NORTH AMERICAN

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

WAIVER OF TERM PREMIUM FOR DISABILITY RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all the terms of the Policy unless We state otherwise. This Rider does not have any Nonforfeiture Value or Policy Loan Value.

EFFECTIVE DATE – If this Rider is issued with the Policy, it is effective on the Policy Date. If this Rider is issued after the Policy Date, the Effective Date will be the Premium Due Date that falls on or next following the date We approve the application for this Rider. The Effective Date will be shown in an Endorsement that will be mailed to Your last known address.

CONSIDERATION – This Rider is issued in consideration of the application for this Rider and payment of the initial Rider premium.

BENEFIT – If the Insured is Totally Disabled while this Rider is in effect, We will waive the payment of each premium due for the Policy and any attached Riders. The period of time during which We will waive the payment of each premium that becomes due is determined as follows:

1. If Total Disability begins before Policy Age 60, We will waive the payment of each premium that becomes due after 180 consecutive days of Total Disability while the Insured continues to be Totally Disabled; or
2. If Total Disability begins on or after Policy Age 60, We will waive the payment of each premium that becomes due after 180 consecutive days of Total Disability while the Insured continues to be Totally Disabled for the longer of (a) or (b), where:
   (a) Is the period of time prior to the Policy anniversary on which the Insured reaches Policy Age 65.
   (b) Is a period of two years.

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

REQUIREMENTS FOR TOTAL DISABILITY – To approve a Total Disability claim, we require that:

1. Total Disability begins after the Effective Date of this Rider and before Policy Age 65; and
2. We receive due proof that the Insured has been Totally Disabled for at least 180 consecutive days.

Each premium waived will be the premium for the mode of payment in effect when Total Disability began.

Premiums waived will not be deducted from the Policy Proceeds.

Premiums must continue to be paid by You during the first 180 consecutive days of Total Disability. If Total Disability continues after 180 consecutive days, You must provide Us with Written Notice and proof of claim.

If any premium is not paid when due and the Insured becomes Totally Disabled during the Grace Period, You must pay the overdue premiums before We will waive subsequent premiums.

The premium will not be waived for Total Disability beginning on or after Policy Age 65.

All benefits included under the Policy shall continue in effect.

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DEFINITION OF TOTALLY DISABLED and TOTAL DISABILITY – Totally Disabled and Total Disability mean:

During the first 24 months after Total Disability begins, the Insured is unable to perform the principal duties of his own occupation; 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.

For purposes of this Rider, occupation includes full-time student and homemaker.

The total and irrevocable loss of the following 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; or
2. The use of both hands; or
3. The use of both feet; or
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 – Written Notice and proof of claim must be given to Us at Our Administrative Office:

1. While the Insured is living; and
2. While Total Disability continues; and
3. Not more than one year after the beginning of the disability.

Failure to give Written Notice and proof of claim within one year will not void a claim if it is shown that the Written Notice and proof of claim were given as soon as was reasonably possible. We will refund any premium which became due and was paid during Total Disability; however, no premium paid more than one year prior to proof of claim will be refunded.

PROOF OF CONTINUANCE OF TOTAL DISABILITY – We require that proof of continuing Total Disability be provided to Us not more frequently than once every 30 days. We will not require proof more than once a year after Total Disability has continued for two years. If Total Disability occurs before Policy Age 60, and Total Disability is continuous to Policy Age 65, We will not require any further proof of continuing Total Disability. As part of proof of continuing Total Disability, We may require that the Insured be examined by a Physician satisfactory to Us. The cost of any exam We request will be paid by Us. If the Insured does not provide proof of continuing Total Disability, We will not waive any future premiums.

NOTICE OF RECOVERY – You must notify Us when the Insured recovers from Total Disability. Premiums which become due after recovery from Total Disability are payable under the terms of the Policy.

RECURRING TOTAL DISABILITY – Total Disability is considered to have been continuous if, following recovery from a period of Total Disability that has continued for at least 180 consecutive days, the Insured again becomes Totally Disabled which:

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

If Total Disability is determined to be continuous, premiums will be waived beginning on the next Premium Due Date after the Insured's recurring Total Disability.

Premiums will not be waived during the time the Insured has recovered from Total Disability.

EXCLUSIONS AND LIMITATIONS – We will not waive premiums if:

1. Total Disability is caused or contributed to by any attempt at suicide, or intentionally self-inflicted injury, while sane or insane; or
2. Total Disability is caused or contributed to by "war" or "act of war"; or
3. Total Disability is caused or contributed to by committing or attempting to commit a felony; or

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4. Total Disability is caused or contributed to by intoxication as defined by the jurisdiction where the Total Disability occurred; or
5. Total Disability occurs prior to Policy Age 15; or
6. Total Disability occurs after the Policy anniversary on which the Insured reaches Policy Age 65; or
7. Total Disability is caused or contributed to by any condition:
   (a) disclosed in the application for this Rider; and
   (b) explicitly excluded in a form attached to the Policy; or
8. Total Disability is caused or materially contributed to by voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
9. Total Disability is caused or materially contributed to by voluntary intake or use by any means of any poison, gas or fumes, unless a direct result of an occupational accident.

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

RIDER PREMIUM – The premium for this Rider is shown in the Additional Benefits Provided by Endorsement or Rider section in the Schedule of Policy Benefits or in an Endorsement.

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 effect, during the Insured's lifetime and without start of Total Disability for a period of two Policy Years from its Effective Date or if the Rider is reinstated, two years from its reinstatement date.

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

1. The Expiry Date as shown in the Schedule of Policy Benefits; or
2. The date the Policy terminates; or
3. The Premium Due Date next following the date We receive Your written request to terminate this Rider.

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

Issued and signed by North American Company for Life and Health Insurance.

Secretary **President**

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