



North American Company for Life and Health Insurance

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A Stock Company

WAIVER OF MONTHLY DEDUCTION 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 – The Effective Date of this Rider is the Policy Date.

CONSIDERATION – This Rider is issued in consideration of the application for this Rider and the inclusion of the monthly cost of this Rider (as described below) in the policy Monthly Deduction.

BENEFIT – If the Insured is totally disabled while this Rider is in effect, We will waive the Monthly Deduction for each Policy Month during the period of total disability of the Insured, provided:

1. Total disability begins:
 - a. After the Effective Date of this Rider; and
 - b. On or after the Policy Anniversary nearest the Insured's 18th birthday; and
 - c. Before the Policy Anniversary nearest the Insured's age 65; and
2. We receive Written Notice and proof of claim that the Insured has been totally disabled for at least 180 consecutive days; and
3. The Insured is under the regular care of a physician.

"Under the regular care of a physician" means that the Insured is being cared for on a regular basis by a physician, unless the physician states that continued treatment in the future would be of no benefit to the Insured.

"Physician" shall mean a person licensed as a medical practitioner and acting within the scope of his license. The physician cannot be the Insured; the Insured's spouse, children, siblings, parents, grandparents, grandchildren and any of their spouses; or anyone with whom the Insured shares a business interest.

In addition, the following conditions will apply to this benefit:

- a) Monthly Deductions will continue to be charged during the first 180 consecutive days of total disability.
- b) Any Monthly Deduction charged and later waived retroactively, will be credited back to the Account Value. Under no circumstances will we waive Monthly Deductions more than 12 months before We receive Written Notice and due proof of claim.
- c) Any Monthly Deduction waived after approval of a claim under this Rider, will be credited to the Account Value by Us, as if paid by You.
- d) If you increase the policy's Specified Amount, the coverage under this Rider and the cost of this Rider will increase at the same time.

If the Insured becomes totally disabled during the Grace Period, You must pay enough premium so that the policy is restored to in force status before We will waive subsequent Monthly Deductions. No claim for this benefit will be considered until all overdue Monthly Deductions have been made.

DEFINITION OF TOTALLY DISABLED and TOTAL DISABILITY – Totally disabled and total disability mean:

1. During the first 24 months after total disability begins, the Insured is unable to perform the principal duties of his own occupation;
2. Thereafter, the Insured is unable to perform the duties of any occupation for which the Insured is qualified by reason of education, training, or experience.

The total and irrevocable loss of the following while this Rider is in effect will be regarded as total disability whether or not they prevent the Insured from engaging in any occupation or business:

1. The sight in both eyes;
2. The use of both hands;
3. The use of both feet;
4. The use of one hand and one foot.

Total disability must begin while this Rider is in effect.

WRITTEN NOTICE AND PROOF OF CLAIM – We must receive Written Notice of claim and due proof of total disability while the Insured is alive and totally disabled. If Written Notice of claim and due proof of total disability is not provided during this time, We will not reduce or deny a claim if We receive Written Notice and proof as soon as reasonably possible.

We require proof of continuing total disability be provided to us periodically. We will not require proof more than once a year after total disability has continued for two consecutive years. As part of proof of continuing total disability, We may require that a physician satisfactory to Us examine the Insured from time to time. The cost of any exam We request will be paid by Us. If the Insured does not provide proof of continuing total disability or does not permit an examination by a physician satisfactory to Us, We will not waive any future Monthly Deductions.

NOTICE OF RECOVERY – You must notify Us when the Insured recovers from total disability. Monthly Deductions that become due after recovery from total disability are to be paid as described under the terms of the policy.

RECURRING TOTAL DISABILITY – If following recovery from a period of total disability that has continued for at least 180 consecutive days, the Insured again becomes totally disabled and such total disability:

1. Begins within 180 consecutive days of recovery; and
2. Is due to the same or a related condition as the prior total disability;

then total disability is considered to have been continuous. If total disability is determined to be continuous, Monthly Deductions will be waived beginning on the next Monthly Deduction Day after the Insured's recurring total disability.

Monthly Deductions will not be waived during the time the Insured has recovered from total disability.

EXCLUSIONS AND LIMITATIONS – We will not waive Monthly Deductions if:

1. The Insured becomes totally disabled as a result of:
 - a. An intentionally self-inflicted injury, or attempted suicide while sane or insane; or
 - b. A injury that occurred or disease that first became manifest prior to the Effective Date of this Rider (unless stated in the application for this Rider); or
 - c. War, whether or not declared, or any act of war; or
 - d. Service in any armed force engaged in a military conflict; or
 - e. Voluntarily taking of any kind of poisons, illegal drugs, or inhaling any kind of harmful fumes; or
 - f. Intoxication or being under the influence of drugs, unless prescribed by a physician; or
 - g. Operating or riding in or descending from any kind of aircraft if the Insured
 1. Was a pilot, officer, or member of the crew of such aircraft;
 2. Was giving or receiving any kind of instruction or training; or
 3. Had any duties related to such aircraft in flight or was flown for the purpose of descent from such aircraft in flight.
2. The Insured becomes totally disabled after the Policy Anniversary nearest the Insured's age 65.
3. The Grace Period as defined in the policy expires before the date the Insured becomes totally disabled.

No Monthly Deductions will be waived for disabilities beginning on or after the Termination of this Rider.

REINSTATEMENT – This Rider can be reinstated if the policy is reinstated.

IMPACT ON NO LAPSE GUARANTEE - We guarantee that the policy will not lapse while We are waiving the Monthly Deduction. If the policy contains a No Lapse Guarantee provision, and We are waiving the Monthly Deduction during the No Lapse Guarantee Period, the No Lapse Guarantee Period will not change and We will consider the Monthly No Lapse Guarantee Premium as having been paid for the purpose of the No Lapse Guarantee calculation as described in the policy. If Monthly Deductions are no longer being waived under this Rider, any Monthly No Lapse Guarantee Premium required to continue the No Lapse Guarantee will be due.

COST OF THIS RIDER – The monthly cost of disability benefit is (1) multiplied by (2) where:

1. Is the Monthly Cost of Insurance Factor for the Insured's attained age; and
2. Is the Monthly Deduction.

The Monthly Cost of Insurance Factors are shown in the Schedule of Supplemental Policy Benefits.

INCONTESTABILITY – All statements made in the application for this Rider 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 Insured's lifetime and without the start of total disability, for a period of two years from its Effective Date, or if the Rider is reinstated, two years from its reinstatement date.

We will not contest an increase in coverage under this Rider due to an increase in Specified Amount under the policy after the increase in Specified Amount has been in effect during the Insured's life and without the start of total disability for a period of two years from its Effective Date.

TERMINATION – This Rider will terminate on the earliest of the following dates:

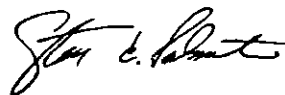
1. Subject to any then existing claim, the Policy Anniversary nearest the Insured's 65th birthday; or
2. The date the policy is fully surrendered; or
3. The date the policy terminates; or
4. The date We receive Your written request to terminate this Rider; or
5. The date on which any nonforfeiture benefit becomes effective under the policy.

Termination of this Rider will be without prejudice to any claim in effect on the date this Rider terminates.

Signed for North American Company for Life and Health Insurance.



SECRETARY



PRESIDENT