

GOLDEN SOLUTION

WHOLE LIFE INSURANCE (Ages 50 through 85)

AGENT GUIDE

Underwriting Guidelines
Premium Rates

- Immediate Death Benefit Plan Policy Form No. 9772 (AA, OL, PA, PS); GDWL103 (iA)
- Graded Death Benefit Plan Policy Form No. 9465 (AA, OL, PA, PS); GDWL102 (iA)
- Return of Premium Benefit Plan Policy Form No. 9471 (AA, OL, PA, PS); GDWL101 (iA)

Products and riders not available in all states. Please check with the State Approval Grid under Order Supply on the Company website or check with the Home Office Agent Support at (800)736-7311 (prompt 1, 1, 1) for approvals.

AGENT GUIDE FOR FIELD USE ONLY

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 prompts to reach the various departments, along with the departmental email addresses and fax numbers:

| DEPARTMENT | PROMPTS: | EMAIL | FAX |
|----------------------------|----------|--|----------------|
| Agent Contracting | 1 1 3 | contracting@aatx.com | (254) 297-2110 |
| Commissions | 1 1 4 | commissions@aatx.com | (254) 297-2126 |
| Client Experience | 1 1 7 | cx@aatx.com | (254) 297-2105 |
| Agent Support | 1 1 1 | underwriting@aatx.com | (254) 297-2101 |
| 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 |
| Technical Support Helpdesk | 2 8 0 8 | helpdesk@aatx.com | (254) 297-2190 |

 **Not Sure Who To Call? Contact our Agent Support:** (800) 736-7311, prompts: 1 1 1

| Items to Send | Website | Fax |
|--|---|-----------------|
| New Business Applications (completed on paper) | www.insuranceapplication.com (select 'AppDrop') | (254) 297-2100* |
| New Business Applications (Mobile Application) | www.insuranceapplication.com (select 'Mobile Application') | N/A |
| New Agent Contracts | www.insuranceapplication.com/contractdrop | (254) 297-2110 |

* Be sure to include a Fax Application Cover Page.



Want to Chat With Us? Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).



General Delivery
P.O. 2549
Waco, TX 76702

Overnight
425 Austin Ave.
Waco, TX 76701



www.americanamicable.com
www.iaamerican-waco.com
www.occidentallife.com
www.pioneeramerican.com
www.pioneersecuritylife.com

Access product information, forms, Agent E-file, and other valuable information at the Company websites.

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UNDERWRITING GUIDELINES

Our Golden solution life insurance plans target a broad final expense insurance market spectrum. These policies and our application Form No. 9466 (with state variations) [AA, OL, PA, PS] and Form No. ICC15-GL213 (with state variations) [iA] accommodate a simplified approach to purchasing life insurance.

The Golden solution application features simple **'Yes'** or **'No'** questions that enable you to determine quickly which plan of insurance the applicant may be eligible for.

FIND THE POLICY THAT FITS EACH CLIENT

| | |
|---------------------------------|---|
| Immediate Death Benefit | Answer 'No' to all health questions 1 through 8 on the application |
| Graded Death Benefit | Answer 'No' to questions 1 through 7, but 'Yes' to health question 8 |
| Return of Premium Death Benefit | Answer 'No' to questions 1 through 3, 'Yes' to any health questions 4 through 7 |

If health questions 1, 2, or 3, are answered **'Yes'**, the applicant is **not** eligible for any Golden solution plans.

POLICY SPECIFICATIONS

| | |
|--|--|
| Issue Ages (Age Last Birthday): | 50 to 85 |
| Premium Paying Period: | To age 110 |
| Minimum Death Benefit: | \$2,500 (\$5,000 in Washington) |
| Maximum Immediate Death Benefit: | Ages 50 to 75: \$50,000 Ages 76 to 85: \$25,000 |
| Maximum Graded Death Benefit: | Ages 50 to 85: \$25,000 |
| Maximum Return of Premium Death Benefit: | Ages 50 to 85: \$25,000 |
| Policy Fee: | \$30 (Commissionable) |
| Modal Factors: | |
| Monthly EFT | 0.088 |
| Quarterly | 0.262 |
| Semi-Annual | 0.519 |
| No-cost Riders Included: | Availability: |
| Terminal Illness Accelerated Death Benefit Rider* | All plans |
| Accelerated Death Benefit Rider-Confined Care* | Immediate Death Benefit Only |
| Optional Benefits and Riders: | Availability: |
| Grandchild Rider (also covers Great-grandchildren) | All plans |
| Nursing Home Waiver of Premium Rider | Immediate Death Benefit Only |
| Children's Insurance Agreement | Not Available on ROP Plan |
| Accidental Death Benefit Agreement | Not Available on ROP Plan |
| Application No. (Company specific with some state variations) | 9466 (AA, OL, PA, PS) or ICC15- GL213 (iA) |
| * Included at no additional premium, where available. | |

GOLDEN SOLUTION PLAN DESCRIPTIONS

| | |
|----------------------------------|--|
| Immediate Death Benefit | This plan is a simplified issue whole life policy with a level death benefit of 100% of the face amount paid immediately. |
| Graded Death Benefit | This plan is a simplified issue whole life policy, which pays 30% of the selected face amount the first year, 70% paid the second year, and 100% paid the third and subsequent years. For all years, 100% paid for accidental death. |
| Return of Premium Benefit | This plan is a simplified issue whole life policy which pays a return of premium plus 10% interest for three years if under age 65 and two years if age 65 or older. 100% paid after the graded period. For all years, 100% paid for accidental death. |

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on:

- A simplified **'Yes/No'** application, &
- A telephone interview (if applicable), &
- Check with the Medical Information Bureau (MIB, LLC), &
- Check with a pharmaceutical related facility(s), &
- Proposed insured's build (See the liberal height/weight charts found in this guide.).

TELEPHONE INTERVIEW

| PHONE INTERVIEW REQUIREMENT CHART | |
|-----------------------------------|-------------------|
| Ages 50 – 70 | None (Note 1) |
| Ages 71 – 85 | None (Note 1 & 2) |

- 1 When the payor is other than the proposed insured, spouse, significant other or child.
- 2 When the applicant is age 71-85 and is not found in the prescription database(s).

NOTE: A phone interview is not required when the applicant is applying for the Return of Premium Death Benefit plan.

Mobile Application - Decision Engine Process

Our mobile application technology will give you a point-of-sale underwriting decision on the screen within seconds of completing the application. One of the possible outcomes is that a telephone interview is required based on the above guidelines.

Paper Applications

Based on the payor relationship for applicants 50-70, an interview may be necessary (Refer to the Phone Interview Requirement Chart above). For applicants 71 - 85, you will not know at the time of application due to the prescription database search if the interview is required. If you complete an interview at point-of-sale, please write the vendor name in the top right corner of the application and provide the interview case number.

APPTICAL: 1 (877) 351-1773
7:30 a.m. - 1:00 a.m. Monday thru Friday CST
9:00 a.m. - 9:00 p.m. Saturday & Sunday CST

Note: Whether an interview is required or not, if you want a point-of-sale decision on a paper application, you can contact Apptical to complete a telephone interview. They will provide their point-of-sale recommendation at the end of the interview.

APPLICATION COMPLETION

The following section is to assist agents with the completion of the life insurance application: Form No. 9466 (AA, OL, PA, PS) or Form No. ICC15-GL213 (iA). It follows along item by item, with the application used. As a reminder, the application must be completed to prevent unnecessary processing delays. In addition, any other required forms referred to earlier in this agent guide, please complete (and send in along with the application).

FRONT OF THE APPLICATION:

Proposed Insured:

Provide the proposed insured's **full legal name**.

Address:

Provide the proposed insured's physical address.

City / State / Zip Code**Telephone Case Number:**

Provide the case number provided to you by the interview company (if interview completed point-of-sale).

Telephone Interview Completed:

- If completed point-of-sale, check the **'Yes'** box. Otherwise check the **'No'** box.
- Always provide a valid phone number on every application.
- Best Time to Call - If the telephone interview was not completed point-of-sale, please indicate the best time for the vendor to contact the proposed insured.

Male / Female:

Select appropriate gender.

Date of Birth:

Please enter as MM/DD/YYYY.

Age:

Calculate based upon **age last birthday** as of the policy date.

State of Birth:

If the applicant was not born in the U.S., list the country of birth.

Social Security Number**DL# (Paper):**

List the proposed insured driver's license number and the state of issue.

DL# (e-App):

If you have a driver's license, select **'Yes'**. Then provide your driver's license number and the state of issue. If you do not have a driver's license, select **'No'**. Then select the option that applies to your reason for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.

Height and Weight:

Record the proposed insured's current height and weight. Refer to the build chart of this guide to assist in determining the appropriate plan to apply for based on build.

Owner:

- Name
- Relationship to the proposed insured
- Social Security number
- Address
- City/State/Zip

Primary and Contingent Beneficiary:

- Provide the full names of Primary and Contingent beneficiaries (if applicable) on the application, including the beneficiary's relationship to the proposed insured. Also, provide the beneficiary's Social Security number if available.
- A beneficiary must have a legitimate insurable interest defined as a current interest in the insured's life. Examples include family members or a Trust.

NOTE: Funeral homes are not acceptable beneficiary designations. Also, 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.

Plan:

- In the blank provided, write in the name of the product being applied for ('Golden solution') or the product's initials ('SC').
- Check the box for the appropriate death benefit plan the insured is applying for. To determine the appropriate plan for the insured is determined by the health questions and the proposed insured's build.

Face Amount of Insurance \$:

Enter the amount of coverage being applied for.

Tobacco Use:

- Please check the box **'Yes'** or **'No'** to the tobacco use question.
- The question reads "During the past 12 months have you used tobacco in any form (**excluding occasional** cigar or pipe use)?"
Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes.

Plan Acceptance Check Box ("Check here if you are willing to accept..."):

Check this box if your client is willing to accept whichever death benefit plan they may qualify for. If checked, this will prevent the need to complete a signed endorsement due simply to a change of plan.

Riders (be sure to check the box next to each rider being applied for):

- **Grandchild Rider**
 - Indicate the number of grandchildren/great-grandchildren applying for coverage.
 - Enter 1 unit (\$5,000) or 2 units (\$10,000) of coverage.
- **Children's Insurance Agreement**
 - Enter 1 unit (\$3,000) or 2 units (\$6,000) of coverage.
 - Check the box for 'Child Rider'.
- **Accidental Death Benefit Agreement**
 - Check the box for 'ADB'.
 - Indicate the amount of coverage.
- **Nursing Home Waiver of Premium**
 - Check the 'NHWP' in the blank provided.
 - Indicate 'NHWP' in the blank provided.

Automatic Premium Loan (APL):

Check **'Yes'** or **'No'**, (Check **'Yes'** to ensure the proposed insured has this option if ever needed.).

