals being treated for elevated cholesterol whose controlled average for the past 12 months is within the range shown are eligible for Preferred.

5. Definition of Non-Nicotine

No nicotine (cigarettes, cigars, pipe, or chewing tobacco; nicotine patches or other products containing nicotine) use of any kind in the last 12 months.

6. Laboratory Test Results

The laboratory test results may deviate within 10 percent of the normal ranges to be considered for preferred. We recommend that blood be drawn after 10-12 hours of fasting.

7. Preferred Height and Weight

Height	Male Weight	Female Weight
4'8"	90-125	78-125
4'9"	93-130	81-130
4'10"	96-135	83-135
4'11"	100-140	86-138
5'0"	104-150	90-141
5'1"	107-155	93-145
5'2"	111-160	96-148
5'3"	115-165	99-153
5'4"	118-170	102-157
5'5"	122-175	105-162
5'6"	125-180	108-166
5'7"	128-185	111-171
5'8"	131-190	114-175
5'9"	135-195	117-180
5'10"	138-200	120-184
5'11"	142-205	123-189
6'0"	146-215	126-194
6'1"	149-220	129-199
6'2"	153-225	133-204
6'3"	157-230	136-209
6'4"	161-235	139-209
6'5"	164-240	142-219
6'6"	169-250	146-225
6'7"	173-255	150-231

If all other preferred underwriting standards are met, add 20 pounds to the maximum weight limits.

Disability Income Rider Underwriting Guidelines

Guidelines

Underwriting for the DI Rider utilizes information obtained from the base policy as well as information obtained on the DI Rider supplemental application 5083/5083-C.

Sex Rating

Unisex

Underwriting

Accept/Reject

Issued through Table 2. Exclusion riders may be used for certain conditions, however, the DI Rider should be declined if it is necessary to place more than three exclusion riders on the policy.

Occupational Classes

Class 4A, 3A, 2A, A and B are acceptable. Self-employed individuals are also eligible. However, be sure to evaluate the qualifying amount on the net monthly income instead of the gross monthly income.

Exclusions

We will not pay the monthly disability benefit if total disability results from:

- ♦ Attempted suicide
- ♦ Willful and intentionally self-inflicted injury
- ♦ Normal pregnancy or childbirth
- ♦ Any act of war, declared or undeclared, or any act related to war
- ♦ Military service for any country at war
- ♦ Mental or emotional disorders
- ♦ Committing or attempting to commit an assault or a felony
- ♦ Intoxication or being under the influence of any drug unless prescribed by a physician
- ♦ Mountaineering, skydiving, hang gliding or bungee jumping
- ♦ Participating in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft

Build Chart for Disability Income Rider

Unisex

Height	Weight
4'8"	82-174
4'9"	86-180
4'10"	88-187
4'11"	90-193
5'0"	92-200
5'1"	95-206
5'2"	97-213
5'3"	99-220
5'4"	101-227
5'5"	103-234
5'6"	106-242
5'7"	108-249
5'8"	111-256
5'9"	114-264
5'10"	117-272
5'11"	120-280
6'0"	123-288
6'1"	126-296
6'2"	129-304
6'3"	133-312
6'4"	136-320
6'5"	140-329
6'6"	143-337
6'7"	146-346

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 15/15		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	0.94	2.10
26	0.96	2.19
27	0.99	2.28
28	1.01	2.37
29	1.03	2.47
30	1.06	2.58
31	1.08	2.68
32	1.11	2.80
33	1.14	2.91
34	1.16	3.03
35	1.19	3.16
36	1.27	3.46
37	1.38	3.79
38	1.51	4.15
39	1.64	4.54
40	1.77	4.97
41	1.92	5.45
42	2.08	5.96
43	2.24	6.53
44	2.44	7.15
45	2.63	7.83
46	2.91	8.43
47	3.18	9.08
48	3.50	9.79
49	3.84	10.54
50	4.24	11.35
51	4.63	12.23
52	5.08	13.17
53	5.56	14.19
54	6.13	15.28
55	6.78	16.46
56	7.45	18.05
57	8.19	19.79
58	9.00	21.70
59	9.89	23.80
60	10.87	26.09
61	11.95	28.61
62	13.14	31.37
63	14.44	34.40
64	15.87	37.72
65	17.44	41.36
66	19.87	45.79
67	22.64	50.54
68	25.80	55.74
69	29.40	61.45
70	33.50	67.74

Add \$90 annual policy fee

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 15/15					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	0.71	0.82	0.94	1.67	1.91
26	0.71	0.82	0.95	1.68	1.99
27	0.71	0.82	0.97	1.69	2.07
28	0.71	0.82	0.98	1.70	2.15
29	0.71	0.82	0.99	1.71	2.24
30	0.71	0.82	1.01	1.72	2.33
31	0.71	0.82	1.02	1.74	2.43
32	0.71	0.83	1.04	1.75	2.53
33	0.71	0.86	1.05	1.76	2.63
34	0.71	0.88	1.07	1.77	2.74
35	0.73	0.91	1.08	1.78	2.85
36	0.79	0.95	1.16	1.95	3.12
37	0.86	1.02	1.25	2.14	3.42
38	0.94	1.09	1.37	2.34	3.74
39	1.02	1.18	1.49	2.56	4.09
40	1.11	1.27	1.61	2.80	4.48
41	1.19	1.37	1.74	3.07	4.91
42	1.27	1.50	1.88	3.36	5.37
43	1.36	1.64	2.03	3.68	5.88
44	1.47	1.79	2.21	4.04	6.44
45	1.59	1.96	2.40	4.42	7.05
46	1.75	2.14	2.64	4.86	7.61
47	1.95	2.33	2.89	5.33	8.22
48	2.15	2.56	3.18	5.86	8.87
49	2.38	2.79	3.49	6.44	9.58
50	2.63	3.08	3.85	7.07	10.34
51	2.88	3.39	4.22	7.77	11.17
52	3.12	3.75	4.62	8.54	12.06
53	3.42	4.13	5.06	9.38	13.02
54	3.73	4.55	5.57	10.30	14.06
55	4.13	5.03	6.16	11.32	15.18
56	4.58	5.54	6.85	12.43	16.63
57	5.06	6.07	7.56	13.66	18.21
58	5.61	6.66	8.40	15.00	19.95
59	6.26	7.37	9.38	16.48	21.85
60	7.04	8.26	10.60	18.10	23.94
61	7.92	9.30	11.96	19.89	26.22
62	8.89	10.43	13.41	21.84	28.72
63	10.02	11.75	15.11	23.99	31.46
64	11.33	13.30	17.26	26.36	34.45
65	12.91	15.17	20.06	28.95	37.74
66	14.77	17.33	23.42	31.90	41.81
67	16.85	19.77	27.36	35.14	46.33
68	19.19	22.52	31.81	38.72	51.32
69	21.80	25.56	36.67	42.66	56.86
70	24.66	28.95	41.85	47.00	63.00

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 15/15		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	0.74	1.86
26	0.77	1.87
27	0.79	1.88
28	0.82	1.88
29	0.85	1.89
30	0.88	1.90
31	0.91	1.91
32	0.94	1.92
33	0.97	1.92
34	1.01	1.93
35	1.04	1.94
36	1.04	2.12
37	1.06	2.33
38	1.10	2.55
39	1.17	2.79
40	1.24	3.05
41	1.33	3.34
42	1.43	3.66
43	1.56	4.00
44	1.68	4.38
45	1.84	4.80
46	2.00	5.24
47	2.19	5.73
48	2.39	6.25
49	2.61	6.83
50	2.86	7.46
51	3.16	8.15
52	3.45	8.90
53	3.77	9.72
54	4.14	10.62
55	4.55	11.60
56	4.98	12.47
57	5.46	13.40
58	5.97	14.39
59	6.58	15.47
60	7.30	16.62
61	8.09	17.86
62	8.92	19.20
63	9.91	20.63
64	11.07	22.17
65	12.51	23.82
66	14.07	26.56
67	15.80	29.79
68	17.77	33.53
69	20.08	37.76
70	22.73	42.45

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 15/15					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	0.64	0.71	0.90	1.00	1.58
26	0.64	0.71	0.90	1.03	1.62
27	0.64	0.71	0.91	1.06	1.66
28	0.64	0.71	0.91	1.09	1.70
29	0.64	0.71	0.92	1.12	1.74
30	0.64	0.71	0.92	1.16	1.78
31	0.65	0.72	0.92	1.19	1.82
32	0.66	0.73	0.93	1.23	1.86
33	0.70	0.75	0.93	1.26	1.91
34	0.70	0.76	0.94	1.30	1.95
35	0.72	0.78	0.94	1.34	2.00
36	0.75	0.81	0.94	1.47	2.19
37	0.77	0.83	0.96	1.62	2.39
38	0.80	0.88	1.01	1.78	2.61
39	0.82	0.92	1.06	1.96	2.85
40	0.88	0.97	1.12	2.15	3.11
41	0.92	1.03	1.21	2.37	3.40
42	0.97	1.10	1.31	2.60	3.72
43	1.06	1.18	1.42	2.86	4.06
44	1.12	1.26	1.53	3.15	4.44
45	1.20	1.36	1.67	3.46	4.85
46	1.29	1.48	1.82	3.76	5.25
47	1.40	1.61	1.99	4.09	5.69
48	1.51	1.74	2.17	4.44	6.17
49	1.65	1.89	2.38	4.82	6.68
50	1.79	2.08	2.60	5.24	7.24
51	1.94	2.27	2.87	5.70	7.84
52	2.10	2.47	3.14	6.19	8.50
53	2.28	2.70	3.42	6.72	9.21
54	2.47	2.94	3.77	7.31	9.98
55	2.70	3.20	4.13	7.94	10.81
56	2.92	3.54	4.53	8.59	11.63
57	3.18	3.91	4.96	9.30	12.52
58	3.43	4.32	5.42	10.06	13.48
59	3.73	4.78	5.98	10.88	14.50
60	4.10	5.29	6.63	11.77	15.61
61	4.46	5.84	7.35	12.74	16.80
62	4.84	6.46	8.11	13.78	18.08
63	5.29	7.14	9.01	14.91	19.46
64	5.85	7.90	10.07	16.14	20.94
65	6.68	8.73	11.37	17.46	22.54
66	7.75	9.79	12.79	19.68	25.46
67	9.01	10.98	14.37	22.18	28.76
68	10.46	12.31	16.16	25.00	32.49
69	12.10	13.80	18.25	28.17	36.70
70	13.90	15.48	20.66	31.75	41.45

Add \$90 annual policy fee

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 20/20		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.05	2.31
26	1.11	2.45
27	1.18	2.59
28	1.24	2.74
29	1.32	2.90
30	1.39	3.07
31	1.47	3.25
32	1.56	3.44
33	1.65	3.64
34	1.75	3.85
35	1.85	4.08
36	2.00	4.45
37	2.17	4.86
38	2.35	5.31
39	2.55	5.79
40	2.76	6.32
41	3.00	6.90
42	3.25	7.53
43	3.52	8.22
44	3.81	8.98
45	4.13	9.80
46	4.53	10.58
47	4.97	11.42
48	5.45	12.33
49	5.97	13.31
50	6.55	14.36
51	7.18	15.50
52	7.88	16.74
53	8.64	18.07
54	9.47	19.50
55	10.39	21.05
56	11.55	23.57
57	12.83	26.40
58	14.25	29.57
59	15.84	33.11
60	17.60	37.08

