

# Encore Plans

MODIFIED WHOLE LIFE INSURANCE  
(Form No. 9561)

## AGENT GUIDE

Underwriting Guidelines  
Premium Rates

*Encore Plan*  
*Encore II Plan*  
*Encore III Plan*

# Encore

## UNDERWRITING GUIDELINES

Encore is a combination of a simplified issue modified whole life insurance policy and your choice of a cash accumulation option. The death benefit reduces by 50% at age 65 or after 5 years, whichever is later. After the first policy year, the base premium reduces by approximately 50% and the balance of the payment is contributed to the cash accumulation option you chose.

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

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

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

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

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

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

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

### Application and Required Forms:

- Application for Issue Ages 0-17 - Form No. 9485 (Company specific with state variations)
- Application for Issue Ages 18-65 - Form No. 9580 (Company specific with state variations)
- Disclosure for the Terminal Illness Accelerated Benefit Rider Form No. 9474 (Company specific with state variations). This form must be presented to the applicant at point-of-sale on all Encore applications.
- Disclosure for the Accelerated Benefits Rider-Confined Care - Form No. 9675 (Company specific with state variations). This form must be presented to the applicant at point-of-sale on all Encore applications.
- Encore Statement of Understanding Form No. 9700 (Company Specific). This form must be signed by the applicant and a copy submitted to the Home Office with the application.
- An Annuity Suitability Disclosure (Form No. 9671 - both pages) is required to be signed by the applicant and returned to the Home Office along with the application on all Encore sales. (Form No. 3070 in the state of FL - all 4 pages).
- **Prior to writing an application for this product, you must complete our company annuity product specific training course. This course can be completed on the company website. On the "Marketing Sales" page, select the "Agent Training" tab. You will then see the option for completing the "Annuity Training Course". Simply click on this tab and follow the instructions.**

**Issue Ages:** 0-65 (age last birthday)

**Minimum Base Policy Premium:** \$25 per month

**Maximum Face Amount:** \$150,000

**Premium Paying Modes:** Payroll Deduction or Bank Draft

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

**Modal Factors:** None

**Riders Available:** Family Insurance Agreement (FIA)  
Children's Insurance Agreement (CIA)\*  
Accidental Death Benefit (ADB)\*  
Accelerated Benefits Rider-Confined Care  
(not available in CT, DC, IN, MA, NJ,  
VA and WA)

Waiver of Premium (WP)\*  
Guaranteed Insurability Rider (GIR)\*\*  
Disability Income Rider (DIR)\*\*  
Terminal Illness Accelerated Benefit Rider  
Beneficiary Guaranteed Insurability Rider (BGIR)

\* ADB, WP and CIA are available on Encore I & II only.

\*\* GIR and DIR available on Encore I only.

### **Available Accumulation Options:**

- Flexible Premium Deferred Annuity Rider
- AssetShield - requires initial funding and a separate application
- Flex Annuity Plus - requires initial funding and a separate application

### **Simplified Underwriting**

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

Eligibility for coverage is based on a simplified "YES/NO" application, liberal height and weight chart, and a check with the Medical Information Bureau (MIB, Inc.). The build charts are on page 6. Check the charts to determine which plan of coverage the Proposed Insured will qualify for based on their build.

