

POLICY PAGES

Policy Number: LB09204530

Insured Name: filighe fjdginb

Z7 LQXVCGQRZ XZCWLZRZX SSR 4L923
XOZ R
1159 73OP XNVOP
BGCKN, ND 58104

For Internal Use

Mailing Instructions:

Company: NAC

Type of Print: Full Print

LAN ID:

Department: New Business

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POLICY SUMMARY

Agent: Z7 LQXVCGQRZ XZCWLRLZX SSR 4L923 100.00%

Primary Insured: filighe fjdginb
Primary Insured Address:
23 clay
chicato, IL 60607
Phone Number: H- (312)-648-7600
Date of Birth: 12/12/1990
Age: 34
Gender: Male
Underwriting Class: Non-Tobacco
Rating: N/A

Owner Name: filighe fjdginb
Owner Address:
23 clay
chicato, IL 60607

Policy/Certificate Number: LB09204530
Policy Date: 01/31/2025

Plan: Protection Builder IUL 2
Death Benefit Option: Level
Rider(s)/Benefits:
Accelerated Death Benefit Endorsement - Critical
Accelerated Death Benefit Endorsement - Chronic
Accelerated Death Benefit Endorsement - Terminal
Overloan Protection Benefit
Protected Death Benefit

Base Face Amount: \$250,000.00
Scheduled Premium: \$3,000.00
Premium Mode and Frequency: Annual Direct Bill
Draft Day: N/A

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**POLICY DELIVERY REQUIREMENT**

Policy Date: 01/31/2025

Policy Number: LB09204530

Proposed Insured(s): filighe fjdginb

Agent Name and Code: Z7 LQXVCGQRZ XZCWLZRZX SSR 4L923

Closeout Date: 03/19/2025

IMPORTANT

THE POLICY ON THE ABOVE REFERENCED INSURED IS ENCLOSED. IN ORDER TO PUT THIS POLICY IN FORCE, ESTABLISH BILLING, AND PAY COMMISSIONS EARNED, THE FOLLOWING REQUIREMENTS MUST BE MET:

Description/Comments

Statement of Health

Premium Amount Needed

RETURN THIS COPY WITH THE COMPLETED REQUIREMENTS IN THE ENCLOSED ENVELOPE. If there are any questions, please contact New Business. If a delay in delivery occurs, please collect additional premiums as needed to pay policy up to date.

THE ENCLOSED POLICY MUST BE DELIVERED BY THE ABOVE CLOSEOUT DATE OR RETURNED TO THE PROCESSING OFFICE FOR CANCELLATION. DELIVERY SHOULD BE MADE ONLY WHILE THE APPLICANT IS LIVING AND IN GOOD HEALTH.

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Policy Number: LB09204530
Proposed Insured(s): filighe fjdginb
Agent Name and Code: Z7 LQXVCGQRZ XZCWLZRZX SSR 4L923

This policy was delivered to the client on, _____

Delivery requirements are attached.

Please process this policy as Not Taken. Enclosed is the policy.

Other: _____

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Agent Signature

Date

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ICC23SA100NAC

STATEMENT OF HEALTH AND INSURABILITY

(To be completed by Proposed Insured)

Completed as a condition to the delivery or change of:

Name of Proposed Insured filighe fjdginb	Policy Number LB09204530
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1. Since the date of the original application or examination, whichever is earlier, has the person to be covered by the policy:

a. Received medical advice or treatment by a licensed medical professional for any change in health? *(If yes, provide details below.)* Yes No

b. Consulted, been examined, or treated by a licensed medical professional? *(If yes, provide details below.)* Yes No

c. Made any change in your occupation? *(If yes, provide details below.)* Yes No

d. Made any change in the use of any nicotine products, alcohol, or drugs? *(If yes, provide details below.)* Yes No

e. Been placed on probation, parole, convicted of or have charges currently pending for a felony or misdemeanor? *(If yes, provide details below.)* Yes No

f. Applied for life insurance with another life insurance company? *(If yes, provide the name of the company, amount applied for, and the status of the application.)* Yes No

g. Been declined, postponed, or charged an extra premium for life insurance? *(If yes, provide the name of the company and the reason.)* Yes No

DETAIL SECTION FOR QUESTIONS 1a THROUGH 1g.		
Question #	Date	Details

IT IS DECLARED that all the above statements are complete and true, to the best of my knowledge and belief. Unless all questions are truthfully answered No, it is understood that no coverage will take effect until the Statement of Health and Insurability is reviewed and accepted by the company.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured (Signature of Parent/Legal Guardian if Proposed Insured is a Minor)	Date
X	

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* L1685A*

POLICY DELIVERY RECEIPT

Policyowner: filighe fjdginb

Policy Number: LB09204530

Instructions: By signing this Delivery Receipt you acknowledge that you have taken receipt of the actual Policy/Certificate on the date you indicate below and that you have reviewed it with your agent.

- I acknowledge receipt of this Policy/Certificate along with its attached endorsements, riders, and application.
- I also acknowledge receipt of the Statement of Policy Cost and Benefit Information form for this Policy/Certificate and state that I have reviewed and understand the Statement of Policy Cost and Benefit Information form.
- I understand that this is a contract for Life Insurance.
- I accept this Policy/Certificate as issued.

Owner Signature	Date
Agent Signature	Agent Code

Return a copy of this completed form to:

North American Company for Life and Health Insurance
New Business Processing Center: P.O. Box 5089, Sioux Falls, SD 57117

SPECIMEN



* L1685A*

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New Business Processing Center: P.O. Box 5089, Sioux Falls, SD 57117

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Dear Policyowner:

Welcome to North American Company! We are delighted you chose to purchase your life insurance from our company and appreciate the confidence you have placed in us.

Since your policy is an important financial asset, you should understand and be satisfied with the coverage it provides you. We urge you to read your enclosed policy contract carefully. If there are any provisions you do not understand, please contact your agent or one of our Customer Contact Representatives. **We recommend that you retain all sales materials you received along with your policy for future reference.**

Our website site, www.NorthAmericanCompany.com is a great way to access your policy information. It also offers additional information about our Company and our products. You will first need to complete your registration on our website. You can do this by simply selecting the Policyowner option and clicking "Register Now" on our home page. You will then be prompted to provide some additional information, such as your policy number, to complete your website registration.

We have been in business since 1886 and pride ourselves on the quality of both the products we offer and the service we provide. We are consistently rated among the most financially sound companies in the life insurance industry by independent rating companies including A.M. Best and Standard and Poors.

Again, thank you for choosing North American Company, and congratulations for taking the necessary steps to provide you and your family with this very important component of your overall financial plan. If we can be of any further assistance, please contact your agent or one of our Customer Contact Representatives at (877) 872-0757 Ext. 32146.

Sincerely,

Esfand Dinshaw
President

SPECIMEN



Dear Valued Policyowner,

Thank you for purchasing a North American life insurance policy. Since 1886, we have been helping people secure their financial futures. This longevity is a testament to our stability and financial strength and your continued support. Thank you for choosing North American for your financial protection needs.

Your trust in North American is important. We're committed to upholding your trust and maintaining focus on three key areas:

Stability – As a privately held company, we plan for long-term sustained growth. This is reflected through our ownership structure and a culture committed to doing what's right for you.

Financial Strength – North American holds high financial ratings from the major rating agencies: A+ (Superior) A.M. Best and A+ (Strong) Standard & Poor's.¹

Policyowner Commitment – We are committed to servicing your financial protection needs with this policy and to being here when you need us most.

You made the right decision by choosing North American. Stability is vital, and we hope that our long, stable history offers confidence in your financial future. Looking ahead, the future is bright. North American looks forward to even greater years by striving to maintain our financial strength, and continuing to meet your financial protection needs.

Thank you for choosing North American Company.

Sincerely,

Customer Contact Department
North American

Be sure to visit
www.NorthAmericanCompany.com
to view policy information online,
or call us at (877) 872-0757.

¹A.M.Best is a large third-party independent reporting and rating company that rates an insurance company on the basis of company's financial strength, operating performance and ability to meet its obligation to policyholders. A+ is the second highest rating out of 15 categories and was affirmed for North American Company as part of Sammons Financial Group on July 6, 2017. For the latest rating, access www.ambest.com. Standard and Poor's awarded it's "A+" (Strong) rating for insurer financial strength on February 26, 2009 and affirmed on October 19, 2016 to North American Company, as part of Sammons Financial Group. The "A+" (Strong) rating is the fifth highest out of 22 available ratings.

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Privacy Notice



Last Updated 4/3/2023

FACTS

WHAT DOES SAMMONS® FINANCIAL GROUP (“SFG MEMBER COMPANIES”) DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number
- Income, employment information and medical information
- Transaction history and checking account information

How?

All financial companies need to share customers’ personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers’ personal information; the reasons SFG Member Companies chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Do SFG Member Companies share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates’ everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates’ everyday business purposes— information about your creditworthiness	No	We don’t share
For our affiliates to market to you	No	We don’t share
For non-affiliates to market to you	No	We don’t share

Questions?

Please call us at 1-800-720-3955 or email privacyquestions@sfgmembers.com

Who we are	
Who is providing this notice?	This privacy notice is provided by Sammons® Financial Group (“SFG Member Companies”)
What we do	
How do SFG Member Companies protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does SFG Member Companies collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ■ Apply for insurance ■ Pay insurance premiums ■ File an insurance claim ■ Give us your contact information ■ Provide employment information ■ Complete a new account application ■ Provide your financial information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ■ Sharing for affiliates' everyday business purposes—information about your credit worthiness ■ Affiliates from using your information to market to you ■ Sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies. Our affiliates include financial companies, such as:</p> <ul style="list-style-type: none"> ■ <i>Midland National® Life Insurance Company</i> ■ <i>North American Company for Life and Health Insurance®</i> ■ <i>Sammons Institutional Group®, Inc.</i> ■ <i>Beacon Capital ManagementSM</i> ■ <i>MNL Reinsurance Company</i> ■ <i>Solberg Reinsurance Company</i> ■ <i>Sammons Financial Network®, LLC</i>
Non-affiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>SFG Member Companies do not share with non-affiliates so they can market to you</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>Our joint marketing partners include other financial service companies and insurance licensees such as agents of Midland National® Life Insurance Company and North American Company for Life and Health Insurance®</i>
Other important information	
<p>SFG Member Companies will comply with more restrictive state laws to the extent that they apply. Sammons® Financial Group, Inc. is comprised of Midland National® Life Insurance Company, North American Company for Life and Health Insurance®, Sammons Institutional Group®, Inc., Beacon Capital Management and Sammons Financial Network®, LLC., member FINRA.</p>	

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

CIVIL UNION ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless we state otherwise. To the extent this Endorsement is contrary to, or inconsistent with, the Policy to which it is attached, this Endorsement shall control the Policy. Any capitalized terms in this Endorsement will have the same meaning as in the Policy.

EFFECTIVE DATE – The Effective Date of this Endorsement is the Policy Date, unless otherwise shown on the Policy Data Pages.

The following language is added to the **GENERAL PROVISIONS** of the Policy.

For the purpose of providing the same benefits, protections and responsibilities to parties of a civil union that are granted to spouses in a marriage, the following Endorsement is attached to the Policy:

This Endorsement is part of the Policy, and/or Riders and Endorsements to which it is attached and is intended to provide benefits for parties to a civil union. State law requires that parties to a civil union shall have the same benefits, protections, and responsibilities under law as are granted to spouses in a marriage. In order to receive benefits in accordance with this Endorsement, the parties to the civil union must have been issued a civil union license or civil union certificate in accordance with the laws of their state of residence.

GENERAL DEFINITIONS, TERMS CONDITIONS AND PROVISIONS

The general definitions, terms, conditions or any other provisions of the Policy, Riders and Endorsements to which this Endorsement is attached are hereby amended as follows:

Terms that mean or refer to a marital relationship or that may be construed to mean or refer to a marital relationship such as “marriage”, “spouse”, “husband”, “wife”, “dependent”, “next of kin”, “relative”, “beneficiary”, “survivor”, “immediate family” and any other such terms include the relationship created by a civil union.

Terms that mean or refer to a family relationship arising from a marriage such as “family”, “immediate family”, “dependent”, “children”, “next of kin”, “relative”, “beneficiary”, “survivor” and any other such terms include the family relationship created by a civil union.

Terms that mean or refer to the inception or dissolution of a marriage, such as “family”, “immediate family”, “dependent”, “children”, “next of kin”, “relative”, “beneficiary”, “survivor” and any other such terms include the family relationship created by a civil union.

Terms that mean or refer to the inception or dissolution of a marriage, such as “date of marriage”, “divorce decree”, “termination of marriage” and any other such terms include the inception of or dissolution of a civil union.

“Dependent” means a spouse, a party to a civil union, and/or a child or children (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

“Child or covered child” means a child (natural, step-child, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

CAUTIONARY DISCLOSURE

THIS ENDORSEMENT IS ISSUED TO MEET THE REQUIREMENTS OF YOUR STATES LAWS AS EXPLAINED IN THE "PURPOSE" PARAGRAPH OF THE ENDORSEMENT. THE FEDERAL GOVERNMENT OR ANOTHER STATE GOVERNMENT MAY NOT RECOGNIZE THE BENEFITS GRANTED UNDER THIS ENDORSEMENT. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER THIS ENDORSEMENT. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER YOUR POLICY.

Issued and signed by the Company.

Amy Teas
Secretary

SPECIMEN

Buying Life Insurance

The goal of life insurance is to provide a measure of financial security for your family after you die. A life insurance policy will help them meet the financial needs that your income would have normally covered. Life insurance can be purchased on an individual or group basis. Most group life insurance is purchased through an employer group and is usually term coverage that is renewed yearly.

Assessing Your Needs

Before purchasing a life insurance policy, you should consider your financial situation and the standard of living you want to maintain for your dependents or survivors. For example, who will be responsible for your funeral costs and final medical bills? Would your family have to relocate? Will there be adequate funds for future or ongoing expenses such as daycare, mortgage payments, or college? You should reevaluate your life insurance policies annually or whenever you experience a major life event such as marriage, divorce, the birth or adoption of a child, or purchase of a major item such as a house or business. Following are examples of factors you may want to consider at various stages of your life:

- Single person with no dependents: Funeral expenses; medical bills; debts, such as credit cards or student loans; elderly parents who may be dependent upon you for support.
Note: Buying life insurance at a young age is cheaper. As you get older or possibly incur a serious health condition, it will be more expensive or difficult to buy a policy.
- Single person with dependents: Funeral expenses; medical bills; outstanding debts; caretaker expenses for your surviving dependents; education costs for surviving children.
- Couple with no children: Funeral expenses; medical bills; outstanding debts, especially mortgage or car payments.
- Couple with children: Funeral expenses; medical bills; outstanding debts, especially mortgage payments; child-rearing expenses; education costs.
Note: Even if one partner does not work outside the home, you may want to consider life insurance to help pay for childcare or other services performed by that partner.
- Older couple: Funeral expenses; medical bills; impact on spendable income; outstanding debts, such as a new home, second vacation home, or recreational vehicle; impact on assets you may want to leave for children or grandchildren.

Types of Life Insurance Policies

There are two basic types of life insurance policies:

- Term Life Insurance
- Whole Life Insurance (sometimes called permanent life insurance).

Term Life Insurance

Term life insurance is coverage you buy for a specific time period, such as 1, 5, 10, or 20 years, or up to age 60 - 65.

Term life insurance has five key features:

- It pays benefits only if you die during the time period (term) covered by the policy.
- It is generally cheaper than whole life insurance.
- It may be more practical for people who need large amounts of coverage for a specific period.
- It ends if you stop paying premiums or at the end of the term. However, some policies have a "renewable" provision that allows you to continue coverage when the term expires.
- It may have a "convertible" provision which allows you to exchange the term policy for a whole life policy without providing evidence of good health.

Variations of Term Life Policies

- **Level Term** - The death benefit remains the same over the term of the policy. Premiums remain the same for the term of coverage.
- **Decreasing Term** - The death benefit decreases each year while the premium remains level. This type of coverage is often purchased in conjunction with a debt, such as a mortgage, which decreases over time.
- **Increasing Term** - The death benefit starts at one amount and increases at stated intervals by some specified amount or percentage. The premium also increases as coverage increases.

Whole Life Insurance

Whole life insurance is coverage that is meant to be in effect for life. Traditional whole life insurance has four key features:

- It provides lifetime coverage.

- It allows you to pay premiums at a fixed rate for as long as the policy is in force. (See the section on "Variations of Whole Life Policies" for exceptions to this rule.)
- It accumulates cash value over time.
- It may pay you dividends if your whole life policy is a "participating policy."

Cash Value

A small portion of the premiums you pay for a whole life insurance policy accumulates as cash value. The cash value is the amount of money that will be refunded to you if you cancel the coverage and surrender the policy to the insurance company. The rest of your premium payments go toward the cost of insurance and the administrative fees associated with maintaining the policy. When a death benefit is paid, the cash value is automatically included in the face amount of the policy and is not paid in addition to it.

Whole life insurance policies contain a table showing the policy's cash value after each policy year. You can use cash value in several ways:

- You can let it accumulate within the policy.
- You can borrow against it up to the net cash value of the policy.
Note: if you die before the loan is repaid, the face amount of the policy will be reduced by the amount of the outstanding loan.
- You can use it to pay premiums.
- You can use it to buy a "paid-up" policy with a smaller death benefit in the event you wish to stop paying premiums for the whole life policy.
- If your policy lapses for nonpayment of premium, you can use the cash value to continue coverage as extended term insurance until the cash value is depleted.
- You can surrender (cancel) the policy and receive payment for the cash value.

Dividends

Dividends are profits the insurance company shares with its policyholders. Dividend payments are not guaranteed and they may change annually. Dividends are not included in the face amount of the policy. When a death benefit is paid, the dividends or additional paid up insurance purchased with dividends will be added to the face amount of the policy.

You can use dividends in several ways:

- You can leave them with the company to accumulate interest.
- You can use them to offset the premium due on the policy.
- You can use them to buy additional insurance.
- You can ask the company to send them to you.

Variations of Whole Life Policies

- **Modified Premium Policy** - The premium for this type of policy starts out lower and then increases at a specified time. This feature allows you to purchase a larger death benefit and pay a lower premium initially and then pay a higher premium at a certain time (usually 5, 10, 15, or 20 years later) when you may be better able to afford it. The face value of the policy remains the same throughout the life of the policy.
- **Modified Coverage Policy** - The face value of this type of policy decreases by specified amounts either when you reach a certain age or at the end of a specified time period. For example, the policy may start out with a \$500,000 benefit which decreases by \$100,000 every five years until it becomes a \$100,000 policy. This type of policy is designed for a person who needs more coverage early in life when debts are higher and children are younger, but whose need for coverage decreases over the years. The premium remains the same for the life of the policy.
- **Limited Payment Whole Life Policy** - This type of policy is "paid-up" after a specified number of years or at a specified age such as 60 or 65. Once the policy is "paid-up," the coverage remains in force, but no further premiums are due.
- **Endowment Life Insurance Policy** - This type of policy has a maturity date on which the benefit will be paid. If the insured is still living, the benefit or endowment is paid to the policyowner. If the insured dies before the maturity date, the benefit is paid to the beneficiary.
- **Joint Whole Life** - This type of policy is bought by two or more people. The benefit is paid when the first insured dies.

- **Last Survivor Life** - This type of policy is bought by two or more people. The benefit is paid after the last insured person dies.
 - **Family Policy** - This type of policy can be purchased for a spouse and children in addition to the whole life policy purchased for the insured.
 - **Monthly Debit Ordinary** - This type of policy is marketed by an agent at your home. The agent collects the monthly premium at your home.
 - **Single Premium** - This type of policy requires you to pay the total premium in one lump sum when you buy the insurance. The protection is provided for your lifetime.
-

Whole Life Policies with Investment Features

Universal Life Insurance - This type of life insurance is characterized by flexible premiums, face amounts and death benefits. This product is similar to term life insurance except it has a cash accumulation feature. Money is subtracted monthly from the cash portion of the policy to pay the cost of the insurance which increases annually. Any premium payments that exceed the cost of insurance are placed in the cash portion of the policy to earn interest. Other key features of a universal life insurance policy are:

- Guarantees a minimum interest rate on the policy's accumulated value each year. A higher interest rate is paid when interest rates are high.
- Allows flexibility with regard to premium payments. You may elect to pay additional premium, pay a reduced premium or skip a premium completely if there is sufficient cash value in the policy to cover the insurance and administration costs. Note: Targeted premiums may increase if they are not adequate to keep the insurance in force as you get older.
- Allows for policy loans and cash withdrawals to the extent cash value is available.
- Allows flexibility with regard to the amount of the death benefit. This option may be useful if you want to change the face value to reflect your insurance needs.
- Requires your active monitoring and participation. The company provides you annual statements showing policy activity for this purpose. You are responsible for reviewing the statements and making required changes such as paying a premium if the cash value is decreasing.

Adjustable Life Insurance Policy - This type of policy allows you to increase or decrease the coverage by changing the amount of premium payments or the period of coverage.

Indeterminate Premium Life -

This type of policy is also known as a nonguaranteed premium life insurance policy or a variable-premium life insurance policy. After an initial guaranteed period, the company can adjust premiums, if warranted, for the entire class of policies. The policy usually has a maximum guaranteed premium rate which the insurer cannot exceed. This feature allows you to purchase a policy at a lower price initially.

Interest-Sensitive Whole Life Insurance -

This type of policy is also called current assumption whole life insurance. This product varies the premium rates like indeterminate premium life insurance, but also provides that cash value of the policy can be greater than that guaranteed. The additional cash value can be used to lower the premium or increase the cash value of the policy. If the policy has unfavorable experience, you can lower the face amount of the insurance or pay a higher premium to keep the death benefit level. Once again, there is a maximum guaranteed premium rate which the insurer cannot exceed.