Add \$90 annual policy fee

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 20/20					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	0.91	0.95	1.00	1.87	2.25
26	0.92	0.97	1.03	1.93	2.33
27	0.92	0.99	1.07	1.98	2.41
28	0.93	1.00	1.10	2.05	2.49
29	0.94	1.02	1.14	2.11	2.57
30	0.94	1.04	1.18	2.17	2.66
31	0.95	1.06	1.22	2.24	2.75
32	0.96	1.08	1.26	2.30	2.85
33	0.97	1.10	1.30	2.37	2.94
34	0.97	1.12	1.34	2.45	3.05
35	0.98	1.14	1.39	2.52	3.15
36	1.06	1.23	1.51	2.73	3.48
37	1.14	1.33	1.65	2.95	3.84
38	1.23	1.44	1.80	3.20	4.24
39	1.32	1.56	1.95	3.46	4.68
40	1.43	1.69	2.13	3.75	5.17
41	1.54	1.83	2.32	4.06	5.71
42	1.66	1.98	2.52	4.39	6.31
43	1.79	2.14	2.75	4.75	6.96
44	1.93	2.32	2.99	5.15	7.69
45	2.08	2.51	3.26	5.57	8.49
46	2.29	2.77	3.62	6.08	9.25
47	2.52	3.05	4.03	6.63	10.08
48	2.78	3.36	4.48	7.24	10.99
49	3.06	3.70	4.98	7.90	11.98
50	3.37	4.08	5.53	8.62	13.05
51	3.71	4.50	6.15	9.40	14.23
52	4.08	4.95	6.84	10.26	15.50
53	4.50	5.46	7.60	11.20	16.90
54	4.95	6.02	8.45	12.22	18.42
55	5.45	6.63	9.39	13.33	20.07
56	6.06	7.31	10.41	14.60	22.09
57	6.74	8.06	11.55	15.99	24.31
58	7.50	8.89	12.81	17.51	26.75
59	8.34	9.80	14.20	19.18	29.44
60	9.27	10.80	15.75	21.00	32.40

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 20/20		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.00	2.19
26	1.04	2.29
27	1.07	2.40
28	1.11	2.51
29	1.15	2.62
30	1.20	2.74
31	1.24	2.87
32	1.28	3.00
33	1.33	3.14
34	1.38	3.29
35	1.43	3.44
36	1.53	3.72
37	1.64	4.01
38	1.75	4.34
39	1.87	4.69
40	2.00	5.06
41	2.14	5.47
42	2.29	5.91
43	2.45	6.38
44	2.62	6.90
45	2.80	7.45
46	2.99	8.18
47	3.18	8.98
48	3.39	9.86
49	3.62	10.82
50	3.86	11.88
51	4.12	13.04
52	4.39	14.32
53	4.68	15.72
54	4.99	17.26
55	5.32	18.95
56	5.96	20.72
57	6.68	22.66
58	7.49	24.78
59	8.39	27.10
60	9.40	29.64

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 20/20					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	0.74	0.83	0.95	1.52	2.03
26	0.75	0.83	0.97	1.55	2.09
27	0.76	0.84	0.98	1.58	2.15
28	0.77	0.84	1.00	1.61	2.22
29	0.78	0.85	1.02	1.65	2.28
30	0.79	0.85	1.04	1.68	2.35
31	0.80	0.86	1.05	1.72	2.42
32	0.82	0.86	1.07	1.75	2.49
33	0.83	0.87	1.09	1.79	2.57
34	0.84	0.87	1.11	1.82	2.64
35	0.85	0.88	1.13	1.86	2.72
36	0.90	0.94	1.21	2.00	2.92
37	0.96	1.01	1.30	2.15	3.13
38	1.02	1.09	1.40	2.31	3.36
39	1.08	1.17	1.50	2.49	3.60
40	1.14	1.25	1.61	2.67	3.86
41	1.21	1.34	1.73	2.87	4.14
42	1.29	1.44	1.86	3.09	4.44
43	1.37	1.55	2.00	3.32	4.76
44	1.45	1.66	2.14	3.57	5.11
45	1.54	1.78	2.30	3.84	5.48
46	1.67	1.93	2.50	4.19	6.04
47	1.80	2.10	2.71	4.57	6.67
48	1.95	2.28	2.95	4.98	7.35
49	2.11	2.47	3.20	5.43	8.11
50	2.28	2.68	3.47	5.92	8.95
51	2.46	2.92	3.77	6.45	9.87
52	2.66	3.16	4.10	7.04	10.89
53	2.88	3.44	4.45	7.67	12.01
54	3.12	3.73	4.83	8.36	13.25
55	3.37	4.05	5.25	9.12	14.61
56	3.75	4.50	5.85	9.94	15.80
57	4.17	5.00	6.51	10.83	17.08
58	4.64	5.56	7.25	11.79	18.47
59	5.16	6.17	8.08	12.85	19.98
60	5.74	6.86	9.00	14.00	21.60

Add \$90 annual policy fee

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 30/30		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.40	3.08
26	1.49	3.27
27	1.59	3.47
28	1.69	3.68
29	1.80	3.90
30	1.91	4.13
31	2.03	4.38
32	2.16	4.64
33	2.30	4.92
34	2.45	5.22
35	2.60	5.52
36	2.81	5.99
37	3.03	6.49
38	3.27	7.04
39	3.53	7.63
40	3.81	8.27
41	4.11	8.97
42	4.44	9.73
43	4.79	10.55
44	5.17	11.44
45	5.60	12.40
46	6.27	13.81
47	7.03	15.38
48	7.88	17.13
49	8.83	19.08
50	9.89	21.25

Add \$90 annual policy fee

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/30					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	1.07	1.33	1.38	2.92	3.04
26	1.11	1.35	1.46	2.99	3.20
27	1.15	1.37	1.54	3.06	3.37
28	1.19	1.39	1.62	3.14	3.55
29	1.23	1.41	1.71	3.22	3.74
30	1.27	1.43	1.80	3.30	3.94
31	1.31	1.45	1.90	3.38	4.15
32	1.35	1.47	2.00	3.46	4.37
33	1.40	1.49	2.11	3.55	4.60
34	1.45	1.51	2.23	3.64	4.85
35	1.49	1.52	2.35	3.73	5.13
36	1.60	1.68	2.54	4.11	5.59
37	1.72	1.85	2.75	4.53	6.09
38	1.85	2.04	2.98	4.99	6.63
39	1.99	2.25	3.23	5.50	7.22
40	2.14	2.48	3.50	6.06	7.86
41	2.30	2.74	3.79	6.68	8.56
42	2.47	3.02	4.10	7.36	9.32
43	2.66	3.33	4.44	8.11	10.15
44	2.86	3.68	4.81	8.94	11.05
45	3.07	4.08	5.21	9.87	12.00
46	3.40	4.62	5.84	10.84	13.37
47	3.76	5.23	6.54	11.91	14.89
48	4.16	5.92	7.33	13.08	16.58
49	4.60	6.70	8.21	14.37	18.47
50	5.10	7.60	9.20	15.79	20.56

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 30/30		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.36	3.00
26	1.41	3.10
27	1.47	3.20
28	1.53	3.30
29	1.59	3.41
30	1.65	3.52
31	1.71	3.63
32	1.78	3.75
33	1.85	3.87
34	1.92	3.99
35	2.00	4.12
36	2.15	4.42
37	2.31	4.75
38	2.49	5.10
39	2.68	5.48
40	2.88	5.88
41	3.10	6.31
42	3.34	6.78
43	3.59	7.28
44	3.86	7.82
45	4.16	8.40
46	4.71	9.55
47	5.33	10.86
48	6.03	12.35
49	6.82	14.05
50	7.70	16.00

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/30					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	0.95	1.07	1.34	2.39	2.95
26	0.98	1.09	1.38	2.44	3.01
27	1.01	1.11	1.42	2.49	3.07
28	1.04	1.14	1.46	2.54	3.14
29	1.07	1.17	1.51	2.59	3.21
30	1.10	1.20	1.56	2.65	3.28
31	1.13	1.23	1.61	2.71	3.35
32	1.16	1.26	1.66	2.77	3.42
33	1.19	1.29	1.71	2.83	3.49
34	1.22	1.32	1.76	2.89	3.57
35	1.26	1.34	1.82	2.95	3.65
36	1.34	1.43	1.95	3.17	3.95
37	1.43	1.53	2.09	3.41	4.28
38	1.52	1.63	2.24	3.66	4.64
39	1.62	1.74	2.41	3.93	5.03
40	1.72	1.86	2.59	4.22	5.45
41	1.83	1.99	2.78	4.53	5.91
42	1.95	2.13	2.99	4.87	6.40
43	2.08	2.28	3.21	5.23	6.93
44	2.21	2.44	3.45	5.62	7.51
45	2.35	2.60	3.71	6.05	8.14
46	2.64	2.99	4.20	6.94	9.26
47	2.97	3.44	4.75	7.96	10.53
48	3.34	3.96	5.37	9.13	11.98
49	3.75	4.55	6.07	10.47	13.63
50	4.20	5.23	6.87	12.00	15.50

Add \$90 annual policy fee

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 30/5		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.12	2.44
26	1.17	2.50
27	1.21	2.59
28	1.24	2.68
29	1.27	2.85
30	1.31	3.01
31	1.36	3.16
32	1.47	3.37
33	1.59	3.59
34	1.66	3.82
35	1.86	4.17
36	2.03	4.56
37	2.23	4.97
38	2.46	5.44
39	2.70	5.95
40	2.97	6.51
41	3.27	7.12
42	3.60	7.80
43	3.96	8.53
44	4.36	9.33
45	4.83	10.26
46	5.23	10.99
47	5.67	11.76
48	6.15	12.59
49	6.66	13.49
50	7.22	14.44
51	7.83	15.46
52	8.48	16.55
53	9.19	17.69
54	9.96	18.60
55	10.80	20.32
56	11.55	21.98
57	12.38	23.73
58	13.25	25.70
59	14.20	27.80
60	15.20	30.10

Add \$90 annual policy fee

Base Male Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/5					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	0.82	0.87	1.09	2.25	2.42
26	0.85	0.90	1.15	2.31	2.47
27	0.87	0.92	1.18	2.36	2.56
28	0.90	0.95	1.21	2.42	2.65
29	0.93	0.98	1.24	2.48	2.76
30	0.96	1.01	1.28	2.54	2.89
31	0.99	1.04	1.33	2.60	3.08
32	1.02	1.07	1.44	2.67	3.27
33	1.05	1.10	1.55	2.73	3.49
34	1.09	1.14	1.63	2.80	3.71
35	1.12	1.17	1.81	2.87	3.95
36	1.21	1.29	1.96	3.16	4.30
37	1.30	1.43	2.12	3.49	4.68
38	1.40	1.57	2.30	3.84	5.10
39	1.51	1.74	2.49	4.23	5.55
40	1.63	1.92	2.69	4.67	6.04
41	1.75	2.12	2.92	5.14	6.57
42	1.89	2.34	3.16	5.67	7.16
43	2.03	2.58	3.42	6.25	7.79
44	2.19	2.84	3.70	6.89	8.48
45	2.36	3.14	4.01	7.59	9.23
46	2.60	3.42	4.37	8.34	9.97
47	2.87	3.72	4.76	9.16	10.77
48	3.17	4.04	5.19	10.06	11.64
49	3.50	4.40	5.66	11.05	12.58
50	3.86	4.79	6.17	12.13	13.59
51	4.25	5.21	6.73	13.33	14.68
52	4.69	5.67	7.33	14.64	15.86
53	5.18	6.17	7.99	16.08	17.13
54	5.71	6.71	8.71	17.66	18.51
55	6.30	7.30	9.50	19.40	20.00
56	6.85	8.02	10.42	21.30	21.95
57	7.44	8.82	11.43	23.10	23.70
58	8.09	9.69	12.54	25.12	25.60
59	8.79	10.65	13.76	27.20	27.60
60	9.56	11.70	15.10	29.60	30.00

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$50,000 to \$99,999 for Standard