Mode:

- **Bank Draft**
- **Draft 1st Prem on Req Date** — Bank draft on which the 1st draft will occur upon the **'Requested Policy Date'** you will enter.
- **Other**

Modal Premium:

Enter the desired premium based on the frequency by which the client will pay.

CWA — (Check appropriate box, if applicable):

- **eCheck Immediate 1st Premium** — Only select this option if the Company is to draft the proposed insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and submit it with the application.
- **Collected \$** — Only select this option if collecting initial payment and mailing it to the Home Office.

Mail Policy To:

Check the box to indicate the preference to whom the policy contract should be mailed.

Requested Policy Date:

The **'Requested Policy Date'**, or the initial draft, if applicable, **cannot be more than 35 days out from the date the application was signed.**

Replacement Section:

- Answer questions A & B.
- If replacing coverage, please provide the other insurance company name, policy #, & amount of coverage.
- **NOTE: Complete any state required Replacement forms** — For state specific replacement instructions & replacement forms, please refer to the Company website.

Physician Name, City/State, & Phone:

Provide the name and contact information of the proposed insured's doctor or medical facility.

Health Questions:

- If any answer to questions 1 through 3 is answered **'Yes'**, the proposed insured is **not** eligible for any coverage.
- If any answer to questions 4 through 7 is answered **'Yes'**, the proposed insured should apply for the Return of Premium Death Benefit plan.
- If any part of question 8 is answered **'Yes'**, the proposed insured should apply for the Graded Death Benefit plan.
- If all questions 1 through 8 are answered **'No'**, the proposed insured should apply for the Immediate Death Benefit plan.

BACK OF THE APPLICATION:

Child, Grandchild, and Great-grandchild Coverage:

- For each child, grandchild, or great-grandchild to be covered provide their name, sex, birthdate, & relationship to the proposed insured.
- If more space is needed to list the children, grandchildren, or great-grandchildren covered, please provide their information on a separate sheet of paper and submit along with the application.

Proposed Children's Health Statement:

- This statement applies to all of the children, grandchildren, or great-grandchildren proposed for coverage.
- Those who do not qualify for coverage based on this health statement should be listed on the line for "Exceptions".

Signed at:

Provide both the city and state indicating where the applicant was when the application was taken.

Date of Application:

The application date should always be the date the proposed insured answered all the medical questions and signed the application.

Signature of Proposed Insured:

- The proposed insured should sign their own application.
- Power of Attorney (POA) signatures are not acceptable.

Signature of Owner:

Complete only if the Owner of the policy is different than the proposed insured. If Owner is different, they MUST sign and date the application as well as the proposed insured.

Agent's Report:

Complete the following:

- Answer both replacement questions.
- Agent's Remarks - Provide any special instructions or notes for the Home Office.
- Agent's Printed Name
- Date
- Agent's Signature
- Agent Number
- Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)

Pre-Authorization Check Plan - Authorization To Honor Charge Drawn:

Complete the following if premiums are being paid via bank draft. A complete explanation of bank draft procedures is found in this guide:

- Insured Name
- Account Holder name
- Name of the bank or financial institution
- Address of the bank
- Transit/ABA Number (a.k.a. Routing Number)
- Account Number
- Check if the account is either a 'Checking' or 'Savings' account.
- Requested Draft Day - Day of the month for recurring drafts.
- Signature of the Account Holder
- Date

FINAL EXPENSE

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

[P.O. BOX 2549, WACO, TX 76702-2549 • (254) 297-2777]

INDIVIDUAL LIFE INSURANCE APPLICATION (Please print in black ink)

Telephone Case No: _____

| | | | | | | |
|---|----------------------|--|--|--|-----------------|---------------|
| Proposed Insured _____ <small>(First) (Middle) (Last)</small> | | | Telephone interview completed <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Address (No. & Street) _____ | | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | |
| City _____ | | State _____ | | Zip Code _____ | | |
| E-mail Address _____ | | | Phone _____ Best time to call _____ | | | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth / / | Age | State of Birth | Social Security Number / / | Height ft in | Weight lbs |
| Owner: Name _____ | | Relationship _____ | | SS# _____ / ____ / ____ | | |
| Address _____ | | City/State/Zip _____ | | | | |
| Primary Beneficiary _____ | | Relationship _____ | | Contingent Beneficiary _____ | | |
| | | Relationship _____ | | | | |
| Plan: _____ Face Amount of Insurance \$ _____ <input type="checkbox"/> Check here if you are willing to accept any plan for which you qualify based on this application. The insurance for which you qualify may have a graded or return of premium death benefit for the first two (2) or three (3) years, a face amount less than any indicated on this application, and riders may not be available. | | | | | | |
| <input type="checkbox"/> Immediate Death Benefit | | | | | | |
| <input type="checkbox"/> Graded Death Benefit (Percentage of Face Amount) | | | | | | |
| <input type="checkbox"/> Return of Premium Death Benefit | | | | | | |
| During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Rider: <input type="checkbox"/> Grandchild/Great Grandchild Coverage _____ | | Number of Children Applying _____ | | Units <input type="checkbox"/> Other _____ | | |
| <input type="checkbox"/> Child Rider* _____ | | Units <input type="checkbox"/> ADB* Amt \$ _____ | | (*not available on Return of Premium Death Benefit) | | |
| Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date _____ | | CWA: <input type="checkbox"/> E-Check Immediate 1st Prem _____ | | Mail Policy To: <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner | | |
| <input type="checkbox"/> Other _____ | | Modal Prem \$ _____ | | <input type="checkbox"/> Collected \$ _____ | | |
| Requested Policy Date: _____ / ____ / ____ | | | | | | |
| A. Do you have existing life insurance or an annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Company _____ | | | | |
| B. Will you replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Policy # _____ | | Amount of Coverage \$ _____ | | |
| Physician Name: _____ | | City/State: _____ | | Phone: _____ | | |

HEALTH INFORMATION

1. Are you currently hospitalized, confined to a nursing facility, a bed, or a wheelchair due to chronic illness or disease, currently using oxygen equipment to assist in breathing, receiving Hospice Care or home health care, or had an amputation caused by disease, or do you currently have any form of cancer (excluding basal cell skin cancer) diagnosed or treated by a medical professional, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting? Yes No
 2. Have you had or been medically advised to have an organ transplant or kidney dialysis, or have you been medically diagnosed as having congestive heart failure (CHF), Alzheimer's, dementia, mental incapacity, Lou Gehrig's disease (ALS), liver failure, respiratory failure, or been diagnosed by a medical professional as having a terminal medical condition or end-stage disease that is expected to result in death in the next 12 months? Yes No
 3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? Yes No
- If any answer to questions 1 through 3 is answered "Yes" the Proposed Insured is not eligible for any coverage.***
4. Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50? Yes No
 5. Have you ever been medically diagnosed, treated or taken medication for renal insufficiency, kidney failure, chronic kidney disease, or more than one occurrence of cancer in your lifetime (excluding basal cell skin cancer)? Yes No
 6. Within the past 2 years have you had any diagnostic testing (excluding tests related to Human Immunodeficiency Virus (HIV)), surgery, or hospitalization advised by a medical professional which has not been completed or for which the results have not been received? Yes No
 7. Within the past 2 years have you:
 - a. been medically diagnosed or treated for angina (chest pain), stroke or TIA, cardiomyopathy, systemic lupus (SLE), cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing? Yes No
 - b. had a heart attack or aneurysm, or had or been medically advised to have any type of heart, brain or circulatory surgery (including, but not limited to a pacemaker insertion, defibrillator placement), or any procedure to improve circulation? Yes No
 - c. been medically diagnosed, or treated, or taken medication for any form of cancer (excluding basal cell skin cancer)? Yes No
 - d. used illegal drugs, abused alcohol or drugs, had or been recommended by a medical professional to have treatment or counseling for alcohol or drug use or been advised to discontinue use of alcohol or drugs? Yes No
- If any answer to questions 4 through 7 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.***
8. Within the past 3 years have you been medically diagnosed or treated, or hospitalized for:
 - a. stroke, angina (chest pain), heart attack, aneurysm, heart or circulatory surgery or any procedure to improve circulation? ... Yes No
 - b. or taken medication for any form of cancer (excluding basal cell skin cancer), emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), ulcerative colitis, cirrhosis, Hepatitis C, or liver disease? Yes No
 - c. paralysis of two or more extremities or cerebral palsy, multiple sclerosis, seizures, Parkinson's disease or muscular dystrophy? Yes No

If any answer to question 8 is answered "Yes" the Proposed Insured should apply for the Graded Death Benefit Plan.

If all questions 1 through 8 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.

CHILD, GRANDCHILD, AND GREAT GRANDCHILD COVERAGE - Children Proposed for Insurance (list additional children on a separate sheet):

| Proposed Insured Name | Sex | Birthdate | Relationship | Proposed Insured Name | Sex | Birthdate | Relationship |
|-----------------------|-----|-----------|--------------|-----------------------|-----|-----------|--------------|
| | | | | | | | |
| | | | | | | | |

PROPOSED CHILDREN'S HEALTH STATEMENT—To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months. List the names of children that are exceptions to PROPOSED CHILDREN'S HEALTH STATEMENT.

Children listed as an exception are excluded from the appropriate Child Rider Coverage. Exceptions are: _____

AGREEMENT—I agree with American-Amicable Life Insurance Company of Texas (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded. I will notify the Company of any changes in the statements or answers given in this application between the time of application and delivery of the policy; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who knowingly presents a false statement in application for insurance may be guilty of a criminal offense and subject to penalties under state law.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the [MIB, LLC (MIB)] or other organization that has knowledge or records of me and my health to give such information to: (a) American-Amicable Life Insurance Company of Texas; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize American-Amicable Life Insurance Company of Texas to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice, the MIB Pre-Notice, the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Signed at _____
CITY STATE

SIGNATURE OF PROPOSED INSURED

Date of Application _____
MONTH DAY YEAR

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

AGENT'S REPORT

Does the proposed insured have any existing life insurance or annuity contract? Yes No
 Is the proposed insurance intended to replace or change any existing life insurance or annuity? Yes No

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature.

I certify that the Terminal Illness Accelerated Benefit Rider and Confined Care Accelerated Benefit Rider Disclosure Forms have been presented to the applicant, if applicable. AGENT'S REMARKS: _____

AGENT'S PRINTED NAME _____ DATE _____
 Agent _____ No: _____ % _____
SIGNATURE

AGENT'S PRINTED NAME _____ DATE _____
 Agent _____ No: _____ % _____
SIGNATURE

PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured _____ Account Holder _____
 Financial Institution _____ Address _____
 Transit/ABA Number _____ Account Number _____ Checking Savings Requested Draft Day (1st-28th) _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of American-Amicable Life Insurance Company of Texas, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (AS ON FINANCIAL INSTITUTION RECORDS) DATE

OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

Incomplete or unsigned applications:

Applications that are not complete in their entirety or missing required signatures will require an amendment or returned for completion. Please make sure that all blanks are filled in and the application reviewed and signed by the Owner and proposed insured. Also, remember to include your agent number.