Variable Life Insurance -

This type of policy allows the death benefit and the cash value to fluctuate according to the investment performance of a special investment account, called a separate account. Since you assume the risk for the investment under a variable life insurance policy, it is considered a security by the U. S. Securities and Exchange Commission (SEC) and is subject to their regulation as well as that of the state Department of Insurance. The product must be registered with the SEC and sales agents must be licensed in accordance both with SEC laws and state insurance laws. Other features include:

Allows you to control the investment of the policy's cash value.

Benefits and cash value of the variable account fluctuate according to the experience of the investment account you choose. You assume the risk of good or poor investment performance. The variable account contains no guarantees of investment earnings or cash values. Be sure to request a prospectus that contains extensive disclosure information about the company's investments and investment policies.

Requires your active monitoring and participation. It is useful for people who are comfortable making investment decisions and who want to choose among investment options available through their companies and policies.

Premium can be either fixed or flexible, depending on the policy you choose.

Scheduled Premium Variable Life has premium payments that are fixed for duration and amount. Flexible Premium Variable Life has premium payments that allow changes in the duration and amount paid.

Variable Universal Life Insurance -

Combines the flexibility of universal life insurance with the investment flexibility and risk of variable life insurance. Allows you to choose the premium amount and face amount of the policy and a separate investment account for the cash value.

Like a variable life insurance policy, there is no guarantee of investment earnings or cash values. These policies must also be registered and comply with SEC regulations.

Mandatory Provisions

All types of individual life insurance policies sold in Illinois must contain the following provisions:

- Incontestability Clause -

An insurance company cannot void an individual life insurance policy after it has been in force for two years, except for nonpayment of premium. If a claim is filed within two years of the effective date, the company will review the application for insurance to make sure it was completed accurately. If you omitted information that would have caused the company to not issue the policy, the company may void the contract, return the premium and deny the claim. For that reason, it is extremely important that you accurately complete the application.

- Grace period -

A life insurance company must give you a 30 day grace period for payment of premium.

- Free Look Period

- Once a life insurance policy is delivered to you, you have a minimum of ten days to review it and decide if you want to keep it. If not, you can return the policy for a full refund.

- Allowable general exclusions -

A life insurance company has the right to deny benefits if:

- The insured commits suicide within the first two years of the policy.
- The insured dies as a result of war or act of war while serving in the naval or military service or while serving in any civilian noncombatant unit serving with such forces.
- The insured's death is related to aviation, except when riding as a fare-paying passenger of a commercial airline flying on regularly scheduled routes between definitely established airports.

SPECIMEN

**NORTH AMERICAN COMPANY FOR LIFE AND HEALTH
INSURANCE**

Administrative Office: One Sammons Plaza, Sioux Falls, SD 57193
Principal Office: West Des Moines, IA 50266

Agent: Z7 LQXVCGQRZ XZCWLZRZX SSR
XOZ R
1159 73OP XNVOP
BGCKN, ND 58104

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Statement Preparation Date: 02/02/2025

Insured:	filighe fjdginb	Policy Number:	LB09204530
Policy Date:	01/31/2025	Planned Periodic Premium:	\$3,000.00 Annual
No Lapse Guarantee Premium:	\$86.25 Monthly		

The annual percentage rate for any Policy Loan will be determined by the company in accordance with the provisions of the Policy and the applicable law. The guaranteed maximum Policy Loan interest rates are shown on the next page. Current Policy Loan interest rates are subject to change.

IMPORTANT NOTICE

This is an illustration only. An illustration is not intended to predict actual performance. Interest rates and values set forth in the illustration are not guaranteed, except for those items that are clearly labeled guaranteed.

Please be aware that any changes to your Policy, including but not limited to planned premium amount, premium mode, premium duration or death benefit amount, do not happen automatically and must be requested by the Owner (regardless of whether those changes are reflected in this illustration). Please contact your agent or the insurance company for information regarding changes to your Policy.

The illustrations of future Policy performance shown on the next page are based on assumed factors that are likely to change over time. Guaranteed performance will change with variations to the frequency, timing and amount of premium payments, Policy Loans, Withdrawals and other Policy changes. You should read and study the Policy carefully.

The Projected Policy Values Based on Guaranteed Factors assume the effective annual Guaranteed Interest Rate and the Table of Guaranteed Cost of Insurance Rates shown in the Policy. Assuming the timely payment of the Planned Periodic Premium stated above, these values will improve each year that the interest rate exceeds the interest rate described above and the Cost of Insurance Rates are less than those maximum rates listed in the Policy.

Please consult the Policy for definitions of terms used.

**NORTH AMERICAN COMPANY FOR LIFE AND HEALTH
INSURANCE**

Administrative Office: One Sammons Plaza, Sioux Falls, SD 57193
Principal Office: West Des Moines, IA 50266

Agent: Z7 LQXVCGQRZ XZCWLZRZX SSR
XOZ R
1159 730P XNVOP
BGCKN, ND 58104

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

(Continued)

Policy Type - Flexible Premium Adjustable Universal Life with Indexed Features

Year	Planned Periodic Premium	Projected Values Based on Guaranteed Factors	
		End of Year Cash Surrender Value	Beginning of Year Death Benefit
1	\$3,000.00	\$0.00	\$250,000.00
2	\$3,000.00	\$0.00	\$250,000.00
3	\$3,000.00	\$1,577.93	\$250,000.00
4	\$3,000.00	\$3,838.66	\$250,000.00
5	\$3,000.00	\$6,113.01	\$250,000.00
6	\$3,000.00	\$8,430.59	\$250,000.00
7	\$3,000.00	\$10,811.25	\$250,000.00
8	\$3,000.00	\$13,208.33	\$250,000.00
9	\$3,000.00	\$15,698.23	\$250,000.00
10	\$3,000.00	\$18,206.65	\$250,000.00
11	\$3,000.00	\$20,829.51	\$250,000.00
12	\$3,000.00	\$23,594.97	\$250,000.00
13	\$3,000.00	\$26,382.15	\$250,000.00
14	\$3,000.00	\$29,313.68	\$250,000.00
15	\$3,000.00	\$32,269.28	\$250,000.00
16	\$3,000.00	\$35,155.06	\$250,000.00
17	\$3,000.00	\$37,592.10	\$250,000.00
18	\$3,000.00	\$40,056.60	\$250,000.00
19	\$3,000.00	\$42,524.58	\$250,000.00
20	\$3,000.00	\$44,997.31	\$250,000.00
At Age	Planned Periodic Premium	Beginning of Year Cash Surrender Value	Beginning of Year Death Benefit
65	\$3,000.00	\$76,931.72	\$250,000.00
100	\$0.00	\$0.00	\$0.00
MATURITY	\$0.00	\$0.00	\$0.00

IMPORTANT INFORMATION ABOUT THE POLICY

PREMIUM LOAD: Maximum of 10.00% of premiums received to Policy Age 120

POLICY EXPENSE CHARGE: Maximum of \$10.00 per month to Policy Age 120

PERCENT OF FIXED ACCOUNT VALUE CHARGE: Maximum of 0.0050% per month to Policy Age 100

UNIT EXPENSE CHARGE: Maximum of \$0.1275 per month per \$1000 for 20 Policy Years. This Unit Expense Charge applies only if there are no changes to Premium Class or Specified Amount

GUARANTEED INTEREST RATE: 2.00% per year

STANDARD POLICY LOAN INTEREST RATE: Maximum of 6.00% per year payable in arrears

VARIABLE INTEREST PARTICIPATING POLICY LOAN INTEREST RATE: Maximum of 6.00% per year payable in arrears

**NORTH AMERICAN COMPANY FOR LIFE AND HEALTH
INSURANCE**

Administrative Office: One Sammons Plaza, Sioux Falls, SD 57193
Principal Office: West Des Moines, IA 50266

Agent: Z7 LQXVCGQRZ XZCWLZRZX SSR
XOZ R
1159 73OP XNVOP
BGCKN, ND 58104

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

(Continued)

SUMMARY OF GUARANTEED RIDER CHARGES AND BENEFIT AMOUNT

Additional Benefits	Annual Charges	Years Payable	Guaranteed Death Benefit
None			

LIFE INSURANCE COST INDEXES – Base Policy

Year	Guaranteed	
	Surrender Cost Index	Net Payment Cost Index
10	6.49	12.00
20	6.82	12.00

An explanation of the intended use of these indices is provided in the life insurance buyer's guide. These indices are useful only for the comparison of relative costs of two or more similar policies.

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**NOTICE OF
PROTECTION PROVIDED BY
ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** description of the Illinois Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Illinois law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, health maintenance organization or health insurance company becomes financially unable to meet its obligations and is placed into Receivership by the Insurance Department of the state in which the company is domiciled. If this should happen, the Association will typically arrange to continue coverage, pay claims, or otherwise provide protection in accordance with Illinois law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Association per insured in each insolvency are:

- Life Insurance
 - \$300,000 for death benefits
 - \$100,000 for cash surrender or withdrawal values
- Health Insurance
 - \$500,000 for health benefit plans*
 - \$300,000 for disability insurance benefits
 - \$300,000 for long-term care insurance benefits
 - \$100,000 for other types of health insurance benefits
- Annuities
 - \$250,000 for withdrawal and cash values

*The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to health benefit plan benefits for which the maximum amount of protection is \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Illinois law.

To learn more about these protections, as well as protections relating to group contracts or retirement plans, please visit the Association’s website at www.ilhiga.org or contact:

Illinois Life and Health Insurance Guaranty Association
901 Warrenville Road, Suite 400
Lisle, Illinois 60532-4324

Illinois Department of Insurance
4th Floor
320 West Washington Street
Springfield, Illinois 62767

Insurance companies, health maintenance organizations and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company or health maintenance organization, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.

The Association is not an insurance company or health maintenance organization. If you wish to contact your insurance company or health maintenance organization, please use the phone number found in your policy or contact the Illinois Department of Insurance at DOI.InfoDesk@illinois.gov.

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NOTICE TO POLICY HOLDERS

This notice is to advise you that should any complaints arise regarding this insurance, you may contact the following:

North American Company for Life and Health Insurance

Call: Customer Contact at 1-877-872-0757

Online: www.NorthAmericanCompany.com

Email: LifeCorrespondence@sfgmembers.com

Mail: One Sammons Plaza, Sioux Falls, SD 57193

Illinois Department of Insurance

Call: 866-445-5364 - **TDD:** 217-524-4872

Online: www.doi.complaints@illinois.gov

Mail: 320 W. Washington Street, Springfield, IL 62767

Fax: 217-558-2083

Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

Written correspondence is preferable so that a record of your inquiry can be maintained. Please have your policy number and any other useful information available when contacting your agent, Company or the Bureau of Insurance.

This notice is pursuant to Section 143c of the Illinois Insurance Code (Ill. Rev. Stat. 1977, Ch. 73 Par. 755c).

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NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Administrative Office: P.O. Box 5088, Sioux Falls, SD 57117-5088 ♦ (877) 872-0757

Principal Office: West Des Moines, IA 50266 ♦ (515) 440-5500

www. NorthAmericanCompany.com

This is a legal contract between you and us. Read it carefully. This Policy is issued in consideration of any application(s) and payment of the first premium.

We agree to pay to the Beneficiary the Policy Proceeds upon the Insured's death before the Maturity Date while this Policy is in effect. Payment will be made upon receipt at our Administrative Office of due proof of the Insured's death. If the Insured is living on the Maturity Date and the Maturity Date is not extended, the Net Cash Surrender Value will be paid to you. This agreement is subject to the terms of this Policy.

RIGHT TO EXAMINE – It is important to us that you are satisfied with this Policy and that it meets your insurance needs. Read it carefully. If you are not satisfied with it, you may return it to our Administrative Office or to your agent no later than 30 days after you receive it. We will then void it as of the Policy Date as though it was never issued and we will refund all premiums that have been paid.

If this Policy is issued as a replacement for existing coverage, the right to examine time period is 30 days or any longer period as may be required by applicable law in the state where this Policy is issued for delivery.

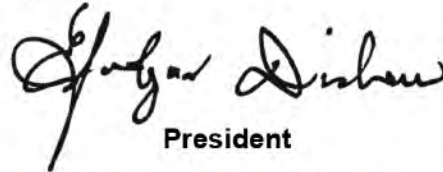
If you do not return this Policy during the right to examine period, you will be bound by the terms and conditions of this Policy.

An external Index may affect policy values and interest credited on this Policy; however, this Policy does not directly participate in any stock, bond or equity investments. The values of the external Indices do not reflect the payment of Index dividends.

Issued and signed by the Company as of the Policy Date.



Secretary



President

**FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY
WITH INDEXED FEATURES**

ADJUSTABLE DEATH BENEFIT

INSURANCE PAYABLE UPON DEATH BEFORE MATURITY DATE

PREMIUMS PAYABLE TO INSURED'S AGE 120

**SEE THE "POLICY PROCEEDS" PROVISION TO DETERMINE THE AMOUNT PAYABLE AT DEATH
BENEFITS, VALUES, PERIODS OF COVERAGE, OR PREMIUMS ARE ON AN INDETERMINATE BASIS**

NON PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS

POLICY PROVISIONS

Schedules Policy Data Pages

Table of Surrender Charges

Table of Corridor Percentages

Table of Guaranteed Maximum Cost of Insurance Rates

Section

1 Definitions	Pg. 3
2 Policy Proceeds Policy Proceeds Payable, Interest on Death Benefit, Death Benefit Option, Minimum Required Death Benefit	Pg. 6
3 General Provisions Entire Contract, Conformity with Interstate Insurance Product Regulation Commission Standards, Changes to Policy, Incontestability, Suicide, Misstatement of Age or Gender, Waiver, Instructions, Internal Revenue Code Life Insurance Qualification, Modified Endowment Contract, Tax Advice and Policy Implications, Owner's Rights, Change of Owner or Contingent Owner, Assignment, Beneficiary, Change of Beneficiary, Beneficiary Death in Common Event, Effective Date, Termination of Coverage	Pg. 7
4 Premiums Payment of Premium, Maximum Premium Limit, Premium Allocation, Discontinue of or substantial change to an Index, Changing your Premium Allocations, Continuation of Insurance, No Lapse Guarantee Period, No Lapse Guarantee Premium Requirement, Grace Period, Additional Required Premium, Reinstatement	Pg. 10
5 Changes in Coverage Changes in Specified Amount, Charge for Decreases, Changes in Death Benefit Option, Changes in Riders, Changes in Premium Class	Pg. 13
6 Policy Values Account Value, Fixed Account Values: Calculation of the Fixed Account Value, Interest Rate on the Fixed Account Value, Calculation of the Holding Account Value, Interest Rate on the Holding Account Value Index Account and Values: Index Selections and Index Crediting Methods, Calculations of the Index Account Value, Index Credit, Calculation of the Index Average, Interest Rate using the Monthly Point-to-Point Method, Calculation of the Monthly Index Return, Interest Rate using the Annual Point-to-Point Method, Interest Rate using the Annual Point-to-Point with Spread Method, Calculation of Individual Index Change, Minimum Account Value, Monthly Deduction, Cost of Insurance, Cost of Insurance Rates, Expense Amount, Rates and Charges, Surrender, Cash Surrender Value, Surrender Charge, Surrender Charge after a Change in Coverage, Withdrawals, Withdrawal Charge, Specified Amount after Withdrawal, Our Right to Defer Surrender and Withdrawals, Paid-up Life Insurance Benefit	Pg. 15
7 Transfer of Values Transfers from Fixed Account, Transfers from Holding Account, Transfers from Index Selections	Pg. 21
8 Annual Report of Policy Status	Pg. 21
9 Policy Loans Policy Loan Value, Policy Loan Type, Standard Policy Loan Requirements, Standard Policy Loan Interest Rate, Variable Interest Participating Policy Loan Requirements, Variable Interest Participating Policy Loan Interest Rate, Changes to Variable Interest Policy Loan Interest Rate, Standard Policy Loan Requirements, Standard Policy Loan Interest Rate, Net Zero Cost Policy Loans, Policy Loan and Repayment, Excess Policy Debt	Pg. 22
10 Maturity Date	Pg. 24

Copies of all applications and any amendments, endorsements and riders are attached.

POLICY DATA PAGE

OWNER:	FILIGHE FJDLGINB	POLICY NUMBER:	LB09204530
INSURED:	FILIGHE FJDLGINB	POLICY DATE:	01/31/2025
GENDER:	Male	ISSUE AGE:	34
MATURITY DATE:	01/31/2111 *	SPECIFIED AMOUNT AT ISSUE:	\$250,000
PLANNED PERIODIC PREMIUM:	\$3,000.00 Annual	PREMIUM CLASS:	Non-Tobacco
PLANNED INITIAL PREMIUM:	\$3,000.00		
NO LAPSE GUARANTEE PREMIUM:	\$86.25 Monthly		
NO LAPSE GUARANTEE PERIOD:	Ends 01/31/2040		

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT OR, IF HE OR SHE IS NOT AVAILABLE, TO OUR ADMINISTRATIVE OFFICE AT THE FOLLOWING ADDRESS:

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE
ATTN: CUSTOMER CONTACT
ONE SAMMONS PLAZA
SIOUX FALLS, SD 57193
TOLL-FREE (800) 923-3223

THE INSURANCE DEPARTMENT OF THE STATE IN WHICH THIS POLICY WAS DELIVERED MAY BE CONTACTED BY CALLING: 1-217-782-4515

BENEFICIARY: As specified in the application unless changed as provided in the Policy

DEATH BENEFIT OPTION: Level

FIXED ACCOUNT GUARANTEED INTEREST RATE: 1.5% per year

GUARANTEED INTEREST RATE: 2.00% per year

HOLDING ACCOUNT GUARANTEED INTEREST RATE: 1.5% per year

PAID-UP LIFE INSURANCE INTEREST RATE: 2.0% per year

POLICY EXPENSE CHARGE: Maximum of \$10.00 per month to Policy Age 120

UNIT EXPENSE CHARGE: Maximum of \$0.1275 per month per \$1000 for 20 Policy Years. This Unit Expense Charge applies only if there are no changes to the Premium Class or the Specified Amount.

PREMIUM LOAD: Maximum of 10.00% of premiums received to Policy Age 120

PERCENT OF FIXED ACCOUNT VALUE CHARGE: Maximum of 0.005% per month to Policy Age 100

PERCENT OF HOLDING ACCOUNT VALUE CHARGE: Maximum of 0.005% per month to Policy Age 100

INITIAL INDEX PERIOD: 11 consecutive calendar months

SUBSEQUENT INDEX PERIODS: 12 consecutive calendar months

INDEX SWEEP DATE: 15th of each calendar month

INDEX SWEEP CUT-OFF DATE: 4 Business Days prior to Index Sweep Date

INITIAL COMPARISON OF THE MINIMUM ACCOUNT VALUE: 01/31/2035

SUBSEQUENT COMPARISONS OF THE MINIMUM ACCOUNT VALUE: Every 10 Policy Years thereafter

POLICY DATA PAGE

INITIAL POLICY YEAR FOR STANDARD POLICY LOANS: 1st

STANDARD POLICY LOAN INTEREST RATE: Maximum of 6.00% per year payable in arrears

INITIAL POLICY YEAR FOR NET ZERO COST POLICY LOANS: 6th

INITIAL POLICY YEAR FOR VARIABLE INTEREST PARTICIPATING POLICY LOANS: 3rd

VARIABLE INTEREST PARTICIPATING POLICY LOAN INTEREST RATE: Maximum of 6.00% per year payable in arrears.

UNSCHEDULED PREMIUM PAYMENT: Minimum of \$25.00

SPECIFIED AMOUNT: Minimum of \$25,000

INCREASE IN SPECIFIED AMOUNT: Minimum of \$25,000

WITHDRAWAL AMOUNT: Minimum of \$500.00

WITHDRAWAL PERCENTAGE: Maximum of 50% in the first policy year; 90% thereafter

WITHDRAWAL PROCESSING FEE: \$25.00

LIFE INSURANCE QUALIFICATION TEST: Guideline Premium Test

BASIS OF VALUES: 2017 Commissioners Standard Ordinary, Sex Distinct, Smoker Distinct, Age Nearest Birthday, Ultimate, Mortality Tables **

* We will pay the Net Cash Surrender Value on the Maturity Date. If coverage continues to the Maturity Date, there may be little or no Net Cash Surrender Value payable. It is possible the coverage may not continue to the Maturity Date even if scheduled premiums are paid in a timely manner. Likewise, it is possible that this Policy may terminate before the Maturity Date for various other reasons, such as you are depleting the Net Cash Surrender Value by taking Policy Loans or Withdrawals or changing the Death Benefit Option. Similarly, increases in the Cost of Insurance or decreases in interest rates may deplete the Net Cash Surrender Value so that it is not sufficient to keep the coverage in effect until the Maturity Date.