LTS 30/5		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.11	2.40
26	1.16	2.47
27	1.20	2.56
28	1.23	2.65
29	1.26	2.81
30	1.29	2.98
31	1.34	3.11
32	1.44	3.25
33	1.56	3.39
34	1.62	3.54
35	1.80	3.70
36	1.94	3.97
37	2.08	4.26
38	2.24	4.57
39	2.41	4.91
40	2.60	5.27
41	2.80	5.65
42	3.01	6.07
43	3.24	6.51
44	3.48	6.99
45	3.75	7.50
46	4.09	8.23
47	4.47	9.03
48	4.88	9.91
49	5.32	10.88
50	5.81	11.94
51	6.34	13.10
52	6.92	14.38
53	7.55	15.78
54	8.25	17.31
55	9.00	19.00
56	9.69	20.54
57	10.42	22.20
58	11.22	23.99
59	12.07	25.93
60	12.99	28.03

Add \$90 annual policy fee

Base Female Level Term

Annual Rates per \$1,000; Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/5					
Issue Age	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	0.73	0.82	0.88	1.84	2.27
26	0.75	0.84	0.92	1.88	2.32
27	0.77	0.86	0.97	1.92	2.37
28	0.79	0.88	1.01	1.96	2.42
29	0.81	0.90	1.06	2.00	2.47
30	0.83	0.92	1.11	2.04	2.53
31	0.85	0.94	1.16	2.09	2.58
32	0.88	0.96	1.22	2.13	2.64
33	0.90	0.98	1.28	2.18	2.69
34	0.93	1.01	1.34	2.22	2.75
35	0.95	1.03	1.40	2.27	2.81
36	1.01	1.10	1.50	2.44	3.04
37	1.08	1.18	1.61	2.62	3.30
38	1.15	1.26	1.73	2.81	3.57
39	1.23	1.34	1.86	3.02	3.87
40	1.31	1.44	2.00	3.25	4.19
41	1.40	1.53	2.14	3.49	4.54
42	1.49	1.64	2.30	3.75	4.92
43	1.59	1.75	2.47	4.03	5.33
44	1.70	1.87	2.65	4.33	5.78
45	1.81	2.00	2.85	4.65	6.26
46	2.01	2.23	3.12	5.04	6.94
47	2.24	2.49	3.43	5.46	7.69
48	2.48	2.77	3.76	5.92	8.52
49	2.76	3.09	4.12	6.42	9.44
50	3.07	3.45	4.51	6.95	10.47
51	3.41	3.85	4.95	7.54	11.60
52	3.79	4.29	5.43	8.17	12.86
53	4.21	4.78	5.95	8.85	14.25
54	4.68	5.34	6.52	9.60	15.79
55	5.20	5.95	7.15	10.40	17.50
56	5.63	6.40	7.70	11.56	18.89
57	6.11	6.88	8.29	12.85	20.39
58	6.62	7.40	8.93	14.29	22.01
59	7.17	7.96	9.62	15.89	23.76
60	7.77	8.55	10.36	17.66	25.65

Add \$90 annual policy fee

LTS Base with Return of Premium Rider

Level Term Annual Rates per \$1000 with Return of Premium Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 15/15		
With Return of Premium		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	3.80	5.25
26	3.86	5.47
27	3.92	5.70
28	3.98	5.93
29	4.05	6.18
30	4.11	6.44
31	4.18	6.71
32	4.24	6.99
33	4.31	7.28
34	4.38	7.58
35	4.45	7.90
36	4.72	8.63
37	5.03	9.43
38	5.38	10.31
39	5.74	11.26
40	6.11	12.31
41	6.51	13.45
42	6.94	14.70
43	7.39	16.06
44	7.89	17.55
45	8.40	19.18
46	9.08	20.65
47	9.77	22.23
48	10.54	23.93
49	11.37	25.76
50	12.29	27.74
51	13.23	29.86
52	14.27	32.15
53	15.38	34.61
54	16.63	37.26
55	18.00	40.11
56	20.12	44.09
57	22.49	48.47
58	25.15	53.29
59	28.12	58.58
60	31.45	64.40
61	35.19	70.79
62	39.37	77.83
63	44.05	85.56
64	49.30	94.06
65	55.19	103.40
66	60.27	114.48
67	65.88	126.35
68	72.08	139.35
69	78.92	153.64
70	86.50	169.36

Female LTS 15/15		
With Return of Premium		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	3.20	4.65
26	3.25	4.67
27	3.31	4.69
28	3.37	4.71
29	3.42	4.73
30	3.48	4.75
31	3.54	4.77
32	3.61	4.79
33	3.67	4.81
34	3.73	4.83
35	3.80	4.85
36	3.95	5.31
37	4.12	5.81
38	4.33	6.36
39	4.57	6.97
40	4.83	7.63
41	5.11	8.35
42	5.41	9.14
43	5.76	10.01
44	6.10	10.96
45	6.50	12.00
46	6.87	13.11
47	7.28	14.32
48	7.71	15.64
49	8.17	17.08
50	8.67	18.65
51	9.24	20.38
52	9.80	22.26
53	10.41	24.31
54	11.08	26.55
55	11.80	29.00
56	12.45	31.16
57	13.65	33.49
58	14.93	35.99
59	16.46	38.67
60	18.25	41.56
61	20.23	44.66
62	22.31	47.99
63	24.78	51.57
64	27.69	55.42
65	31.28	59.55
66	35.19	66.40
67	39.52	74.48
68	44.44	83.84
69	50.22	94.41
70	56.83	106.13

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

LTS Base with Return of Premium Rider

Level Term Annual Rates per \$1000 with Return of Premium Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 15/15										
With Return of Premium										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	2.20	2.40	2.60	4.17	4.78	1.80	1.90	2.25	2.50	3.95
26	2.23	2.43	2.64	4.20	4.98	1.83	1.94	2.29	2.57	4.04
27	2.27	2.46	2.68	4.22	5.18	1.86	1.98	2.32	2.65	4.14
28	2.31	2.49	2.71	4.25	5.39	1.89	2.02	2.36	2.73	4.24
29	2.34	2.52	2.75	4.28	5.61	1.92	2.06	2.40	2.81	4.34
30	2.38	2.55	2.79	4.31	5.84	1.95	2.10	2.44	2.89	4.44
31	2.42	2.58	2.83	4.34	6.08	1.99	2.15	2.48	2.98	4.55
32	2.46	2.62	2.87	4.36	6.32	2.04	2.21	2.52	3.07	4.66
33	2.50	2.68	2.92	4.39	6.58	2.11	2.27	2.56	3.16	4.77
34	2.54	2.74	2.96	4.42	6.85	2.14	2.33	2.61	3.25	4.88
35	2.60	2.80	3.00	4.45	7.13	2.20	2.40	2.65	3.35	5.00
36	2.71	2.93	3.24	4.87	7.81	2.30	2.53	2.79	3.68	5.46
37	2.83	3.10	3.51	5.34	8.55	2.39	2.66	2.97	4.05	5.97
38	2.96	3.27	3.82	5.85	9.35	2.50	2.83	3.19	4.45	6.52
39	3.09	3.47	4.15	6.40	10.24	2.60	2.99	3.42	4.90	7.13
40	3.23	3.67	4.50	7.01	11.21	2.74	3.17	3.68	5.38	7.79
41	3.36	3.88	4.88	7.68	12.27	2.87	3.37	3.98	5.92	8.51
42	3.50	4.14	5.28	8.41	13.44	3.02	3.59	4.32	6.51	9.30
43	3.64	4.40	5.72	9.21	14.71	3.20	3.83	4.68	7.16	10.16
44	3.81	4.69	6.22	10.09	16.10	3.36	4.08	5.06	7.87	11.10
45	3.99	5.00	6.75	11.05	17.63	3.55	4.36	5.50	8.65	12.13
46	4.39	5.47	7.33	12.14	19.03	3.77	4.63	5.86	9.40	13.14
47	4.88	5.98	7.95	13.34	20.55	4.02	4.91	6.26	10.21	14.24
48	5.39	6.55	8.63	14.65	22.19	4.28	5.20	6.68	11.10	15.43
49	5.95	7.16	9.37	16.10	23.96	4.57	5.51	7.14	12.06	16.71
50	6.58	7.87	10.19	17.68	25.87	4.88	5.88	7.63	13.10	18.11
51	7.21	8.64	11.06	19.43	27.93	5.20	6.25	8.18	14.24	19.62
52	7.81	9.50	12.00	21.34	30.15	5.54	6.64	8.75	15.47	21.25
53	8.56	10.42	13.01	23.45	32.56	5.91	7.08	9.34	16.81	23.03
54	9.34	11.44	14.15	25.76	35.15	6.31	7.53	10.02	18.27	24.95
55	10.33	12.58	15.41	28.30	37.95	6.75	8.01	10.73	19.85	27.03
56	11.40	13.81	17.06	31.09	41.57	7.31	8.85	11.79	21.48	29.09
57	12.56	15.13	18.84	34.15	45.53	7.96	9.79	12.94	23.24	31.31
58	13.86	16.59	20.86	37.51	49.87	8.59	10.82	14.20	25.14	33.69
59	15.34	18.25	23.13	41.20	54.63	9.34	11.96	15.63	27.21	36.26
60	17.03	20.18	25.79	45.26	59.84	10.26	13.22	17.24	29.44	39.03
61	18.91	22.36	28.73	49.71	65.54	11.16	14.61	19.02	31.85	42.00
62	20.98	24.74	31.93	54.61	71.79	12.10	16.15	20.95	34.46	45.20
63	23.32	27.43	35.56	59.99	78.64	13.22	17.86	23.13	37.29	48.65
64	25.96	30.49	39.85	65.89	86.14	14.64	19.74	25.59	40.34	52.36
65	29.00	34.00	45.00	72.38	94.35	16.70	21.82	28.44	43.65	56.35
66	32.20	37.57	50.28	78.38	101.70	19.38	24.57	31.98	48.86	62.73
67	35.73	41.54	56.29	84.89	109.68	22.53	27.66	35.94	54.70	69.83
68	39.64	45.92	62.97	91.97	118.34	26.16	31.14	40.40	61.24	77.76
69	43.96	50.72	70.23	99.65	127.76	30.26	35.06	45.64	68.55	86.60
70	48.66	56.00	78.00	108.00	138.00	34.76	39.48	51.66	76.75	96.45

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

LTS Base with Endowment Rider/Cash Value Rider

Level Term Annual Premiums per \$1000 with Endowment Rider/Cash Value Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 15/15		
With Endowment/Cash Value		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	3.80	5.25
26	3.86	5.47
27	3.92	5.70
28	3.98	5.93
29	4.05	6.18
30	4.11	6.44
31	4.18	6.71
32	4.24	6.99
33	4.31	7.28
34	4.38	7.58
35	4.45	7.90
36	4.72	8.63
37	5.03	9.43
38	5.38	10.31
39	5.74	11.26
40	6.11	12.31
41	6.51	13.45
42	6.94	14.70
43	7.39	16.06
44	7.89	17.55
45	8.40	19.18
46	9.08	20.65
47	9.77	22.23
48	10.54	23.93
49	11.37	25.76
50	12.29	27.74
51	13.23	29.86
52	14.27	32.15
53	15.38	34.61
54	16.63	37.26
55	18.00	40.11
56	20.12	44.09
57	22.49	48.47
58	25.15	53.29
59	28.12	58.58
60	31.45	64.40
61	35.19	70.79
62	39.37	77.83
63	44.05	85.56
64	49.30	94.06
65	55.19	103.40
66	60.27	114.48
67	65.88	126.35
68	72.08	139.35
69	78.92	153.64
70	86.50	169.36