Terminal Illness Accelerated Death Benefit Riders Disclosure Statement, Form No. 9474 (AA, OL, PA, PS); TI501 (iA); or 3575-D in California:

The agent must present to the applicant and certify. In California, the agent must present Form No. 3575-D at point-of-sale. (The states of MA, VA and WA require this disclosure form to be signed by the applicant and submitted with the life application.) *For California, please refer to Form No. 3672-CA for rider details.*

Accelerated Death Benefit Rider-Confined Care, Form No. 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (iA):

The agent must present to the applicant and certify when applying for the Immediate Death Benefit plan.

HIPAA, Form No. 9526:

Must be submitted with each application.

Replacement Form (if required):

Complete all replacement requirements as per individual state insurance replacement regulations.

Replacement of Existing Insurance:

Agents must provide great care and attention when making any decision to replace an existing policy. You have a responsibility to make sure that your client has all the necessary facts (advantages & disadvantages) to determine if the replacement is in his/her best interest. Do not request a replacement (both external & internal) if it is not in your client's best interest, both short and long term. For a list of factors to consider before recommending a replacement & other guidelines, please refer to the Company's 'Compliance Guidelines' manual found on our website. The Company reviews applications involving replacement sales daily. If the Company notices a trend of multiple replacements or a pattern of improper replacements, we may take disciplinary action to including termination of an agent's contract.

All changes must be crossed out and initialed by proposed insured:

No white outs or erasures on the application.

Application Date/Requested Policy Date:

Application date should always be the date the proposed insured answered the medical questions and signed the application. The **Requested Policy Date** cannot be more than 30 days out from the date the application was signed.

Applications for Return of Premium Death Benefit Plan:

While completing the health questions on the application with the proposed insured if you encounter a 'Yes' answer in the ROP section, that is the last health question that must be answered. After that initial 'Yes' answer, the health questions following may be left unanswered.

(NOTE: When the ROP plan is being applied for, a telephone interview is not required).

Re-Writes on Same Insured:

If a second application is written on the same individual (1) within six months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, medical records will be ordered on that individual by the Underwriting Department.

Initial Premium:

The first full modal premium is required with the application, unless the initial premium is bank draft. The initial premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for the first premium. See the eCheck procedures described in this agent guide. **MONEY ORDERS NOT ACCEPTED.**

Applicants Re-applying for Coverage:

A new application will not be processed if the proposed insured has had two previous policies with any of our companies within the past 12 months, or had three or more policies in the past five years, which have lapsed, made not taken, surrendered, or cancelled. This applies regardless of the plan(s) which were previously written or who the writing agent was on the previous policies.

Request for Re-dates and/or Reinstatements:

It is often easier and in the best interest of your clients to request that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:

• Re-date and Reinstatement Request*:

– If the policy lapse has occurred 60 days after the policy date & within the first policy year:

- A policy can be re-dated simply by sending an email request to our **Client Experience Department** at cx@aatx.com.
- There is no additional paperwork necessary.

* A policy can be re-dated ONE time only.

• Reinstatement Request Only**:

– If the policy lapse has occurred 60 days after the policy date & within the first policy year:

- We require both a “Statement of Health” (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
- In addition, a new Bank Draft Authorization (Form No. 1963) is required if payments will be made via bank draft. Or we would need the back premiums due if the payments will be made on direct bill.
- The documents above should be faxed to **Client Experience** at **(254) 297-2105**.
- As an alternative a new application can be completed and submitted with “Reinstatement” and the policy number indicated at the top. These should also be faxed to **Client Experience** at **(254) 297-2105**.

– If the policy lapse occurred more than one year after the policy date:

- We require a new application to be completed and submitted to the **New Business Department** at **(254) 297-2100**.
- Make sure to send a note with the application indicating this is a “Reinstatement” & indicate the original policy number.

** Upon request we will review these on a basis to see if they can be considered for a re-date & reinstatement.

PREMIUMS REQUIREMENTS

- UL or Non-ROP Term – Two months premium or one modal premium.
- ROP Term – all missed premiums.
- All other plans – all missed premiums

*In the case that the policy is over loaned, we may need loan interest or a loan payment.

CUSTOMER BENEFITS

- Simple ‘YES’/‘NO’ application.
- Affordable rates that will not increase.
- Cash value for emergencies and other needs.
- No medical exams or blood work required.
- Benefits not subject to federal income tax.

GOLDEN SOLUTION: FIELD UNDERWRITING HINTS:

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

- Good Field Underwriting – Carefully ask all the application questions and accurately record the answers.
- Client Honesty and Cooperation – Underwriting relies heavily on the application; therefore, complete, and thorough answers to the questions are necessary. Please stress this and prepare the proposed insured for the interview. The interview will be brief, pleasant, professionally managed, and recorded.

SPEED UP YOUR TURNAROUND TIME! Practice these simple guidelines...

BEFORE asking any health questions, stress the importance for ‘truthful and complete’ answers, including tobacco usage that will ‘match’ information already in the applicant’s medical records, national prescription database, and MIB, LLC.

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of sending applications with non-admitted medical information will likely receive special attention when the Underwriting Department reviews their applications. The Underwriting Department will request medical records on those applicants until they feel that the agent has corrected their field underwriting problems.

Refrain from poor field underwriting contributing to unnecessary delays in both the issuing of your business and the payment of your compensation.

STATE SPECIFICS

Alabama:

Alabama Amendment to Application Form No. 3475 must be completed and sent to the Home Office along with the life application.

Arkansas:

Arkansas Producer Compensation Disclosure Form No. 9650 must be completed and retained by the agent as proof that the disclosure was made.

California:

- Notice of Lapse Designee Form No. 3011 must be completed and sent to the Home Office along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to the Home Office along with the application on sales to clients age 65 or older.
- Privacy Notification Form No. 3640-CA must be presented to the applicant prior to the taking their personal information.
- Terminal Illness Accelerated Death Benefit Disclosure Form No. 3575-D must be presented to the applicant at point-of-sale.
- Supplement to Application Form No. 3481 must be completed due to the no-cost Terminal Illness Accelerated Death Benefit Rider provided.

Connecticut:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida:

If applying for Children's Insurance Agreement and/or the Grandchild Rider, the proposed insured must sign and have legal guardianship. If someone other than parent is signing the application, proof of child guardianship must be provided.

Idaho:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3373 must be completed and sent to the Home Office along with the application.

Illinois:

Right to Designate a Secondary Addressee to Receive Notice of Lapse or Cancellation Form No. 3713 must be completed and sent to the Home Office along with the life application.

Kansas:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Conditional Receipt Form No. 9712-KS must be completed and submitted with the application if the mode of payment is bank draft.

Kentucky:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Montana:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 must be completed and sent to the Home Office along with the application.

Pennsylvania:

Disclosure Statement Form No. 8644-PA must be completed and presented to the client in conjunction with each application. One copy of the form is left with the client and another copy is sent to the Home Office along with the life application.

Rhode Island:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

Utah:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the application.

STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE
PRODUCTS NOT APPROVED IN ALL STATES

SEE COMPANY WEBSITES FOR PRODUCT AND RIDER AVAILABILITY

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the **Preauthorization Check Plan** fields found at the bottom of the back of the application. Please specify a **Requested Draft Day** if desired. **If the applicant provides the Requested Draft Day and wants a draft on a specific day, supply that date in the Policy Date field (mm/dd/yy).**
 - (a) Drafts cannot occur more than 35 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 voided check or deposit slip should 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) To bind coverage IMMEDIATELY, you may use the eCheck option. If this option is selected, you must complete the eCheck section of the Bank Draft Authorization Form No. 9903 in addition to items 1 & 2 listed above.
 - (a) The eCheck section of form 9903 (found at the bottom of the form) authorizes the Company to immediately draft for the first premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied for the first premium. Future drafts will occur on the next due date and the **Requested Draft Day** (if provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month or the 2nd, 3rd, or 4th Wednesday. If you have clients receiving their payments under this scenario and they would like to have their premiums drafted on those same dates, please follow the instructions below:

- On the **'Requested Draft Day'** line of the **'PREAUTHORIZATION CHECK PLAN'** on the back page of the application, you will need to list one of the indicators below:
 - **'1S'** - if payments are received on the 1st of the month.
 - **'3S'** - if payments are received on the 3rd of the month.
 - **'2W'** - if payments are received on the 2nd Wednesday of the month.
 - **'3W'** - if payments are received on the 3rd Wednesday of the month.
 - **'4W'** - if payments are received on the 4th Wednesday of the month.
- The **'Policy Date Request'** field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point-of-sale, our office will have the necessary information needed to process the premium draft to coincide with your client's Social Security payment schedule. The procedure is just that simple. Complete the rest of the application paperwork in the normal fashion. Also, you still have the choice of requesting immediate drafts for CWA; follow the routine procedures.

PRODUCT SOFTWARE

NAIC Illustration is not required. However, presentation software is available on the Company's websites. It will quickly and easily present the guaranteed death benefit & guaranteed cash values. You can run quotes based on a desired face amount or premium amount to customize a solution for your client. To run a quote using your smartphone or tablet, please go to www.insuranceapplication.com/phonequote.

APPLICATION SUBMISSION

You can submit new applications to the Home Office by scanning, faxing, or mailing. Refer to the Company website for instructions on AppDrop. Information on AppDrop can also be found on www.insuranceapplication.com (Select the option for 'AppDrop'). If the application is scanned or faxed, send all supporting documents. If you collected a check, utilize the eCheck procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions for the eCheck policy); otherwise, you must send the check under a separate cover to the attention of policy Issue. Be sure to include the proposed insured's name on the cover sheet.

MOBILE APPLICATIONS WITH POINT-OF-SALE DECISIONS

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select option for the "Mobile Application").
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- Complete the application and all required forms in their entirety. Applications submitted to the Home Office in good order.
- Applicants can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature, (3) by voice signature, or (4) text for signature.
- Point-of-Sale Decision—Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
 - Approved as applied for (Firm Decision),
 - Approved other than as applied for,
 - Telephone Interview Needed,
 - Refer to Home Office, &
 - Not Eligible for Coverage.