** The Basis of Values table applies to the Paid-Up Life Insurance Benefit provision of this Policy.

POLICY DATA PAGE

INDEX SELECTIONS:

	INDEX	INDEX CREDITING METHOD	MAXIMUM INDEX SPREAD RATE ¹	MINIMUM INDEX PARTICIPATION RATE ¹	MINIMUM INDEX CAP RATE ¹	MAXIMUM PERCENT OF INDEX ACCOUNT VALUE CHARGE
1	S&P 500 ^{®2}	ANNUAL POINT-to-POINT	N/A ⁵	100%	2%	0.06% Per Year in Policy Year 1 and thereafter
2	S&P 500 ^{®2}	ANNUAL POINT-to-POINT with SPREAD	30%	100%	N/A ⁴	0.06% Per Year in Policy Year 1 and thereafter
3	High Par S&P 500 ^{®2}	ANNUAL POINT-to-POINT	N/A ⁵	140%	1%	0.06% Per Year in Policy Year 1 and thereafter
4	Uncapped S&P 500 ^{®2}	ANNUAL POINT-to-POINT	N/A ⁵	10%	N/A ⁴	0.06% Per Year in Policy Year 1 and thereafter
5	S&P 500 ^{®2}	MONTHLY POINT-to-POINT	N/A ⁵	100%	0.50%	0.06% Per Year in Policy Year 1 and thereafter
6	S&P MidCap 400 ^{®2}	ANNUAL POINT-to-POINT	N/A ⁵	100%	2%	0.06% Per Year in Policy Year 1 and thereafter
7	Russell 2000 ^{®2}	ANNUAL POINT-to-POINT	N/A ⁵	100%	2%	0.06% Per Year in Policy Year 1 and thereafter
8	High Par Fidelity Multifactor Yield Index SM 5% ER ³	ANNUAL POINT-to-POINT	N/A ⁵	35%	N/A ⁴	0.06% Per Year in Policy Year 1 and thereafter

	INDEX	INDEX CREDITING METHOD	MAXIMUM INDEX SPREAD RATE ¹	MINIMUM INDEX PARTICIPATION RATE ¹	MINIMUM INDEX CAP RATE ¹	MAXIMUM PERCENT OF INDEX ACCOUNT VALUE CHARGE	MINIMUM INTEREST BONUS ON THE INDEX ACCOUNT VALUE
9	Fidelity Multifactor Yield Index SM 5% ER ³	ANNUAL POINT-to-POINT	N/A ⁵	35%	N/A ⁴	0.06% Per Year in Policy Year 1 and thereafter	0.50% Per Year in Policy Year 1 and thereafter

POLICY DATA PAGE

INDEX SELECTIONS (continued)

The non-guaranteed values used in determining the crediting rate are subject to change by the Company and may impact the Index Credit.

¹ Guaranteed while this Policy remains in effect.

² For this Index Selection, the Index Value for each Business Day is the published closing value of the Index on that Business Day. The Index Value on any day that is not a Business Day is the published closing value of the Index on the prior Business Day.

³ For the Fidelity Multifactor Yield Indexsm 5% ER Index Selection, the Index Value for each Business Day is the published closing value of the Index on the previous Business Day. The Index Value on any day that is not a Business Day will be the published value of the Index on the previous Business Day.

⁴ There is no Index Cap Rate for this Index Selection.

⁵ There is no Index Spread Rate for this Index Selection.

THE S&P 500® COMPOSITE STOCK PRICE INDEX

THE S&P 400® COMPOSITE STOCK PRICE INDEX

These Indices do not include dividends paid by the underlying companies.

The S&P MidCap 400® and the S&P 500® Indices are products of S&P Dow Jones Indices LLC ("SPDJI"), and has been licensed for use by the Company. Standard & Poor's®, S&P®, S&P MidCap 400® and S&P 500® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by the Company. The Company's Product(s) are not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, any of their respective affiliates (collectively, "S&P Dow Jones Indices"). S&P Dow Jones Indices makes no representation or warranty, express or implied, to the owners of the Company's Product(s) or any member of the public regarding the advisability of investing in securities generally or in the Company's Product(s) particularly or the ability of the S&P MidCap 400® and the S&P 500® Indices to track general market performance. S&P Dow Jones Indices' only relationship to the Company with respect to the S&P MidCap 400® and the S&P 500® Indices is the licensing of the Index and certain trademarks, service marks and/or trade names of S&P Dow Jones Indices or its licensors. The S&P MidCap 400® and the S&P 500® Indices are determined, composed and calculated by S&P Dow Jones Indices without regard to the Company or the Company's Product(s).

S&P Dow Jones Indices have no obligation to take the needs of the Company or the owners of the Company's Product(s) into consideration in determining, composing or calculating the S&P MidCap 400® and the S&P 500® Indices. S&P Dow Jones Indices is not responsible for and has not participated in the determination of the prices, and amount of the Company's Product(s) or the timing of the issuance or sale of the Company's Product(s) or in the determination or calculation of the equation by which the Company's Product(s) are to be converted into cash, surrendered or redeemed, as the case may be. S&P Dow Jones Indices has no obligation or liability in connection with the administration, marketing or trading of the Company's Product(s). There is no assurance that investment products based on the S&P MidCap 400® and the S&P 500® Indices will accurately track index performance or provide positive investment returns. S&P Dow Jones Indices LLC is not an investment advisor.

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POLICY DATA PAGE

INDEX SELECTIONS (continued)

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WITHOUT LIMITING ANY OF THE FOREGOING, IN NO EVENT WHATSOEVER SHALL S&P DOW JONES INDICES BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE, OR CONSEQUENTIAL DAMAGES INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, TRADING LOSSES, LOST TIME OR GOODWILL, EVEN IF THEY HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, WHETHER IN CONTRACT, TORT, STRICT LIABILITY, OR OTHERWISE. THERE ARE NO THIRD PARTY BENEFICIARIES OF ANY AGREEMENTS OR ARRANGEMENTS BETWEEN S&P DOW JONES INDICES AND THE COMPANY, OTHER THAN THE LICENSORS OF S&P DOW JONES INDICES.

THE RUSSELL 2000® COMPOSITE STOCK PRICE INDEX

This Index does not include dividends paid by the underlying companies.

The Russell 2000 (the "Index") is a trademark of Frank Russell Company ("Russell") and has been licensed for use by the Company. This product is not in any way sponsored, endorsed, sold or promoted by Russell or the London Stock Exchange Group companies ("LSEG") (together the "Licensor Parties") and none of the Licensor Parties make any claim, prediction, warranty or representation whatsoever, expressly or impliedly, either as to (i) the results to be obtained from the use of the Index (upon which this product is based), (ii) the figure at which the Index is said to stand at any particular time on any particular day or otherwise, or (iii) the suitability of the Index for the purpose to which it is being put in connection with this product. None of the Licensor Parties have provided or will provide any financial or investment advice or recommendation in relation to the Index to the Company or to its clients. The Index is calculated by Russell or its agent. None of the Licensor Parties shall be (a) liable (whether in negligence or otherwise) to any person for any error in the Index or (b) under any obligation to advise any person of any error therein.

FIDELITY PRODUCT SERVICES LLC - Fidelity Multifactor Yield IndexSM 5% ER

This Index does not include dividends paid by the underlying companies.

The Fidelity Multifactor Yield IndexSM 5% ER (the "Index") is a multi-asset index, offering exposure to companies with attractive valuations, high quality profiles, positive momentum signals, lower volatility and higher dividend yield than the broader market, as well as U.S. treasuries, which may reduce volatility over time. Fidelity is a registered trademark of FMR LLC. Fidelity Product Services LLC ("FPS") has licensed this index for use for certain purposes to the Company on behalf of the Product.

The Index is the exclusive property of FPS and is made and compiled without regard to the needs, including, but not limited to, the suitability needs, of the Company, the Product, or the Product's contract owners.

The Product is not sold, sponsored, endorsed or promoted by FPS or any other party involved in, or related to, making or compiling the Index.

FPS does not make any warranty or representation as to the accuracy, completeness, or availability of the Index or information included in the Index and shall have no responsibility or liability for the impact of any inaccuracy, incompleteness, or unavailability of the Index or such information.

Neither FPS nor any other party involved in, or related to, making or compiling the Index makes any representation or warranty, express or implied, to the Product contract owner, the Company, or any member of the public regarding the advisability of purchasing annuities generally or the Product particularly, the legality of the Product under applicable

POLICY DATA PAGE

federal securities, state insurance and tax laws, the ability of the Product to track the performance of the Index, any other index or benchmark or general stock or bond market or other asset class performance, or the results, including, but not limited to, performance results, to be obtained by the Company, the Product, Product contract owners, or any other person or entity.

FPS does not provide investment advice to the Company with respect to the Product, to the Product, or to Product contract owners. The Company exercises sole discretion in determining whether and how the Product will be linked to the value of the Index. FPS does not provide investment advice to the Product, the Product contract owners, or any other person or entity with respect to the Index and in no event shall any Product contract owner be deemed to be a client of FPS.

Neither FPS nor any other party involved in, or related to, making or compiling the Index has any obligation to continue to provide the Index to the Company with respect to the Product. In the event that the Index is no longer available to the Product or Product contract owners, the Company may seek to replace the Index with another suitable index, although there can be no assurance that one will be available.

Fidelity Product Services LLC disclaims all warranties, express or implied, including all warranties of merchantability or fitness for a particular purpose or use. Fidelity Product Services LLC shall have no responsibility or liability with respect to the Product.

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POLICY DATA PAGE

TABLE OF SURRENDER CHARGES PER \$1,000

Policy Year	Surrender Charge Factor	Policy Year	Surrender Charge Factor
1	\$19.00	8	\$14.06
2	\$18.62	9	\$12.92
3	\$18.24	10	\$11.78
4	\$17.48	11	\$10.26
5	\$16.72	12	\$8.36
6	\$15.96	13	\$6.46
7	\$15.01	14	\$4.18
		15	\$1.90
		16+	\$0.00

CORRIDOR PERCENTAGE TABLE

Insured's Policy Age	Corridor Percentage	Insured's Policy Age	Corridor Percentage
0-40	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75-90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
		95+	100%

POLICY DATA PAGE

TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES
 MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000

Policy Age	MALE		FEMALE	
	Non-Tobacco Classes	Tobacco Classes	Non-Tobacco Classes	Tobacco Classes
0	0.02		0.03	
1	0.01		0.01	
2	0.01		0.01	
3	0.01		0.01	
4	0.01		0.01	
5	0.01		0.01	
6	0.01		0.01	
7	0.01		0.01	
8	0.01		0.01	
9	0.01		0.01	
10	0.01		0.01	
11	0.01		0.01	
12	0.01		0.01	
13	0.01		0.01	
14	0.02		0.01	
15	0.03	0.03	0.02	0.02
16	0.04	0.04	0.02	0.02
17	0.06	0.06	0.03	0.03
18	0.07	0.07	0.03	0.03
19	0.07	0.07	0.03	0.03
20	0.07	0.08	0.03	0.03
21	0.08	0.08	0.03	0.03
22	0.07	0.08	0.03	0.03
23	0.07	0.08	0.03	0.03
24	0.07	0.09	0.03	0.03
25	0.07	0.09	0.03	0.03
26	0.06	0.09	0.03	0.03
27	0.06	0.09	0.03	0.03
28	0.05	0.08	0.03	0.04
29	0.05	0.08	0.03	0.04
30	0.05	0.08	0.03	0.04
31	0.05	0.09	0.04	0.04
32	0.05	0.09	0.04	0.05
33	0.06	0.10	0.05	0.05
34	0.07	0.11	0.05	0.07
35	0.08	0.11	0.06	0.07
36	0.09	0.13	0.07	0.09
37	0.10	0.14	0.07	0.10
38	0.11	0.15	0.08	0.12
39	0.11	0.17	0.08	0.13
40	0.12	0.19	0.09	0.14
41	0.13	0.21	0.09	0.15
42	0.13	0.23	0.09	0.16
43	0.14	0.25	0.09	0.17
44	0.15	0.27	0.09	0.17
45	0.15	0.28	0.09	0.19
46	0.16	0.30	0.09	0.20
47	0.16	0.32	0.10	0.22
48	0.17	0.34	0.10	0.24
49	0.18	0.36	0.11	0.27
50	0.19	0.39	0.12	0.29
51	0.20	0.42	0.13	0.32
52	0.22	0.45	0.14	0.36
53	0.24	0.49	0.16	0.39
54	0.26	0.54	0.18	0.43
55	0.28	0.59	0.20	0.47

POLICY DATA PAGE

TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES (continued)
 MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000

Policy Age	MALE		FEMALE	
	Non-Tobacco Classes	Tobacco Classes	Non-Tobacco Classes	Tobacco Classes
56	0.30	0.64	0.22	0.52
57	0.32	0.71	0.23	0.58
58	0.34	0.78	0.25	0.64
59	0.37	0.86	0.27	0.71
60	0.40	0.96	0.30	0.79
61	0.43	1.07	0.32	0.88
62	0.48	1.19	0.35	0.98
63	0.54	1.33	0.39	1.08
64	0.60	1.48	0.43	1.19
65	0.66	1.65	0.47	1.32
66	0.73	1.82	0.51	1.45
67	0.81	2.01	0.56	1.60
68	0.89	2.21	0.62	1.75
69	0.99	2.42	0.68	1.90
70	1.10	2.66	0.75	2.08
71	1.23	2.93	0.83	2.27
72	1.39	3.23	0.93	2.46
73	1.58	3.57	1.05	2.67
74	1.79	3.92	1.18	2.89
75	2.02	4.28	1.33	3.14
76	2.28	4.63	1.51	3.42
77	2.56	4.98	1.71	3.72
78	2.87	5.33	1.95	4.06
79	3.23	5.70	2.24	4.44
80	3.64	6.09	2.58	4.93
81	4.12	6.53	2.98	5.53
82	4.66	6.97	3.37	6.20
83	5.29	7.66	3.80	6.96
84	6.02	8.44	4.32	7.74
85	6.86	9.32	5.11	8.43
86	7.84	10.32	5.81	9.53
87	8.97	11.44	6.60	10.51
88	10.24	12.67	7.52	11.58
89	11.62	13.95	8.54	12.72
90	13.10	15.27	9.67	13.91
91	14.61	16.59	10.86	15.10
92	16.13	17.86	12.17	16.32
93	17.62	19.09	13.57	17.58
94	19.03	20.21	14.98	18.73
95	20.28	21.18	16.51	19.90
96	21.87	22.51	18.39	21.38
97	23.56	23.97	20.46	22.92
98	25.39	25.61	22.72	24.52
99	27.33	27.41	25.13	26.11
100	29.34	29.34	27.67	27.67
101	31.21	31.21	29.79	29.79
102	33.07	33.07	31.88	31.88
103	34.89	34.89	33.92	33.92
104	36.64	36.64	35.86	35.86
105	38.28	38.28	37.68	37.68
106	39.79	39.79	39.34	39.34
107	41.94	41.94	41.51	41.51
108	44.22	44.22	43.80	43.80
109	46.62	46.62	46.21	46.21
110	49.14	49.14	48.75	48.75

POLICY DATA PAGE

TABLE OF GUARANTEED MAXIMUM COST OF INSURANCE RATES (continued)
MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000

Policy Age	MALE		FEMALE	
	Non-Tobacco Classes	Tobacco Classes	Non-Tobacco Classes	Tobacco Classes
111	51.81	51.81	51.44	51.44
112	54.62	54.62	54.27	54.27
113	57.58	57.58	57.26	57.26
114	60.70	60.70	60.41	60.41
115	64.00	64.00	63.74	63.74
116	67.47	67.47	67.25	67.25
117	71.12	71.12	70.95	70.95
118	74.98	74.98	74.86	74.86
119	79.05	79.05	78.98	78.98
120+	0.00	0.00	0.00	0.00

SPECIMEN

SECTION 1: DEFINITIONS

Some of the terms used in this Policy are defined below and on the Policy Data Pages. Additional terms may be defined throughout this Policy where they are used. Defined terms are capitalized, except the specified definitional pronouns, “we”, “our”, “us”, “you” and “your.” Please refer to these definitions as you read this Policy.

Administrative Office means our office where we administer the life insurance policies we issue. The address of our Administrative Office is shown on Page 1.

Account Value means the sum of the Fixed Account Value, the Holding Account Value and the Index Account Value.

Assign means to transfer your rights as the Owner of this Policy to another person or entity. If you transfer all of your rights irrevocably, the Assignment is absolute. If you transfer all or some of your rights as the Owner of this Policy as security for any of your liabilities, with the condition that those rights be returned to you once the liability is satisfied, then the Assignment is collateral.

Beneficiary means the recipient of the Policy Proceeds at the Insured’s death. Any reference to Beneficiary includes the Primary Beneficiaries and Contingent Beneficiaries as designated on the application and defined in this Policy.

Business Day means a day on which the New York Stock Exchange is open for business.

Cash Surrender Value means the maximum of your Minimum Account Value and your Account Value, minus any surrender charge.

Common Event means an event common to two or more people that results in loss of their lives.

Company means the life insurance Company as stated on the cover page of this Policy. References to “we,” “our,” or “us” also means the Company.

Contingent Beneficiary means the person(s) designated by you to receive the Policy Proceeds if the named Primary Beneficiary dies before the Insured.

Contingent Owner means the person(s) designated by you to become the Owner(s) if the named Owner(s) dies before the Insured.

Fixed Account means an account that is credited interest at a determined rate of interest.

Fixed Account Guaranteed Interest Rate means the minimum annual interest rate shown on the Policy Data Pages that we will apply to the Fixed Account Value while this Policy is in effect.

Guaranteed Interest Rate means the interest rate shown on the Policy Data Pages that we will apply to the Minimum Account Value while the Policy is in effect.

Holding Account means an account from which values are systematically transferred into the Index Accounts according to your allocation instructions. This transfer will occur on the Index Sweep Date. Values in the Holding Account are credited interest at a determined rate of interest.

Holding Account Guaranteed Interest Rate means the minimum annual interest rate shown on the Policy Data Pages that we will apply to the Holding Account Value while this Policy is in effect.

Index means a published numerical value, generally created and calculated by a third party, used to indicate the underlying performance of a group of stocks, bonds, commodities, or other investments. The Indices within this Policy used in the determination of any Index Credits are shown on the Policy Data Pages.

Index Account Value means the sum of the values of all Index Segments.

Index Beginning Value means the Index Value for the first day of an Index Period.

Index Cap Rate means the maximum interest rate that will be credited when an Annual Point to Point Index Crediting Method is calculated or the maximum monthly percentage increase in the Index Value used in the calculation of the Monthly Point-to-Point Index Crediting Method. We will declare the Index Cap Rate for each Index Segment before each Index Period. The Index Cap Rate may vary by Index Selection and will never be less than the Minimum Index Cap Rate shown for the Index Selection on the Policy Data Pages.

Index Credit means the amount credited to an Index Segment, which is subject to, and limited by, any Index Cap Rate, Monthly Index Cap Rate, Index Spread Rate, Index Floor Rate and Index Participation Rate. The Index Credit is calculated and added to an Index Segment only on the Index Crediting Date.

Index Crediting Date means the day corresponding to the end of an Index Period on which the Index Credit is applied to an Index Segment.

Index Crediting Method means the method used to calculate the Index Credit to an Index Selection.

Index Floor Rate means the minimum interest rate used in the calculation of the Index Credit. We will declare the Index Floor Rate for each Index Segment before each Index Period. The Index Floor Rate may vary by Index Selection and will never be less than zero.

Index Participation Rate means the percentage of the Index growth that will be used in the calculation of the Index Credit. We will declare the Index Participation Rate for each Index Segment before each Index Period. The Index Participation Rate may vary by Index Selection and will never be less than the Minimum Index Participation Rate percentage shown on the Policy Data Pages.

Index Period means the period of time during which an Index Credit is calculated. At the end of an Index Period, a new Index Period will begin and any value in the Index Segment will remain in the same Index Segment, unless you choose to transfer it to another Index Selection. The initial Index Period may vary from subsequent Index Periods. Both the initial and subsequent Index Periods are shown on the Policy Data Pages.

Index Segment is created each time values are transferred from the Holding Account to an Index Selection. For automatic recurring premiums, we reserve the right to allocate the premium to the Fixed Account or Holding Account on a consistent day of the month even if that day is not a Business Day. An Index Segment ends when the value of the individual Index Segment equals zero or the Index period is over. If an Index Segment ends before the end of the Index Period, no Index Credit will be added on the Index Crediting Date for that Index Period. This Policy may contain multiple Index Segments at one time.

Index Selection – the available Index Selections are shown on the Policy Data Pages.

Index Spread Rate means the interest rate that will be deducted from the Index growth in the calculation of the Annual Point-to-Point with Spread Index Crediting Method. We will declare the Index Spread for each Index Segment before each Index Period. The Index Spread may vary by Index Selection and will never be greater than the Maximum Index Spread Rate shown on the Policy Data Pages.

Index Sweep Date means the date of each calendar month in which values are transferred from the Holding Account into the Indexed Accounts and is shown on the Policy Data Pages.

Index Sweep Cut-off Date means the number of Business Days prior to the Index Sweep Date in which any instruction for premium allocation changes or transfers to the Index Account needs to be received by us during standard business hours in order to qualify for an Index Sweep. The Index Sweep Cut-off Date is shown on the Policy Data Pages.

Index Value means the Index Value calculated each day for each Index Selection. The manner in which the Index Value is determined may vary among the available Index Selection(s). The Policy Data Pages describes how the Index Value is determined for each Index Selection.

Initial Index Period refers to the Index Period, if any, beginning in the first Policy Month of the first Policy Year.

Insured means the person you name whose life is covered under this Policy.

Irrevocable Beneficiary means a Beneficiary named by you as irrevocable, whose written consent is necessary for you to exercise any rights specified in this Policy.

Issue Age means the Insured's age on the Policy Date, which is shown on the Policy Data Pages.

Maturity Date means the date coverage under this Policy terminates and its Net Cash Surrender Value, if any, becomes payable to you, provided this Policy is then in effect and the Insured is alive. The Maturity Date is shown on the Policy Data Pages. This date may be extended pursuant to the terms of this Policy.

Maximum Premium Limits means the amount of premium that may be paid under this Policy without exceeding the requirements under Section 7702 of the Internal Revenue Code, as amended, to qualify as life insurance.