Female LTS 15/15		
With Endowment/Cash Value		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	3.20	4.65
26	3.25	4.67
27	3.31	4.69
28	3.37	4.71
29	3.42	4.73
30	3.48	4.75
31	3.54	4.77
32	3.61	4.79
33	3.67	4.81
34	3.73	4.83
35	3.80	4.85
36	3.95	5.31
37	4.12	5.81
38	4.33	6.36
39	4.57	6.97
40	4.83	7.63
41	5.11	8.35
42	5.41	9.14
43	5.76	10.01
44	6.10	10.96
45	6.50	12.00
46	6.87	13.11
47	7.28	14.32
48	7.71	15.64
49	8.17	17.08
50	8.67	18.65
51	9.24	20.38
52	9.80	22.26
53	10.41	24.31
54	11.08	26.55
55	11.80	29.00
56	12.45	31.16
57	13.65	33.49
58	14.93	35.99
59	16.46	38.67
60	18.25	41.56
61	20.23	44.66
62	22.31	47.99
63	24.78	51.57
64	27.69	55.42
65	31.28	59.55
66	35.19	66.40
67	39.52	74.48
68	44.44	83.84
69	50.22	94.41
70	56.83	106.13

Add \$90 annual policy fee. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

LTS Base with Endowment Rider/Cash Value Rider

Level Term Annual Rates per \$1000 with Endowment Rider/Cash Value Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 15/15										
With Endowment/Cash Value										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	2.20	2.40	2.60	4.17	4.78	1.80	1.90	2.25	2.50	3.95
26	2.23	2.43	2.64	4.20	4.98	1.83	1.94	2.29	2.57	4.04
27	2.27	2.46	2.68	4.22	5.18	1.86	1.98	2.32	2.65	4.14
28	2.31	2.49	2.71	4.25	5.39	1.89	2.02	2.36	2.73	4.24
29	2.34	2.52	2.75	4.28	5.61	1.92	2.06	2.40	2.81	4.34
30	2.38	2.55	2.79	4.31	5.84	1.95	2.10	2.44	2.89	4.44
31	2.42	2.58	2.83	4.34	6.08	1.99	2.15	2.48	2.98	4.55
32	2.46	2.62	2.87	4.36	6.32	2.04	2.21	2.52	3.07	4.66
33	2.50	2.68	2.92	4.39	6.58	2.11	2.27	2.56	3.16	4.77
34	2.54	2.74	2.96	4.42	6.85	2.14	2.33	2.61	3.25	4.88
35	2.60	2.80	3.00	4.45	7.13	2.20	2.40	2.65	3.35	5.00
36	2.71	2.93	3.24	4.87	7.81	2.30	2.53	2.79	3.68	5.46
37	2.83	3.10	3.51	5.34	8.55	2.39	2.66	2.97	4.05	5.97
38	2.96	3.27	3.82	5.85	9.35	2.50	2.83	3.19	4.45	6.52
39	3.09	3.47	4.15	6.40	10.24	2.60	2.99	3.42	4.90	7.13
40	3.23	3.67	4.50	7.01	11.21	2.74	3.17	3.68	5.38	7.79
41	3.36	3.88	4.88	7.68	12.27	2.87	3.37	3.98	5.92	8.51
42	3.50	4.14	5.28	8.41	13.44	3.02	3.59	4.32	6.51	9.30
43	3.64	4.40	5.72	9.21	14.71	3.20	3.83	4.68	7.16	10.16
44	3.81	4.69	6.22	10.09	16.10	3.36	4.08	5.06	7.87	11.10
45	3.99	5.00	6.75	11.05	17.63	3.55	4.36	5.50	8.65	12.13
46	4.39	5.47	7.33	12.14	19.03	3.77	4.63	5.86	9.40	13.14
47	4.88	5.98	7.95	13.34	20.55	4.02	4.91	6.26	10.21	14.24
48	5.39	6.55	8.63	14.65	22.19	4.28	5.20	6.68	11.10	15.43
49	5.95	7.16	9.37	16.10	23.96	4.57	5.51	7.14	12.06	16.71
50	6.58	7.87	10.19	17.68	25.87	4.88	5.88	7.63	13.10	18.11
51	7.21	8.64	11.06	19.43	27.93	5.20	6.25	8.18	14.24	19.62
52	7.81	9.50	12.00	21.34	30.15	5.54	6.64	8.75	15.47	21.25
53	8.56	10.42	13.01	23.45	32.56	5.91	7.08	9.34	16.81	23.03
54	9.34	11.44	14.15	25.76	35.15	6.31	7.53	10.02	18.27	24.95
55	10.33	12.58	15.41	28.30	37.95	6.75	8.01	10.73	19.85	27.03
56	11.40	13.81	17.06	31.09	41.57	7.31	8.85	11.79	21.48	29.09
57	12.56	15.13	18.84	34.15	45.53	7.96	9.79	12.94	23.24	31.31
58	13.86	16.59	20.86	37.51	49.87	8.59	10.82	14.20	25.14	33.69
59	15.34	18.25	23.13	41.20	54.63	9.34	11.96	15.63	27.21	36.26
60	17.03	20.18	25.79	45.26	59.84	10.26	13.22	17.24	29.44	39.03
61	18.91	22.36	28.73	49.71	65.54	11.16	14.61	19.02	31.85	42.00
62	20.98	24.74	31.93	54.61	71.79	12.10	16.15	20.95	34.46	45.20
63	23.32	27.43	35.56	59.99	78.64	13.22	17.86	23.13	37.29	48.65
64	25.96	30.49	39.85	65.89	86.14	14.64	19.74	25.59	40.34	52.36
65	29.00	34.00	45.00	72.38	94.35	16.70	21.82	28.44	43.65	56.35
66	32.20	37.57	50.28	78.38	101.70	19.38	24.57	31.98	48.86	62.73
67	35.73	41.54	56.29	84.89	109.68	22.53	27.66	35.94	54.70	69.83
68	39.64	45.92	62.97	91.97	118.34	26.16	31.14	40.40	61.24	77.76
69	43.96	50.72	70.23	99.65	127.76	30.26	35.06	45.64	68.55	86.60
70	48.66	56.00	78.00	108.00	138.00	34.76	39.48	51.66	76.75	96.45

Add \$90 annual policy fee. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

LTS Base with Return of Premium Rider

Level Term Annual Rates per \$1000 with Return of Premium Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 20/20		
With Return of Premium		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.89	4.11
26	2.00	4.35
27	2.12	4.60
28	2.24	4.87
29	2.37	5.15
30	2.51	5.45
31	2.65	5.77
32	2.81	6.10
33	2.97	6.46
34	3.15	6.83
35	3.33	7.23
36	3.61	7.90
37	3.92	8.64
38	4.26	9.45
39	4.62	10.33
40	5.01	11.29
41	5.44	12.35
42	5.91	13.50
43	6.41	14.76
44	6.96	16.13
45	7.55	17.64
46	8.27	19.04
47	9.05	20.55
48	9.91	22.19
49	10.85	23.95
50	11.88	25.85
51	13.01	27.91
52	14.24	30.12
53	15.60	32.52
54	17.08	35.10
55	18.70	37.89
56	20.01	41.70
57	21.45	45.92
58	23.03	50.58
59	24.78	55.74
60	26.70	61.44

Female LTS 20/20		
With Return of Premium		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.80	3.94
26	1.88	4.12
27	1.97	4.31
28	2.06	4.51
29	2.16	4.72
30	2.26	4.94
31	2.37	5.17
32	2.48	5.41
33	2.60	5.66
34	2.72	5.92
35	2.85	6.19
36	3.03	6.69
37	3.23	7.23
38	3.44	7.81
39	3.66	8.43
40	3.90	9.11
41	4.15	9.84
42	4.42	10.63
43	4.71	11.49
44	5.01	12.41
45	5.34	13.41
46	5.66	14.72
47	6.00	16.16
48	6.36	17.74
49	6.74	19.48
50	7.15	21.39
51	7.58	23.48
52	8.04	25.78
53	8.52	28.30
54	9.03	31.07
55	9.58	34.11
56	10.32	37.00
57	11.15	40.13
58	12.06	43.54
59	13.08	47.23
60	14.20	51.25

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

LTS Base with Return of Premium Rider

Level Term Annual Rates per \$1000 with Return of Premium Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 20/20										
With Return of Premium										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	1.64	1.71	1.82	3.37	4.03	1.33	1.50	1.71	2.74	3.66
26	1.65	1.75	1.89	3.47	4.17	1.35	1.53	1.75	2.80	3.77
27	1.67	1.79	1.97	3.58	4.31	1.37	1.56	1.79	2.85	3.88
28	1.68	1.83	2.05	3.69	4.46	1.39	1.59	1.83	2.91	3.99
29	1.69	1.87	2.13	3.80	4.62	1.41	1.63	1.87	2.97	4.11
30	1.70	1.92	2.22	3.91	4.78	1.43	1.66	1.91	3.03	4.23
31	1.72	1.96	2.30	4.03	4.95	1.45	1.70	1.95	3.09	4.36
32	1.73	2.01	2.40	4.15	5.12	1.47	1.73	1.99	3.15	4.49
33	1.74	2.05	2.49	4.28	5.30	1.49	1.77	2.04	3.22	4.62
34	1.76	2.10	2.60	4.41	5.48	1.51	1.81	2.08	3.28	4.76
35	1.77	2.15	2.70	4.54	5.67	1.53	1.85	2.13	3.35	4.90
36	1.91	2.32	2.95	4.91	6.26	1.62	1.95	2.29	3.60	5.26
37	2.07	2.51	3.22	5.32	6.91	1.72	2.06	2.46	3.87	5.64
38	2.23	2.71	3.52	5.76	7.63	1.83	2.18	2.64	4.16	6.05
39	2.42	2.93	3.84	6.23	8.43	1.94	2.30	2.83	4.48	6.48
40	2.61	3.16	4.20	6.75	9.31	2.06	2.43	3.04	4.81	6.95
41	2.82	3.42	4.58	7.30	10.28	2.18	2.57	3.27	5.17	7.46
42	3.05	3.69	5.00	7.91	11.35	2.32	2.71	3.51	5.56	8.00
43	3.30	3.99	5.47	8.56	12.53	2.46	2.87	3.77	5.98	8.58
44	3.56	4.30	5.97	9.27	13.84	2.61	3.03	4.05	6.43	9.20
45	3.85	4.65	6.52	10.03	15.28	2.77	3.21	4.35	6.91	9.87
46	4.23	5.12	7.17	10.94	16.65	3.00	3.48	4.70	7.53	10.89
47	4.64	5.63	7.88	11.94	18.15	3.24	3.78	5.08	8.22	12.01
48	5.10	6.20	8.67	13.03	19.78	3.51	4.11	5.49	8.96	13.24
49	5.60	6.83	9.53	14.22	21.56	3.79	4.46	5.93	9.77	14.61
50	6.14	7.52	10.48	15.52	23.50	4.10	4.84	6.41	10.65	16.11
51	6.75	8.27	11.53	16.93	25.61	4.44	5.25	6.93	11.61	17.77
52	7.41	9.11	12.68	18.47	27.91	4.80	5.70	7.49	12.66	19.60
53	8.14	10.03	13.95	20.16	30.42	5.19	6.19	8.09	13.81	21.62
54	8.93	11.04	15.36	21.99	33.15	5.61	6.72	8.74	15.06	23.84
55	9.81	12.15	16.90	24.00	36.13	6.07	7.29	9.45	16.42	26.30
56	10.56	12.92	18.08	25.78	38.92	6.52	7.81	10.13	17.38	28.09
57	11.39	13.77	19.36	27.71	41.95	7.01	8.37	10.88	18.42	30.00
58	12.30	14.69	20.78	29.80	45.25	7.55	9.00	11.71	19.55	32.05
59	13.30	15.70	22.34	32.05	48.83	8.14	9.68	12.63	20.76	34.25
60	14.40	16.80	24.05	34.50	52.72	8.80	10.44	13.64	22.07	36.60