BUILD CHARTS

(Unisex)

(Use the chart below to help determine the appropriate plan)

| Ht. | MAXIMUM WEIGHT FOR PLAN | | | MINIMUM WEIGHT FOR PLAN | |
|----------|-------------------------|-----------|-----------|-------------------------|-----------|
| | IMMEDIATE | GRADED | ROP | IMMEDIATE | ROP |
| 4' 5"*** | 173 | 174 - 180 | 181 - 190 | 82 | 77 - 81 |
| 4' 6"*** | 180 | 182 - 188 | 189 - 198 | 84 | 79 - 83 |
| 4' 7"*** | 187 | 189 - 196 | 197 - 206 | 86 | 81 - 85 |
| 4' 8" | 197 | 198 - 204 | 205 - 214 | 88 | 83 - 87 |
| 4' 9" | 204 | 205 - 212 | 213 - 222 | 90 | 85 - 89 |
| 4' 10" | 211 | 212 - 220 | 221 - 230 | 92 | 87 - 91 |
| 4' 11" | 218 | 219 - 228 | 229 - 238 | 94 | 89 - 93 |
| 5' | 225 | 226 - 236 | 237 - 246 | 96 | 91 - 95 |
| 5' 1" | 233 | 234 - 244 | 245 - 254 | 99 | 94 - 98 |
| 5' 2" | 241 | 242 - 252 | 253 - 262 | 101 | 96 - 100 |
| 5' 3" | 248 | 249 - 260 | 261 - 271 | 105 | 100 - 104 |
| 5' 4" | 256 | 257 - 268 | 269 - 280 | 107 | 102 - 106 |
| 5' 5" | 264 | 265 - 276 | 277 - 288 | 110 | 105 - 109 |
| 5' 6" | 273 | 274 - 285 | 286 - 297 | 112 | 107 - 111 |
| 5' 7" | 281 | 282 - 294 | 295 - 306 | 116 | 111 - 115 |
| 5' 8" | 289 | 290 - 303 | 304 - 316 | 119 | 114 - 118 |
| 5' 9" | 298 | 299 - 312 | 313 - 325 | 123 | 118 - 122 |
| 5' 10" | 307 | 308 - 321 | 322 - 335 | 126 | 121 - 125 |
| 5' 11" | 315 | 316 - 330 | 331 - 344 | 131 | 126 - 130 |
| 6' | 324 | 325 - 339 | 340 - 354 | 135 | 130 - 134 |
| 6' 1" | 334 | 335 - 349 | 350 - 364 | 139 | 134 - 138 |
| 6' 2" | 343 | 344 - 359 | 360 - 374 | 142 | 137 - 141 |
| 6' 3" | 352 | 353 - 368 | 369 - 384 | 146 | 141 - 145 |
| 6' 4" | 361 | 362 - 378 | 379 - 394 | 149 | 144 - 148 |
| 6' 5" | 370 | 371 - 388 | 389 - 404 | 152 | 147 - 151 |
| 6' 6" | 379 | 380 - 398 | 399 - 414 | 156 | 151 - 155 |
| 6' 7" | 388 | 398 - 408 | 409 - 424 | 160 | 155 - 159 |
| 6' 8" | 397 | 398 - 418 | 419 - 434 | 164 | 159 - 163 |
| 6' 9" | 406 | 407 - 428 | 429 - 440 | 168 | 162 - 167 |

4' 5" - 4' 7" (**) These heights are not programmed when using the mobile application decision engine and will generate a Refer to Home Office decision.

BENEFITS AND RIDERS not available in all states

Accidental Death Benefit Agreement (ADB)

Policy Form 7159 (AA, OL, PA, PS); ADB302 (iA)

Accidental Death Benefit Agreement provides an additional amount of death benefit should the insured die as a result of an accident.

- Issue Ages:** 50-80
- Minimum Amount:** \$2,500
- Maximum Amount:** Equal to the face amount of the policy
- Benefit Terminates:** At age 100

ADB Calculation Example:

Male, Age 65, Monthly, \$10,000 ADB (\$3.00 X 10) multiplied X .088 = \$2.64 per month. Add ADB monthly premium to life coverage monthly premium for total monthly premium.

Annual Premiums Per \$1,000 of Insurance
(Not available on ROP plan)

| Issue Age | Rate |
|-----------|-------|
| 50 - 55 | 2.00 |
| 56 - 60 | 2.50 |
| 61 - 65 | 3.00 |
| 66 - 70 | 4.00 |
| 71 - 75 | 6.50 |
| 76 - 80 | 10.00 |

Grandchild Rider (GCIA)

Policy Form 9579 (AA, OL, PA, PS); CIB303 (iA) when attached to Immediate Death Benefit and Graded Death Benefit plans. Policy Form 9581; CIB302 (iA) when attached to ROP plan.

Per unit selected, this rider provides \$5,000 per unit, of life insurance protection on each grandchild and great-grandchild through age 20. This benefit also guarantees their future insurability for up to \$25,000 (per unit) of individual protection regardless of their health.

Rider coverage is fully paid up in the event of the primary insured's death (does not apply to the Golden solution-Return of Premium Death Benefit plan).

- Issue Ages:** Primary insured: 50 - 80
Grandchildren & Great-grandchildren: 180 days - 15 years
- Premium:** \$12.00 annually per grandchild or great-grandchild per unit
- Maximum Units:** Two units

Grandchild Rider Calculation Example:

3 grandchildren (\$12.00 X 3) multiplied X .088 = \$3.17 per month. Add the monthly premium to life coverage monthly premium for the total monthly premium.

Children's Insurance Agreement (CIA)

Policy Form 8375 (AA, OL, PA, PS); CIB304 (iA)

(Not available on ROP plan)

Provides \$3,000 per unit of level term insurance on the lives of children until the earlier of the child's age 25 or the applicant's age of 65, at which time their coverage is convertible to a whole life or endowment plan of insurance up to a rate five times the amount provided by the CIA.

- Issue Ages:** Primary insured: 50 - 60
Children (age nearest birthday): 15 days - 17 years
- Premium:** \$8.50 annually per unit
- Maximum Units:** Two units (\$6,000 face amount of coverage)

CIA Calculation Example:

2 units of CIA (\$8.50 X 2) multiplied X .088 = \$1.50 per month. Add the monthly premium to life coverage monthly premium for the total monthly premium.

**Nursing Home Waiver of Premium Rider (NHWP)
Policy Form 9984 (AA, iA, OL, PA, PS)**

This rider will waive payment of policy premiums becoming due during the insured's confinement in a qualified nursing home as defined in the rider. The insured must be confined continuously for a waiting period of 90 consecutive days before any benefits are applicable. Benefits are not retroactive & policy premiums must continue to be paid during the waiting period. Confinement means the insured receives care for at least 90 consecutive days in a nursing home and the care is recommended by a physician due to the insured's inability to care for themselves.

Issue Ages: 50 - 85

Coverage Period: Same as the base policy.

Annual Premium per \$1,000
(Available only on the Immediate Death Benefit plan)

| Non-Tobacco | | |
|-------------|-------|--------|
| Issue Age | Male | Female |
| 50 | 0.33 | 0.51 |
| 51 | 0.33 | 0.51 |
| 52 | 0.34 | 0.52 |
| 53 | 0.34 | 0.52 |
| 54 | 0.35 | 0.53 |
| 55 | 0.35 | 0.53 |
| 56 | 0.35 | 0.54 |
| 57 | 0.41 | 0.65 |
| 58 | 0.51 | 0.81 |
| 59 | 0.57 | 0.94 |
| 60 | 0.63 | 1.03 |
| 61 | 0.70 | 1.14 |
| 62 | 0.84 | 1.34 |
| 63 | 1.05 | 1.62 |
| 64 | 1.19 | 1.84 |
| 65 | 1.31 | 2.00 |
| 66 | 1.47 | 2.24 |
| 67 | 1.76 | 2.68 |
| 68 | 2.21 | 3.33 |
| 69 | 2.55 | 3.85 |
| 70 | 2.80 | 4.22 |
| 71 | 3.15 | 4.76 |
| 72 | 3.82 | 5.79 |
| 73 | 4.80 | 7.28 |
| 74 | 5.49 | 8.34 |
| 75 | 6.02 | 9.21 |
| 76 | 6.75 | 10.53 |
| 77 | 8.10 | 12.99 |
| 78 | 10.08 | 16.59 |
| 79 | 11.49 | 19.15 |
| 80 | 12.51 | 21.01 |
| 81 | 13.92 | 23.49 |
| 82 | 16.45 | 27.92 |
| 83 | 20.05 | 34.26 |
| 84 | 22.52 | 38.62 |
| 85 | 23.70 | 40.69 |

| Tobacco | | |
|-----------|-------|--------|
| Issue Age | Male | Female |
| 50 | 0.35 | 0.52 |
| 51 | 0.35 | 0.52 |
| 52 | 0.36 | 0.53 |
| 53 | 0.36 | 0.53 |
| 54 | 0.36 | 0.54 |
| 55 | 0.36 | 0.54 |
| 56 | 0.37 | 0.55 |
| 57 | 0.43 | 0.66 |
| 58 | 0.54 | 0.82 |
| 59 | 0.63 | 0.95 |
| 60 | 0.68 | 1.04 |
| 61 | 0.76 | 1.15 |
| 62 | 0.89 | 1.35 |
| 63 | 1.10 | 1.64 |
| 64 | 1.24 | 1.85 |
| 65 | 1.37 | 2.02 |
| 66 | 1.57 | 2.27 |
| 67 | 1.92 | 2.72 |
| 68 | 2.46 | 3.38 |
| 69 | 2.87 | 3.91 |
| 70 | 3.19 | 4.34 |
| 71 | 3.64 | 5.03 |
| 72 | 4.50 | 6.35 |
| 73 | 5.75 | 8.26 |
| 74 | 6.64 | 9.66 |
| 75 | 7.32 | 10.77 |
| 76 | 8.25 | 12.42 |
| 77 | 9.99 | 15.51 |
| 78 | 12.50 | 19.98 |
| 79 | 14.30 | 23.17 |
| 80 | 15.62 | 25.43 |
| 81 | 17.42 | 28.34 |
| 82 | 20.62 | 33.46 |
| 83 | 25.20 | 40.79 |
| 84 | 28.35 | 45.82 |
| 85 | 29.86 | 48.21 |

RIDERS INCLUDED WITH GOLDEN SOLUTION

Terminal Illness Accelerated Death Benefit Rider

Policy Form No. 9473 (AA, OL, PA, PS); TIA302 (iA) or 3575 in CA

With this benefit, you may receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 12 months or less (24 months in some states). This rider (where available), is added to every policy at no additional premium. An actuarial adjustment factor and an administrative charge of \$150 will be assessed at the time of acceleration.

Remember to leave disclosure statement Form 9474 (AA, OL, PA, PS); T1501 (iA) or 3575-D in CA with the applicant. (The states of MA, VA, & WA require this disclosure form to be signed by the applicant and submitted with the application.) For California, please refer to Form No. 3672-CA for rider details.

Accelerated Death Benefits Rider-Confined Care

Policy Form No. 9760 or 3156 in NC (AA, OL, PA, PS); AB303 (iA)

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you may receive a monthly benefit of up to 5.0% of the face amount per month. This rider where available is added to policies issued as the Immediate Death Benefit plan at no additional premium. Not available on the Graded or Return of Premium Death Benefit plans.