Monthly Anniversary means the same day of the month as the Policy Date for each month this Policy is in effect.

Monthly Index Crediting Date means the same day of the month as the date on which the Index Segment was created.

Net Amount at Risk means the Death Benefit minus the Account Value. In this calculation, the Account Value is determined on each Monthly Anniversary after any Net Premiums are credited, and before the Monthly Deduction.

Net Cash Surrender Value means the Cash Surrender Value minus any Policy Debt.

Net Premium means the portion of each premium paid, minus the Premium Load that we will add to the Account Value.

Net Zero Cost Policy Loan means a Policy Loan type that we will credit and charge the Fixed Account Guaranteed Interest Rate, unless the Internal Revenue Service requires a higher interest rate. If the Internal Revenue Service requires a higher interest rate, we will charge the minimum interest rate allowed.

Owner means the person possessing all rights under this Policy prior to the death of the Insured. References to "you" or "your" also mean the Owner.

Planned Periodic Premium means the amount and frequency of premium payments you choose to make under this Policy. Even if you pay your Planned Periodic Premium, it may not be sufficient to prevent this Policy from going into grace and terminating.

Policy means the terms, conditions, benefits, and rights of the life insurance contract described in this document, including any Policy Data Pages, riders, endorsements, amendments and the attached application(s).

Policy Age means the Issue Age plus the number of completed Policy Years.

Policy Anniversary means the same day and month as the Policy Date for each year this Policy is in effect.

Policy Data Pages includes information about this Policy as of the Policy Date using information you provided us on the application, including any supplemental application. We will provide replacement Policy Data Pages or supplement them to reflect any new benefit elections or coverage changes you make after the Policy Date.

Policy Date means the date this Policy is issued and coverage becomes effective in accordance with the Effective Date provision. It is the date from which Policy Anniversaries, Policy Years, and Policy Months are measured.

Policy Debt means any outstanding Policy Loan plus the accrued interest.

Policy Loan means the Cash Surrender Value of this Policy that is borrowed by you while the Insured is living and this Policy is in effect, plus any unpaid interest that has been added to the Policy Loan on a prior Policy Anniversary, minus Policy Loan repayments.

Policy Months and Policy Years means the months and years that have elapsed since the Policy Date. In any month or year where a day does not exist (the 29th, 30th, and 31st), then the Policy Month or Policy Year will use the closest prior day that does exist.

Policy Proceeds is the amount payable on this Policy while in effect if the Insured dies before the Maturity Date or if the Insured is alive on the Maturity Date.

Premium Class means the underwriting classification of the Insured as determined by the underwriting process. The Premium Class is shown on the Policy Data Pages.

Premium Load means the percentage of each premium that is assessed as a charge prior to the premium being applied to the Account Value. The maximum Premium Load percentage is shown on the Policy Data Pages.

Primary Beneficiary means the person(s), designated by you, who has the first right to receive the Policy Proceeds in the event of the Insured's death.

Proof of Death means a certified copy of the death certificate. If no death certificate will be issued, such other lawful evidence and documentation permitting us to make a reasonable determination as to the fact of, date, cause and manner of death.

Record Date means the date this Policy is recorded on our books as a Policy that is in effect.

Rider Charge means the cost of additional benefits provided by and specified in any attached rider whether at Policy Date or a future date.

Specified Amount means the amount chosen by you to be used in determining the Death Benefit of this Policy and certain other benefits and charges.

Standard Policy Loan means an available Policy Loan type in which the interest charged on Policy Debt is determined by us. The maximum Standard Policy Loan Interest Rate is shown on the Policy Data Pages.

Subsequent Index Period refers to any Index Period after the Initial Index Period.

Total Unreserved Account Value means the Account Value minus any outstanding Policy Debt resulting from a Standard Policy Loan.

Unreserved Fixed Account Value means the Fixed Account Value minus any outstanding Policy Debt resulting from a Standard Policy Loan.

Variable Interest Participating Policy Loan means an available Policy Loan type in which the interest rate charged on Policy Debt is tied to the Published Monthly Average, determined in accordance with the Policy Loan section, while the Account Value backing the Policy Debt is still able to participate in the Index performance.

Withdrawal (Withdraw) means a portion of the Net Cash Surrender Value paid to you while the Insured is living and this Policy is in effect. A Withdrawal will decrease the Death Benefit.

SECTION 2: POLICY PROCEEDS

POLICY PROCEEDS PAYABLE - If the Insured dies while this Policy is in effect and prior to the Maturity Date, we will pay the Policy Proceeds to the Beneficiary upon:

- (a) receipt of Proof of Death of the Insured's death acceptable to us;
- (b) receipt of information sufficient to determine our liability and the appropriate payee legally entitled to the Policy Proceeds; and
- (c) if Policy Proceeds depend on the action of parties other than us, the date that legal impediments to payment are resolved and sufficient evidence is provided to us.

We may require that instructions to receive the Policy Proceeds be completed on our form(s).

The Death Benefit is part of the Policy Proceeds payable if the Insured dies before the Maturity Date. The amount of the Death Benefit is determined using the Death Benefit Option you choose.

The Death Benefit will be paid in one lump sum, unless you or the Beneficiary entitled to the Death Benefit instructs us otherwise, and we agree to such instructions. Policy Proceeds payable upon the Insured's death prior to the Maturity Date are equal to:

- (a) the amount of the Death Benefit; plus
- (b) any rider providing proceeds that are payable on the Insured's death; minus
- (c) any Policy Debt; minus
- (d) any additional required premium.

The Death Benefit is exempt from the claims of creditors and from legal process, to the extent the law permits.

The Death Benefit on the date of death of any other person insured by rider will be as provided in the rider.

Upon our payment of the Policy Proceeds, this Policy ends without any further obligation on our part.

INTEREST ON DEATH BENEFIT – We will pay interest on Death Benefits. Interest will accrue and be paid from the date of the Insured's death until the date when the Death Benefit is paid in full. Interest will be paid at the rate equal to the rate being paid on the proceeds left on deposit with us.

However, we will pay additional interest at an annual rate of ten percent if Policy Proceeds are not paid beginning with the date that is 31 calendar days after the latest of (a), (b), and (c), where:

- (a) is the date that due Proof of Death is received by us;
- (b) is the date we receive sufficient information to determine our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- (c) is the date that any legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us. Legal impediments to payment include, but are not limited to the:
 1. establishment of guardianships and conservatorships;
 2. appointment and qualification of trustees, executors and administrators; or
 3. submission of information required to satisfy state and federal reporting requirements.

DEATH BENEFIT OPTION – The Death Benefit Option you have chosen is shown on the Policy Data Pages.

Under the Level Death Benefit, the Death Benefit is the greater of the:

- (a) Specified Amount; or
- (b) minimum required Death Benefit.

Under the Increasing Death Benefit, the Death Benefit is the greater of the:

- (a) Specified Amount plus the Account Value; or
- (b) minimum required Death Benefit.

MINIMUM REQUIRED DEATH BENEFIT – The minimum required Death Benefit is equal to the Corridor Percentage multiplied by the greater of the:

- (a) Account Value; or
- (b) Minimum Account Value.

The Corridor Percentage is shown on the Corridor Percentage Table, which is shown on the Policy Data Pages and changes on each Policy Anniversary. If you have selected the Guideline Premium Test, the Corridor Percentage depends on the Policy Age of the Insured. If you have selected the Cash Value Accumulation Test, the Corridor Percentage may vary by the Policy Age, Gender, Tobacco Status, and Premium Class of the Insured.

SECTION 3: GENERAL PROVISIONS

ENTIRE CONTRACT – The entire contract between you and the Company consists of this Policy, any attached amendments, endorsements, riders, policy data pages, applications, or any supplemental application(s). Each statement made in any such application(s), in the absence of fraud, is deemed a representation and not a warranty. We will not use any statement made by the Insured, or on the Insured's behalf, to contest a claim under this Policy unless it is contained in an application(s) and attached to this Policy.

Any amendment, endorsement or rider is subject to the terms of this Policy. If any amendment, endorsement or rider is contrary to or inconsistent with this Policy to which it is attached the amendment, endorsement or rider will control.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS – This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission (IIPRC) and issued under the Commission standards. Any provision of this Policy that on the provision's effective date is in conflict with the applicable IIPRC standards for this product type is hereby amended to conform to the applicable IIPRC standards in effect as of the effective date of Commission policy approval.

CHANGES TO POLICY – No one has the authority to change any part of this Policy or to waive any of its provisions unless the change is approved in writing by our President, one of our Vice Presidents, or our Secretary. We may change this Policy without your consent to conform to state or federal laws or regulations by attaching an amendment, endorsement or rider to this Policy that was approved by the Interstate Insurance Product Regulation Commission.

INCONTESTABILITY – We cannot contest this Policy, or any rider attached to it, after it has been in effect during the lifetime of the Insured for two years from the Policy Date or, if reinstated, for two years from the date of Reinstatement, except for:

- (a) non-payment of any required premium to keep this Policy in effect;
- (b) provisions related to benefits payable in the event of total and permanent disability or accidental death benefits; or
- (c) fraud, when permitted by applicable law in the state where this Policy is delivered or issued for delivery.

An increase in the Specified Amount or a Premium Class change effective after the Policy Date that requires underwriting may be contested only with respect to material misstatements made in the application for the increase in the Specified Amount or Premium Class change for two years from the effective date of the increase or Premium Class change.

Reinstatements may be contested only with respect to material misstatements made in the application for Reinstatement for two years from the effective date of Reinstatement.

As long as this Policy remains contestable, the Insured, Owner, Beneficiary, or next-of-kin is required to cooperate with us in any contestable investigation conducted by us, including, but not limited to, supplying us with necessary authorizations for medical and other information.

SUICIDE – If the Insured commits suicide, while sane or insane, regardless of instrumentality, and regardless whether the Insured acts alone or acts with the purpose of inducing or provoking another person into killing the Insured (including, without limitation, provocation of law enforcement personnel), within two years or any shorter period as may be required by applicable state law(s) where the Policy is issued, from the Policy Date or reinstatement date, our liability is limited to an amount equal to the total premiums paid, minus any Policy Debt and Withdrawal amount. We will pay this amount to the Beneficiary in one lump sum.

If the Insured commits suicide, while sane or insane, regardless of instrumentality, and regardless whether the Insured acts alone or acts with the purpose of inducing or provoking another person into killing the Insured (including, without limitation, provocation of law enforcement personnel), within two years or any shorter period as may be required by applicable state law(s) where the Policy is issued, from the effective date of any increase in the Specified Amount, our liability with respect to such increase is limited to the Cost of Insurance charged for such increase.

MISSTATEMENT OF AGE OR GENDER– There will be a Policy adjustment if we discover that the age or gender of the Insured has been stated incorrectly.

When the misstatement is discovered, whether it is before, on or after the death of the Insured, the Death Benefit shall be the minimum required Death Benefit for the correct age and gender of the Insured, or if greater, a Death Benefit using a Net Amount at Risk adjusted by the ratio of the incorrect Cost of Insurance Rate to the correct Cost of Insurance Rate. The adjusted Net Amount at Risk will result in an adjusted Death Benefit, since the Death Benefit depends on the Net Amount at Risk.

If the misstatement is discovered before the death of the Insured, we will use the correct age and gender of the Insured in calculating future Monthly Deductions.

WAIVER - Our failure to enforce any provision of this Policy in one or more instances shall not be deemed, and not be construed or relied upon, as a waiver of such provision. Nor shall any waiver or relinquishment of any right be deemed, and may not be construed or relied upon as, a continuing waiver or relinquishment of that right or power at any other time or times.

INSTRUCTIONS – All elections, payment requests, premium allocations, claims, communications, and other requests or instructions (individually and collectively referred to as “instructions”) to us regarding this Policy must be sent to our Administrative Office. No instructions are effective until received and recorded by us at our Administrative Office. Any instructions not directed to the Administrative Office may either be delayed or not processed.

Unless we specify otherwise, all instructions regarding this Policy must be in writing, signed, and dated. We only accept instructions in writing using a paper format, but we may consent to the acceptance of other methods of delivering instructions such as electronic mail, internet, and other appropriate and secure formats.

We may require instructions be signed or authenticated in a form and manner satisfactory to us. We may require that certain instructions be completed on a form provided by us.

INTERNAL REVENUE CODE LIFE INSURANCE QUALIFICATION – This Policy is intended to qualify as life insurance under either the guideline premium test or the cash value accumulation test of Section 7702 of the Internal Revenue Code, as amended. The life insurance qualification test will determine the minimum required Death Benefit and premium limitations under this Policy, and is shown on the Policy Data Pages and cannot be changed.

We reserve the right to amend this Policy so it remains qualified for treatment as life insurance. This includes the right to require additional premium, require additional loan repayments or to make Withdrawals from this Policy. The minimum required Death Benefit is subject to change if required to continue to qualify this Policy as life insurance. We may refund any premium or decline any change to this Policy that we reasonably believe is necessary for this policy to continue to qualify as life insurance under applicable tax law.

MODIFIED ENDOWMENT CONTRACT – This Policy may become a Modified Endowment Contract (“MEC”) under Section 7702A of the Internal Revenue Code, as amended. However, we will only permit this Policy to become a MEC if you authorize it in writing. We will notify you if any instructions or premium would result in this Policy becoming a MEC. Unless otherwise authorized, instructions causing this Policy to be a MEC will be rejected and any premium causing a MEC may be refunded within sixty days after the end of the Policy Year in which it was received.

TAX ADVICE AND POLICY IMPLICATIONS – We do not provide any tax or legal advice and nothing contained in this Policy should be construed as any form of tax or legal advice. You may want to consider contacting a tax advisor to assess any tax consequences that may be associated with making any policy changes, taking out a Policy Loan, or instructing us to make a Withdrawal. If this Policy is in effect at the Insured’s Policy Age 100, you may want to contact a tax advisor since maintaining this Policy beyond such age may result in tax consequences. We are not responsible for the tax implications associated with any changes you make to this Policy.

OWNER’S RIGHTS – This Policy belongs to you. You have all rights granted by this Policy prior to the death of the Insured, including the right to change Owners and Beneficiaries, subject to any:

- (a) rights of an Assignee of record with us;
- (b) rights of an Irrevocable Beneficiary designated; and
- (c) restrictions established by any Owner on the exercise of ownership rights.

We must receive instructions informing us of any change, designation, or revocation. Once recorded, a change, designation or revocation takes effect as of the date of your instructions. However, we are not liable for any payment(s) made by us before we receive and record your instructions.

CHANGE OF OWNER OR CONTINGENT OWNER – On the Policy Date, the Owner and any Contingent Owner are as designated in the application. You may change the Owner by absolute Assignment. You may designate, change, or revoke a Contingent Owner. We must receive instructions informing us of the designation, change, or revocation. Upon receipt, a designation, change, or revocation takes effect as of the date of instructions, unless otherwise specified by the Owner. However, we are not liable for any payment(s) made by us before we receive and record the change. We are not responsible for any tax implications associated with any Assignment or changes in Ownership.

This Policy is intended to be issued to individuals and to insure individual risks. This Policy is not designed for institutional investors or the covering of multiple risks or being used in concert excessively with multiple policies we issue to cover a single life.

ASSIGNMENT – You may Assign this Policy. We are bound by an Assignment only if we receive the original Assignment, or a certified copy that is accepted and recorded by us. We are not liable for any payment(s) made by us before we accept and record the Assignment. The Assignment takes effect on the date the Assignment instructions are signed by the Owner, unless otherwise specified by the Owner. We take no responsibility for the validity of any Assignment or any tax consequences related to any Assignment.

You may revoke any Assignment before its effective date provided we receive instructions before the Assignment is recorded by us.

An Assignment will not change or revoke the Beneficiary designation in effect at the time the Assignment is made. If an Assignment is absolute, your rights and privileges, including any right to change the Beneficiary, vest in the assignee. If any Assignment is collateral, the collateral assignee has priority over the interest of any Beneficiary or payee.

BENEFICIARY – On the Policy Date, Beneficiaries are as stated in the application. If no Primary Beneficiaries are living at the time the Death Benefit is payable, the Death Benefit is payable to the Contingent Beneficiary(ies). If no Primary Beneficiary or Contingent Beneficiary is living at the time the Death Benefit is payable, the Death Benefit will be paid to your estate.

Proceeds Payable to a single surviving Beneficiary will be the entire Policy Proceeds. If there is more than one surviving Beneficiary, they will share the Policy Proceeds as stated in the application or in instructions received by us. If there are no instructions, they will share equally. If a named Beneficiary predeceases the Insured, that share of the Policy Proceeds will be divided among the surviving Beneficiaries in the same proportion as stated in the application or in any instructions.

If no direction is provided by you on the application or in a request as to the division of the Policy Proceeds, they will be divided equally among the surviving Beneficiaries.

CHANGE OF BENEFICIARY – You may change a revocable Beneficiary. We must receive instructions to make the change; and upon receipt, a change takes effect as of the date the instructions are signed by the Owner, unless otherwise specified by the Owner. However, the Company is not liable for any payment(s) made before we record the instructions. An Irrevocable Beneficiary cannot be changed unless the current Irrevocable Beneficiary consents to the change.

BENEFICIARY DEATH IN COMMON EVENT – If any Beneficiary dies with the Insured in a Common Event, benefits will be paid as if the Beneficiary predeceased the Insured unless proved otherwise, to our satisfaction.

EFFECTIVE DATE – Benefits under this Policy become effective as follows:

- (a) Based on the disclosures and representations required by the application(s) and any Statement of Health and Insurability form, all benefits provided in the original application and in any amendments to that application are effective on the Policy Date, once the full first premium is paid and this Policy is delivered to and accepted by the Owner during the lifetime of any person proposed for insurance and while such person is in the financial condition and state of health described in all parts of the application(s) and any Statement of Health and Insurability form.
- (b) Any increase in Specified Amount or addition to coverage is effective on the next Monthly Anniversary following the date we approve any supplemental application. A confirmation of the change will be sent to your last known address.
- (c) For any insurance that has been reinstated, coverage is effective on the next Monthly Anniversary following the date we approve the application for Reinstatement.

TERMINATION OF COVERAGE – All benefits provided by this Policy will cease if:

- (a) you provide instructions that this Policy be surrendered by asking us to pay you the full Net Cash Surrender Value;
- (b) the Insured dies;
- (c) this Policy matures; or
- (d) this Policy reaches the end of the Grace Period without sufficient payment to keep it in effect.

SECTION 4: PREMIUMS

PAYMENT OF PREMIUMS – The first premium must be received by the Policy Date and may be paid to our authorized agent or to us. Premiums received before the Policy Date are applied on the Policy Date. Each premium, other than the first, must be paid to us at our Administrative Office.

You may choose the amount and frequency of premium payments to make under this Policy. Additional premium may be accepted by us subject to the following:

- (a) the additional premium is at least as great as the Minimum Unscheduled Premium Payment;
- (b) the additional premium does not cause the Maximum Premium Limit to be exceeded except in cases where the additional premium is required to keep this Policy in effect;
- (c) the additional premium does not cause this Policy to become a MEC unless authorized by you; and
- (d) we may reject additional premium or require evidence of insurability if the premium results in the Death Benefit being equal to the minimum required Death Benefit.

We will send premium notices to you at your last known address according to the Planned Periodic Premium schedule you selected. You may ask us to change the amount or frequency of the premium notices as long as the amount is sufficient to keep this Policy in effect and does not violate the Maximum Premium Limits. When you instruct us, a premium receipt signed by one of our officers will be furnished to you.

For automatic recurring premiums, we reserve the right to allocate the premium to the Fixed Account or Holding Account to then be distributed to the Index Selections on the next Index Sweep Date on a consistent day of the month, even if that day is not a Business Day.

PREMIUM ALLOCATION – You may direct premiums to be allocated between the Fixed Account and any of the Index Selections available under the Index Account. The allocations are stated in percentages and they must total 100%. Any allocations toward any Index Selection will be placed into the Holding Account until the next Index Sweep Date.

We reserve the right to limit the number of Index Selections that can be utilized for new premiums.

The allocation percentages that took effect on the Record Date are shown on the supplemental application. If any premium is received before the Record Date, the Net Premium will be allocated to the Fixed Account regardless of the allocation percentages you have specified. On the Record Date, the value in the Fixed Account will be reallocated between the Fixed Account and Holding Account to then be distributed to the Index Selections on the next Index Sweep Date as you specified in the supplemental application.

If any premium is received on or after the Record Date, and if the Fixed Account Value is less than zero, all Net Premium will be allocated to the Fixed Account until the Fixed Account Value equals zero, regardless of your premium allocation percentages currently in effect. Any remaining Net Premium will be allocated according to your most recent premium allocation instructions among the Fixed Account or Holding Account to then be distributed to the Index Selections on the Index Sweep Date.

In allocating your Net Premium, we are only responsible for following the instructions you provide us. In determining your allocation of Net Premium, you should carefully consider which Index Selections and corresponding Index Crediting Method, or the Fixed Account, best suit your needs. Your agent can provide you illustrations showing various allocation scenarios.

DISCONTINUATION OF OR SUBSTANTIAL CHANGE TO AN INDEX – If an Index is discontinued, the calculation of an Index is changed substantially, or if we are unable to utilize an Index, we may discontinue the Index or substitute a similar one. If an Index is substituted, we will submit any such substitution to the Interstate Insurance Product Regulation Commission for approval, and send notification to your last known address of any changes.

CHANGING YOUR PREMIUM ALLOCATIONS – The allocation of Net Premium that took effect on the Record Date is shown on the supplemental application. You may change the allocation of future Net Premium at any time while this Policy is in effect. To do so, you must send us instructions of how to change your allocation unless prior written authorization has been provided to us to accept changes via telephone. The change will take effect on the date we receive instructions. For any premium allocation changes for Index Accounts, in order for those instructions to apply to the next Index Sweep Date, instructions must be received prior to the Index Sweep Cut-off Date. If the instructions are received after this, then the premium allocation changes will go into effect starting with the next Index Sweep Date. There is no charge for changing premium allocations.