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

LTS Base with Endowment Rider/Cash Value Rider

Level Term Annual Rates per \$1000 with Endowment Rider/Cash Value Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 20/20		
With Endowment/Cash Value		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.89	4.11
26	2.00	4.35
27	2.12	4.60
28	2.24	4.87
29	2.37	5.15
30	2.51	5.45
31	2.65	5.77
32	2.81	6.10
33	2.97	6.46
34	3.15	6.83
35	3.33	7.23
36	3.61	7.90
37	3.92	8.64
38	4.26	9.45
39	4.62	10.33
40	5.01	11.29
41	5.44	12.35
42	5.91	13.50
43	6.41	14.76
44	6.96	16.13
45	7.55	17.64
46	8.27	19.04
47	9.05	20.55
48	9.91	22.19
49	10.85	23.95
50	11.88	25.85
51	13.01	27.91
52	14.24	30.12
53	15.60	32.52
54	17.08	35.10
55	18.70	37.89
56	20.01	41.70
57	21.45	45.92
58	23.03	50.58
59	24.78	55.74
60	26.70	61.44

Female LTS 20/20		
With Endowment/Cash Value		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.80	3.94
26	1.88	4.12
27	1.97	4.31
28	2.06	4.51
29	2.16	4.72
30	2.26	4.94
31	2.37	5.17
32	2.48	5.41
33	2.60	5.66
34	2.72	5.92
35	2.85	6.19
36	3.03	6.69
37	3.23	7.23
38	3.44	7.81
39	3.66	8.43
40	3.90	9.11
41	4.15	9.84
42	4.42	10.63
43	4.71	11.49
44	5.01	12.41
45	5.34	13.41
46	5.66	14.72
47	6.00	16.16
48	6.36	17.74
49	6.74	19.48
50	7.15	21.39
51	7.58	23.48
52	8.04	25.78
53	8.52	28.30
54	9.03	31.07
55	9.58	34.11
56	10.32	37.00
57	11.15	40.13
58	12.06	43.54
59	13.08	47.23
60	14.20	51.25

Add \$90 annual policy fee. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

LTS Base with Endowment Rider/Cash Value Rider

Level Term Annual Rates per \$1000 with Endowment Rider/Cash Value Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 20/20										
With Endowment/Cash Value										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	1.64	1.71	1.82	3.37	4.03	1.33	1.50	1.71	2.74	3.66
26	1.65	1.75	1.89	3.47	4.17	1.35	1.53	1.75	2.80	3.77
27	1.67	1.79	1.97	3.58	4.31	1.37	1.56	1.79	2.85	3.88
28	1.68	1.83	2.05	3.69	4.46	1.39	1.59	1.83	2.91	3.99
29	1.69	1.87	2.13	3.80	4.62	1.41	1.63	1.87	2.97	4.11
30	1.70	1.92	2.22	3.91	4.78	1.43	1.66	1.91	3.03	4.23
31	1.72	1.96	2.30	4.03	4.95	1.45	1.70	1.95	3.09	4.36
32	1.73	2.01	2.40	4.15	5.12	1.47	1.73	1.99	3.15	4.49
33	1.74	2.05	2.49	4.28	5.30	1.49	1.77	2.04	3.22	4.62
34	1.76	2.10	2.60	4.41	5.48	1.51	1.81	2.08	3.28	4.76
35	1.77	2.15	2.70	4.54	5.67	1.53	1.85	2.13	3.35	4.90
36	1.91	2.32	2.95	4.91	6.26	1.62	1.95	2.29	3.60	5.26
37	2.07	2.51	3.22	5.32	6.91	1.72	2.06	2.46	3.87	5.64
38	2.23	2.71	3.52	5.76	7.63	1.83	2.18	2.64	4.16	6.05
39	2.42	2.93	3.84	6.23	8.43	1.94	2.30	2.83	4.48	6.48
40	2.61	3.16	4.20	6.75	9.31	2.06	2.43	3.04	4.81	6.95
41	2.82	3.42	4.58	7.30	10.28	2.18	2.57	3.27	5.17	7.46
42	3.05	3.69	5.00	7.91	11.35	2.32	2.71	3.51	5.56	8.00
43	3.30	3.99	5.47	8.56	12.53	2.46	2.87	3.77	5.98	8.58
44	3.56	4.30	5.97	9.27	13.84	2.61	3.03	4.05	6.43	9.20
45	3.85	4.65	6.52	10.03	15.28	2.77	3.21	4.35	6.91	9.87
46	4.23	5.12	7.17	10.94	16.65	3.00	3.48	4.70	7.53	10.89
47	4.64	5.63	7.88	11.94	18.15	3.24	3.78	5.08	8.22	12.01
48	5.10	6.20	8.67	13.03	19.78	3.51	4.11	5.49	8.96	13.24
49	5.60	6.83	9.53	14.22	21.56	3.79	4.46	5.93	9.77	14.61
50	6.14	7.52	10.48	15.52	23.50	4.10	4.84	6.41	10.65	16.11
51	6.75	8.27	11.53	16.93	25.61	4.44	5.25	6.93	11.61	17.77
52	7.41	9.11	12.68	18.47	27.91	4.80	5.70	7.49	12.66	19.60
53	8.14	10.03	13.95	20.16	30.42	5.19	6.19	8.09	13.81	21.62
54	8.93	11.04	15.36	21.99	33.15	5.61	6.72	8.74	15.06	23.84
55	9.81	12.15	16.90	24.00	36.13	6.07	7.29	9.45	16.42	26.30
56	10.56	12.92	18.08	25.78	38.92	6.52	7.81	10.13	17.38	28.09
57	11.39	13.77	19.36	27.71	41.95	7.01	8.37	10.88	18.42	30.00
58	12.30	14.69	20.78	29.80	45.25	7.55	9.00	11.71	19.55	32.05
59	13.30	15.70	22.34	32.05	48.83	8.14	9.68	12.63	20.76	34.25
60	14.40	16.80	24.05	34.50	52.72	8.80	10.44	13.64	22.07	36.60

Add \$90 annual policy fee. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

LTS Base with Return of Premium Rider

Level Term Annual rates per \$1000 with Return of Premium Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 30/30		
With Return of Premium		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.76	3.84
26	1.87	4.08
27	1.99	4.33
28	2.11	4.60
29	2.24	4.88
30	2.37	5.17
31	2.51	5.49
32	2.66	5.82
33	2.82	6.18
34	3.00	6.56
35	3.18	6.96
36	3.47	7.54
37	3.78	8.16
38	4.13	8.84
39	4.51	9.57
40	4.93	10.36
41	5.39	11.22
42	5.90	12.15
43	6.46	13.15
44	7.07	14.24
45	7.76	15.40
46	8.90	17.33
47	10.23	19.51
48	11.77	21.97
49	13.56	24.75
50	15.62	27.89

Female LTS 30/30		
With Return of Premium		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.70	3.76
26	1.77	3.88
27	1.85	4.00
28	1.93	4.12
29	2.01	4.25
30	2.09	4.38
31	2.17	4.51
32	2.26	4.65
33	2.35	4.80
34	2.45	4.95
35	2.56	5.12
36	2.77	5.51
37	3.00	5.94
38	3.25	6.40
39	3.52	6.90
40	3.81	7.43
41	4.13	8.00
42	4.48	8.62
43	4.85	9.29
44	5.25	10.01
45	5.68	10.80
46	6.53	12.41
47	7.51	14.27
48	8.64	16.41
49	9.95	18.89
50	11.47	21.76

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

LTS Base with Return of Premium Rider

Level Term Annual rates per \$1000 with Return of Premium Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/30										
With Return of Premium										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	1.50	1.64	1.70	3.65	3.79	1.23	1.43	1.66	2.94	3.63
26	1.53	1.69	1.81	3.73	3.98	1.27	1.46	1.72	3.00	3.70
27	1.56	1.75	1.92	3.81	4.19	1.31	1.49	1.78	3.06	3.77
28	1.59	1.81	2.04	3.90	4.41	1.35	1.53	1.84	3.12	3.85
29	1.62	1.88	2.17	3.99	4.64	1.39	1.58	1.91	3.18	3.94
30	1.65	1.95	2.30	4.08	4.88	1.43	1.63	1.98	3.25	4.03
31	1.68	2.03	2.45	4.17	5.13	1.47	1.68	2.06	3.32	4.12
32	1.71	2.11	2.60	4.26	5.40	1.51	1.73	2.14	3.39	4.21
33	1.75	2.20	2.77	4.36	5.68	1.55	1.78	2.22	3.46	4.30
34	1.79	2.30	2.95	4.46	5.98	1.59	1.83	2.30	3.53	4.40
35	1.83	2.40	3.13	4.59	6.31	1.67	1.87	2.40	3.63	4.49
36	1.99	2.60	3.40	5.06	6.87	1.78	1.99	2.60	3.90	4.86
37	2.17	2.81	3.70	5.58	7.48	1.91	2.13	2.81	4.19	5.27
38	2.37	3.04	4.03	6.15	8.14	2.04	2.27	3.04	4.50	5.71
39	2.59	3.29	4.39	6.78	8.86	2.18	2.42	3.30	4.83	6.19
40	2.83	3.56	4.79	7.47	9.65	2.33	2.58	3.58	5.19	6.71
41	3.09	3.86	5.22	8.23	10.51	2.49	2.76	3.88	5.57	7.27
42	3.38	4.19	5.69	9.07	11.44	2.67	2.95	4.21	5.99	7.87
43	3.70	4.55	6.20	9.99	12.46	2.86	3.15	4.57	6.43	8.52
44	4.05	4.95	6.76	11.01	13.56	3.06	3.37	4.96	6.91	9.23
45	4.40	5.40	7.40	12.14	14.76	3.27	3.60	5.40	7.44	10.01
46	5.04	6.20	8.49	13.47	16.61	3.75	4.16	6.21	8.57	11.51
47	5.78	7.12	9.75	14.96	18.70	4.31	4.81	7.14	9.87	13.23
48	6.65	8.19	11.22	16.62	21.05	4.96	5.56	8.21	11.37	15.22
49	7.67	9.42	12.92	18.48	23.72	5.71	6.42	9.45	13.09	17.52
50	8.87	10.87	14.90	20.57	26.73	6.57	7.40	10.90	15.07	20.17

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

LTS Base with Endowment Rider/Cash Value Rider

Level Term Annual rates per \$1000 with Endowment Rider/Cash Value Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 30/30		
With Endowment/Cash Value		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.76	3.84
26	1.87	4.08
27	1.99	4.33
28	2.11	4.60
29	2.24	4.88
30	2.37	5.17
31	2.51	5.49
32	2.66	5.82
33	2.82	6.18
34	3.00	6.56
35	3.18	6.96
36	3.47	7.54
37	3.78	8.16
38	4.13	8.84
39	4.51	9.57
40	4.93	10.36
41	5.39	11.22
42	5.90	12.15
43	6.46	13.15
44	7.07	14.24
45	7.76	15.40
46	8.90	17.33
47	10.23	19.51
48	11.77	21.97
49	13.56	24.75
50	15.62	27.89

Female LTS 30/30		
With Endowment/Cash Value		
Issue Age	Standard Non-Nicotone	Standard Nicotine
18-25	1.70	3.76
26	1.77	3.88
27	1.85	4.00
28	1.93	4.12
29	2.01	4.25
30	2.09	4.38
31	2.17	4.51
32	2.26	4.65
33	2.35	4.80
34	2.45	4.95
35	2.56	5.12
36	2.77	5.51
37	3.00	5.94
38	3.25	6.40
39	3.52	6.90
40	3.81	7.43
41	4.13	8.00
42	4.48	8.62
43	4.85	9.29
44	5.25	10.01
45	5.68	10.80
46	6.53	12.41
47	7.51	14.27
48	8.64	16.41
49	9.95	18.89
50	11.47	21.76