Remember to leave the disclosure statement Form 9761 or 3157 in NC (AA, OL, PA, PS); AB504 (iA) with the applicant when applying for the Immediate Death Benefit plan. (Rider not available in CA, CT, DC, FL, IL, IN, MA, NJ, OH, SD, VA, or WA.)

RIDER AVAILABILITY CHART

| Rider availability can vary by death benefit plan. See chart for availability. | | | |
|--|--------------------|--------|-------------------|
| Rider Name | Death Benefit Plan | | |
| | Immediate | Graded | Return of Premium |
| Grandchild Insurance Rider | Yes | Yes | Yes |
| Nursing Home WP | Yes | No | No |
| Children's Insurance Agreement | Yes | Yes | No |
| Accidental Death | Yes | Yes | No |
| Terminal Illness Accelerated Death | Yes | Yes | Yes |
| Confined Care | Yes | No | No |

GOLDEN SOLUTION
PRESCRIPTION REFERENCE GUIDE
MEDICAL IMPAIRMENT GUIDE

GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The **'Rx Fill Within'** column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the **'Rx Fill Within'** column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|---------------------------|---------------------|---------------------------------|--|
| Abilify | Psychotic Disorder | N/A | Immediate |
| Accupril | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Accuretic | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Acebutolol HCL | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Aceon | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Actoplus | Diabetes * | N/A | Immediate |
| Actos | Diabetes * | N/A | Immediate |
| Advair | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Aggrenox | Stroke/TIA | 2 years | Return of Premium Graded Immediate |
| | | 3 years | |
| | | > 3 years | |
| Albuterol | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Aldactazide | Hypertension | N/A | Immediate No Coverage |
| | CHF | N/A | |
| Aldactone | Hypertension | N/A | Immediate No Coverage |
| | CHF | N/A | |
| Allopurinol | Gout | N/A | Immediate |
| Altace | Hypertension | N/A | Immediate No Coverage |
| | CHF | N/A | |
| Amantadine HCL | Parkinson's | N/A | Graded |
| Amaryl | Diabetes * | N/A | Immediate |
| Ambisome | AIDS | N/A | No Coverage |
| Amiloride HCL | Hypertension | N/A | Immediate No Coverage |
| | CHF | N/A | |
| Amlodipine Besylate/Benaz | Hypertension | N/A | Immediate No Coverage |
| | CHF | N/A | |

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'Diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as **'YES'** (Return of Premium section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The **'Rx Fill Within'** column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the **'Rx Fill Within'** column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|---|-----------------------------|---------------------------------|--|
| Amyl Nitrate | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Antabuse | Alcohol/Drugs | 2 years | Return of Premium |
| Apokyn | Parkinson's | N/A | Graded |
| Apresoline | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Aptivus | AIDS | N/A | No Coverage |
| Aranesp | Kidney Dialysis | N/A | No coverage |
| | Renal Insufficiency/Failure | N/A | Return of Premium |
| | Diabetic Nephropathy # | N/A | Return of Premium |
| Aricept | Alzheimer's/Dementia | N/A | No Coverage |
| Arimidex | Cancer | 2 years | Return of Premium |
| | | 3 years | Graded |
| | | > 3 years | Immediate |
| Atacand | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Atamet | Parkinson's | N/A | Graded |
| Atenolol | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Atgam | Organ/Tissue Transplant | N/A | No Coverage |
| Atripla | AIDS | N/A | No Coverage |
| Atrovent/Atrovent HFA Atrovent (Nasal) | Allergies | N/A | Immediate |
| | COPD | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Avalide | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Avandia | Diabetes * | N/A | Immediate |
| Avapro | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Avonex | Multiple Sclerosis | N/A | Graded |
| Azasan | Organ/Tissue Transplant | N/A | No Coverage |
| | Rheumatoid Arthritis | N/A | Immediate |
| | Systemic Lupus | N/A | Return of Premium |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The **'Rx Fill Within'** column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the **'Rx Fill Within'** column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|------------------------|---|---------------------------------|---|
| Azathioprine | Organ/Tissue Transplant Rheumatoid Arthritis Systemic Lupus | N/A N/A N/A | No Coverage Immediate Return of Premium |
| Azilect | Parkinson's | N/A | Graded |
| Azmacort | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Azor | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Baclofen | Multiple Sclerosis | N/A | Graded |
| Baraclude | Liver Disorder/Hepatitis | 2 years | Return of Premium |
| | | 3 years | Graded |
| | | > 3 years | Immediate |
| Benazepril HCL | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Benicar | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Benlysta | Systemic Lupus | N/A | Return of Premium |
| Bentropine Mesylate | Parkinson's | N/A | Graded |
| | Other Use | N/A | Immediate |
| Betapace | Heart Arrhythmia | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Betaseron | Multiple Sclerosis | N/A | Graded |
| Betaxolol HCL | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| BiDil | CHF | N/A | No Coverage |
| Bisoprolol Fumarate | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Bromocriptine Mesylate | Parkinson's | N/A | Graded |
| Bumetanide | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Bumex | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Buprenex | Alcohol/Drugs | 2 years | Return of Premium |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-----------------|--|--|---|
| Bystolic | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Calcium Acetate | Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy # | N/A N/A N/A | No Coverage Return of Premium Return of Premium |
| Campath | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Campral | Alcohol/Drugs | 2 years | Return of Premium |
| Capoten | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Capozide | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Captopril | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Carbamazepine | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Carbatrol | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Carbidopa | Parkinson's | N/A | Graded |
| Carvedilol | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Casodex | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Celebrex | Arthritis | N/A | Immediate |
| Cellcept | Organ/Tissue Transplant | N/A | No Coverage |
| Clopidogrel | Stroke/TIA/Heart Attack Stroke/Heart Attack Stroke/Heart Attack | First Fill 2 years First Fill 3 years First Fill > 3 years | Return of Premium Graded Immediate |
| Cogentin | Parkinson's Other Use | N/A N/A | Graded Immediate |
| Cognex | Alzheimer's/Dementia | N/A | No Coverage |
| Combivent | COPD | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Combivir | AIDS | N/A | No Coverage |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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The **'Rx Fill Within'** column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the **'Rx Fill Within'** column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-----------------------|---|--|--|
| Complera | AIDS | N/A | No Coverage |
| Copaxone | Multiple Sclerosis | N/A | Graded |
| Copegus | Liver Disorder/Hepatitis C | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Cordarone | Arrhythmia | N/A | Immediate |
| Coreg | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Corgard | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Corzide | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Coumadin | Pulmonary Embolism Thrombosis | N/A N/A | Immediate Immediate |
| | Cardiac Valve Replacement/ TIA/Stroke/Heart Attack | First Fill 2 years | Return of Premium |
| | Cardiac Valve Replacement/ Stroke/Heart Attack | First Fill 3 years First Fill > 3 years | Graded Immediate |
| Cozaar | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Cyclosporine | Organ/Tissue Transplant | N/A | No Coverage |
| Cyclosporine Modified | Organ/Tissue Transplant | N/A | No Coverage |
| Cytoxan | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Demadex | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Depacon | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Depade | Alcohol/Drugs | 2 years | Return of Premium |
| Depakene | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Depakote | Seizure Disorder | 3 years | Graded |
| Diabeta | Diabetes * | N/A | Immediate |
| Diabinese | Diabetes * | N/A | Immediate |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-------------------|----------------------------|---------------------------------|--|
| Digitek | Atrial Fibrillation CHF | N/A N/A | Immediate No Coverage |
| Digoxin | Atrial Fibrillation CHF | N/A N/A | Immediate No Coverage |
| Dilantin | Seizure Disorder | N/A | Graded |
| Dilatrate SR | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Dilor | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Diovan | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Disulfiram | Alcohol/Drugs | 2 years | Return of Premium |
| Dolophine | Opioid Dependence | 2 years | Return of Premium |
| Donepezil HCL | Alzheimer's/Dementia | N/A | No Coverage |
| Duoneb | COPD | 2 years | Return of Premium |
| | | 3 years | Graded |
| | | > 3 years | Immediate |
| Dyazide | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Dynacirc | Hypertension | N/A | Immediate |
| Dyrenium | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Edecrin | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Edurant | AIDS | N/A | No Coverage |
| Eldepryl | Parkinson's | N/A | Graded |
| Emtriva | AIDS | N/A | No Coverage |
| Enalapril Maleate | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Enalaprilat | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-------------------|--|---------------------------------|---|
| Epitol | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Epivir | AIDS | N/A | No Coverage |
| Eskalith | Bipolar Disorder | N/A | Immediate |
| Esmolol HCL | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Exelon | Alzheimer's/Dementia | N/A | No Coverage |
| Exforge | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Femara | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Foscavir | AIDS | N/A | No Coverage |
| Fosinopril Sodium | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Fosrenol | Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy # | N/A N/A N/A | No Coverage Return of Premium Return of Premium |
| Furosemide | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Gabapentin | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Galantamine | Alzheimer's/Dementia | N/A | No coverage |
| Gleevec | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Glipizide | Diabetes * | N/A | Immediate |
| Glucophage | Diabetes * | N/A | Immediate |
| Glucotrol | Diabetes * | N/A | Immediate |
| Glyburide | Diabetes * | N/A | Immediate |
| Glynase | Diabetes * | N/A | Immediate |
| Haldol | Psychotic Disorder | N/A | Immediate |
| Haloperidol | Psychotic Disorder | N/A | Immediate |
| HCTZ | Hypertension | N/A | Immediate |
| HCTZ/Triamterene | Hypertension CHF | N/A N/A | Immediate No Coverage |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|--------------------|-----------------------------|-----------------------|-------------------------|
| Hectoral | Kidney Dialysis | N/A | No Coverage |
| | Renal Insufficiency/Failure | N/A | Return of Premium |
| | Diabetic Nephropathy # | N/A | Return of Premium |
| Heparin | Pulmonary Embolism | N/A | Immediate |
| | Thrombosis | N/A | Immediate |
| Hepsera | Liver Disorder/Hepatitis | 2 years | Return of Premium |
| | | 3 years | Graded |
| | | > 3 years | Immediate |
| Hizentra | Immunodeficiency | N/A | Decline |
| Humalog | Diabetes * | N/A | Immediate |
| Humulin | Diabetes * | N/A | Immediate |
| Hydralazine HCL | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Hydroxyurea | Cancer | 2 years | Return of Premium |
| | | 3 years | Graded |
| | | > 3 years | Immediate |
| Hydergine | Alzheimer's/Dementia | N/A | No Coverage |
| Hydroxychloroquine | Systemic Lupus | N/A | Return of Premium |
| | Malaria | N/A | Immediate |
| | Rheumatoid Arthritis | N/A | Immediate |
| Hyzaar | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Imdur | Angina | 2 years | Return of Premium |
| | | 3 years | Graded |
| | | > 3 years | Immediate |
| | CHF | N/A | No Coverage |
| Imuran | Organ/Tissue Transplant | N/A | No Coverage |
| | Rheumatoid Arthritis | N/A | Immediate |
| | Systemic Lupus | N/A | Return of Premium |
| Inamrinone | CHF | N/A | No Coverage |
| Inderal | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Inderide | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Innopran XL | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Inspra | CHF | N/A | No Coverage |