NO LAPSE GUARANTEE PERIOD – The No Lapse Guarantee Period begins on the Policy Date and ends on the No Lapse Guarantee Period End Date shown on the Policy Data Pages. During the No Lapse Guarantee Period, regardless of the amount of Net Cash Surrender Value, this Policy will not enter the Grace Period on any Monthly Anniversary that the No Lapse Guarantee Premium Requirement is satisfied.

During the No Lapse Guarantee Period, the Account Value may have a negative balance. We will not credit or charge interest on this negative balance. Monthly Deductions will continue. At the end of the No Lapse Guarantee Period, the Net Cash Surrender Value may be insufficient to keep this Policy in effect, unless additional premium is paid. If no additional premium is paid at that time, the Grace Period will begin.

NO LAPSE GUARANTEE PREMIUM REQUIREMENT – The No Lapse Guarantee Premium Requirement is satisfied on any date if the sum of the premiums paid is greater than or equal to:

- (a) the sum of the No Lapse Guarantee Premium for each Policy Month from the Policy Date up to and including the current month; plus
- (b) any Withdrawal, Withdrawal Charge, and Withdrawal Processing Fee; plus
- (c) any Policy Debt.

The No Lapse Guarantee Premium is in effect on the Policy Date and is shown on the Policy Data Pages. We will adjust the No Lapse Guarantee Premium due to a Policy change, including, but not limited to, an increase or decrease in the Specified Amount, the addition or removal of a rider, or a change in the Death Benefit Option. A confirmation of the change and the adjusted No Lapse Guarantee Premium will be sent to your last known address.

ADDITIONAL REQUIRED PREMIUM – If this Policy is within the No Lapse Guarantee Period, the additional required premium to keep this Policy in effect will be the lesser of the premium needed to:

- (a) satisfy the No Lapse Guarantee Premium Requirement at the beginning of the Grace Period; or
- (b) increase the Net Cash Surrender Value to an amount that allows the Monthly Deduction to be made.

If this Policy is beyond the No Lapse Guarantee Period, the additional required premium will be the premium needed to increase the Net Cash Surrender Value to an amount that allows the Monthly Deduction to be made. As long as the Net Cash Surrender Value allows for the Monthly Deduction, this Policy will not enter the Grace Period.

GRACE PERIOD – Before this Policy will lapse due to insufficient payment of premium, a Grace Period of 61 days will be given for the payment of additional required premiums to keep this Policy in effect. Notice of such premium will be sent to your last known address no later than 30 days before termination. Such notice is also sent to any assignee of record and any additional person formally designated by you to receive notice of lapse or termination.

During the Grace Period, the Death Benefit will be equal to the Death Benefit in effect immediately before the Grace Period, minus any additional required premium that was due during the Grace Period. The Grace Period will begin on any Monthly Anniversary where this Policy does not meet the conditions described in the Continuation of Insurance provision. If the Grace Period expires without payment of the additional required premium, this Policy will lapse at the end of the Grace Period without any value. Any payments sent by U.S. mail must be postmarked within the Grace Period.

CONTINUATION OF INSURANCE – Subject to the Grace Period provision, even if you stop paying premiums, this Policy will continue as long as:

- (a) the Net Cash Surrender Value is sufficient to satisfy the full Monthly Deductions due each month; or
- (b) this Policy is within the No Lapse Guarantee Period and the No Lapse Guarantee Premium Requirement is satisfied.

REINSTATEMENT – This Policy may be reinstated following the end of the Grace Period if you have not surrendered this Policy for its Net Cash Surrender Value. Such Reinstatement must be made within five years of the expiration of the Grace Period. For such Reinstatement, we will require:

- (a) a completed application for Reinstatement;
- (b) evidence of insurability satisfactory to us, which may result in the reinstated policy being in a different Premium Class;
- (c) payment of premium sufficient to keep this Policy in effect from the beginning of the Grace Period to the date this Policy lapsed, plus payment of premium that is enough to keep this Policy in effect for three months following any Reinstatement;
- (d) all money in the Index Selections and Holding Account will be transferred to the Fixed Account, effective on the date the Grace Period expired; and
- (e) payment or reinstatement of any Policy Debt, plus interest accrued from the date of termination to the date of Reinstatement.

At the time of Reinstatement, we will reallocate the value in the Fixed Account to the Holding Account to then be distributed to the Index Selections on the next Index Sweep Date according to your most recent premium allocation instructions.

If the Grace Period expired during the No Lapse Guarantee Period and this Policy is reinstated, we will reinstate the No Lapse Guarantee Period. To reinstate the No Lapse Guarantee Period, the No Lapse Guarantee Premium Requirement must be satisfied at the time of Reinstatement. We will extend the No Lapse Guarantee Period by the number of months this Policy was not in effect and will provide you a notice with the new No Lapse Guarantee Period End Date.

If the Grace Period expired in a Policy Year where the surrender charge was greater than zero and this Policy is reinstated, any remaining surrender charge period and surrender charges that existed at the time this Policy lapsed will be applied to the reinstated Policy. Your surrender charge is shown on the Policy Data Pages.

All other charges, including charges for any reinstated rider, will continue to be deducted after Reinstatement.

Reinstatement is effective on the first Monthly Anniversary on or following our approval of the Reinstatement.

A surrendered Policy cannot be reinstated.

SECTION 5: CHANGES IN COVERAGE

CHANGES IN SPECIFIED AMOUNT – You may change the Specified Amount while this Policy is in effect, by sending us instructions to make the change. We reserve the right to limit the number of changes per year. If we approve your instructions, a confirmation of the change will be sent to your last known address. Any change in the Specified Amount is subject to the following conditions:

(a) If the Specified Amount is decreased:

1. the Specified Amount may not be decreased to less than the minimum Specified Amount as shown on the Policy Data Pages;
2. the Specified Amount may not be decreased before the third Policy Year without prior approval by us;
3. the Specified Amount may not be decreased to an amount that would cause the minimum Premium Limits to be violated;
4. all decreases in Specified Amount will decrease any previous increases in reverse order before decreasing the original Specified Amount;
5. during the No Lapse Guarantee Period, the No Lapse Guarantee Premium may decrease, but the No Lapse Guarantee Period will not change;
6. surrender charge factors will be applied to the decreased Specified Amount;
7. the Unit Expense Charge will be applied to the decreased Specified Amount; and
8. there may be a charge for the decrease.

(b) If the Specified Amount is increased:

1. the Specified Amount may not be increased by less than the minimum Increase Amount as shown on the Policy Data Pages;
2. the increase must be applied for on a supplemental application;
3. we will need evidence of insurability satisfactory to us;
4. the surrender charge will increase and a new set of surrender charge factors and a new surrender charge period will apply to the increase;
5. during the No Lapse Guarantee Period, the No Lapse Guarantee Premium will increase, but the No Lapse Guarantee Period will not be changed;
6. a new Unit Expense Charge will apply to the increase; and
7. we reserve the right to refuse any increase in the Specified Amount when the Policy Age of the Insured is greater than the maximum Issue Age available for this Policy.

CHARGE FOR DECREASES – Any instructions sent to us to make a decrease in the Specified Amount will be subject to a decrease charge if any surrender charges remain at the time of the decrease. The decrease charge will be deducted from the Account Value on the date of the decrease. If the Account Value is smaller than the decrease charge, an additional premium payment may be required to increase the Account Value to an amount that allows the decrease charge to be deducted.

The decrease charge will be deducted from the Unreserved Fixed Account Value, Holding Account Value and each of the Index Selections in the proportions their values bear to the Total Unreserved Account Value. If there are multiple Index Segments within an Index Selection, the decrease charge will be deducted from the Index Segments using the start date of the current Index Period for that Index Segment with the values associated with the most recent dates being used first. You will not be eligible to earn any Index Credits on the amount that is deducted from the Index Selections.

If there has been no prior increase, the maximum decrease charge will be the surrender charge on the date of the decrease multiplied by (a) divided by (b) where

- (a) is the decrease amount; and
- (b) is the Specified Amount before the decrease.

When a decrease is preceded by one or more increases, the maximum decrease charge will be calculated separately for the original Specified Amount and each increase in the Specified Amount.

If there is no Policy Debt at the time of the decrease, an alternate decrease charge will be calculated and the decrease charge will equal the lesser of the total maximum decrease charge and the alternate decrease charge.

The alternate decrease charge will be the Account Value on the date of the decrease multiplied by (a) divided by (b) where

- (a) is the decrease amount; and
- (b) is the Specified Amount before the decrease.

This calculation applies regardless of whether there has been a prior increase.

If there is Policy Debt at the time of the decrease, the alternate decrease charge does not apply and the decrease charge will be equal to the maximum decrease charge.

CHANGES IN DEATH BENEFIT OPTION – You may change the Death Benefit Option while this Policy is in effect. You must send us instructions for the change. If we approve your instructions, a confirmation of the change will be sent to your last known address. We will not allow a change if it would cause the Maximum Premium Limits to be violated.

If the change is to the Increasing Death Benefit Option, the following changes in the Specified Amount will occur. You may choose one of the following methods:

Method 1:

- (a) the Specified Amount will not change;
- (b) we will need evidence of insurability satisfactory to us to approve the change;
- (c) during the No Lapse Guarantee Period, the No Lapse Guarantee Premium will not change; and
- (d) the surrender charge and Unit Expense Charge will not change.

Method 2:

- (a) Specified Amount will be decreased to equal the current Specified Amount minus the current Account Value;
- (b) evidence of insurability will not be required; and
- (c) the provisions of this section shall apply.

If the change is to the Level Death Benefit Option, the following changes in the Specified Amount will occur. You may choose one of the following methods:

Method 1:

- (a) the Specified Amount will be increased to equal the current Specified Amount plus the current Account Value;
- (b) the surrender charge and surrender charge period will not change;
- (c) the No Lapse Guarantee Premium may increase; and
- (d) we reserve the right to apply the Unit Expense Charge to the amount of the increase.

Method 2:

- (a) the Specified Amount will not change;
- (b) the surrender charge and surrender charge period will not change;
- (c) the No Lapse Guarantee Premium will not change; and
- (d) the Unit Expense Charge will not change.

CHANGES IN RIDERS – A rider may be added to or removed from this Policy after the Policy Date. To apply for an available rider or to remove an existing rider before its termination date, you must send us instructions to make the change. If we approve your instructions, a confirmation of the change will be sent to your last known address. We will not allow a change if it would cause the Maximum Premium Limits to be violated.

(a) If a rider is added:

1. the rider must be applied for, if required;
2. we may require satisfactory evidence of the insurability of the person to be covered under the rider;
3. during the No Lapse Guarantee Period, the No Lapse Guarantee Premium may increase;
4. the cost of the additional benefit provided by the rider will be included in future Monthly Deductions; and
5. the surrender charge and Unit Expense Charge will not change.

(b) If a rider is removed:

1. during the No Lapse Guarantee Period, the No Lapse Guarantee Premium may decrease;
2. the cost of the rider being removed will not be included in future Monthly Deductions; and
3. the surrender charge and Unit Expense Charge will not change.

CHANGES IN PREMIUM CLASS – You can instruct us to make a change in the Insured's Premium Class on or after the end of the first Policy Year. The Insured must meet the eligibility requirements for Premium Class change. For a change in the Premium Class, we will require:

- (a) the Premium Class change must be applied for; and
- (b) evidence of insurability satisfactory to us.

A Premium Class change is effective on the first Monthly Anniversary on or following our approval of such change. A confirmation of the change will be sent to your last known address. A Premium Class change is subject to the provisions in Section 3.

If the Premium Class is changed:

- (a) during the No Lapse Guarantee Period, the No Lapse Guarantee Premium may decrease, but the No Lapse Guarantee Period will not change;
- (b) the Cost of Insurance Rates and Unit Expense Charge for future Monthly Deductions will be determined using the new Premium Class; and
- (c) the surrender charge will not change.

SECTION 6: POLICY VALUES

ACCOUNT VALUE – The amount in your Account Value at any time is equal to the sum of the Fixed Account Value, Holding Account Value and the Index Account Value of this Policy. The Account Value on the Policy Date is any Net Premium received on or before the Policy Date, minus the Monthly Deduction due on the Policy Date.

Any amounts we credit to your Account Value exceeding the guaranteed minimum are not forfeitable, except to the extent they are subject to surrender charges or Monthly Deductions. Additional amounts, if any, will be credited no less frequently than annually unless otherwise specified by the Index Selection.

FIXED ACCOUNT VALUE

CALCULATION OF THE FIXED ACCOUNT VALUE – The Fixed Account Value at any time is equal to:

- (a) the Fixed Account Value on the preceding Monthly Anniversary; plus
- (b) any Net Premium or transfers allocated to the Fixed Account during the current Policy Month; minus
- (c) any Monthly Deduction allocated to the Fixed Account at the beginning of the current Policy Month; minus
- (d) any Withdrawals or transfers deducted from the Fixed Account during the current Policy Month; minus
- (e) any Withdrawal Charge and Withdrawal Processing Fee allocated to the Fixed Account during the current Policy Month; minus
- (f) any charge allocated to the Fixed Account for a decrease in Specified Amount made during the current Policy Month; plus
- (g) accumulation of interest

Any deductions, charges, Withdrawals, or transfers deducted from the Fixed Account Value will be first deducted from values associated with the most recent premium payment or transfer allocations that remain in the Fixed Account.

INTEREST RATE ON THE FIXED ACCOUNT VALUE – The Fixed Account Guaranteed Interest Rate shown on the Policy Data Pages is the minimum annual interest rate we will apply to the Fixed Account Value while this Policy is in effect.

HOLDING ACCOUNT VALUE

CALCULATION OF THE HOLDING ACCOUNT VALUE – The Holding Account Value at any time is equal to:

- (a) the Holding Account Value on the preceding Monthly Anniversary; plus
- (b) any Net Premium or transfers allocated to the Holding Account during the current Policy Month; minus
- (c) any amounts transferred to the Index Selections on the Index Sweep Date during the current Policy Month; minus
- (d) any Monthly Deduction allocated to the Holding Account at the beginning of the current Policy Month; minus
- (e) any Withdrawals or transfers deducted from the Holding Account during the current Policy Month; minus
- (f) any Withdrawal Charge and Withdrawal Processing Fee allocated to the Holding Account during the current Policy Month; minus
- (g) any charge allocated to the Holding Account for a decrease in Specified Amount made during the current Policy Month; plus
- (h) accumulation of interest

Any deductions, charges, Withdrawals, or transfers deducted from the Holding Account Value will be deducted from values associated with the most recent premium payment or transfer allocations that remain in the Holding Account.

INTEREST RATE ON THE HOLDING ACCOUNT VALUE – The Holding Account Guaranteed Interest Rate shown on the Policy Data Pages is the minimum annual interest rate we will apply to the Holding Account Value while this Policy is in effect.

INDEX ACCOUNT AND VALUES INDEX SELECTIONS AND INDEX CREDITING METHODS

An Index Segment is created on each Index Sweep Date once an amount from the Holding Account is transferred to an Index Selection. On any date when money is transferred to an Index Selection a new Index Segment will be created and will remain in effect. We will only transfer money from the particular Index Selections if you instruct us to do so. All other Index Selections will remain in effect.

For automatic recurring premiums, we reserve the right to allocate the premium to the Fixed Account, Holding Account or any of the Index Selections on a consistent day of the month even if that day is not a Business Day. An Index Segment ends when the value of the individual Index Segment equals zero. If an Index Segment ends before the end of the Index Period, no Index Credit will be added on the Index Crediting Date for that Index Period. At any time the Account Value may include one or more Index Segments.

The Index Account is comprised of all of the Index Segments under this Policy. We may make one or more Index Selections available under this Policy with each having one or more corresponding Index Crediting Methods. The Index Selections and the corresponding Index Crediting Methods you elect will determine how Index Credits are applied to the Index Segments under this Policy.

For example, if you elect to have Net Premium allocated equally to two Index Selections and a new Net Premium is received, then that Net Premium will first be deposited into the Holding Account. On the next Index Sweep Date, the Holding Account Value will be equally divided into two new Index Segments reflecting your chosen Index Selections and their corresponding Index Crediting Methods.

A Percent of Index Account Value Charge may be applied to certain Index Selections. This charge decreases your Account Value each month when it is deducted from the Index Segments attributable to your Index Selections. If your Index Selections and Index Crediting Methods elections result in no Index Credits being applied to your Account Value or the Index Credits are persistently lower when compared to the charges assessed against your Account Value, including the Percent of Index Account Value Charge, then your Account Value may decrease. If this happens, over time the charges assessed under this Policy may deplete your Account Value and may cause this Policy to enter a Grace Period and lapse.

Any increase or decrease in your Account Value is determined by the performance of the underlying Index Selections factoring in the impact of any applicable Index Spread Rate, Index Cap Rate, Index Participation Rate, Index Floor Rate, and decreased by the Percent of Index Account Value Charge and any Monthly Deductions.

The Index Selections and Index Crediting Methods are shown on the Policy Data Pages along with the corresponding Maximum Index Spread Rate, Minimum Index Participation Rate, Minimum Index Cap Rate, and Maximum Percent of Index Account Value Charge.

CALCULATION OF THE INDEX ACCOUNT VALUE – The Index Account Value is equal to the sum of all the individual Index Segments for each Index Selection. The beginning value of each individual Index Segment is equal to the amount of the transfer into that Index Segment from the Holding Account. On any subsequent day, the value of each individual Index Segment equals:

- (a) the value of the Index Segment on the preceding Monthly Anniversary (or the beginning value if the Index Segment was created during the current Policy Month); minus
- (b) any Monthly Deduction allocated to the Index Segment for the current Policy Month; plus
- (c) any Index Credit that was added to the Index Segment during the current Policy Month; minus
- (d) any Withdrawals or transfers deducted from the Index Segment during the current Policy Month; minus
- (e) any Withdrawal Charge and Withdrawal Processing Fee allocated to the Index Segment during the current Policy Month; minus
- (f) any charge allocated to the Index Segment for a decrease in Specified Amount made during the current Policy Month; minus
- (g) any amounts deducted from the Index Segment during the current Policy Month for Standard Policy Loans.

INDEX CREDIT – An Index Credit is calculated on each Index Crediting Date for the associated Index Segment and added to the Index Segment on the Index Crediting Date.

The Index Credit will equal (a) multiplied by (b), where:

- (a) is equal to the interest rate for the associated Index Crediting Method.
- (b) is equal to:
 - 1. the value of the Index Segment at the beginning of the current Index Period; minus
 - 2. Withdrawals or transfers deducted from the Index Segment since the beginning of the current Index Period; minus
 - 3. any Withdrawal Charge and Withdrawal Processing Fee deducted from the Index Segment since the beginning of the current Index Period; minus
 - 4. any decrease charge allocated to the Index Segment for a decrease in the Specified Amount made since the beginning of the current Index Period; minus
 - 5. amounts deducted from the Index Segment since the beginning of the current Index Period due to Standard Policy Loans.

CALCULATION OF THE INDEX AVERAGE – The Index Average for an Index Period equals the sum of the Index Values on all Business Days which fall after the beginning of the Index Period until (and including) the next Index Crediting Date divided by the number of Business Days that fall after the beginning of the Index Period until (and including) the next Index Crediting Date.

INTEREST RATE USING THE MONTHLY POINT-TO-POINT METHOD – When the Index Crediting Method is Monthly Point-to-Point, the interest rate is equal to the greater of (a) and (b) where:

- (a) is equal to the sum of the Monthly Index Returns for the months that are completed during the current Index Period
- (b) is equal to the Index Floor Rate.

CALCULATION OF THE MONTHLY INDEX RETURN – The Monthly Index Return is calculated as (a) divided by (b), multiplied by (c), and to be no greater than (d), where:

- (a) is equal to the Index Value for the Monthly Index Date, minus the Index Value for the preceding Monthly Index Date
- (b) is equal to the Index Value for the preceding Monthly Index Date
- (c) is equal to the Index Participation Rate for the Index Selection
- (d) is equal to the Monthly Index Cap Rate.

INTEREST RATE USING THE ANNUAL POINT-TO-POINT METHOD – When the Index Crediting Method is Annual Point-to-Point, the interest rate is equal to (a) divided by (b), and then multiplied by (c). That number is then subject to (d) where:

- (a) is equal to the Index Value as of the Index Crediting Date for the current Index Period, minus the Index Beginning Value for the current Index Period
- (b) is equal to the Index Beginning Value for the current Index Period
- (c) is equal to the Index Participation Rate for the Index Selection
- (d) to be no greater than the Index Cap Rate nor less than the Index Floor Rate.

INTEREST RATE USING THE ANNUAL POINT-TO-POINT WITH SPREAD METHOD – When the Index Crediting Method is Annual Point-to-Point with Spread, the interest rate is equal to (a) divided by (b), and then multiplied by (c), then minus (d). That resulting number is then subject to (e), where:

- (a) is equal to the Index Value as of the Index Crediting Date for the current Index Period, minus the Index Beginning Value for the current Index Period
- (b) is equal to the Index Beginning Value for the current Index Period
- (c) is equal to the Index Participation Rate for the Index Selection
- (d) is equal to the Index Spread Rate for the current Index Period
- (e) to be no less than the Index Floor Rate for the Index Selection.

CALCULATION OF INDIVIDUAL INDEX CHANGE – The Individual Index Change, positive or negative, for each Index equals (a) divided by (b) where:

- (a) is equal to the Index Value as of the Index Crediting Date for the current Index Period, minus the Index Beginning Value for the current Index Period
- (b) is equal to the Index Beginning Value for the current Index Period.