Add \$90 annual policy fee. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

LTS Base with Endowment Rider/Cash Value Rider

Level Term Annual rates per \$1000 with Endowment Rider/Cash Value Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/30										
With Endowment/Cash Value										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	1.50	1.64	1.70	3.65	3.79	1.23	1.43	1.66	2.94	3.63
26	1.53	1.69	1.81	3.73	3.98	1.27	1.46	1.72	3.00	3.70
27	1.56	1.75	1.92	3.81	4.19	1.31	1.49	1.78	3.06	3.77
28	1.59	1.81	2.04	3.90	4.41	1.35	1.53	1.84	3.12	3.85
29	1.62	1.88	2.17	3.99	4.64	1.39	1.58	1.91	3.18	3.94
30	1.65	1.95	2.30	4.08	4.88	1.43	1.63	1.98	3.25	4.03
31	1.68	2.03	2.45	4.17	5.13	1.47	1.68	2.06	3.32	4.12
32	1.71	2.11	2.60	4.26	5.40	1.51	1.73	2.14	3.39	4.21
33	1.75	2.20	2.77	4.36	5.68	1.55	1.78	2.22	3.46	4.30
34	1.79	2.30	2.95	4.46	5.98	1.59	1.83	2.30	3.53	4.40
35	1.83	2.40	3.13	4.59	6.31	1.67	1.87	2.40	3.63	4.49
36	1.99	2.60	3.40	5.06	6.87	1.78	1.99	2.60	3.90	4.86
37	2.17	2.81	3.70	5.58	7.48	1.91	2.13	2.81	4.19	5.27
38	2.37	3.04	4.03	6.15	8.14	2.04	2.27	3.04	4.50	5.71
39	2.59	3.29	4.39	6.78	8.86	2.18	2.42	3.30	4.83	6.19
40	2.83	3.56	4.79	7.47	9.65	2.33	2.58	3.58	5.19	6.71
41	3.09	3.86	5.22	8.23	10.51	2.49	2.76	3.88	5.57	7.27
42	3.38	4.19	5.69	9.07	11.44	2.67	2.95	4.21	5.99	7.87
43	3.70	4.55	6.20	9.99	12.46	2.86	3.15	4.57	6.43	8.52
44	4.05	4.95	6.76	11.01	13.56	3.06	3.37	4.96	6.91	9.23
45	4.40	5.40	7.40	12.14	14.76	3.27	3.60	5.40	7.44	10.01
46	5.04	6.20	8.49	13.47	16.61	3.75	4.16	6.21	8.57	11.51
47	5.78	7.12	9.75	14.96	18.70	4.31	4.81	7.14	9.87	13.23
48	6.65	8.19	11.22	16.62	21.05	4.96	5.56	8.21	11.37	15.22
49	7.67	9.42	12.92	18.48	23.72	5.71	6.42	9.45	13.09	17.52
50	8.87	10.87	14.90	20.57	26.73	6.57	7.40	10.90	15.07	20.17

Add \$90 annual policy fee. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

LTS Base with Return of Premium Rider

Level Term Annual Rates per \$1000 with Return of Premium Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 30/5		
With Return of Premium Rider		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.49	3.20
26	1.57	3.37
27	1.65	3.55
28	1.73	3.70
29	1.82	3.92
30	1.91	4.12
31	2.00	4.33
32	2.11	4.62
33	2.22	4.85
34	2.33	5.13
35	2.45	5.41
36	2.69	5.88
37	2.96	6.39
38	3.25	6.95
39	3.57	7.55
40	3.92	8.20
41	4.31	8.92
42	4.74	9.69
43	5.20	10.53
44	5.72	11.45
45	6.28	12.44
46	6.80	13.32
47	7.37	14.26
48	7.98	15.26
49	8.65	16.34
50	9.37	17.49
51	10.15	18.73
52	10.99	20.05
53	11.91	21.46
54	12.90	22.71
55	13.97	24.60
56	14.94	26.56
57	15.98	28.67
58	17.09	30.96
59	18.27	---
60	19.54	---

Female LTS 30/5		
With Return of Premium Rider		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.30	3.00
26	1.36	3.14
27	1.43	3.28
28	1.49	3.43
29	1.57	3.59
30	1.64	3.75
31	1.72	3.93
32	1.80	4.11
33	1.89	4.30
34	1.98	4.49
35	2.07	4.70
36	2.26	5.08
37	2.46	5.49
38	2.68	5.93
39	2.92	6.41
40	3.18	6.92
41	3.46	7.48
42	3.77	8.08
43	4.11	8.74
44	4.48	9.44
45	4.88	10.20
46	5.28	11.13
47	5.72	12.13
48	6.19	13.23
49	6.70	14.43
50	7.25	15.74
51	7.85	17.17
52	8.49	18.73
53	9.19	20.43
54	9.95	22.28
55	10.77	24.30
56	11.57	26.10
57	12.43	28.03
58	13.35	30.10
59	14.34	---
60	15.41	---

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX.

LTS Base with Return of Premium Rider

Level Term Annual Rates per \$1000 with Return of Premium Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/5										
With Return of Premium Rider										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	1.02	1.15	1.45	2.81	3.18	0.90	1.00	1.26	2.40	2.84
26	1.05	1.19	1.51	2.93	3.35	0.93	1.03	1.31	2.47	2.97
27	1.09	1.24	1.57	3.06	3.52	0.95	1.06	1.35	2.55	3.10
28	1.13	1.29	1.64	3.19	3.68	0.98	1.08	1.40	2.62	3.24
29	1.16	1.34	1.71	3.33	3.90	1.01	1.11	1.46	2.70	3.38
30	1.20	1.39	1.78	3.47	4.11	1.04	1.14	1.51	2.78	3.53
31	1.24	1.44	1.86	3.62	4.31	1.07	1.18	1.57	2.86	3.69
32	1.29	1.50	1.94	3.77	4.55	1.10	1.21	1.62	2.95	3.86
33	1.33	1.56	2.02	3.93	4.79	1.13	1.24	1.68	3.04	4.03
34	1.37	1.62	2.10	4.10	5.04	1.17	1.28	1.75	3.13	4.21
35	1.42	1.68	2.19	4.28	5.31	1.20	1.31	1.81	3.22	4.40
36	1.53	1.82	2.39	4.71	5.76	1.29	1.40	1.95	3.49	4.75
37	1.64	1.98	2.60	5.18	6.24	1.38	1.49	2.10	3.78	5.12
38	1.76	2.14	2.84	5.70	6.77	1.48	1.59	2.26	4.10	5.53
39	1.89	2.32	3.09	6.28	7.34	1.58	1.70	2.43	4.44	5.97
40	2.03	2.52	3.37	6.91	7.96	1.70	1.82	2.62	4.81	6.44
41	2.18	2.73	3.67	7.60	8.63	1.82	1.94	2.82	5.22	6.95
42	2.34	2.96	4.00	8.37	9.36	1.95	2.07	3.03	5.66	7.50
43	2.51	3.21	4.36	9.21	10.15	2.09	2.21	3.26	6.13	8.10
44	2.70	3.49	4.75	10.13	11.00	2.24	2.36	3.51	6.64	8.74
45	2.90	3.78	5.18	11.15	11.93	2.40	2.52	3.78	7.20	9.43
46	3.25	4.16	5.71	11.96	12.81	2.67	2.82	4.19	7.71	10.35
47	3.64	4.57	6.30	12.83	13.77	2.97	3.15	4.65	8.26	11.37
48	4.07	5.02	6.95	13.76	14.79	3.31	3.53	5.15	8.85	12.48
49	4.56	5.52	7.67	14.77	15.88	3.68	3.95	5.71	9.47	13.70
50	5.11	6.07	8.45	15.84	17.06	4.10	4.42	6.33	10.15	15.04
51	5.72	6.67	9.33	16.99	18.33	4.56	4.94	7.02	10.87	16.52
52	6.41	7.34	10.29	18.23	19.69	5.08	5.53	7.78	11.64	18.13
53	7.18	8.07	11.34	19.55	21.15	5.65	6.19	8.62	12.47	19.91
54	8.04	8.87	12.51	20.97	22.69	6.29	6.93	9.56	13.35	21.86
55	9.00	9.75	13.80	22.50	24.40	7.00	7.75	10.60	14.30	24.00
56	9.80	10.69	14.76	24.27	26.34	7.58	8.38	11.39	15.79	25.78
57	10.66	11.72	15.78	26.18	28.44	8.21	9.07	12.23	17.43	27.68
58	11.60	12.85	16.88	28.24	30.71	8.89	9.81	13.14	19.25	29.73
59	12.63	14.10	18.05	30.47	---	9.63	10.61	14.12	21.25	---
60	13.75	15.46	19.30	---	---	10.43	11.48	15.17	23.46	---

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX.

LTS Base with Endowment Rider

Level Term Annual Rates per \$1000 with Endowment Rider
Face Amounts \$50,000 to \$99,999 for Standard

Male LTS 30/5		
With Endowment		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.49	3.20
26	1.57	3.37
27	1.65	3.55
28	1.73	3.70
29	1.82	3.92
30	1.91	4.12
31	2.00	4.33
32	2.11	4.62
33	2.22	4.85
34	2.33	5.13
35	2.45	5.41
36	2.69	5.88
37	2.96	6.39
38	3.25	6.95
39	3.57	7.55
40	3.92	8.20
41	4.31	8.92
42	4.74	9.69
43	5.20	10.53
44	5.72	11.45
45	6.28	12.44
46	6.80	13.32
47	7.37	14.26
48	7.98	15.26
49	8.65	16.34
50	9.37	17.49
51	10.15	18.73
52	10.99	20.05
53	11.91	21.46
54	12.90	22.71
55	13.97	24.60
56	14.94	26.56
57	15.98	28.67
58	17.09	30.96
59	18.27	---
60	19.54	---

Female LTS 30/5		
With Endowment		
Issue Age	Standard Non-Nicotine	Standard Nicotine
18-25	1.30	3.00
26	1.36	3.14
27	1.43	3.28
28	1.49	3.43
29	1.57	3.59
30	1.64	3.75
31	1.72	3.93
32	1.80	4.11
33	1.89	4.30
34	1.98	4.49
35	2.07	4.70
36	2.26	5.08
37	2.46	5.49
38	2.68	5.93
39	2.92	6.41
40	3.18	6.92
41	3.46	7.48
42	3.77	8.08
43	4.11	8.74
44	4.48	9.44
45	4.88	10.20
46	5.28	11.13
47	5.72	12.13
48	6.19	13.23
49	6.70	14.43
50	7.25	15.74
51	7.85	17.17
52	8.49	18.73
53	9.19	20.43
54	9.95	22.28
55	10.77	24.30
56	11.57	26.10
57	12.43	28.03
58	13.35	30.10
59	14.34	---
60	15.41	---

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX.