### **Application Completion**

- *Full Name of Proposed Insured* — List full legal name
- *Age* — calculate based on age last birthday
- *Height and Weight* — Record the Proposed Insured's current height and weight. Refer to the build charts on page 6 to assist in determining the appropriate plan to apply for.
- *Signature* — Power of Attorney (POA) signatures are not acceptable.
- *Owner* — Complete only if the Owner is different than the Proposed Insured. If Owner is different, they **MUST** sign and date below the Proposed Insured's Signature on the back of the application.
- *Beneficiary* — Be sure to complete relationship of the beneficiary to the Proposed Insured. Full names of Primary and Contingent beneficiaries must be listed on the application including the beneficiary's relationship to the Proposed Insured. A beneficiary must have a legitimate insurable interest. In all cases, a beneficiary must have a current interest in the life of the insured. Examples include family members, a Trust, or Insured's Estate.
- *Plan Applied For* — Check appropriate box based on the answers to the health questions and the Proposed Insured's build. For Issue Ages 0-17 write "Encore" or abbreviation "FL".
- *Will you replace an existing life insurance policy or an annuity?* — Check appropriate box. If replacing coverage, complete the Company name, Policy number, and the Amount of Coverage on the application. NOTE: Complete any state required Replacement forms.
- *Telephone Interview* — Check box YES or NO as to whether the telephone interview was completed at point-of-sale to avoid having the applicant contacted twice. Always provide the applicant's telephone number and the best time to call even if the interview is completed at point-of-sale. Space has been provided in the application right-hand corner for the interview case number provided by the interviewing company.
- *During the past 12 months have you used tobacco in any form?* — This includes the use of cigarettes, pipe, chewing tobacco, cigars, snuff or other tobacco products (excluding occasional pipe and cigar use).
- When applying for Disability Income Rider (DIR), Accidental Death Benefit (ADB) or Waiver of Premium (WP) benefits, complete the question; "Within the past 12 months have you been medically diagnosed or treated for bone or joint disorder or any injury?". The question is listed in the Rider section of the application.
- All changes must be crossed out and initialed by Proposed Insured. No white outs or erasures are permitted on the application.
- Applications on Juveniles (Issue Ages 0 to 17)
  - If the grandparent or legal guardian applies for coverage on a child we need a copy of guardianship papers.
  - All children within the family should be insured equally.
  - We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
  - Juvenile questionnaires (Form # 9825) are required to be submitted with the applications.
- *Terminal Illness Accelerated Benefit Riders Disclosure Statement Form No. 9474 (AA, OL, PA, PS)* — must be presented to the applicant and the agent must certify that it has been presented. (The states of MA, VA and WA require this disclosure form to be signed by the applicant and submitted with the life application.)
- *Accelerated Benefit Confined Care Rider Disclosure Statement Form No. 9675 (AA, OL, PA, PS)* — must be presented to the applicant and the agent must certify that it has been presented when applying for the Immediate Death Benefit Plan.

## **BANK DRAFT PROCEDURES**

### **Draft First Premium Once Policy is Approved:**

- 1) Complete the Bank Authorization Form on the back of the application. Please specify a Requested Draft Date, if one is desired.
  - (a) Drafts cannot occur more than 30 days after the date the application was signed.
  - (b) Drafts cannot be on the 29th, 30th or 31st of the month.
  - (c) Drafts cannot occur more than 10 days into the grace period.
- 2) A copy of a void check or deposit slip must accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (the Bank Verification section of Form 9903). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number of the debit card.)

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

- 1) In addition to items 1 & 2 above, complete the eCheck Authorization (the E-Check Bank Draft Authorization section of Form 9903). With the use of this form, the company will draft for the 1st premium upon receipt of the application.
- 2) When the application is approved, the premium will be applied. Future drafts will be based on the next premium due date and the requested draft date.

### **Annuity Suitability**

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

### **Third Party Payor**

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

### **Application Submission**

New applications may be submitted to the Home Office by scanning, faxing or mailing. Refer to the Marketing Sales section of Company website for instructions on AppScan, AppDrop and AppFax under "[Transmit Apps](#)" button. If the application is scanned or faxed, be sure to transmit any and all supporting documents. If the application has been scanned or faxed DO NOT send in the original. If the application is scanned or faxed and you have collected a check, you have the option of utilizing the eCheck procedure (please refer to the Marketing Sales section of Company website for the instructions on eCheck under the "[eCheck Procedures](#)" button); otherwise you must send the check under separate cover to the attention of Policy Issue. Be sure to include the Proposed Insured's name on the cover sheet.

### **Important**

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

### **Product Software**

No NAIC Illustration is required for the sale. However, presentation software is available and will quickly and easily present the guaranteed death benefit and cash values for a given premium payment or the premium necessary to create a certain guaranteed death benefit.

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

Underweight applicants will not be eligible for coverage.

| Encore AGE & AMOUNT LIMITS |      |       |       |       |
|----------------------------|------|-------|-------|-------|
| Age & Amounts              | 0-35 | 36-45 | 46-55 | 56-65 |
| 0-50,000                   |      |       |       |       |
| 50,001-75,000              |      |       |       | T     |
| 75,001-100,000             |      |       | T     | T     |
| 100,001-150,000            |      | T     | T     | T     |
| T = Telephone Interview    |      |       |       |       |

### Telephone Interview

A telephone interview conducted with the Proposed Insured is required on applications based on the above chart.