MINIMUM ACCOUNT VALUE – If the Account Value is being calculated due to any termination of this Policy such as upon the occurrence of death, lapse, surrender, or maturity, and if the Minimum Account Value is greater than the Account Value at that time, then the Minimum Account Value will be used in place of the Account Value.

If, on any Monthly Anniversary, the Minimum Account Value is greater than the Account Value, then it will be used to determine if this Policy has entered the Grace Period and in the calculation of the Net Amount at Risk for this section.

Periodically, the amount in the Account Value will be compared to the Minimum Account Value. The date that we will make the Initial Comparison of the Minimum Account Value and the number of Policy Years that must be completed between each of the Subsequent Comparisons of the Minimum Account Value is shown on the Policy Data Pages.

If the Account Value is less than the Minimum Account Value on any of these comparison dates, we will increase the Account Value so that it is at least greater than the Minimum Account Value. The increase will be added to the Fixed Account. If the Account Value is greater than the Minimum Account Value, we will not make any changes to the Account Value or the Minimum Account Value.

The Minimum Account Value at any time is equal to:

- (a) the Minimum Account Value on the preceding Monthly Anniversary; plus
- (b) any Net Premium received during the current Policy Month; minus
- (c) the Monthly Deduction for the Minimum Account Value for the current Policy Month; minus
- (d) any Withdrawals deducted from this Policy during the current Policy Month; minus
- (e) any Withdrawal Charge and Withdrawal Processing Fee assessed during the current Policy Month; minus
- (f) any decrease charge for a decrease in the Specified Amount made during the current Policy Month; plus
- (g) accumulation of interest at the Guaranteed Interest Rate as shown on the Policy Data Pages.

If the Minimum Account Value is being calculated on a Monthly Anniversary, the Minimum Account Value will be determined prior to the Monthly Deduction being deducted.

The Minimum Account Value on the Policy Date will be set equal to the Account Value. The Monthly Deduction for the Minimum Account Value is calculated as described in this section, except that the Cost of Insurance and the Expense Amount use the Minimum Account Value rather than the Account Value. The Minimum Account Value will not be used to determine the Cash Surrender Value for purposes of loan availability or the amount available for withdrawals.

MONTHLY DEDUCTION – The Monthly Deduction for a Policy Month is equal to the:

- (a) Cost of Insurance for that Policy Month; plus
- (b) the Expense Amount; plus
- (c) any Rider Charge for that Policy Month.

If the Monthly Deduction does not exceed the Unreserved Fixed Account Value on a Monthly Anniversary, that Monthly Deduction will be deducted from the Fixed Account. If the Monthly Deduction exceeds the Unreserved Fixed Account Value, the remainder of the Monthly Deduction will be deducted from the Holding Account. If the amount of the Monthly Deduction exceeds the Unreserved Fixed Account Value and the Holding Account Value, then the Monthly Deduction will be taken from the Unreserved Fixed Account, Holding Account and each of the Index Selections in the proportions their values bear to the Unreserved Account Value on that Monthly Anniversary. If there are multiple Index Segments within an Index Selection, such deductions will be deducted from the Index Segments according to the start date of the current Index Period for that Index Segment with the values associated with the most recent dates being deducted first.

COST OF INSURANCE – The Cost of Insurance is determined on each Monthly Anniversary. The Cost of Insurance is equal to the applicable Cost of Insurance Rate multiplied by the Net Amount at Risk, divided by 1000. It is determined separately for the original Specified Amount and each increase in the Specified Amount.

COST OF INSURANCE RATES – The monthly Cost of Insurance Rates may vary by Policy Age, Gender, Tobacco Status, and Premium Class of the Insured and are shown on the Table of Guaranteed Maximum Cost of Insurance Rates on the Policy Data Pages.

EXPENSE AMOUNT – The Expense Amount will never be more than the:

- (a) Policy Expense Charge; as shown on the Policy Data Pages; plus
- (b) Unit Expense Charge as shown on the Policy Data Pages multiplied by the Specified Amount divided by 1000; plus
- (c) Total Percent of Index Account Value Charge as shown on the Policy Data Pages, which is the sum of each Index Selection's Percent of Index Account Value Charge. For each Index Selection, it is the Percent of Index Account Value Charge rate multiplied by the unloaned Account Value attributable to that Index Selection. The Percent of Index Account Value Charge rate may vary by Index Selection; plus
- (d) Percent of Fixed Account Value Charge as shown on the Policy Data Pages multiplied by the unloaned portion of the Fixed Account Value; plus

- (e) Percent of Holding Account Value Charge as shown on the Policy Data Pages multiplied by the Holding Account Value.

The Unit Expense Charge is determined separately for the original Specified Amount and each increase in the Specified Amount.

RATES AND CHARGES – This Policy refers to various rates and charges that we may change at our discretion. These rates and charges include:

- Cost of Insurance Rates
- Policy Expense Charges
- Unit Expense Charges
- Premium Loads
- Percent of Fixed Account Value Charges
- Percent of Holding Account Value Charge
- Percent of Index Account Value Charges
- Withdrawal Charges
- Withdrawal Processing Fees
- Interest Rates
- Index Participation Rates
- Index Floor Rates
- Index Cap Rates
- Index Spread Rates
- Standard Policy Loan Interest Rate
- Additional Annual Illustration Charges
- Any Rates or Charges described in any attached rider or endorsement

We have determined currently applicable rates and charges to be effective on the Policy Date and they will be applied to this Policy until changed by us.

At our discretion, we may change any or all the rates and charges at any time, but no rate or charge will be greater than any applicable maximum or less than any applicable minimum. In exercising our discretion, we may consider changes in the assumptions used in determining the rates and charges. These assumptions include, without limitation, assumptions as to investment earnings, mortality, persistency, expenses, Policy Loan utilization, required reserves, required capital, reinsurance, hedging costs, policyholder behavior, and income tax rates and rules. We may also consider new or different assumptions than those we have used in the past.

In making our determinations with respect to both the initial rates and charges and any changes to them, we may consider the relationship of each rate or charge to other rates and charges and the operation of all rates and charges in the aggregate, without reference to any specific accounting measure or actuarial estimate.

SURRENDER – At any time, while the Insured is alive and this Policy is in effect, you may surrender this Policy for its Net Cash Surrender Value. We will pay the Net Cash Surrender Value in one lump sum. If this Policy is surrendered, coverage will terminate immediately.

CASH SURRENDER VALUE – The Cash Surrender Value is calculated by taking the greater of your Account Value and Minimum Account Value, then subtracting any applicable surrender charge. The Cash Surrender Value available under this Policy is not less than the minimum values required by or pursuant to the NAIC Universal Life Insurance Regulation, Model #585, or any successor thereof effective as of the Policy Date. The minimum Cash Value and nonforfeiture benefits of this Policy will be calculated with allowance for lapse of time from the last preceding Policy Anniversary. We have filed a detailed statement of the method of computation of the Policy values with the Interstate Insurance Product Regulation Commission.

SURRENDER CHARGE – The surrender charge may vary by Issue Age, Gender, Tobacco Status and Premium Class of the Insured and varies by Policy Year. The surrender charge for the original Specified Amount is equal to the:

- (a) Surrender charge factor found in the Table of surrender charges as shown on the Policy Data Pages multiplied by the
- (b) Specified Amount divided by 1000.

SURRENDER CHARGE AFTER A CHANGE IN COVERAGE – The surrender charge will be calculated separately for any increase, decrease, or Withdrawal as follows:

- (a) For each increase, the surrender charge will be equal to the surrender charge factor shown on the Table of Surrender Charges for the Policy Year applicable to that increase, multiplied by the amount of the increase divided by 1000. We will provide notice of the amount and duration of those charges to your last known address.
- (b) After any decrease or Withdrawal, the remaining surrender charge will be calculated separately for the remaining original Specified Amount and each remaining increase layer, if any. Each surrender charge will be equal to the surrender charge factor shown on the Table of Surrender Charges for the Policy Year applicable to that layer, multiplied by the remaining Specified Amount for that layer divided by 1000.

WITHDRAWALS – You may instruct us to Withdraw part of the Net Cash Surrender Value on any Monthly Anniversary while this Policy is in effect. Instructions must be sent to and received by us.

The maximum Withdrawal Percentage allowed in any one Policy Year is shown on the Policy Data Pages. This maximum Withdrawal is the percentage multiplied by the Net Cash Surrender Value at the time of Withdrawal. Pursuant to the Minimum Account Value section of this document, the Net Cash Surrender Value will not include the Minimum Account Value for purposes of determining the maximum Withdrawal available. Withdrawals in excess of this amount will not be allowed. Any instructions for a Withdrawal must be at least the minimum Withdrawal Amount shown on the Policy Data Pages. We reserve the right to limit the number of Withdrawals to one in the first Policy Year.

The total amount deducted from the Account Value upon a Withdrawal will be:

- (a) the amount of the Withdrawal; plus
- (b) the Withdrawal Charge, if any; plus
- (c) any applicable Withdrawal Processing Fee.

There is no Withdrawal Processing Fee for the first Withdrawal made in a Policy Year. There is a Withdrawal Processing Fee for each subsequent Withdrawal made in that Policy Year. The Withdrawal Processing Fee is shown on the Policy Data Pages.

A Withdrawal will not be allowed if it would result in the Specified Amount being less than the Minimum Specified Amount or if it would cause the Maximum Premium Limits to be violated.

When you make a Withdrawal, you may tell us how much of the total amount of the Withdrawal is to be deducted from the Unreserved Fixed Account Value, Holding Account Value and the value in each Index Selection. If you do not specify otherwise, the amount deducted will be first from the Unreserved Fixed Account Value, then from the Holding Account and then from each of the Index Selections in the same proportion their respective values bear to the Total Unreserved Account Value.

If there is more than one Index Segment within an Index Selection, then the amount will be deducted from the Index Segments using the start date of the current Index Period for that Index Segment with the values associated with the most recent dates being used first. You will not be eligible to earn any Index Credits on any amounts deducted from any Index Selections to satisfy a Withdrawal that we were instructed to make.

WITHDRAWAL CHARGE – If a Withdrawal that we were instructed to make results in a reduction of the Specified Amount while the Level Death Benefit Option is in effect, the Withdrawal will be subject to a Withdrawal Charge if any surrender charges remain at the time of the Withdrawal. The Withdrawal Charge will be the decrease in the Specified Amount caused by the Withdrawal divided by the Specified Amount prior to the Withdrawal multiplied by the surrender charge on the date of the Withdrawal.

When a Withdrawal is preceded by one or more increases in Specified Amount, the Withdrawal Charge will be calculated, to the extent needed, in the following order:

- (a) most recent increase; then
- (b) next most recent increases, if any, in reverse order of their occurrence; and
- (c) original Specified Amount of this Policy.

SPECIFIED AMOUNT AFTER WITHDRAWAL – If the Level Death Benefit Option is in effect at the time of the Withdrawal then your Specified Amount may be altered as described below:

- (a) If your minimum required Death Benefit, after the impact of the Withdrawal, exceeds your existing Specified Amount, then there will be no reduction to the Specified Amount.
- (b) If your minimum required Death Benefit, after the impact of the Withdrawal, is lower than your existing Specified Amount, then your existing Specified Amount will be reduced by an amount up to the full Withdrawal amount.

The amount of the Withdrawal will be deducted first from any past increases in reverse order of the increases, and then from the original Specified Amount.

If a Withdrawal results in a reduction of the Specified Amount, there will be a charge for the decrease as described in this section. The Unit Expense Charge and surrender charge will be applied to the decreased Specified Amount. The No Lapse Guarantee Premium may decrease.

OUR RIGHT TO DEFER SURRENDER AND WITHDRAWALS – We reserve the right to defer payment for up to six months after we receive your instructions. If payment is deferred, we will pay interest from the date of Surrender or Withdrawal at an annual rate of interest that we decide, but not less than the rate required by the laws of the state in which this Policy is delivered.

PAID-UP LIFE INSURANCE BENEFIT – At any time before Policy Age 120, you have the option to apply the Net Cash Surrender Value to purchase guaranteed paid-up life insurance. The amount of the guaranteed paid-up life insurance is determined by applying the Net Cash Surrender Value to provide such paid-up life insurance. We will compute the amount of insurance using the Basis of Values table and an interest rate that is the greater of the Paid Up Life Insurance Interest Rate or the Fixed Account Guaranteed Interest Rate all of which are shown on the Policy Data Pages.

Any paid-up life insurance purchased exceeding the Death Benefit payable at the time that instructions were received may be subject to evidence of insurability satisfactory to us.

If this Policy is continued under a paid-up life insurance benefit, which became effective on or after the third Policy Anniversary the company will pay upon surrender within 30 days after any Policy Anniversary, a Cash Surrender Value.

If you surrender a paid-up life insurance benefit during the first 31 days of a Policy Year, the Cash Surrender Value of the paid-up life insurance benefit will not be less than it was on the first day of that Policy Year, minus any subsequent Policy Loans and Withdrawals.

SECTION 7: TRANSFER OF VALUES

TRANSFERS FROM FIXED ACCOUNT – You may instruct us to transfer money from the Fixed Account to one or more Index Selections at any time. Any transfers slated for the Index Selections will first be placed into the Holding Account until the next applicable Index Sweep Date. In order for the transfer instructions to apply to a particular Index Sweep, instructions must be received prior to the Index Sweep Cut-off Date. Transfers from the Fixed Account will occur on the first Business Day on or after the date we receive instructions for the transfer.

TRANSFERS FROM HOLDING ACCOUNT – On the Index Sweep Date, any Holding Account Value will be systematically transferred to the Index Selections in accordance with your allocation instructions. You may instruct us to transfer money from the Holding Account to the Fixed Account at any time; however, transfer requests must be received prior to an Index Sweep Cut-off Date. Transfers to the Fixed Account will occur on the first Business Day on or after the date we receive instructions for the transfer.

TRANSFERS FROM INDEX SELECTIONS – You may instruct us to transfer money from your Index Selections to the Fixed Account or another Index Selection at any time. Any such transfer will occur at the end of the Index Period for each Index Segment within the Index Selection

SECTION 8: ANNUAL REPORT OF POLICY STATUS

We will send an annual report to your last known address at no charge. The annual report provides a summary of this Policy's status as of the beginning and end of each Policy Year and shall provide current information that will be no more than four months old before the sent date. The annual report will provide information on the Death Benefit covered by this Policy and the Account Value at the beginning and at the end of the period covered. The Net Cash Surrender Value, premium payments, Monthly Deductions, interest credits, Withdrawal amounts, Withdrawal Charges, and outstanding Policy Loans will be shown as of the end of the period covered. In addition, the report will notify you if the Cash Surrender Value may not be sufficient to keep this Policy in effect until the end of the next reporting period unless further premium payments are made.

In addition to an annual report, at your instruction and after this Policy has been in effect for one year or more, we will prepare an illustration of current and future benefits and values under guaranteed and current assumptions. After the first illustration in each year, we will not charge more than \$25 for each additional illustration.

SECTION 9: POLICY LOANS

POLICY LOAN TYPE – You may request a Standard Policy Loan or a Variable Interest Participating Policy Loan, unless this Policy currently has Policy Debt at the time you request a new Policy Loan. In that case, the new Policy Loan will have the same Policy Loan type as the existing Policy Debt. If you do not specify a Policy Loan type and do not currently have Policy Debt, we will assume that you are requesting a Standard Policy Loan.

One time per Policy Year, you may change your Policy Loan type to any of the currently available loan types. The change will occur on the Monthly Anniversary on or following our approval of your instructions. Only one Policy Loan type can be in effect at any time.

POLICY LOAN VALUE – A Policy Loan is available anytime this Policy has a Net Cash Surrender Value. Pursuant to the Minimum Account Value section of this document, the Net Cash Surrender Value calculation will not include the Minimum Account Value in determining maximum Policy Loan Value. The Policy Loan Value is the amount available for a Policy Loan on any date.

For Standard Policy Loans, the maximum Policy Loan Value is equal to (a) minus, (b) minus (c) where:

- (a) Is the Net Cash Surrender Value
- (b) Is the sum of the estimated Monthly Deductions for the next three months
- (c) Is the interest on any existing Policy Debt and interest on the new Policy Loan for the next three months. For this calculation, the interest rate will be equal to the current Standard Policy Loan Interest Rate minus the interest rate we credit on the loaned portion of your Account Value.

For Variable Interest Participating Policy Loans, the maximum Policy Loan Value is equal to (a) minus, (b) minus (c) where:

- (a) Is the Net Cash Surrender Value.
- (b) Is the sum of the estimated Monthly Deductions for the next three months.
- (c) Is the interest on any existing Policy Debt and interest on the new Policy Loan for the next three months, estimated using the current Variable Interest Participating Policy Loan Interest Rate.

STANDARD POLICY LOAN REQUIREMENTS –You may borrow all or part of the Policy Loan Value as a Standard Policy Loan if the following conditions are met:

- (a) this Policy has a positive Policy Loan Value;
- (b) the Insured is living;
- (c) this Policy is in effect;
- (d) you send us instructions; and
- (e) you Assign this Policy to us as sole security for the Policy Loan.

When you take a Standard Policy Loan, you may tell us how much of the Policy Loan is to be allocated to the Unreserved Fixed Account, Holding Account Value and the value in each Index Selection. If you do not otherwise notify us, we will allocate the Policy Loan to the Unreserved Fixed Account Value.

If the Policy Loan exceeds the Unreserved Fixed Account Value, such excess will be allocated to the Holding Account Value and then to the Index Account Value. Any Policy Loan amount allocated to the Index Account Value will be deducted from each of the Index Selections in the proportions it bears to the Index Account Value.

If there are multiple Index Segments within an Index Selection, the Policy Loan will be deducted from the Index Segments according to the start date of the current Index Period for each Index Segment, with the values associated with the most recent dates being used first. Any Policy Loan amount allocated to an Index Selection will be transferred to the Fixed Account and Holding Account on the date of the Policy Loan.

If, on any Policy Anniversary, the Fixed Account Value is less than the outstanding Policy Debt resulting from a Standard Policy Loan, a transfer from the Holding Account Value and/or Index Account Value to the Fixed Account will occur. The transfer amount will be equal to the outstanding Policy Debt minus the Fixed Account Value. This transfer will first be utilizing the Holding Account Value and then will be deducted from each of the Index Selections in the proportions it bears to the Index Account Value. If there are multiple Index Segments within an Index Selection, the amount will be deducted from the Index Segments according to the start date of the current Index Period for each Index Segment, with the values associated with the most recent dates being used first.

You will not be eligible to earn any Index Credits on the amount that is transferred from the Index Selection(s) as a result of a Standard Policy Loan.

If an amount is transferred for a Standard Policy Loan from the Indexed Account within a 12-month period from the date of the transfer, and a premium payment or Policy Loan repayment is made, we reserve the right to:

- (a) allocate the Policy Loan repayment and/or Net Premium to the Fixed Account; and
- (b) restrict transfers from the Fixed Account to the Indexed Account(s).

The portion of the Account Value attributable to Policy Debt as a result of a Standard Policy Loan will be kept as a part of the Fixed Account where it will earn interest at the annual effective rate we declare for loaned amounts, which may be different than the rate declared for non-loaned amounts.

STANDARD POLICY LOAN INTEREST RATE – We will not charge more than the Maximum Standard Policy Loan Interest Rate shown on the Policy Data Pages on any Standard Policy Loan. However, a lower rate may be charged. If the interest rate is decreased, it can be increased later. Any increase or decrease will occur no more than once a year. Any increase in the interest rate will be limited to a maximum of one percent a year. A notice of any such increase will be sent to your last known address no later than 30 days before the effective date of the increase.

Interest is due at the end of each Policy Year. If interest is not paid when due, it will be added to the Policy Loan and accrue interest at the same rate as the rest of the Policy Loan.

VARIABLE INTEREST PARTICIPATING POLICY LOAN REQUIREMENTS – Starting in the Initial Policy Year for Variable Interest Participating Policy Loans shown on the Policy Data Pages, you may borrow all or part of the available Policy Loan Value as a Variable Interest Participating Policy Loan if the following conditions are met:

- (a) this Policy must have a positive Loan Value;
- (b) the Insured is living ;
- (c) this Policy is in effect;
- (d) we receive your instructions; and
- (e) you Assign the Policy to us as sole security for a Policy Loan.

A portion of the Account Value attributable to Policy Debt as a result of a Variable Interest Participating Policy Loan will continue to earn any applicable Index Credits on the Index Segments.

VARIABLE INTEREST PARTICIPATING POLICY LOAN INTEREST RATE – We will charge interest on any Variable Interest Participating Loan at a rate that does not exceed the greater of the following:

- (a) the Published Monthly Average, as defined below, for the calendar month ending two months before to the date the rate is determined; or
- (b) the Guaranteed Interest Rate as shown on the Policy Data Pages plus 1% per annum.

The Publish Monthly Average is determined as follows:

- (a) Moody's Corporate Bond Yield Average – Monthly Average Corporate as published by Moody's Investors Services, Inc., or any successor thereto; or
- (b) If the Moody's Corporate Bond Yield Average – Monthly Average Corporate or its successor is no longer published a substantially similar external resource will be used subject to any approval or other requirement of the Interstate Insurance Product Regulation Commission.

Interest is due at the end of each Policy Year. If Interest is not paid when due, it will be added to the Policy Loan and bear interest at the same rate as the rest of the Policy Loan.