LTS Base with Endowment Rider

Level Term Annual Rates per \$1000 with Endowment Rider

Face Amounts \$100,000 and greater for Standard and Preferred; Face Amounts \$250,000 for Ultra Preferred

LTS 30/5										
With Endowment										
Issue Age	Male					Female				
	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine	Ultra-Preferred Non-Nicotine	Preferred Non-Nicotine	Standard Non-Nicotine	Preferred Nicotine	Standard Nicotine
18-25	1.02	1.15	1.45	2.81	3.18	0.90	1.00	1.26	2.40	2.84
26	1.05	1.19	1.51	2.93	3.35	0.93	1.03	1.31	2.47	2.97
27	1.09	1.24	1.57	3.06	3.52	0.95	1.06	1.35	2.55	3.10
28	1.13	1.29	1.64	3.19	3.68	0.98	1.08	1.40	2.62	3.24
29	1.16	1.34	1.71	3.33	3.90	1.01	1.11	1.46	2.70	3.38
30	1.20	1.39	1.78	3.47	4.11	1.04	1.14	1.51	2.78	3.53
31	1.24	1.44	1.86	3.62	4.31	1.07	1.18	1.57	2.86	3.69
32	1.29	1.50	1.94	3.77	4.55	1.10	1.21	1.62	2.95	3.86
33	1.33	1.56	2.02	3.93	4.79	1.13	1.24	1.68	3.04	4.03
34	1.37	1.62	2.10	4.10	5.04	1.17	1.28	1.75	3.13	4.21
35	1.42	1.68	2.19	4.28	5.31	1.20	1.31	1.81	3.22	4.40
36	1.53	1.82	2.39	4.71	5.76	1.29	1.40	1.95	3.49	4.75
37	1.64	1.98	2.60	5.18	6.24	1.38	1.49	2.10	3.78	5.12
38	1.76	2.14	2.84	5.70	6.77	1.48	1.59	2.26	4.10	5.53
39	1.89	2.32	3.09	6.28	7.34	1.58	1.70	2.43	4.44	5.97
40	2.03	2.52	3.37	6.91	7.96	1.70	1.82	2.62	4.81	6.44
41	2.18	2.73	3.67	7.60	8.63	1.82	1.94	2.82	5.22	6.95
42	2.34	2.96	4.00	8.37	9.36	1.95	2.07	3.03	5.66	7.50
43	2.51	3.21	4.36	9.21	10.15	2.09	2.21	3.26	6.13	8.10
44	2.70	3.49	4.75	10.13	11.00	2.24	2.36	3.51	6.64	8.74
45	2.90	3.78	5.18	11.15	11.93	2.40	2.52	3.78	7.20	9.43
46	3.25	4.16	5.71	11.96	12.81	2.67	2.82	4.19	7.71	10.35
47	3.64	4.57	6.30	12.83	13.77	2.97	3.15	4.65	8.26	11.37
48	4.07	5.02	6.95	13.76	14.79	3.31	3.53	5.15	8.85	12.48
49	4.56	5.52	7.67	14.77	15.88	3.68	3.95	5.71	9.47	13.70
50	5.11	6.07	8.45	15.84	17.06	4.10	4.42	6.33	10.15	15.04
51	5.72	6.67	9.33	16.99	18.33	4.56	4.94	7.02	10.87	16.52
52	6.41	7.34	10.29	18.23	19.69	5.08	5.53	7.78	11.64	18.13
53	7.18	8.07	11.34	19.55	21.15	5.65	6.19	8.62	12.47	19.91
54	8.04	8.87	12.51	20.97	22.69	6.29	6.93	9.56	13.35	21.86
55	9.00	9.75	13.80	22.50	24.40	7.00	7.75	10.60	14.30	24.00
56	9.80	10.69	14.76	24.27	26.34	7.58	8.38	11.39	15.79	25.78
57	10.66	11.72	15.78	26.18	28.44	8.21	9.07	12.23	17.43	27.68
58	11.60	12.85	16.88	28.24	30.71	8.89	9.81	13.14	19.25	29.73
59	12.63	14.10	18.05	30.47	---	9.63	10.61	14.12	21.25	---
60	13.75	15.46	19.30	---	---	10.43	11.48	15.17	23.46	---

Add \$90 annual policy fee. Not available in all states. Certain restrictions apply. Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX.

Return of Premium Rider
Percentages of Total Premium

Return of Premium Rider			
End of Year	15 Year	20 Year	30 Year
1	0%	0%	0%
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	5	3	1
7	10	6	2
8	15	9	3
9	20	12	4
10	25	15	5
11	40	22	7
12	55	29	9
13	70	36	11
14	85	43	13
15	100	50	15
16	---	60	17
17	---	70	19
18	---	80	21
19	---	90	23
20	---	100	25
21	---	---	30
22	---	---	35
23	---	---	40
24	---	---	45
25	---	---	50
26	---	---	60
27	---	---	70
28	---	---	80
29	---	---	90
30	---	---	100
31+	---	---	0

Endowment Rider / Cash Value Rider
Percentages of Total Premium

Endowment Rider/Cash Value Rider			
End of Year	15 Year	20 Year	30 Year
1	0%	0%	0%
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	5	3	1
7	10	6	2
8	15	9	3
9	20	12	4
10	25	15	5
11	40	22	7
12	55	29	9
13	70	36	11
14	85	43	13
15	100	50	15
16	---	60	17
17	---	70	19
18	---	80	21
19	---	90	23
20	---	100	25
21	---	---	30
22	---	---	35
23	---	---	40
24	---	---	45
25	---	---	50
26	---	---	60
27	---	---	70
28	---	---	80
29	---	---	90
30	---	---	100
31+	---	---	0

Waiver of Premium Rider
Annual Premiums per \$1,000 Face Amount

Waiver of Premium Rider				
Issue Age	Base	15 yr w/ROP	20 yr w/ROP	30 yr w/ROP
18	0.13	0.31	0.24	0.16
19	0.13	0.31	0.24	0.16
20	0.13	0.31	0.24	0.16
21	0.13	0.31	0.24	0.16
22	0.13	0.31	0.24	0.16
23	0.13	0.31	0.24	0.16
24	0.13	0.31	0.24	0.16
25	0.14	0.34	0.26	0.17
26	0.14	0.34	0.26	0.18
27	0.15	0.36	0.27	0.19
28	0.15	0.36	0.27	0.19
29	0.15	0.36	0.27	0.19
30	0.16	0.39	0.29	0.20
31	0.17	0.41	0.31	0.22
32	0.17	0.41	0.31	0.22
33	0.18	0.44	0.33	0.23
34	0.19	0.46	0.35	0.24
35	0.20	0.48	0.37	0.26
36	0.21	0.51	0.38	0.27
37	0.23	0.56	0.42	0.30
38	0.24	0.58	0.44	0.32
39	0.26	0.63	0.48	0.34
40	0.28	0.68	0.51	0.37
41	0.31	0.75	0.57	0.42
42	0.34	0.82	0.62	0.46
43	0.37	0.90	0.68	0.50
44	0.41	0.99	0.75	0.56
45	0.47	1.14	0.86	0.64
46	0.53	1.28	0.97	0.72
47	0.60	1.45	1.10	0.82
48	0.68	1.65	1.24	0.93
49	0.78	1.89	1.43	1.07
50	0.91	2.20	1.67	1.25
51	1.06	2.57	1.94	1.46
52	1.25	3.03	2.29	1.72
53	1.47	3.56	2.69	2.02
54	1.75	4.24	3.20	2.40
55	2.10	5.08	3.84	2.88

Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133). Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA only. Waiver of Premium Rider (Rider Series 2100/2130).

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
1 year benefit period.

Disability Income Rider 1 Year Benefit				
Issue Age	w/o ROP (ALL)	With Return of Premium		
		15 Year	20 Year	30 Year
18-25	7.05	17.13	12.90	9.02
26	7.42	18.03	13.58	9.50
27	7.79	18.93	14.26	9.97
28	8.16	19.83	14.93	10.44
29	8.53	20.73	15.61	10.92
30	8.90	21.63	16.29	11.39
31	9.27	22.53	16.96	11.87
32	9.65	23.45	17.66	12.35
33	10.02	24.35	18.34	12.83
34	10.39	25.25	19.01	13.30
35	10.76	26.15	19.69	13.77
36	11.50	27.95	21.05	14.72
37	12.25	29.77	22.42	15.68
38	12.99	31.57	23.77	16.63
39	13.73	33.36	25.13	17.57
40	14.48	35.19	26.50	18.53
41	15.22	36.98	27.85	19.48
42	15.96	38.78	29.21	20.43
43	16.70	40.58	30.56	21.38
44	17.45	42.40	31.93	22.34
45	18.19	44.20	33.29	23.28
46	19.33	46.97	35.37	24.74
47	20.46	49.72	37.44	26.19
48	21.60	52.49	39.53	27.65
49	22.74	55.26	41.61	29.11
50	23.88	58.03	43.70	30.57
51	25.01	60.77	45.77	32.01
52	26.15	63.54	47.85	33.47
53	27.29	66.31	49.94	34.93
54	28.43	69.08	52.03	36.39
55	29.56	71.83	54.09	37.84
56	32.59	79.19	59.64	41.72
57	35.62	86.56	65.18	45.59
58	38.65	93.92	70.73	49.47
59	41.69	101.31	76.29	53.36
60	44.72	108.67	81.84	57.24

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
2 year benefit period.

Disability Income Rider 2 Year Benefit				
Issue Age	w/o ROP (ALL)	With Return of Premium		
		15 Year	20 Year	30 Year
18-25	11.00	26.62	20.13	14.19
26	11.58	28.02	21.19	14.94
27	12.16	29.43	22.25	15.69
28	12.74	30.83	23.31	16.43
29	13.32	32.23	24.38	17.18
30	13.90	33.64	25.44	17.93
31	14.48	35.04	26.50	18.68
32	15.06	36.45	27.56	19.43
33	15.64	37.85	28.62	20.18
34	16.22	39.25	29.68	20.92
35	16.80	40.66	30.74	21.67
36	17.96	43.46	32.87	23.17
37	19.12	46.27	34.99	24.66
38	20.28	49.08	37.11	26.16
39	21.44	51.88	39.24	27.66
40	22.60	54.69	41.36	29.15
41	23.76	57.50	43.48	30.65
42	24.92	60.31	45.60	32.15
43	26.08	63.11	47.73	33.64
44	27.24	65.92	49.85	35.14
45	28.40	68.73	51.97	36.64
46	30.18	73.02	55.22	38.93
47	31.95	77.32	58.47	41.22
48	33.73	81.61	61.72	43.51
49	35.50	85.91	64.97	45.80
50	37.28	90.21	68.21	48.08
51	39.05	94.50	71.46	50.37
52	40.83	98.80	74.71	52.66
53	42.60	103.09	77.96	54.95
54	44.38	107.39	81.21	57.24
55	46.15	111.68	84.45	59.53
56	50.88	123.14	93.12	65.64
57	55.62	134.60	101.78	71.75
58	60.35	146.05	110.44	77.85
59	65.09	157.51	119.11	83.96
60	69.82	168.96	127.77	90.07

Not available in all states. Certain restrictions apply. Disability Income Rider (Rider Series 2145/2145-C).
Return of Premium Rider (Rider Series 2132/2133).

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
1 year benefit period.

Disability Income Rider 1 Year Benefit				
Issue Age	w/o ROP (ALL)	With Endowment/Cash Value		
		15 Year	20 Year	30 Year
18-25	7.05	17.13	12.90	9.02
26	7.42	18.03	13.58	9.50
27	7.79	18.93	14.26	9.97
28	8.16	19.83	14.93	10.44
29	8.53	20.73	15.61	10.92
30	8.90	21.63	16.29	11.39
31	9.27	22.53	16.96	11.87
32	9.65	23.45	17.66	12.35
33	10.02	24.35	18.34	12.83
34	10.39	25.25	19.01	13.30
35	10.76	26.15	19.69	13.77
36	11.50	27.95	21.05	14.72
37	12.25	29.77	22.42	15.68
38	12.99	31.57	23.77	16.63
39	13.73	33.36	25.13	17.57
40	14.48	35.19	26.50	18.53
41	15.22	36.98	27.85	19.48
42	15.96	38.78	29.21	20.43
43	16.70	40.58	30.56	21.38
44	17.45	42.40	31.93	22.34
45	18.19	44.20	33.29	23.28
46	19.33	46.97	35.37	24.74
47	20.46	49.72	37.44	26.19
48	21.60	52.49	39.53	27.65
49	22.74	55.26	41.61	29.11
50	23.88	58.03	43.70	30.57
51	25.01	60.77	45.77	32.01
52	26.15	63.54	47.85	33.47
53	27.29	66.31	49.94	34.93
54	28.43	69.08	52.03	36.39
55	29.56	71.83	54.09	37.84
56	32.59	79.19	59.64	41.72
57	35.62	86.56	65.18	45.59
58	38.65	93.92	70.73	49.47
59	41.69	101.31	76.29	53.36
60	44.72	108.67	81.84	57.24

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
2 year benefit period.