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|----------------------------------|-----------------------|---------------------------------|--|
| Insulin | Diabetes * | N/A | Immediate |
| Intron-A | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | Hepatitis C | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| Invirase | AIDS | N/A | No Coverage |
| Ipratropium Bromide | Allergies | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Isordil | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Isosorbide Dinitrate/Mononitrate | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Janumet | Diabetes * | N/A | Immediate |
| Januvia | Diabetes * | N/A | Immediate |
| Kaletra | AIDS | N/A | No Coverage |
| Kemadrin | Parkinson's | N/A | Graded |
| | Other Use | N/A | Immediate |
| Kerlone | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Labetalol | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Lamictal | Seizures | 3 years | Graded |
| | Diabetic Neuropathy # | N/A | Return of Premium |
| Lamotrigine | Seizures | 3 years | Graded |
| | Diabetic Neuropathy # | N/A | Return of Premium |
| Lanoxicaps | Atrial Fibrillation | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Lanoxin | Atrial Fibrillation | N/A | Immediate |
| | CHF | N/A | No Coverage |

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|--------------------|--|---------------------------------|---|
| Lantus | Diabetes * | N/A | Immediate |
| Larodopa | Parkinson's | N/A | Graded |
| Lasix | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Leukeran | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Levatol | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Levemir | Diabetes * | N/A | Immediate |
| Levocarnitine | Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy # | N/A N/A N/A | No Coverage Return of Premium Return of Premium |
| Levodopa | Parkinson's | N/A | Graded |
| Lexiva | AIDS | N/A | No Coverage |
| Lexxel | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Lipitor | Cholesterol | N/A | Immediate |
| Lisinopril | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Lithium | Bipolar Disorder | N/A | Immediate |
| Lodosyn | Parkinson's | N/A | Graded |
| Losartan Potassium | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Lotensin | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Loxapine | Psychotic Disorder | N/A | Immediate |
| Loxitane | Psychotic Disorder | N/A | Immediate |
| Lupron | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Lyrica | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Mavik | Hypertension CHF | N/A N/A | Immediate No Coverage |

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-------------------------------|--------------------------|---------------------------------|--|
| Maxzide | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Mellaril | Psychotic Disorder | N/A | Immediate |
| Mepron | AIDS | N/A | No Coverage |
| Metformin | Diabetes * | N/A | Immediate |
| Methadone | Opioid Dependence | 2 years | Return of Premium |
| Methadose | Opioid Dependence | 2 year | Return of Premium |
| Methotrexate | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | Rheumatoid Arthritis | N/A | Immediate |
| Metolazone | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Metoprolol HCTZ | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Metoprolol Tartrate/Succinate | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Micardis | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Micronase | Diabetes * | N/A | Immediate |
| Midamor | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Milrinone | CHF | N/A | No Coverage |
| Minitran | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Mirapex | Parkinson's Other Use | N/A N/A | Graded Immediate |
| Moban | Psychotic Disorder | N/A | Immediate |
| Moduretic | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Moexipril HCL | Hypertension CHF | N/A N/A | Immediate No Coverage |

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|------------|-------------------------|---------------------------------|--|
| Monoket | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Monopril | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Mykrok | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Mysoline | Seizure Disorder | N/A | Graded |
| Nadolol | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Naloxone | Alcohol/Drugs | 2 years | Return of Premium |
| Naltrexone | Alcohol/Drugs | 2 years | Return of Premium |
| Namenda | Alzheimer's/Dementia | N/A | No Coverage |
| Narcan | Alcohol/Drugs | 2 years | Return of Premium |
| Natrecor | CHF | N/A | No Coverage |
| Navane | Psychotic Disorder | N/A | Immediate |
| Neurontin | Seizures | 3 years | Graded |
| | Diabetic Neuropathy # | N/A | Return of Premium |
| Nimodipine | Stroke/TIA/Heart Attack | First Fill 2 years | Return of Premium |
| | Stroke/Heart Attack | First Fill 3 years | Graded |
| | Stroke/Heart Attack | First Fill > 3 years | Immediate |
| Nimotop | Stroke/TIA/Heart Attack | First Fill 2 year | Return of Premium |
| | Stroke/Heart Attack | First Fill 3 years | Graded |
| | Stroke/Heart Attack | First Fill > 3 years | Immediate |
| Nitrek | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Nitro-bid | Angina | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Nitro-dur | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'Diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'YES' (Return of Premium section). Question #4 asks - "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The **'Rx Fill Within'** column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the **'Rx Fill Within'** column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|--|----------------------------|---------------------------------|--|
| Nitroglycerine/Nitrotab/ Nitroquick/Nitrostat | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Nitrol | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Nitromist | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| | CHF | N/A | No Coverage |
| Normodyne | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Norpace | Arrhythmia | N/A | Immediate |
| Norvir | AIDS | N/A | No Coverage |
| Novolin | Diabetes * | N/A | Immediate |
| Novolog | Diabetes * | N/A | Immediate |
| Pacerone | Arrhythmia | N/A | Immediate |
| Parcopa | Parkinson's | N/A | Graded |
| Parlodel | Parkinson's | N/A | Graded |
| Paxil | Depressive Disorder | N/A | Immediate |
| Pegasys | Liver Disorder/Hepatitis C | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Peg-Intron | Liver Disorder/Hepatitis C | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Pentam 300 | AIDS | N/A | No Coverage |
| Pentamidine Isethionate | AIDS | N/A | No Coverage |
| Pepcid | Stomach Disorder | N/A | Immediate |
| Pergolide Mesylate | Parkinson's | N/A | Graded |
| Perindopril Erbumine | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Permax | Parkinson's | N/A | Graded |
| Phenobarbital | Seizures | 3 years | Graded |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

Where medications that can be used for more than one condition exist, the alternate uses and appropriate level of coverage has been indicated.

The **'Rx Fill Within'** column means the drug was prescribed within the time period noted. For some circulatory/heart medications, the **'Rx Fill Within'** column notes 'First Fill'. 'First Fill' refers to when the medication was originally prescribed.

| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-------------------|-----------------------------|-----------------------|-------------------------|
| Phoslo | Kidney Dialysis | N/A | No Coverage |
| | Renal Insufficiency/Failure | N/A | Return of Premium |
| | Diabetic Nephropathy # | N/A | Return of Premium |
| Pindolol | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Plaquenil | Systemic Lupus | N/A | Return of Premium |
| | Malaria | N/A | Immediate |
| | Rheumatoid Arthritis | N/A | Immediate |
| Plavix | Stroke/TIA/Heart Attack | First Fill 2 years | Return of Premium |
| | Stroke/Heart Attack | First Fill 3 years | Graded |
| | Stroke/Heart Attack | First Fill > 3 years | Immediate |
| Prandin | Diabetes * | N/A | Immediate |
| Primacor | CHF | N/A | No Coverage |
| Prinivil | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Prinzide | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Prograf | Organ/Tissue Transplant | N/A | No Coverage |
| Proleukin | Cancer | 2 years | Return of Premium |
| | | 3 years | Graded |
| | | > 3 years | Immediate |
| Prolixin | Psychotic Disorder | N/A | Immediate |
| Propranolol HCL | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Proventil | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years | Return of Premium |
| | | > 3 years | Graded |
| Prozac | Depressive Disorder | N/A | Immediate |
| Quinapril | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Quinaretic | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Ramipril | Hypertension | N/A | Immediate |
| | CHF | N/A | Return of Premium |
| Rapamune | Organ/Tissue Transplant | N/A | No Coverage |
| Razadyne | Alzheimer's/Dementia | N/A | No Coverage |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-----------------------|--|---------------------------------|---|
| Rebetol | Liver Disorder/Hepatitis C | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Rebetron | Liver Disorder/Hepatitis C | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Rebif | Multiple Sclerosis | N/A | Graded |
| Reminyl | Alzheimer's/Dementia | N/A | No Coverage |
| Renagel | Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy # | N/A N/A N/A | No Coverage Return of Premium Return of Premium |
| Renvela | Kidney Dialysis Renal Insufficiency/Failure Diabetic Nephropathy # | N/A N/A N/A | No Coverage Return of Premium Return of Premium |
| Requip | Parkinson's Other Use | N/A N/A | Graded Immediate |
| Ribavirin | Liver Disorder/Hepatitis C | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| Rilutek | ALS (Lou Gehrig's Disease) | N/A | No Coverage |
| Risperdal | Psychotic Disorder | N/A | Immediate |
| Risperidone | Psychotic Disorder | N/A | Immediate |
| Rituxan | Cancer | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| | Rheumatoid Arthritis | N/A | Immediate |
| Rivastigmine Tartrate | Alzheimer's/Dementia | N/A | No Coverage |
| Ropinirole | Parkinson's | N/A | Graded |
| | Diabetic Neuropathy # | N/A | Return of Premium |
| | Other Use | N/A | Immediate |
| Rythmol | Arrhythmia | N/A | Immediate |
| Sectral | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Serevent | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 year 3 years > 3 years | Return of Premium Graded Immediate |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-----------------------|-----------------------------------|---------------------------------|--|
| Seroquel | Psychotic Disorder | N/A | Immediate |
| Sinemet/Sinemet CR | Parkinson's | N/A | Graded |
| Sodium Edocrin | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Sotalol Hydrochloride | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Sotalol HCL | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Spiriva | COPD | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| Spirolactone | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Sprycel | Cancer | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| Stalevo | Parkinson's | N/A | Graded |
| Starlix | Diabetes * | N/A | Immediate |
| Suboxone | Alcohol/Drugs | 2 years | Return of Premium |
| Subutex | Alcohol/Drugs | 2 years | Return of Premium |
| Sustiva | AIDS | N/A | No Coverage |
| Symbicort | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| Symmetrel | Parkinson's | N/A | Graded |
| Tambocor | Arrhythmia | N/A | Immediate |
| Tamoxifen | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Tarka | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Tasmar | Parkinson's | N/A | Graded |
| Tegretol | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |

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GOLDEN SOLUTION PRESCRIPTION REFERENCE GUIDE (continued)

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-------------------|---------------------|---------------------------------|--|
| Tenoretic | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Tenormin | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Teveten | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Theo-Dur | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Theophylline | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Thioridazine | Psychotic Disorder | N/A | Immediate |
| Thiothixene | Psychotic Disorder | N/A | Immediate |
| Thorazine | Psychotic Disorder | N/A | Immediate |
| Tolazamide | Diabetes * | N/A | Immediate |
| Tolbutamide | Diabetes * | N/A | Immediate |
| Tolinase | Diabetes * | N/A | Immediate |
| Toprol XL | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Torsemide | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Trandate | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Trandolapril | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Tresiba (insulin) | Diabetes* | N/A | Immediate |
| Trimterene | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Triamterene/HCTZ | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Tribenzor | Hypertension CHF | N/A N/A | Immediate No Coverage |

