



**North American Company for Life and Health Insurance**

**Principal Office:** 4350 Westown Parkway • West Des Moines • IA • 50266

**Administrative Office:** P.O. Box 5088 • Sioux Falls • SD • 57117-5088

**A Stock Company**

## **GUARANTEED INSURABILITY RIDER**

This Rider is a part of the policy. It is subject to all the terms of the policy unless We state otherwise.

**EFFECTIVE DATE** - This Rider is issued with the policy and is effective on the Policy Date.

**CONSIDERATION** - This Rider is issued in consideration of the application for this Rider and payment of the required Cost of Insurance for this Rider.

**BENEFIT** - While this Rider is in force, You may purchase additional insurance without providing evidence of insurability to Us. You may only purchase additional insurance on the Regular Option Dates and the Alternate Option Dates.

**COST OF INSURANCE** - The Cost of Insurance rates for this Rider are based on the Insured's Policy Age on the Effective Date, Sex and Premium Class. We base the Cost of Insurance rates on future expectations as to our investment earnings, mortality experience, persistency, and expenses. We will apply any change in Cost of Insurance rates to all Insured's of the same class as the Insured. This Rider will stay in force provided the Cost of Insurance is paid or deducted from the policy Account Value when due. The Cost of Insurance for the Benefit Amount will cease when this Rider terminates.

**OPTION AMOUNT** - The amount of additional insurance specified by You on the application for each option date for this Rider is shown on the Schedule of Policy Benefits. The Option Amount must be at least \$1,000.

**CHANGES IN OPTION AMOUNT** - No increases to the Option Amount are allowed. You can decrease the Option Amount in increments of \$1,000 by sending Us a written request. We will send You a supplemental Schedule of Policy Benefits showing any decrease in the Option Amount.

Any decrease in the Option Amount will become effective on the Monthly Deduction Day that falls on or next follows the date We receive Your written request. If the Option Amount is decreased, it cannot be increased to any previous Option Amount.

**REGULAR OPTION DATES** - The Regular Option Dates are the Policy Anniversaries nearest the Insured's age of 23, 26, 29, 32, 35, 38, 41, 44, 47 and 50. The additional insurance will be an increase amount to the total death benefit amount of the policy.

**ALTERNATE OPTION DATES** - The Alternate Option Dates will be on the following dates:

1. The first marriage of the Insured after the Effective Date of this Rider.
2. A child is born to the Insured.
3. The Insured adopts a child under the age of 18.

You can only exercise an Alternate Option Date if there is a Regular Option Date remaining. If exercised, an Alternate Option Date replaces the next Regular Option Date. The additional insurance will be an increase amount to the total death benefit amount of the policy if You elect to purchase additional insurance on the life of the Insured.

We will automatically provide term life insurance equal to the Option Amount on the Insured during the 60 days following the Alternate Option Date. There is no charge for this term life insurance. This term life insurance terminates on the effective date of any increase amount.

**EXERCISE OF AN OPTION** - To exercise an option, You must send a written request to Us within 60 days prior to a Regular Option Date or within 60 days following an Alternate Option Date. If You exercise an option, it is subject to the following:

1. We may require proof of Your right to exercise an Alternate Option Date.
2. The effective date of the increase amount will be the option date on which the insurance is requested. The monthly deduction for an increase amount will begin on the effective date.
3. An option not used on its option date will expire. This expiration will not affect later option dates.
4. If the policy to which this Rider is attached includes a waiver of premium rider, the additional insurance may include such rider, if the Insured requests it and if the Insured is not totally or permanently disabled when applying for the additional insurance. When not included on this policy, We must consent to a waiver of premium rider.

**INCONTESTABILITY** - All statements made in the application for this Rider by or on behalf of the Insured will, except in the case of fraud, be deemed representations and not warranties.

We cannot contest this Rider as to statements contained in the application after it has been in force, during the life of the Insured, for a period of two years from its Effective Date. We cannot contest this Rider after it has been in force, during the life of the Insured, for a period of two years from its reinstatement date. We can only contest statements contained in the reinstatement application.

**MISSTATEMENT OF AGE OR SEX** - If the Insured's age or sex has been misstated, We will adjust the Option Amount to be the amount which the most recent monthly Cost of Insurance deduction would have purchased at the Insured's correct age and sex.

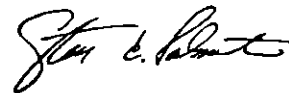
**TERMINATION** - This Rider terminates on the earliest of the following:

1. On the Monthly Deduction Day that falls on or next follows the date We receive Your written request;
2. 60 days after the last Regular Option Date;
3. On the date of death of the Insured;
4. On the date the deduction of the Cost of Insurance is in default beyond the grace period; or
5. On the date the policy terminates.

Signed for the North American Company for Life and Health Insurance.



SECRETARY



PRESIDENT