Disability Income Rider 2 Year Benefit				
Issue Age	w/o ROP (ALL)	With Endowment/Cash Value		
		15 Year	20 Year	30 Year
18-25	11.00	26.62	20.13	14.19
26	11.58	28.02	21.19	14.94
27	12.16	29.43	22.25	15.69
28	12.74	30.83	23.31	16.43
29	13.32	32.23	24.38	17.18
30	13.90	33.64	25.44	17.93
31	14.48	35.04	26.50	18.68
32	15.06	36.45	27.56	19.43
33	15.64	37.85	28.62	20.18
34	16.22	39.25	29.68	20.92
35	16.80	40.66	30.74	21.67
36	17.96	43.46	32.87	23.17
37	19.12	46.27	34.99	24.66
38	20.28	49.08	37.11	26.16
39	21.44	51.88	39.24	27.66
40	22.60	54.69	41.36	29.15
41	23.76	57.50	43.48	30.65
42	24.92	60.31	45.60	32.15
43	26.08	63.11	47.73	33.64
44	27.24	65.92	49.85	35.14
45	28.40	68.73	51.97	36.64
46	30.18	73.02	55.22	38.93
47	31.95	77.32	58.47	41.22
48	33.73	81.61	61.72	43.51
49	35.50	85.91	64.97	45.80
50	37.28	90.21	68.21	48.08
51	39.05	94.50	71.46	50.37
52	40.83	98.80	74.71	52.66
53	42.60	103.09	77.96	54.95
54	44.38	107.39	81.21	57.24
55	46.15	111.68	84.45	59.53
56	50.88	123.14	93.12	65.64
57	55.62	134.60	101.78	71.75
58	60.35	146.05	110.44	77.85
59	65.09	157.51	119.11	83.96
60	69.82	168.96	127.77	90.07

Add \$90 annual policy fee. Certain restrictions apply. Disability Income Rider (Rider Series 2145/2145-C). Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

Disability Income Rider - California

Annual Rates per \$100 of Monthly Benefit.
1 year benefit period.

Disability Income Rider 1 Year Benefit				
Issue Age	w/oROP (ALL)	With Return of Premium		
		15 Year	20 Year	30 Year
18-25	8.81	21.41	16.12	11.28
26	9.28	22.55	16.98	11.88
27	9.74	23.67	17.82	12.47
28	10.20	24.79	18.67	13.06
29	10.66	25.90	19.51	13.64
30	11.13	27.05	20.37	14.25
31	11.59	28.16	21.21	14.84
32	12.06	29.31	22.07	15.44
33	12.53	30.45	22.93	16.04
34	12.99	31.57	23.77	16.63
35	13.45	32.68	24.61	17.22
36	14.38	34.94	26.32	18.41
37	15.31	37.20	28.02	19.60
38	16.24	39.46	29.72	20.79
39	17.16	41.70	31.40	21.96
40	18.10	43.98	33.12	23.17
41	19.03	46.24	34.82	24.36
42	19.95	48.48	36.51	25.54
43	20.88	50.74	38.21	26.73
44	21.81	53.00	39.91	27.92
45	22.74	55.26	41.61	29.11
46	24.16	58.71	44.21	30.92
47	25.58	62.16	46.81	32.74
48	27.00	65.61	49.41	34.56
49	28.43	69.08	52.03	36.39
50	29.85	72.54	54.63	38.21
51	31.26	75.96	57.21	40.01
52	32.69	79.44	59.82	41.84
53	34.11	82.89	62.42	43.66
54	35.54	86.36	65.04	45.49
55	36.95	89.79	67.62	47.30
56	40.74	99.00	74.55	52.15
57	44.53	108.21	81.49	57.00
58	48.31	117.39	88.41	61.84
59	52.11	126.63	95.36	66.70
60	55.90	135.84	102.30	71.55

Not available in all states. Certain restrictions apply.
Disability Income Rider (Rider Series 2145/2145-C).
Return of Premium Rider (Rider Series 2132/2133).

Disability Income Rider - California

Annual Rates per \$100 of Monthly Benefit.
2 year benefit period.

Disability Income Rider 2 Year Benefit				
Issue Age	w/oROP (ALL)	With Return of Premium		
		15 Year	20 Year	30 Year
18-25	13.75	33.41	25.16	17.60
26	14.48	35.19	26.50	18.53
27	15.20	36.94	27.82	19.46
28	15.93	38.71	29.15	20.39
29	16.65	40.46	30.47	21.31
30	17.38	42.23	31.81	22.25
31	18.10	43.98	33.12	23.17
32	18.83	45.76	34.46	24.10
33	19.55	47.51	35.78	25.02
34	20.28	49.28	37.11	25.96
35	21.00	51.03	38.43	26.88
36	22.45	54.55	41.08	28.74
37	23.90	58.08	43.74	30.59
38	25.35	61.60	46.39	32.45
39	26.80	65.12	49.04	34.30
40	28.25	68.65	51.70	36.16
41	29.70	72.17	54.35	38.02
42	31.15	75.69	57.00	39.87
43	32.60	79.22	59.66	41.73
44	34.05	82.74	62.31	43.58
45	35.50	86.27	64.97	45.44
46	37.73	91.68	69.05	48.29
47	39.94	97.05	73.09	51.12
48	42.16	102.45	77.15	53.96
49	44.38	107.84	81.22	56.81
50	46.60	113.24	85.28	59.65
51	48.81	118.61	89.32	62.48
52	51.04	124.03	93.40	65.33
53	53.25	129.40	97.45	68.16
54	55.48	134.82	101.53	71.01
55	57.69	140.19	105.57	73.84
56	63.60	154.55	116.39	81.41
57	69.53	168.96	127.24	89.00
58	75.44	183.32	138.06	96.56
59	81.36	197.70	148.89	104.14
60	87.28	212.09	159.72	111.72

Not available in all states. Certain restrictions apply.
Disability Income Rider (Rider Series 2145/2145-C).
Return of Premium Rider (Rider Series 2132/2133).

Accidental Death Benefit Rider

Annual Rates per \$1000 of Base Policy

Accidental Death Benefit Rider				
Issue Age	w/o ROP (ALL)	With Return of Premium		
		15 Year	20 Year	30 Year
18-25	1.00	2.42	1.83	1.28
26	1.00	2.42	1.83	1.28
27	1.00	2.42	1.83	1.28
28	1.00	2.42	1.83	1.28
29	1.00	2.42	1.83	1.28
30	1.00	2.42	1.83	1.28
31	1.00	2.42	1.83	1.28
32	1.00	2.42	1.83	1.28
33	1.00	2.42	1.83	1.28
34	1.00	2.42	1.83	1.28
35	1.00	2.42	1.83	1.28
36	1.00	2.42	1.83	1.28
37	1.00	2.42	1.83	1.28
38	1.00	2.42	1.83	1.28
39	1.00	2.42	1.83	1.28
40	1.00	2.42	1.83	1.28
41	1.20	2.90	2.20	1.54
42	1.20	2.90	2.20	1.54
43	1.20	2.90	2.20	1.54
44	1.20	2.90	2.20	1.54
45	1.20	2.90	2.20	1.54
46	1.20	2.90	2.20	1.54
47	1.20	2.90	2.20	1.54
48	1.20	2.90	2.20	1.54
49	1.20	2.90	2.20	1.54
50	1.20	2.90	2.20	1.54
51	1.20	2.90	2.20	1.54
52	1.20	2.90	2.20	1.54
53	1.20	2.90	2.20	1.54
54	1.20	2.90	2.20	1.54
55	1.20	2.90	2.20	1.54
56	1.20	2.90	2.20	1.54
57	1.20	2.90	2.20	1.54
58	1.20	2.90	2.20	1.54
59	1.20	2.90	2.20	1.54
60	1.20	2.90	2.20	1.54
61	1.40	3.38	N/A	N/A
62	1.40	3.38	N/A	N/A
63	1.40	3.38	N/A	N/A
64	1.40	3.38	N/A	N/A
65	1.40	3.38	N/A	N/A

Not available in all states. Certain restrictions apply. Accidental Death Benefit Rider (Rider Series 2111/2111-C). Return of Premium Rider (Rider Series 2132/2133).

Accidental Death Benefit Rider

Annual Rates per \$1000 of Base Policy

Accidental Death Benefit Rider				
Issue Age	w/o ROP (ALL)	With Endowment/ Cash Value		
		15 Year	20 Year	30 Year
18-25	1.00	2.42	1.83	1.28
26	1.00	2.42	1.83	1.28
27	1.00	2.42	1.83	1.28
28	1.00	2.42	1.83	1.28
29	1.00	2.42	1.83	1.28
30	1.00	2.42	1.83	1.28
31	1.00	2.42	1.83	1.28
32	1.00	2.42	1.83	1.28
33	1.00	2.42	1.83	1.28
34	1.00	2.42	1.83	1.28
35	1.00	2.42	1.83	1.28
36	1.00	2.42	1.83	1.28
37	1.00	2.42	1.83	1.28
38	1.00	2.42	1.83	1.28
39	1.00	2.42	1.83	1.28
40	1.00	2.42	1.83	1.28
41	1.20	2.90	2.20	1.54
42	1.20	2.90	2.20	1.54
43	1.20	2.90	2.20	1.54
44	1.20	2.90	2.20	1.54
45	1.20	2.90	2.20	1.54
46	1.20	2.90	2.20	1.54
47	1.20	2.90	2.20	1.54
48	1.20	2.90	2.20	1.54
49	1.20	2.90	2.20	1.54
50	1.20	2.90	2.20	1.54
51	1.20	2.90	2.20	1.54
52	1.20	2.90	2.20	1.54
53	1.20	2.90	2.20	1.54
54	1.20	2.90	2.20	1.54
55	1.20	2.90	2.20	1.54
56	1.20	2.90	2.20	1.54
57	1.20	2.90	2.20	1.54
58	1.20	2.90	2.20	1.54
59	1.20	2.90	2.20	1.54
60	1.20	2.90	2.20	1.54
61	1.40	3.38	N/A	N/A
62	1.40	3.38	N/A	N/A
63	1.40	3.38	N/A	N/A
64	1.40	3.38	N/A	N/A
65	1.40	3.38	N/A	N/A

Certain restrictions apply. Accidental Death Benefit Rider (Rider Series 2111/2111-C). Endowment Rider (Rider Series 2143) available only in IN, KS, OR, and TX. Cash Value Rider (Rider Series 2153) available only in PA.

About Amerigo

For over 100 years, Amerigo Life, Inc., and its family of insurance companies have been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.* We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your situation.

Innovative thinking has helped us build a strong financial foundation for our business. Today, Amerigo Financial Life and Annuity Insurance Company is the lead company in one of the largest independent, privately held insurance groups in the United States**, with nearly eight hundred thousand policies, over \$38 billion of life insurance in force, and over \$5 billion in assets in force for year-end 2006.***

**Amerigo Life, Inc., is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.*

***"Admitted Assets, Top Life Writers-2005," A.M. Best Co., as of July 2006.*

****Information is as of end of year 2006 on a consolidated basis for Amerigo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Amerigo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP). Amerigo Financial Life and Annuity Insurance Company is authorized to do business in all states and the District of Columbia except AK, NY, NJ and VT.*

Important Notices

This product is offered on a group or individual basis depending on state.

Individual Policy Series: 262/278; Group Policy Series: 263-C/279-C.

Terms and conditions are set forth in the Group Policy Series 263-C/279-C, issued to the Trustee of Wilmington Trust Company, Wilmington, Delaware, and are subject to the laws of the state in which it is issued. A certificate of coverage will be issued to persons who become Insured under the group plan.

Products are underwritten by Amerigo Financial Life and Annuity Insurance Company, Kansas City, MO and may vary in accordance with state laws. Some products and benefits may not be available in all states or for all periods. Certain restrictions apply. For exact terms, conditions, exclusions, and limitations, please refer to the policy or riders or contact Sales Support at 1-800-231-0801, ext 8410.

The company reserves the right to contest coverage for up to two years due to any misrepresentations in the application. In the event of the Insured's suicide while sane or insane, the company's liability is limited to a return of premiums during the first two years after the date of issue (one year in North Dakota and Colorado, see Missouri contract for special provisions).

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