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|---------------------|-----------------------------------|---------------------------------|--|
| Trihexyphenidyl HCL | Parkinson's Other Use | N/A N/A | Graded Immediate |
| Truvada | AIDS | N/A | No Coverage |
| Twynsta | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Tyzeka | Liver Disorder/Hepatitis | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Uniretic | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Univasc | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Valcyte | AIDS | N/A | No Coverage |
| Valproic Acid | Seizures Diabetic Neuropathy # | 3 years N/A | Graded Return of Premium |
| Valstar | Cancer | 2 year 3 years > 3 years | Return of Premium Graded Immediate |
| Valturna | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Vascor | Angina | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Vaseretic | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Vasotec | Hypertension CHF | N/A N/A | Immediate No Coverage |
| Ventolin | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Viaspan | Organ/Tissue Transplant | N/A | No Coverage |
| Viracept | AIDS | N/A | No Coverage |
| Viramune | AIDS | N/A | No Coverage |
| Viread | AIDS | N/A | No Coverage |
| Visken | Hypertension CHF | N/A N/A | Immediate No Coverage |

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| Medication | Common Uses | RX Fill Within | Plan Eligibility |
|-------------------|---|--|--|
| Vivitrol | Alcohol/Drugs | 2 years | Return of Premium |
| Warfarin | Pulmonary Embolism | N/A | Immediate |
| | Thrombosis | N/A | Immediate |
| | Cardiac Valve Replacement/ TIA/Stroke/Heart Attack | First Fill 2 years | Return of Premium |
| | Cardiac Valve Replacement/ Stroke/Heart Attack | First Fill 3 years First Fill > 3 years | Graded Immediate |
| Xeloda | Cancer | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Xopenex | Asthma | N/A | Immediate |
| | COPD/Emphysema | 2 years 3 years > 3 years | Return of Premium Graded Immediate |
| Zantac | Stomach Disorder | N/A | Immediate |
| Zaroxolyn | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Zebeta | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Zelapar | Parkinson's | N/A | Graded |
| Zemplar | Kidney Dialysis | N/A | No coverage |
| | Renal Insufficiency/Failure | N/A | Return of Premium |
| | Diabetic Nephropathy # | N/A | Return of Premium |
| Zestoretic | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Zestril | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Ziac | Hypertension | N/A | Immediate |
| | CHF | N/A | No Coverage |
| Zocor | Cholesterol | N/A | Immediate |
| Zoloft | Depressive Disorder | N/A | Immediate |
| Zyprexa | Psychotic Disorder | N/A | Immediate |

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GOLDEN SOLUTION MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide has been developed to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a state-specific application, please contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

| Condition/ Concern | Criteria | Plan to Apply For | Question on App* |
|---|--|----------------------|---------------------|
| Activities of Daily Living | Require assistance (from anyone) with bathing, dressing, eating, or toileting | No Coverage | 1 |
| AIDS / HIV | Medically treated or diagnosed by a medical professional as having | No Coverage | 3 |
| Alcoholism/ Alcohol Abuse | Within the past 2 years abused alcohol or had, or recommended to have, treatment or counseling for alcohol use or been advised to discontinue use of alcohol | Return of Premium | 7d |
| Alzheimer's disease | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Amputation | Have had an amputation caused by disease | No Coverage | 1 |
| Amyotrophic Lateral Sclerosis (ALS) / (Lou Gehrig's Disease) | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Aneurysm | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or hospitalized within the past 3 years | Graded | 8a |
| Angina (Chest Pain) | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed, treated, or hospitalized within the past 3 years | Graded | 8a |
| Angioplasty | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or taken medication for within the past 3 years | Graded | 8a |
| Bed Confinement | Currently confined to a bed | No Coverage | 1 |
| Cancer/ (excluding basal cell skin cancer) | Currently have cancer or history of metastatic cancer | No Coverage | 1 |
| | More than one occurrence in a lifetime | Return of Premium | 5 |
| | Medically diagnosed, treated, or taken medication for within the past 2 years for any form of cancer | Return of Premium | 7c |
| | Medically diagnosed, treated, or taken medication for within the past 3 years for any form of cancer | Graded | 8b |
| Cardiomyopathy | Medically diagnosed, treated, or taken medication for | Return of Premium | 7a |
| Catheterization (Heart) | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| Chronic Bronchitis | See Chronic Obstructive Pulmonary Disease (COPD). | | |
| Chronic Hepatitis | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7a |
| Chronic Kidney Disease | Medically diagnosed, treated, or taken medication for | Return of Premium | 5 |
| Chronic Pancreatitis | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7a |
| Chronic Obstructive Pulmonary Disease (COPD) | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years | Graded | 8b |

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| Condition/ Concern | Criteria | Plan to Apply For | Question on App* |
|---|--|----------------------|---------------------|
| Cirrhosis of the Liver | Medically diagnosed or treated within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed, treated, or hospitalized within the past 3 years | Graded | 8b |
| Congestive Heart Failure (CHF) | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Coronary Artery Bypass Surgery | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or taken medication for within the past 3 years | Graded | 8a |
| Defibrillator | Inserted within the past 2 years | Return of Premium | 7b |
| Dementia | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Diabetes | Combined with any medical history of any of the following: Retinopathy, Nephropathy, Neuropathy | Return of Premium | 4 |
| | Taken Insulin shots prior to age 50 | Return of Premium | 4 |
| | Treated for insulin shock or diabetic coma | Return of Premium | 4 |
| Diagnostic Testing, Surgery, or Hospitalization | Recommended within the past 2 years by a medical professional which has not been completed or for which the results have not been received | Return of Premium | 6 |
| Drug Abuse / Addiction | Used illegal drugs, abused drugs, or recommended to have treatment or counseling for drug use; or been advised to discontinue use of drugs within the past 2 years | Return of Premium | 7d |
| Emphysema | See Chronic Obstructive Pulmonary Disease (COPD) | | |
| Heart Attack | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or taken medication for within the past 3 years | Graded | 8a |
| Heart Surgery | Medically advised to have within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or hospitalized for within the past 3 years | Graded | 8a |
| Hepatitis C | Medically diagnosed or treated within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years | Graded | 8b |
| Home Health Care | Currently receiving | No Coverage | 1 |
| Hospice Care | Currently receiving | No Coverage | 1 |
| Hospitalization | Currently hospitalized | No Coverage | 1 |
| Kidney Dialysis | Medically advised to have | No Coverage | 2 |
| Kidney Failure | Medically diagnosed, treated, or taken medication for | Return of Premium | 5 |
| Liver Disease | Medically diagnosed, treated, or taken medication for liver failure | No Coverage | 2 |
| | Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years | Graded | 8b |
| Mental Incapacity | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Multiple Sclerosis (MS) | Medically diagnosed, treated, or hospitalized for within the past 3 years | Graded | 8c |
| Muscular Dystrophy | Medically diagnosed or treated, or hospitalized for within the past 3 years | Graded | 8c |
| Nursing Facility | Currently confined | No Coverage | 1 |

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| Condition/ Concern | Criteria | Plan to Apply For | Question on App* |
|---|--|----------------------|---------------------|
| Organ Transplant | Medically advised to have | No Coverage | 2 |
| Oxygen Equipment | Currently used to assist in breathing | No Coverage | 1 |
| | Medically required to use oxygen equipment to assist in breathing within the past 2 years | Return of Premium | 7a |
| Pacemaker | Inserted within the past 2 years | Return of Premium | 7b |
| Circulatory Surgery | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or taken medication for within the past 3 years | Graded | 8a |
| Cirrhosis of the Liver | Medically diagnosed or treated within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed, treated, or hospitalized within the past 3 years | Graded | 8b |
| Congestive Heart Failure (CHF) | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Coronary Artery Bypass Surgery | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or taken medication for within the past 3 years | Graded | 8a |
| Defibrillator | Inserted within the past 2 years | Return of Premium | 7b |
| Dementia | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Diabetes | Combined with any medical history of any of the following: Retinopathy, Nephropathy, Neuropathy | Return of Premium | 4 |
| | Taken Insulin shots prior to age 50 | Return of Premium | 4 |
| | Treated for insulin shock or diabetic coma | Return of Premium | 4 |
| Diagnostic Testing, Surgery, or Hospitalization | Recommended within the past 2 years by a medical professional which has not been completed or for which the results have not been received | Return of Premium | 6 |
| Drug Abuse / Addiction | Used illegal drugs, abused drugs, or recommended to have treatment or counseling for drug use; or been advised to discontinue use of drugs within the past 2 years | Return of Premium | 7d |
| Emphysema | See Chronic Obstructive Pulmonary Disease (COPD) | | |
| Heart Attack | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or taken medication for within the past 3 years | Graded | 8a |
| Heart Surgery | Medically advised to have within the past 2 years | Return of Premium | 7b |
| | Medically diagnosed, treated, or hospitalized for within the past 3 years | Graded | 8a |
| Hepatitis C | Medically diagnosed or treated within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years | Graded | 8b |
| Home Health Care | Currently receiving | No Coverage | 1 |
| Hospice Care | Currently receiving | No Coverage | 1 |
| Hospitalization | Currently hospitalized | No Coverage | 1 |
| Kidney Dialysis | Medically advised to have | No Coverage | 2 |

* Applies to standard life application Form No. 9466 (AA, OL, PA, PS); Form GL213 (IAA). The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our Live Chat option (click on Risk Assessment) or email riskassess@aatx.com.