After fully completing the application, you may call from the client's home for the personal history telephone interview. The interview is designed to confirm the answers given on the application. The interview can be completed in either of 2 ways:

1. at point-of-sale, or
2. the Company will contact the Proposed Insured upon receipt of the application.

Point-of-sale telephone interviews can be completed by calling the toll free number below. When calling be sure to identify yourself, Company and product being applied for "Encore". The applicant must always complete the telephone interview without assistance from the agent or another person. If the sale is made after the vendor's office hours or if the interview is not completed at point-of-sale, mark the question "NO" in the upper right hand corner of the application, not completed at point-of-sale, and the Company will initiate the call upon receipt of the application.

**U.S. Only**  
**EMSI: 1-866-719-2024**  
**8am-9pm Monday thru Friday CST**  
**10am-2pm Saturdays CST**

**Puerto Rico Only**  
**Source Access: 866-910-6539**  
**10am-2pm Saturdays CST**  
**EMSI: 1-800-766-4605**  
**8am-9pm Monday thru Friday CST**  
**10am-2pm Saturdays CST**

### Minimum Premium

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

# Encore - Issue Ages 0-65

Annual Premiums Per \$1,000 of Insurance

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

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

**Issue Ages:** Based on age last birthday

**Policy Fee:** Add \$60.00 annual policy fee

## Encore II - Issue Ages 18-65

Annual Premiums Per \$1,000 of Insurance

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

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

**Issue Ages:** Based on age last birthday

**Policy Fee:** Add \$60.00 annual policy fee

### Encore III - Issue Ages 18-65

Annual Premiums Per \$1,000 of Insurance

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

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

**Issue Ages:** Based on age last birthday

**Policy Fee:** Add \$60.00 annual policy fee



**Flexible Premium Deferred Annuity Rider** (*Policy Form No. 3055*)

- Beginning in the 2nd policy year when the base policy premium reduces, the remaining payment will be added to the annuity rider with no minimum payment required, unless another accumulation option is elected.
- A tax deferred interest bearing annuity rider with a guaranteed interest rate of 2%.
- Interest is calculated from the date that payment is received to the date of withdrawal.
- Immediate payments to the annuity rider may also be made. Minimum required payment of \$5.00 per month.
- The maximum payment to the annuity rider is \$4,000 per year during any policy year (including amounts related to the premium split beginning in the 2nd policy year).
- There are no withdrawal or other fees or charges.
- Distributions made before age 59½ may be subject to an IRS penalty.
- An Annuity Suitability Disclosure (Form No. 9671 - both pages) is required to be signed by the applicant and returned to the Home Office with the application. (Form No. 3070 in the state of FL - all 4 pages).

**AssetShield Annuity Contract** (*Policy Form No. 3058*)

- This is a Flexible Premium Deferred Annuity Contract.
- Requires a separate application (Form No. 9745) in addition to the life application.
- Beginning in the 2nd policy year when the base policy premium reduces, the remaining payment may be added to the AssetShield, however, the contract must be established at the same time as the Encore.
- When sold in conjunction with the Encore, the contract must be funded immediately with a \$15.00 monthly minimum.
- The guaranteed interest rate is 2% credited on a daily basis.
- The AssetShield provides a guarantee period allowing the initial interest rate to be locked in for 1, 3 or 5 years.
- The AssetShield pays a first year bonus which is calculated by multiplying the premium paid in the first year by the premium bonus percentage. The current premium bonus percentage is 1.5%.
- The company imposes surrender charges as indicated in the first 9 years. There are no surrender charges after that.
  - **Years 1-9:** 12%, 11%, 10%, 9%, 8%, 7%, 6%, 4%, 2% (Issue Ages 0 to 55)
  - **Years 1-9:** 8%, 8%, 7%, 5%, 4%, 2.5%, 1.5%, 1%, .5% (Issue Ages 56 and up)
  - **Years 10+:** 0%
- A Benefit Summary and Disclosure (Form No. 3059) is required to be signed by the applicant and a copy returned to the Home Office with the application.
- An Annuity Suitability Disclosure (Form No. 9671 - both pages) is required to be signed by the applicant and returned to the Home Office with the application. (Form No. 3070 in the state of FL - all 4 pages)
- The AssetShield may be a qualified annuity (either a traditional IRA or Roth IRA)
- If the annuity will be qualified, an Annuity Disclosure Statement (Form No. 9495) must be left with the applicant.
- The maximum payment to the AssetShield is \$4,000 per year during any policy year (including amounts related to the premium split beginning in the 2nd policy year & Rollovers).
- Distributions made prior to age 59½ may be subject to an IRS penalty.