CHANGES TO VARIABLE INTEREST PARTICIPATING POLICY LOAN INTEREST RATE – We will determine the Variable Interest Participating Policy Loan Interest Rate as described in the Variable Interest Participating Policy Loan Interest Rate section, as of March 31st, June 30th, September 30th and December 31st of each calendar year. We may change the Variable Interest Participating Policy Loan Interest Rate for this Policy once a year on the Policy Anniversary. A notice of the Variable Interest Participating Policy Loan Interest Rate at the time the Policy Loan is taken will be sent to your last known address.

The Variable Interest Participating Policy Loan Interest Rate may be increased whenever such increase would increase the rate by 0.5% or more per annum. The Variable Interest Participating Policy Loan Interest Rate will be decreased whenever such decrease would decrease the rate by 0.5% or more per annum.

Any change in the Variable Interest Participating Policy Loan Interest Rate will apply to any existing Policy Debt and new Policy Loans.

A notice each time the Variable Interest Participating Policy Loan Interest Rate increases while any Policy Debt exists on this Policy with a Variable Interest Participating Policy Loan Interest Rate, will be sent to your last known address, no later than 30 days before the effective date of the increase.

NET ZERO COST POLICY LOANS – We guarantee that any new or existing Standard Policy Loan will be a Net Zero Cost Policy Loan starting in the Initial Policy Year for Net Zero Cost Policy Loans shown on the Policy Data Pages.

NET ZERO COST POLICY LOAN INTEREST RATE – We guarantee that the Policy Loan Interest Rate will be the Fixed Account Guaranteed Interest Rate, unless the Internal Revenue Service requires a higher interest rate. If the Internal Revenue Service requires a higher interest rate, we will charge the minimum interest rate allowed.

POLICY LOAN AND REPAYMENT – We have the right to postpone making a Policy Loan for up to six months from the time we receive your instructions for the Policy Loan. However, we will not postpone a Policy Loan if it will be used to pay premiums on other policies issued by us. All or part of any Policy Debt may be paid back at any time while this Policy is in effect.

If any payment is received that is not specified as either a premium payment or a Policy Loan repayment, it will be treated as a Policy Loan repayment to the extent there is Policy Debt outstanding. However, if the Policy is in a Grace Period, and the payment equals or exceeds the amount stated in the grace notice, then the payment will be applied as premium to pay the outstanding grace notice amount and any remainder will be treated as a Policy Loan repayment.

If the Insured dies before a Policy Loan is repaid, the amount of the Policy Debt will be deducted from the Death Benefit.

EXCESS POLICY DEBT – If the Policy Debt grows to be equal to or greater than the Cash Surrender Value, this Policy will enter the Grace Period, unless this Policy meets the conditions described in the Continuation of Insurance provision.

SECTION 10: MATURITY DATE

If the Insured is living on the Maturity Date, the Net Cash Surrender Value will be paid to you, unless the Maturity Date is extended. At least 90 days before the original Maturity Date, we will mail notice to your last known address informing you of your option to extend the Maturity Date. Such notice is also sent to any assignee of record. We will only extend the Maturity Date if instructions were received. We will take reasonable steps necessary to determine if this Policy will still qualify as life insurance beyond the Maturity Date, but we do not guarantee that our interpretation is consistent with the opinion of the Internal Revenue Service. **This Policy may not qualify as life insurance under Internal Revenue Service and may be subject to adverse tax consequences. You should consult a tax advisor before electing to extend the Maturity Date.**

- (a) To continue this Policy beyond the original Maturity Date:
 - 1. your instructions must be received by us;
 - 2. this Policy cannot be in the Grace Period;
 - 3. all of the Account Value must be transferred to the Fixed Account; and
 - 4. the Death Benefit Option must be the Level Death Benefit Option.
- (b) Once this Policy is extended beyond the original Maturity Date:
 - 1. we will not allow any increases to the Specified Amount;
 - 2. we will not allow any changes in the Death Benefit Option;
 - 3. we will not accept any premium payments;
 - 4. we will not allow any transfers;
 - 5. we will not deduct Monthly Deductions;
 - 6. we will continue to credit interest on the Account Value;
 - 7. we will allow Policy Loans, but any Variable Interest Participating Policy Loan type will be switched to a Standard Policy Loan;
 - 8. we will allow Withdrawals, and
 - 9. any riders will terminate.

Once this Policy is extended beyond the original Maturity Date, the Account Value will continue to accumulate interest until the Insured dies or until you elect to surrender and receive the Net Cash Surrender Value. Any Policy Debt will continue to accrue interest. If Policy Debt causes the Net Cash Surrender Value to decrease to a negative amount, we will send notice requesting a payment large enough to bring the Net Cash Surrender Value to an amount that equals one year's interest on the Policy Debt. Notice of such payment will be sent to your last known address no later than 30 days before termination. If such payment is not received within 30 days after mailing the notice, all coverage under this Policy will terminate without value at the end of the 30 days.

NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

ACCELERATED DEATH BENEFIT ENDORSEMENT FOR TERMINAL, CHRONIC AND CRITICAL ILLNESSES

PAYMENT OF ACCELERATED DEATH BENEFITS UNDER THIS ENDORSEMENT WILL REDUCE THE POLICY'S DEATH BENEFIT OR FACE AMOUNT, MONTHLY DEDUCTIONS OR PREMIUMS, AS APPLICABLE, AND, IF APPLICABLE, NONFORFEITURE VALUES OR POLICY VALUES, WHICH INCLUDE, BUT ARE NOT LIMITED TO, THE ACCOUNT VALUE, NET CASH SURRENDER VALUE, AND POLICY LOAN VALUE WILL BE REDUCED IN PROPORTION TO THE AMOUNT OF THE DEATH BENEFIT OR FACE AMOUNT THAT IS ACCELERATED.

UNLIKE CONVENTIONAL LIFE INSURANCE PROCEEDS, AMOUNTS PAYABLE AS ACCELERATED DEATH BENEFITS COULD BE TAXABLE UNDER SOME CIRCUMSTANCES. WE RECOMMEND THAT YOU CONSULT YOUR PERSONAL TAX ADVISOR PRIOR TO ELECTING AN ACCELERATED DEATH BENEFIT UNDER THIS ENDORSEMENT TO ASSESS THE TAX TREATMENT IN YOUR INDIVIDUAL CIRCUMSTANCES. THE COMPANY SHALL ACT AS IT DETERMINES IS REQUIRED BY THE INTERNAL REVENUE CODE AND THE REGULATIONS IN REPORTING ANY AMOUNTS PROVIDED PURSUANT TO AN ELECTION UNDER THIS ENDORSEMENT.

ACCELERATED DEATH BENEFITS ARE REDUCED BY A NUMBER OF FACTORS, INCLUDING BUT NOT LIMITED TO, THE IMPACT AN ILLNESS HAS ON THE INSURED'S FUTURE MORTALITY EXPECTATIONS AND IN THE CASE OF TERM OR WHOLE LIFE INSURANCE THE AMOUNT OF PREMIUM REMAINING UNTIL THE POLICY EXPIRES OR MATURES. THIS MAY RESULT IN A SMALL BENEFIT OR NO BENEFIT BEING PAID.

THE ACCELERATED DEATH BENEFITS OF THIS ENDORSEMENT ARE NOT PAYABLE IF THE POLICY TO WHICH IT IS ATTACHED IS NOT IN EFFECT.

When used in this Endorsement, "Death Benefit" applies to a permanent life insurance policy; "Face Amount" applies to a term or whole life insurance policy.

This Endorsement is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless we state otherwise. To the extent, this Endorsement is contrary to, or inconsistent with the Policy this Endorsement shall control the Policy accordingly. Any capitalized terms in this Endorsement will have the same meaning as in the Policy.

CONSIDERATION – This Endorsement is issued in consideration of the application and payment of the initial premium for the base Policy. There is no charge required for this Endorsement. However, an Administrative Fee may be required each time an Election is made.

EFFECTIVE DATE – The Effective Date of this Endorsement is the Policy Date, unless otherwise shown on the Policy Data Pages.

ENDORSEMENT BENEFITS – This Endorsement provides Accelerated Death Benefits for the following Qualifying Events:

- (a) Terminal Illness;
- (b) Chronic Illness; and
- (c) Critical Illness.

You can only elect to Accelerate Death Benefits under one of these Qualifying Events at any given time.

We will pay you, or your estate, a portion of the Policy Death Benefit or Face Amount, as applicable, you wish to accelerate. Unless the Accelerated Death Benefits have been otherwise assigned or designated by you, such Accelerated Death Benefits will be paid:

- (a) Upon Election by you;
- (b) Immediately after our receipt of Proof of Qualifying Event as defined in this Endorsement;
- (c) While the Policy is in effect, other than by Paid-Up Insurance or Extended Term Insurance;
- (d) In lieu of payment of the full Death Benefit or Face Amount of the Policy upon the death of the Insured; and
- (e) Subject to the terms of this Endorsement.

The Insured's Accidental Death Benefit, if any, will not be affected by the acceleration of Death Benefit or Face Amount under this Endorsement.

At time of election and upon payment of Accelerated Death Benefits we will provide a statement to you and any Irrevocable Beneficiary demonstrating the effect of the Accelerated Death Benefit Payment on the Death Benefit or Face Amount, Monthly Deductions or premiums, and, if applicable, on the Policy's Net Cash Surrender Value, and Policy Debt. The statements will be mailed to the last known address for you and any Irrevocable Beneficiary. If applicable, the statement will include the amount of any premium necessary to continue coverage following acceleration, any applicable Administrative Fee and the discount applied to the Accelerated Death Benefit.

ACCELERATED DEATH BENEFIT PAYMENT – The Accelerated Death Benefit Payment will be determined upon your Election. The following factors may be used in the determination of any potential payment:

- (a) the Accelerated Death Benefit;
- (b) the Account Value or Cash Value of the Policy, if applicable;
- (c) the Guaranteed Maximum Cost of Insurance Rates or Guaranteed Annual Premiums of the Policy;
- (d) our determination of the future expected lifetime of the Insured;
- (e) the Accelerated Death Benefit Interest Rate;
- (f) the Administrative Fee, if applicable;
- (g) the Debt Repayment Amount;
- (h) the amount of Premium payable in the time remaining until the Expiry Date or Maturity Date shown on the Policy Data Pages if applicable; and
- (i) any other factors we may determine in our sole discretion are reasonably necessary to determine the present value of the Accelerated Death Benefit, including, without limitation, application of the mortality discount using the anticipated life expectancy of the Insured.

The factors listed above may reduce the amount of the Accelerated Death Benefit payable. Chronic Illnesses or Critical Illnesses often have little or no impact on the Insured's life expectancy, such that the application of the factor for mortality and reduced life expectancy could result in a small Accelerated Death Benefit Payment or no Accelerated Death Benefit Payment being paid even if a Qualifying Event has been established.

The Accelerated Death Benefit Payment will be less than the Accelerated Death Benefit. This discount reflects the early payment of the Policy's Death Benefit or Face Amount, as applicable, that is being accelerated. The sections below contain additional details about the calculation of the specific payment for Terminal, Chronic, and Critical Illnesses.

The Accelerated Death Benefit Payment is subject to the Lifetime Maximum Accelerated Death Benefit amount shown on the Policy Data Pages.

DEATH BENEFIT/FACE AMOUNT – If you elect to receive Accelerated Death Benefits under this Endorsement, we will reduce the Policy's Death Benefit or Face Amount by the Accelerated Death Benefits. The Policy's Death Benefit or Face Amount, as applicable, payable upon due proof of death of the Insured to your Beneficiary will be reduced as a result. We will reduce the Death Benefit or Face Amount by the Accelerated Death Benefits under this Endorsement. Upon due proof of death of the Insured, we will pay the Beneficiary any remaining portion of the Death Benefit or Face Amount resulting from the Death Benefit or Face Amount that has not been accelerated under this Endorsement.

COORDINATION OF ACCELERATED DEATH BENEFITS – We will not simultaneously accelerate any portion of the Policy's Death Benefit or Face Amount, as applicable, for more than one Qualifying Event under this Endorsement.

POLICY PROVISIONS OR ENDORSEMENTS OR RIDERS THAT RESTRICT CHANGES TO THE DEATH BENEFIT/FACE AMOUNT – If you have elected a Policy provision, Endorsement or Rider that restricts you from making changes to the Death Benefit or Face Amount, as applicable, you may not elect Accelerated Death Benefits under this Endorsement.

QUALIFYING EVENT DEFINITIONS

QUALIFYING EVENT – means a medical condition that results in a Terminal Illness, Chronic Illness or Critical Illness as defined in this Endorsement.

TERMINAL ILLNESS – means the Insured has been certified through a certification by a Physician that the Insured has been diagnosed with a medical condition that results in a drastically limited life span. A drastically limited life span is a life span of 24 months or less.

CHRONIC ILLNESS – means the Insured has been certified through a certification by a Physician within the last 12 months as:

- (a) Being unable to perform, for at least 90 days without Substantial Assistance from another person, at least two Activities of Daily Living; or
- (b) Requiring Substantial Supervision by another person, to protect oneself from threats to health and safety due to Severe Cognitive Impairment.

Activities of Daily Living – are those basic human functional abilities, which measure the Insured's ability for self care, to live independently without Substantial Assistance from another person as described below:

- (a) Bathing – the ability to wash oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower;
- (b) Continence – the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag);
- (c) Dressing – the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs;
- (d) Eating – the ability to feed oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously;
- (e) Toileting – the ability to get to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and
- (f) Transferring – the ability to move into or out of a bed, chair or wheelchair.

Severe Cognitive Impairment – means deterioration or loss of intellectual capacity that is measured by clinical evidence and standardized tests, which reliably measure impairment in:

- (a) Short-term or long-term memory;
- (b) Orientation to person, place or time;
- (c) Deductive or abstract reasoning; and
- (d) Judgment as it relates to safety awareness.

Substantial Assistance – means stand-by or hands-on assistance from another person without which the Insured receiving such assistance would be unable to perform Activities of Daily Living. Stand-by assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while he/she is performing Activities of Daily Living. Hands-on assistance means the direct physical assistance of another person.

Substantial Supervision – means requiring continual supervision by another person to protect the Insured from threats to health or safety due to Severe Cognitive Impairment and may include cueing by verbal prompting, gestures, or other similar demonstrations.

CRITICAL ILLNESS – means the Insured has been certified through certification by a Physician as having incurred a Specified Medical Condition within the past 12 months.

Specified Medical Condition – A Specified Medical Condition is defined as one of the following five events:

- (a) **Cancer** – means any malignant tumor positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumor includes leukemia, lymphoma and sarcoma.

The following are NOT covered:

1. All cancers that are histologically classified as any of the following:
 - i) Premalignant;
 - ii) Non-invasive;
 - iii) Cancer in situ;
 - iv) Having borderline malignancy; or
 - v) Having low malignancy potential.
2. All tumors of the prostate unless histologically classified as having a Gleason score of 7 or greater or having progressed to at least clinical TNM classification Stage 2b, T2N0M0.
3. Thyroid Cancer unless classified as T2N0M0 or greater.
4. Breast cancer unless classified as T2N0M0 or greater.
5. Any skin cancer unless classified as Malignant Melanoma Stage 2 or greater.

- (b) **Heart Attack** – means the death of heart muscle due to inadequate blood supply that has resulted in evidence of myocardial infarction based on typical rise and gradual fall of Troponin and other biochemical markers of myocardial necrosis with at least one of the following:
1. Typical clinical symptoms (chest pain may or may not be present);
 2. Characteristic electrocardiogram (ECG or EKG) changes; or
 3. Coronary artery intervention.

The following are NOT included:

1. Angina;
2. Elevated biochemical cardiac markers as a result of intra arterial cardiac procedures including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
3. ECG changes suggesting a prior myocardial infarction, which do not meet the definition of Heart Attack described above.

- (c) **Kidney Failure** – means chronic and end stage renal failure (failure of both kidneys to function effectively) diagnosed and managed by a nephrologist, as a result of which regular dialysis is necessary.

- (d) **Major Organ Transplant** – means the undergoing as a recipient of a transplant of bone marrow or a complete heart, kidney, liver, lung, small intestine, or pancreas, or inclusion on the United Network of Organ Sharing (UNOS) waiting list. Transplant of any other organs, parts of organs, tissues or cells is not covered.

- (e) **Stroke** – (cerebrovascular accident) means a definite diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis, hemorrhage, or embolism with acute onset of new neurological symptoms and new objective neurological deficits on clinical examination, persisting for at least 96 hours following the date of diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

The following are NOT included:

1. Transient ischemic attacks;
2. Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
3. Vascular disease affecting the eye or optic nerve;
4. Ischemic disorders of the vestibular system; or
5. Chronic Cerebrovascular insufficiency.

OTHER DEFINITIONS

Accelerated Death Benefits – are the advance payment of a portion of the Death Benefit or Face Amount, as applicable, payable under the Policy, subject to the conditions of this Endorsement. At the time of each Election, you will specify the portion of the Death Benefit or Face Amount you wish to accelerate, which is the Accelerated Death Benefit on the Election Date.

Accelerated Death Benefit Interest Rate – means the interest rate used in calculating the Accelerated Death Benefit Payment requested under this Endorsement. We will determine the Accelerated Death Benefit Interest Rate as of March 31st, June 30th, September 30th and December 31st of each calendar year. The Accelerated Death Benefit Interest Rate in effect on each Election Date will be the most recent rate determined by us.

The Accelerated Death Benefit Interest Rate when determined will not exceed the greater of:

- (a) the yield on 90-day U.S. Treasury Bills;
- (b) the Published Monthly Average, as defined below, for the calendar month ending two months before the date the rate is determined; or
- (c) if applicable, the Guaranteed Interest Rate as shown on the Policy Data Pages, plus 1% per annum.

For purposes of this Endorsement, the Published Monthly Average is defined as follows:

- (a) Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Services, Inc., or any successor thereto; or
- (b) in the event that the Moody's Corporate Bond Yield Average – Monthly Average Corporates is no longer published, a substantially similar average will be used that has been approved by the insurance department of the state in which this Policy was delivered.

Chronic Illness Election Period – is shown on the Policy Data Pages. The Chronic Illness Election Period begins on the Election Date of a Chronic Illness and ends immediately prior to the Monthly Anniversary or Monthly Policy Date, as applicable, that occurs when the number of completed Policy Months as shown on the Policy Data Pages is completed.

Critical Illness Election Period – is shown on the Policy Data Pages. The Critical Illness Election Period begins on the Election Date of a Critical Illness and ends immediately prior to the Monthly Anniversary or Monthly Policy Date, as applicable, that occurs when the number of completed Policy Months as shown on the Policy Data Pages is completed.

Debt Repayment Amount – If this Endorsement is attached to a Policy with a Policy Loan provision, the Debt Repayment Amount is equal to any Policy Debt on the Election Date multiplied by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit or Face Amount immediately prior to the Election Date.

Election Date – means the Monthly Anniversary or Monthly Policy Date, as applicable, immediately following the date, the signed application to elect Accelerated Death Benefits under this Endorsement is accepted and approved by us.

Immediate Family – means the spouse, children, siblings, parents, grandparents, grandchildren, and any of their spouses.

Initial Election Date – means the first Election Date you elect Accelerated Death Benefits under this Endorsement.

Lifetime Maximum Accelerated Death Benefit – is the total amount of the Death Benefit or Face Amount, as applicable available for acceleration under the Policy. The Lifetime Maximum Accelerated Death Benefit is shown on the Policy Data Pages.

Occurrence Date – means the date the Insured was diagnosed and/or treated for a Specified Medical Condition as defined in this Endorsement.

Physician – is a licensed medical doctor (M. D. or D. O.) operating within the scope of the state license issued within the United States. A Physician cannot be you, the Insured, a member of your Immediate Family, or a member of the Insured's or Owner's Immediate Family.

Proof of Qualifying Event – is a notice consisting of documents necessary to prove the Insured's eligibility for potential Accelerated Death Benefits under this Endorsement. "Notice" is a properly completed application form and a Physician's certification in a form and format acceptable to us that the Insured meets the definition of a Qualifying Event. We may request additional medical information that may include complete records of the Insured's diagnosis and treatments for the condition, in addition to the Physician's certification that describes the nature and extent of the Qualifying Event.

For Chronic Illness, a Physician's certification must be received every 12 months to continue to qualify for Accelerated Death Benefits.

After we receive Proof of Qualifying Event, we may require a second opinion and examination by a Physician we designate. In the event the Insured's Physician and our appointed Physician disagree on whether the Insured is Terminally Ill, Chronically Ill, or Critically Ill, Accelerated Death Benefit eligibility will be determined by a third medical opinion provided by a Physician mutually acceptable to both you and us. We will pay for the expense of these additional medical opinions.

Protected Status – means the Policy is guaranteed to not enter the Grace Period. Protected Status only applies if this Endorsement is attached to a Policy with an Account Value and only for Accelerated Death Benefits for Chronic Illness.

Protected Status Eligibility – If this Endorsement is attached to a Policy with an Account Value and the total Death Benefits accelerated under this Endorsement are equal to or greater than the Cumulative Accelerated Death Benefit Percentage for Protected Status shown on the Policy Data Pages for this Endorsement, multiplied by the Death Benefit or Face Amount on the Initial Election Date, the Policy will permanently be placed in Protected Status.

Residual Death Benefit – is shown on the Policy Data Pages. The Residual Death Benefit only applies to Accelerated Death Benefits for Chronic Illness.

SECTION 1: ACCELERATED DEATH BENEFITS FOR TERMINAL ILLNESS

BENEFIT AMOUNT FOR TERMINAL ILLNESS – At the time of Election, you will specify the Accelerated Death Benefit, which is the portion of the Policy Death Benefit or Face Amount, as applicable, you wish to accelerate.

The minimum and maximum Accelerated Death Benefit amounts for Terminal Illness on the Election Date are shown on the Policy Data Pages.