GOLDEN SOLUTION MEDICAL IMPAIRMENT GUIDE (continued)

The Medical Impairment Guide has been developed to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here, or how a medical condition may affect a state-specific application, please contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to make a final decision based on all factors of the risk.

| Condition/ Concern | Criteria | Plan to Apply For | Question on App* |
|---|---|----------------------|---------------------|
| Kidney Failure | Medically diagnosed, treated, or taken medication for | Return of Premium | 5 |
| Liver Disease | Medically diagnosed, treated, or taken medication for liver failure | No Coverage | 2 |
| | Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years | Graded | 8b |
| Mental Incapacity | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Multiple Sclerosis (MS) | Medically diagnosed, treated, or hospitalized for within the past 3 years | Graded | 8c |
| Muscular Dystrophy | Medically diagnosed or treated, or hospitalized for within the past 3 years | Graded | 8c |
| Nursing Facility | Currently confined | No Coverage | 1 |
| Organ Transplant | Medically advised to have | No Coverage | 2 |
| Oxygen Equipment | Currently used to assist in breathing | No Coverage | 1 |
| | Medically required to use oxygen equipment to assist in breathing within the past 2 years | Return of Premium | 7a |
| Pacemaker | Inserted within the past 2 years | Return of Premium | 7b |
| Paralysis | Medically diagnosed, treated, or hospitalized for paralysis of 2 or more extremities within the past 3 years | Graded | 8c |
| Parkinson's Disease | Medically diagnosed, treated, or hospitalized for within the past 3 years | Graded | 8c |
| Renal Insufficiency | Medically diagnosed, treated, or taken medication for | Return of Premium | 5 |
| Respiratory Failure | Medically diagnosed, treated, or taken medication for | No Coverage | 2 |
| Seizures | Medically diagnosed, treated, taken medication, or hospitalized for within the past 3 years | Graded | 8c |
| Stroke | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed or hospitalized within the past 3 years | Graded | 8a |
| Systemic Lupus (SLE) | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7a |
| Terminal Medical Condition or End Stage Disease | Medically diagnosed, treated, or taken medication for a condition that is expected to result in death in the next 12 months | No Coverage | 2 |
| TIA (Transient Ischemic Attack) | Medically diagnosed, treated, or taken medication for within the past 2 years | Return of Premium | 7a |
| | Medically diagnosed, treated, taken medication, or hospitalized within the past 3 years | Graded | 8a |
| Ulcerative Colitis | Medically diagnosed, treated, hospitalized, or taken medication for within the past 3 years | Graded | 8b |
| Wheelchair Use | Currently confined to a wheelchair due to Chronic Illness or disease | No Coverage | 1 |

* Applies to standard life application Form No. 9466 (AA, OL, PA, PS); Form GL213 (IAA). The question numbers on some state specific applications may vary. Refer to the State Specifics section of this Agent Guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our Live Chat option (click on Risk Assessment) or email riskassess@aatx.com.

GOLDEN SOLUTION RATES

(The following pages contain information specific to this product only.)

Golden Solution Immediate Death Benefit

Annual Premiums Per \$1,000 of Insurance
(Add \$30 Annual Policy Fee)

| Issue Age | Non-Tobacco | | Tobacco | |
|-----------|-------------|--------|---------|--------|
| | Male | Female | Male | Female |
| 50 | 34.08 | 27.56 | 51.91 | 39.18 |
| 51 | 36.08 | 29.64 | 54.21 | 40.47 |
| 52 | 37.91 | 30.88 | 56.69 | 42.54 |
| 53 | 40.47 | 32.52 | 59.50 | 44.89 |
| 54 | 42.33 | 34.07 | 62.14 | 46.62 |
| 55 | 43.93 | 35.62 | 64.79 | 49.29 |
| 56 | 45.68 | 36.77 | 67.48 | 50.84 |
| 57 | 46.86 | 38.06 | 70.17 | 53.21 |
| 58 | 49.26 | 39.15 | 73.53 | 55.27 |
| 59 | 51.18 | 40.56 | 76.26 | 57.42 |
| 60 | 52.19 | 40.87 | 79.24 | 59.00 |
| 61 | 55.20 | 43.26 | 84.32 | 61.95 |
| 62 | 58.00 | 44.93 | 88.04 | 65.10 |
| 63 | 60.71 | 46.89 | 91.51 | 68.44 |
| 64 | 63.90 | 48.97 | 95.88 | 71.97 |
| 65 | 67.10 | 50.96 | 100.44 | 75.33 |
| 66 | 71.59 | 54.11 | 106.55 | 79.31 |
| 67 | 76.29 | 56.89 | 112.22 | 83.46 |
| 68 | 81.38 | 60.03 | 119.04 | 86.80 |
| 69 | 85.95 | 63.13 | 125.86 | 92.84 |
| 70 | 89.47 | 66.25 | 130.88 | 95.13 |
| 71 | 95.16 | 70.20 | 138.63 | 100.17 |
| 72 | 101.15 | 74.36 | 146.79 | 105.47 |
| 73 | 107.95 | 79.60 | 156.03 | 111.49 |
| 74 | 115.55 | 84.50 | 165.54 | 117.68 |
| 75 | 123.81 | 90.74 | 177.63 | 125.55 |
| 76 | 133.13 | 96.76 | 189.72 | 135.42 |
| 77 | 142.71 | 102.27 | 202.37 | 144.46 |
| 78 | 155.38 | 109.20 | 217.74 | 153.92 |
| 79 | 167.42 | 117.73 | 230.64 | 167.41 |
| 80 | 179.99 | 127.40 | 245.02 | 181.33 |
| 81 | 194.26 | 137.07 | 260.40 | 197.61 |
| 82 | 209.81 | 147.68 | 276.36 | 216.11 |
| 83 | 224.40 | 159.64 | 296.25 | 235.59 |
| 84 | 240.69 | 172.64 | 321.00 | 258.54 |
| 85 | 256.93 | 187.46 | 348.75 | 284.27 |

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$63.00 \times 10 + \30.00) $\times .088 = \$58.08$ per Month

- Issue Ages — based on age last birthday
- Modal Factors — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

Golden Solution Graded Death Benefit

Annual Premiums Per \$1,000 of Insurance
(Add \$30 Annual Policy Fee)

| Issue Age | Non-Tobacco | | Tobacco | |
|-----------|-------------|--------|---------|--------|
| | Male | Female | Male | Female |
| 50 | 43.60 | 30.07 | 72.89 | 47.45 |
| 51 | 46.05 | 31.62 | 76.56 | 50.21 |
| 52 | 48.51 | 33.18 | 80.23 | 52.96 |
| 53 | 51.28 | 34.95 | 84.38 | 56.07 |
| 54 | 54.06 | 36.71 | 88.54 | 59.19 |
| 55 | 56.84 | 38.47 | 92.69 | 62.31 |
| 56 | 59.27 | 40.06 | 96.40 | 65.76 |
| 57 | 61.82 | 41.75 | 100.30 | 69.38 |
| 58 | 64.51 | 43.51 | 104.41 | 73.18 |
| 59 | 67.32 | 45.36 | 108.71 | 77.18 |
| 60 | 69.50 | 46.80 | 112.03 | 80.27 |
| 61 | 73.20 | 49.24 | 117.70 | 85.52 |
| 62 | 77.29 | 51.93 | 123.95 | 91.33 |
| 63 | 81.51 | 54.70 | 130.40 | 97.32 |
| 64 | 85.99 | 57.64 | 137.23 | 103.66 |
| 65 | 90.72 | 60.76 | 144.46 | 110.36 |
| 66 | 97.69 | 64.95 | 153.56 | 117.11 |
| 67 | 105.28 | 69.53 | 163.49 | 124.47 |
| 68 | 113.36 | 74.39 | 174.05 | 132.30 |
| 69 | 122.06 | 79.63 | 185.42 | 138.88 |
| 70 | 126.17 | 82.11 | 190.80 | 144.72 |
| 71 | 134.71 | 87.26 | 201.97 | 153.76 |
| 72 | 145.60 | 93.07 | 214.59 | 162.35 |
| 73 | 156.80 | 99.74 | 229.08 | 173.09 |
| 74 | 168.56 | 107.80 | 246.02 | 183.21 |
| 75 | 180.60 | 114.91 | 261.95 | 197.47 |
| 76 | 195.22 | 123.48 | 285.45 | 209.82 |
| 77 | 213.92 | 133.77 | 307.90 | 217.64 |
| 78 | 234.08 | 147.00 | 330.01 | 232.95 |
| 79 | 254.80 | 159.25 | 356.00 | 249.46 |
| 80 | 276.42 | 173.46 | 376.96 | 270.32 |
| 81 | 293.44 | 188.16 | 380.61 | 287.54 |
| 82 | 308.67 | 202.86 | 385.89 | 310.67 |
| 83 | 322.56 | 216.58 | 391.84 | 335.01 |
| 84 | 334.88 | 229.32 | 404.57 | 362.84 |
| 85 | 339.64 | 236.43 | 433.07 | 395.87 |

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$81.00 \times 10 + \30.00) $\times .088 = \$73.92$ per Month

- Issue Ages — based on age last birthday
- Modal Factors — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

Golden Solution Return of Premium

Annual Premiums Per \$1,000 of Insurance
(Add \$30 Annual Policy Fee)

| Issue Age | Non-Tobacco | | Tobacco | |
|-----------|-------------|--------|---------|--------|
| | Male | Female | Male | Female |
| 50 | 49.71 | 35.04 | 81.31 | 50.70 |
| 51 | 52.07 | 36.94 | 85.49 | 53.65 |
| 52 | 54.43 | 38.84 | 89.66 | 56.61 |
| 53 | 57.11 | 40.99 | 94.40 | 59.95 |
| 54 | 59.79 | 43.15 | 99.14 | 63.30 |
| 55 | 62.44 | 45.33 | 103.85 | 66.65 |
| 56 | 65.59 | 47.61 | 108.59 | 70.77 |
| 57 | 68.90 | 50.01 | 113.57 | 75.09 |
| 58 | 72.39 | 52.54 | 118.80 | 79.65 |
| 59 | 76.04 | 55.18 | 124.29 | 84.41 |
| 60 | 78.86 | 57.22 | 128.53 | 88.09 |
| 61 | 83.68 | 60.71 | 135.76 | 94.36 |
| 62 | 88.98 | 64.55 | 143.73 | 101.28 |
| 63 | 94.46 | 68.52 | 151.95 | 108.43 |
| 64 | 100.26 | 72.73 | 160.67 | 116.00 |
| 65 | 106.40 | 77.18 | 169.88 | 124.00 |
| 66 | 113.02 | 81.92 | 179.13 | 132.10 |
| 67 | 120.23 | 87.09 | 189.21 | 140.93 |
| 68 | 127.90 | 92.59 | 199.93 | 150.30 |
| 69 | 136.17 | 98.52 | 211.48 | 160.42 |
| 70 | 140.08 | 101.32 | 216.95 | 165.21 |
| 71 | 148.20 | 107.14 | 228.30 | 175.14 |
| 72 | 157.37 | 113.72 | 241.12 | 186.36 |
| 73 | 167.90 | 121.27 | 255.82 | 199.23 |
| 74 | 177.82 | 128.38 | 269.69 | 211.37 |
| 75 | 191.80 | 138.43 | 289.23 | 228.47 |
| 76 | 205.18 | 146.96 | 306.06 | 246.14 |
| 77 | 223.61 | 152.37 | 316.72 | 257.34 |
| 78 | 242.82 | 162.95 | 337.57 | 279.24 |
| 79 | 262.75 | 174.38 | 360.07 | 302.88 |
| 80 | 283.36 | 186.65 | 384.24 | 328.27 |
| 81 | 301.04 | 200.72 | 411.95 | 357.38 |
| 82 | 320.32 | 216.72 | 443.46 | 390.48 |
| 83 | 340.88 | 233.55 | 476.63 | 425.32 |
| 84 | 371.03 | 252.79 | 514.54 | 465.14 |
| 85 | 406.84 | 275.63 | 559.55 | 512.43 |

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 ($\$95.00 \times 10 + \30.00) $\times .088 = \$86.24$ per Month

- Issue Ages — based on age last birthday
- Modal Factors — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519



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