**Flex Annuity Plus Contract** (*Policy Form No. 3056*)

- This is a Flexible Premium Deferred Annuity Contract
- Requires a separate application (Form No. 9497) in addition to the life application.
- Beginning in the 2nd policy year when the base policy premium reduces, the remaining payment may be added to the Flex Annuity Plus, however, the contract must be established at the same time as the Encore.
- When sold in conjunction with the Encore, the contract must be funded immediately with a \$15.00 monthly minimum.
- The maximum payment to the Flex Annuity Plus Contract is \$4,000 per year during any policy year (including amounts related to the premium split beginning in the 2nd policy year & Rollovers).
- The guaranteed interest rate is 2%.
- A Benefit Summary and Disclosure (Form No. 3057) is required to be signed by the applicant and a copy returned to the Home Office with the application.
- An Annuity Suitability Disclosure (Form No. 9671 - both pages) is required to be signed by the applicant and returned to the Home Office with the application. (Form No. 3070 in the state of FL - all 4 pages)
- There are no withdrawal or other fees or charges.
- The Flex Annuity Plus Contract may be a qualified annuity (either a traditional IRA or Roth IRA)
- Distributions made prior to age 59½ may be subject to an IRS penalty.
- If the annuity will be qualified, an Annuity Disclosure Statement (Form No. 9495) must be left with the applicant.

## Disability Income Rider (DIR) (Policy Form No. 9785)

Issue Ages: 18-55

Maximum Disability Income Benefit: 60% of applicant's monthly income up to \$1,500 of monthly benefit, whichever is less. The maximum monthly benefit period is 2 years and disability must begin before age 65.

If elected, the Disability Income Rider will pay a monthly benefit if the insured becomes totally disabled as defined and specified in the rider agreement. The benefit will begin after a 60 day elimination period and the benefits are not retroactive.

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

### Disability Income Guidelines

- The Proposed Insured must have worked fulltime (minimum 30 hours a week) for the past 6 months.
- The following Proposed Insured occupations are not eligible for DIR
  - Blasters & Explosives Handlers
  - Casino Workers
  - Disabled
  - Firefighters
  - Housekeepers
  - Janitors
  - Migrant laborers
  - Participated in High Risk Avocations within the past 12 months
  - Police
  - Professional Athletes
  - Retired
  - Self Employed
  - Structural Workers/Iron Workers
  - Students
  - Underground Miners and Workers
  - Unemployed

**Family Insurance Agreement (FIA) (Policy Form No. 8374)**

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

- The Family Insurance Agreement provides \$3,000.00 coverage on all children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base.
- The FIA rider expires on the policy anniversary date nearest the Primary Insured's attained age 65. Coverage on the spouse expires at the spouses age 65.
- The cost per unit is \$39.00 annually (\$1.50 biweekly).
- The maximum number units available is five (5).
- Provides a decreasing face amount of term coverage on the spouse as his/her age increases according to the following chart.

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

**Children's Insurance Agreement (CIA) (Policy Form No. 8375)**

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

- The Children's Insurance Agreement (CIA) provides term insurance on the lives of the children until they are age 25, at which time their coverage is convertible to a permanent plan of insurance at a rate of five times the base.
- The cost per unit is \$8.50 annually (\$.32 biweekly).
- Each unit provides \$3,000.00 of coverage.
- The maximum number of CIA units cannot exceed 5 units and the combination of FIA and CIA units cannot exceed 5 units.

**Accidental Death Benefit on Insured (ADB) (Policy Form No. 7159)**

Issue Ages: 0 - 64

- If the insured dies as the result of an accident, an additional amount will be paid to his or her beneficiaries.
- Issue Amounts: Minimum - \$1,000. Maximum - The lesser of \$150,000 or 5 times the face amount of base policy.

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

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

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

**Guaranteed Insurability Rider (GIR) (Policy Form No. 8367)**

Issue Ages: 0 - 37

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

| GIR RATES PER \$1,000.00 OF COVERAGE |        |           |      |
|--------------------------------------|--------|-----------|------|
| ISSUE AGE                            | RATE   | ISSUE AGE | RATE |
| 0                                    | \$ .45 | 19        | 1.09 |
| 1                                    | .48    | 20        | 1.13 |
| 2                                    | .50    | 21        | 1.16 |
| 3                                    | .53    | 22        | 1.19 |
| 4                                    | .56    | 23        | 1.21 |
| 5                                    | .59    | 24        | 1.24 |
| 6                                    | .62    | 25        | 1.27 |
| 7                                    | .66    | 26        | 1.30 |
| 8                                    | .69    | 27        | 1.34 |
| 9                                    | .74    | 28        | 1.39 |
| 10                                   | .78    | 29        | 1.44 |
| 11                                   | .81    | 30        | 1.48 |
| 12                                   | .85    | 31        | 1.52 |
| 13                                   | .89    | 32        | 1.56 |
| 14                                   | .92    | 33        | 1.60 |
| 15                                   | .96    | 34        | 1.63 |
| 16                                   | .99    | 35        | 1.68 |
| 17                                   | 1.03   | 36        | 1.72 |
| 18                                   | 1.06   | 37        | 1.51 |

**Waiver of Premium (WP)** (*Policy Form No. 7180 for AA, PA and PS & PWO for OL*)

Issue Ages: 0-55 inclusive

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

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

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

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

**Terminal Illness Accelerated Benefit Rider (Policy Form No. 9473).** With this benefit you can receive up to 100% of the face amount of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 months in some states). This rider is added to every Encore policy (where available) at no additional premium. An Actuarial Adjustment Factor and an Administrative Charge of \$150 will be assessed at the time of acceleration.

**Accelerated Benefits Rider-Confined Care (Policy Form No. 9674).** With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of 2.5% of the face amount up to \$3,750 per month. This rider is added to every Encore policy (where available) at no additional premium. (Not available in CT, DC, IN, MA, NJ, VA and WA)

**Beneficiary Guaranteed Insurability Rider (BGIR) (Policy Form No. 9679).** With this benefit, you can leave a legacy to multiple generations. If your policy was in force for at least five years before your death, your beneficiary will have the following options:

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

This rider is added to every Encore policy (where available) at no additional premium.

### Company Contact Information

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

| Department                    | Phone Menu Extension: | Email                        | Fax          |
|-------------------------------|-----------------------|------------------------------|--------------|
| Agent Contracting             | 1 1 3                 | mktadmin@aatx.com            | 254-297-2110 |
| Advanced Commissions          | 1 1 4                 | swatson@aatx.com             | 254-297-2166 |
| Customer Service              | 1 1 7                 | pos@americanamicable.com     | 254-297-2105 |
| Earned Commissions            | 1 1 5                 | arlene.williams@aatx.com     | 254-297-2110 |
| Marketing Sales Agent Hotline | 1 1 2                 | marketingassistants@aatx.com | 254-297-2709 |
| Policy Issue                  | 1 1 1                 | policyissue@aatx.com         | 254-297-2101 |
| Supplies                      | 1 1 6                 | supplies@aatx.com            | 254-297-2791 |
| Underwriting                  | 1 1 1                 | underwriting@aatx.com        | 254-297-2102 |

**New Business Application Fax Number:** (254) 297-2100. Be sure to include Fax Application Cover Page.

**New Agent Contract Fax Number:** (254) 297-2110.

### Mailing Addresses:

**General Delivery**  
P.O. 2549  
Waco, TX 76702

**Overnight**  
425 Austin Ave.  
Waco, TX 76701

### Online Services:

**[www.americanamicable.com](http://www.americanamicable.com)**  
**[www.occidentallife.com](http://www.occidentallife.com)**  
**[www.pioneeramerican.com](http://www.pioneeramerican.com)**  
**[www.pioneersecuritylife.com](http://www.pioneersecuritylife.com)**

Access product information, forms, agent e-file, and other valuable information at the Company websites.