The Accelerated Death Benefit may be limited when Policy changes are made. See the Policy Changes section in 1A for details.

BENEFIT PAYMENT FOR TERMINAL ILLNESS – The Accelerated Death Benefit Payment will be paid in a lump sum and is subject to the Maximum Administrative Fee shown on the Policy Data Pages. The Administrative Fee we charge may be less than the Maximum Administrative Fee shown.

The Accelerated Death Benefit Payment will be less than the Accelerated Death Benefit.

The Accelerated Death Benefit Payment will be discounted to reflect the early payment of the Policy's Death Benefit or Face Amount that is being accelerated and includes, among other things:

- (1) a mortality adjustment using our determination of the future expected lifetime of the Insured;
- (2) a discount reflecting the time value of money using the Accelerated Death Benefit Interest Rate. The mortality rates used in the analysis as well as the Accelerated Death Benefit Interest Rate will be declared by us and will be in effect as of the Election Date.
- (3) in the case of whole life insurance, an offset for any future premiums that would have been required to be paid to keep the portion of the Policy's Face Amount that is accelerated in effect; and
- (4) in the case of term life insurance, an offset for the uncollected premiums otherwise payable over the life of the contract.

The mortality rates used in the analysis as well as the Accelerated Death Benefit Interest Rate will be declared by us and will be in effect as of the Election Date. These factors may result in a small, or even no, Accelerated Death Benefit Payment being payable even if it is established the Insured has a Qualifying Event. Please refer to the Accelerated Death Benefit Payment section above for more details.

If this Endorsement is attached to any Policy with a Cash Surrender Value, the Accelerated Death Benefit Payment will never be less than the Net Cash Surrender Value immediately prior to the Election Date multiplied by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit or Face Amount immediately prior to the Election Date.

ELECTION OF A BENEFIT FOR TERMINAL ILLNESS – To elect to accelerate the Death Benefit, you must complete an application. We will provide this application within 15 days of the receipt of your instructions at our Administrative Office. If we do not send the application to your last known address within 15 days of the receipt of your instructions, it will be considered you complied with the Election requirements as long as you submit a Physician's certification that the Insured is Terminally Ill. We may request additional medical information that may include complete records of the Insured's diagnosis and treatments for the condition in addition to the Physician's certification, which describes the nature and extent of the Qualifying Event. You must also provide us with consent of any assignee and any Irrevocable Beneficiaries.

Only one Election can be made.

If the Insured dies after you elect to receive Accelerated Death Benefits, but before any payment is made, the Election will be cancelled and the Death Benefit or Face Amount, as applicable, will be paid as described in the Policy.

SECTION 1A: EFFECT OF TERMINAL ILLNESS ACCELERATED DEATH BENEFIT PAYMENTS ON POLICY PROVISIONS AND ENDORSEMENTS OR RIDERS

ACCOUNT VALUE/CASH VALUE – If this Endorsement is attached to a Policy with an Account Value or Cash Value, the Account Value or Cash Value will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

ADDITIONAL ACCOUNTS – If a Policy provision, Endorsement or Rider includes an additional account that is only used to determine whether some or all of the Policy's Death Benefit will remain in effect, the additional account and the Death Benefit used in the calculation of the additional account will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

After you receive an Accelerated Death Benefit for Terminal Illness under this Endorsement, we will waive any items deducted from the additional account.

SPECIFIED AMOUNT/FACE AMOUNT – The Specified Amount or Face Amount, as applicable, will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit or Face Amount immediately prior to the Election Date.

The remaining portion of the Specified Amount or Face Amount in effect may be less than our minimum requirements for the Policy.

GRACE PERIOD – After you receive an Accelerated Death Benefit for Terminal Illness under this Endorsement, the Policy will not enter the Grace Period.

MINIMUM ACCOUNT VALUE – If this Endorsement is attached to a Policy with a Minimum Account Value, the Minimum Account Value will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

MONTHLY DEDUCTION – If this Endorsement is attached to a Policy with Monthly Deductions, we will waive Monthly Deductions following the Election of Accelerated Death Benefits for Terminal Illness.

NO LAPSE GUARANTEE – If this Endorsement is attached to a Policy with a No Lapse Guarantee, the No Lapse Guarantee period will not change and we will consider the Monthly No Lapse Guarantee Premium as having been paid for the purpose of the No Lapse Guarantee calculation as described in the Policy.

OTHER ENDORSEMENTS AND RIDERS – All Endorsements and Riders attached to the Policy will continue to be effective subject to the terms and conditions of each Endorsement or Rider.

The Insured's Accidental Death Benefit, if any, will not be affected by the acceleration of Death Benefit or Face Amount, as applicable, under this Endorsement.

POLICY DEBT – After you elect to receive an Accelerated Death Benefit while the Policy has Policy Debt, a portion of the Accelerated Death Benefit Payment will be used to reduce the Policy Debt. On the Election Date, the Policy Debt and the Accelerated Death Benefit Payment will be reduced by the Debt Repayment Amount.

POLICY CHANGES – If this Endorsement is attached to a Policy with a Policy Changes provision, after you receive Accelerated Death Benefits for Terminal Illness under this Endorsement, you may elect to increase or decrease the Specified Amount or Face Amount or change the Death Benefit Option as described in the Policy.

POLICY LOANS – After an Election you may elect to obtain Policy Loans as described in the Policy.

PREMIUMS – If this Endorsement is attached to a term or whole life insurance policy, we will waive premiums following the Election of an Accelerated Death Benefit for Terminal Illness.

If this Endorsement is attached to a Policy with an Account Value and if any portion of the Death Benefit has been accelerated, then any future premium payments which would result in the Death Benefit being equal to the minimum required Death Benefit may be rejected or require evidence of insurability.

WITHDRAWALS – After you elect to receive an Accelerated Death Benefit for Terminal Illness under this Endorsement, you may elect to take withdrawals as described in the Policy.

SECTION 2: ACCELERATED DEATH BENEFITS FOR CHRONIC ILLNESS

BENEFIT AMOUNT FOR CHRONIC ILLNESS – At the time of Election, you will specify the Accelerated Death Benefit that is the portion of the Policy Death Benefit or Face Amount, as applicable, you wish to accelerate.

The minimum and maximum Accelerated Death Benefit amounts for Chronic Illness at each Election are shown on the Policy Data Pages.

You can accelerate an amount less than the minimum Accelerated Death Benefit for Chronic Illness allowed if it is necessary to do so to comply with the Lifetime Maximum Accelerated Death Benefit limitation for this Endorsement or if you are making a Final Election.

The Accelerated Death Benefit may be limited when Policy changes are made. See the Policy Changes section in 2A for details.

BENEFIT PAYMENT FOR CHRONIC ILLNESS – Each Accelerated Death Benefit Payment will be paid in a lump sum and is subject to the Maximum Administrative Fee shown on the Policy Data Pages for each Election. The Administrative Fee we charge may be less than the Maximum Administrative Fee shown.

The Accelerated Death Benefit Payment will be less than the Accelerated Death Benefit.

The Accelerated Death Benefit Payment will be discounted to reflect the early payment of the Policy's Death Benefit or Face Amount that is being accelerated and includes, among other things:

- (1) a mortality adjustment using our determination of the future expected lifetime of the Insured;
- (2) a discount reflecting the time value of money using the Accelerated Death Benefit Interest Rate;
- (3) in the case of whole life insurance, an offset for any future premiums that would have been required to be paid to keep the portion of the Policy's Face Amount that is accelerated in effect; and
- (4) in the case of term life insurance, an offset for the uncollected premiums otherwise payable over the life of the contract.

The mortality rates used in the analysis as well as the Accelerated Death Benefit Interest Rate will be declared by us and will be in effect as of the Election Date. These factors may result in a small, or even no, Accelerated Death Benefit Payment being payable even if it is established the Insured has a Qualifying Event. Please refer to the Accelerated Death Benefit Payment section above for more details.

If this Endorsement is attached to any Policy with a Cash Surrender Value, the Accelerated Death Benefit Payment will never be less than the Net Cash Surrender Value immediately prior to the Election Date multiplied by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit or Face Amount immediately prior to the Election Date.

ELECTION OF BENEFITS FOR CHRONIC ILLNESS – To elect Accelerated Death Benefits, you must complete an application. We will provide this application within 15 days of the receipt of your instructions at our Administrative Office. If we do not send the application to your last known address within 15 days of the receipt of your instructions, it will be considered you complied with the Election requirements as long as you submit a Physician's certification that the Insured is Chronically Ill. We may request additional medical information that may include complete records of the Insured's diagnosis and treatments for the condition in addition to the Physician's certification, which describes the nature and extent of the Qualifying Event. You must also provide us with consent of any assignee and any Irrevocable Beneficiaries.

Only one Election can be made for Chronic Illness during the Chronic Illness Election Period.

If the Insured dies after you elect to receive Accelerated Death Benefits, but before any payment is made, the Election will be cancelled and the Death Benefit or Face Amount, as applicable, will be paid as described in the Policy.

FINAL ELECTION – A Final Election is available if, at the time of Election, the Maximum Accelerated Death Benefit for Chronic Illness shown on the Policy Data Pages is greater than (a) less (b), where:

- (a) is the remaining Death Benefit or Face Amount, as applicable in the Policy; and
- (b) is the Residual Death Benefit.

A Final Election occurs when you accelerate all of the remaining Death Benefit or Face Amount, in the Policy minus the Residual Death Benefit.

Upon a Final Election, all Endorsements and Riders attached to the Policy, except this Endorsement and any accidental death benefit provisions, will terminate on the Final Election date.

RESIDUAL DEATH BENEFIT – If a Final Election has occurred, the Residual Death Benefit will be paid to the Beneficiary in a lump sum upon due proof of death of the Insured.

SECTION 2A: EFFECT OF CHRONIC ILLNESS ACCELERATED DEATH BENEFIT PAYMENTS ON POLICY PROVISIONS AND ENDORSEMENTS OR RIDERS

ACCOUNT VALUE/CASH VALUE – If this Endorsement is attached to a Policy with an Account Value or Cash Value, the Account Value or Cash Value will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

ADDITIONAL ACCOUNTS – If a Policy provision, Endorsement or Rider includes an additional account that is only used to determine whether some or all of the Policy's Death Benefit will remain in effect, the additional account and the Death Benefit used in the calculation of the additional account will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

During the Chronic Illness Election Period, we will waive any items deducted from the additional account. We will also waive these items after a Final Election.

SPECIFIED AMOUNT/FACE AMOUNT – The Specified Amount or Face Amount, as applicable, will be reduced on each Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit or Face Amount immediately prior to the Election Date.

The remaining portion of the Specified Amount or Face Amount in effect may be less than our minimum requirements for the Policy.

DEATH BENEFIT/FACE AMOUNT AFTER MAXIMUM BENEFIT – If you have accelerated the Lifetime Maximum Accelerated Death Benefit, the following will apply:

- (a) If a Final Election has occurred, the Residual Death Benefit will be paid upon due proof of death of the Insured.
- (b) If a Final Election has not occurred and the Policy is in Protected Status, the Policy is guaranteed not to enter the Grace Period, and, upon due proof of death of the Insured, we will pay the Beneficiary any remaining portion of the Death Benefit that we have not accelerated under this Endorsement.
- (c) If a Final Election has not occurred and the Policy is not in Protected Status, we will pay a Death Benefit or Face Amount, as applicable, of at least \$50,000 upon due proof of death of the Insured.

GRACE PERIOD – If this Endorsement is attached to a Policy with a Monthly Deductions provision, the Policy will not enter the Grace Period during the Chronic Illness Election Period or while the Policy is in Protected Status.

If this Endorsement is attached to a term or whole life insurance policy, premiums will not be waived during the Chronic Illness Election Period. The terms of the Grace Period provision in the Policy will be used to determine if the Policy is in the Grace Period.

MINIMUM ACCOUNT VALUE – If this Endorsement is attached to a Policy with a Minimum Account Value, the Minimum Account Value will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

MONTHLY DEDUCTION – If this Endorsement is attached to a Policy with Monthly Deductions and the Death Benefit immediately prior to the initial Election Date does not exceed the Lifetime Maximum Accelerated Death Benefit, we will waive the Monthly Deductions during the Chronic Illness Election Period.

If the Death Benefit immediately prior to the Initial Election Date exceeds the Lifetime Maximum Accelerated Death Benefit while the Policy is in the Chronic Illness Election Period, the Monthly Deductions will be multiplied by the ratio of (a) divided by (b), where:

(a) Death Benefit immediately prior to the Initial Election Date less the Lifetime Maximum Accelerated Death Benefit.

(b) Death Benefit on the Election Date.

Monthly Deductions will stop being waived after the Chronic Illness Election Period, and will continue as described in the Policy and be based on the reduced Specified Amount.

NO LAPSE GUARANTEE – If this Endorsement is attached to a Policy with a No Lapse Guarantee, the No Lapse Guarantee period will not change and we will consider the Monthly No Lapse Guarantee Premium as having been paid for the purpose of the No Lapse Guarantee calculation as described in the Policy during the Chronic Illness Election Period or while the Policy is in Protected Status.

If the Policy is not in the Chronic Illness Election Period and the Policy is not in Protected Status, any Monthly No Lapse Guarantee Premium required to continue the No Lapse Guarantee will be due. The new Monthly No Lapse Guarantee Premium after each Accelerated Death Benefit Payment will be calculated as if the Policy had been originally issued at the reduced Death Benefit.

OTHER ENDORSEMENTS OR RIDERS – After the Initial Election Date, no additional Endorsements or Riders may be added to the Policy to which this Endorsement is attached. Upon any Election other than a Final Election, all Endorsements and Riders attached to the Policy will continue to be effective subject to the terms and conditions of each Endorsement or Rider. Upon a Final Election, all Endorsements and Riders attached to the Policy, except this Endorsement, the Guaranteed Insurability Rider, if any, or the Option to Purchase Additional Insurance Rider, if any, will terminate on the Final Election date. The Insured's Accidental Death Benefit, if any, will not be affected by the acceleration of Death Benefit or Face Amount, as applicable, under this Endorsement.

POLICY DEBT – After you elect to receive Accelerated Death Benefits under this Endorsement while the Policy has Policy Debt, a portion of the Accelerated Death Benefit Payment will be used to reduce the Policy Debt. On the Election Date, the Policy Debt and the Accelerated Death Benefit Payment will be reduced by the Debt Repayment Amount.

POLICY CHANGES – If this Endorsement is attached to a Policy with a Policy Changes provision, and prior to the Election of Accelerated Death Benefits for Chronic Illness under this Endorsement, you elect to increase the Specified Amount or change from a Level Death Benefit Option to an Increasing Death Benefit Option while this Endorsement is in effect, and the evidence of insurability is not satisfactory to meet the requirements for this Endorsement, the total Policy Death Benefit that is eligible for acceleration under this Endorsement will be limited to the Death Benefit immediately prior to the increase or change in the Death Benefit Option.

If you elect to receive Accelerated Death Benefits for Chronic Illness under this Endorsement, you cannot elect to increase or decrease the Specified Amount or change the Death Benefit Option on the Policy during the Chronic Illness Election Period or while the Policy is in Protected Status. If the Policy is not in the Chronic Illness Election Period and the Policy is not in Protected Status you may elect to increase or decrease the Specified Amount or change the Death Benefit Option as described in the Policy.

POLICY LOANS – After any Election you may elect to obtain Policy Loans as described under the Policy Loan provision of the Policy.

PREMIUMS – If this Endorsement is attached to a term or whole life insurance policy, premiums for the Policy and any Waiver of Premium rider attached to the Policy will be reduced on the Election Date by the ratio of (a) divided by (b), where (a) and (b) are as defined below:

(a) Accelerated Death Benefit on the Election Date.

(b) Face Amount immediately prior to the Election Date.

If this Endorsement is attached to a term or whole life insurance policy, premiums for riders, other than a Waiver of Premium rider, and any policy fee referenced on the Policy Data Pages will not be reduced.

If this Endorsement is attached to a term or whole life insurance policy, premiums will not be waived during the Chronic Illness Election Period. After each Election Date, premiums will continue to be payable, but will be calculated at the reduced Face Amount.

If this Endorsement is attached to a Policy with an Account Value and if any portion of the Death Benefit has been accelerated, then any future premium payments which would result in the Death Benefit being equal to the minimum required Death Benefit may be rejected or require evidence of insurability.

WITHDRAWALS – After you elect to receive Accelerated Death Benefits under this Endorsement, withdrawals are not available during the Chronic Illness Election Period or when the Policy is in Protected Status. If the Policy is not in the Chronic Illness Election Period and the Policy is not in Protected Status, you may elect to take withdrawals as described in the Policy.

SECTION 3: ACCELERATED DEATH BENEFITS FOR CRITICAL ILLNESS

BENEFIT AMOUNT FOR CRITICAL ILLNESS – At the time of Election, you will specify the Accelerated Death Benefit which is the portion of the Policy Death Benefit or Face Amount, as applicable, you wish to accelerate.

The minimum and maximum Accelerated Death Benefit amounts for Critical Illness at each Election are shown on the Policy Data Pages.

You can accelerate an amount less than the minimum Accelerated Death Benefit for Critical Illness allowed if it is necessary to do so to comply with the Lifetime Maximum Accelerated Death Benefit limitation for this Endorsement.

The Accelerated Death Benefit may be limited when Policy changes are made. See the Policy Changes section in 3A for details.

BENEFIT PAYMENT FOR CRITICAL ILLNESS – Each Accelerated Death Benefit Payment will be paid in a lump sum.

The Accelerated Death Benefit Payment will be less than the Accelerated Death Benefit.

For flexible premium adjustable life insurance policies (also known as universal life), the lump sum payment will equal the Accelerated Death Benefit on the Election Date times the Critical Illness Death Benefit Percentage as shown on the Policy Data Pages.

For flexible premium adjustable life insurance policies (otherwise known as universal life), an Administrative Fee is not required for an Election for Critical Illness.

For term or whole life insurance policies, the Accelerated Death Benefit Payment will be discounted to reflect the early payment of the Policy's Death Benefit or Face Amount that is being accelerated and includes, among other things:

- (1) a mortality adjustment using our determination of the future expected lifetime of the Insured;
- (2) a discount reflecting the time value of money using the Accelerated Death Benefit Interest Rate;
- (3) in the case of whole life insurance, an offset for any future premiums that would have been required to be paid to keep the portion of the Policy's Face Amount that is accelerated in force; and
- (4) in the case of term life insurance, an offset for the uncollected premiums otherwise payable over the life of the contract.

The mortality rates used in the analysis as well as the Accelerated Death Benefit Interest Rate will be declared by us and will be in effect as of the Election Date. These factors may result in a small, or even no, Accelerated Death Benefit Payment being payable even if it is established the Insured has a Qualifying Event. Please refer to the Accelerated Death Benefit Payment section above for more details.

If this Endorsement is attached to a term or whole life insurance policy, the Accelerated Death Benefit Payment is subject to the Maximum Administrative Fee shown on the Policy Data Pages. The Administrative Fee we charge may be less than the maximum fee shown.

If this Endorsement is attached to any Policy with a Cash Surrender Value, the Accelerated Death Benefit Payment will never be less than the Net Cash Surrender Value immediately prior to the Election Date multiplied by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit or Face Amount immediately prior to the Election Date.

ELECTION OF BENEFITS FOR CRITICAL ILLNESS – Election of Accelerated Death Benefits for Critical Illness is required within 12 months of the Occurrence Date of a Specified Medical Condition. There can only be one Election made for each occurrence of a Specified Medical Condition.

To elect Accelerated Death Benefits, you must complete an application. We will provide this application within 15 days of the receipt of your instructions at our Administrative Office. If we do not send the application to your last known address within 15 days of the receipt of your instructions, it will be considered you complied with the Election requirements as long as you submit a Physician's certification that the Insured is Critically Ill. We may request additional medical information that may include complete records of the Insured's diagnosis and treatments for the condition in addition to the Physician's certification, which describes the nature and extent of the Qualifying Event. You must also provide us with consent of any assignee and any Irrevocable Beneficiaries.

If the Insured dies after you elect to receive Accelerated Death Benefits, but before any payment is made, the Election will be cancelled and the Death Benefit or Face Amount, as applicable, will be paid as described in the Policy.

SECTION 3A: EFFECT OF CRITICAL ILLNESS ACCELERATED DEATH BENEFIT PAYMENTS ON POLICY PROVISIONS AND ENDORSEMENTS OR RIDERS

ACCOUNT VALUE/CASH VALUE – If this Endorsement is attached to a Policy with an Account Value or Cash Value provision, the Account Value or Cash Value will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

ADDITIONAL ACCOUNTS – If a Policy provision, Endorsement or Rider includes an additional account that is only used to determine whether some or all of the Policy's Death Benefit will remain in effect, the additional account and the Death Benefit used in the calculation of the additional account will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

SPECIFIED AMOUNT/FACE AMOUNT – The Specified Amount or Face Amount, as applicable, will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit or Face Amount immediately prior to the Election Date.

The remaining portion of the Specified Amount or Face Amount in effect may be less than our minimum requirements for the Policy.

GRACE PERIOD – If this Endorsement is attached to a Policy with a Monthly Deductions provision, the Policy will not enter the Grace Period during the Critical Illness Election Period. If the Policy is not in the Critical Illness Election Period, the terms of Grace Period provision in the Policy will be used to determine if the Policy is in the Grace Period.

If this Endorsement is attached to a term or whole life insurance policy, premiums will not be waived during the Critical Illness Election Period. The terms of the Grace Period provision in the Policy will be used to determine if the Policy is in the Grace Period.

MINIMUM ACCOUNT VALUE – If this Endorsement is attached to a Policy with a Minimum Account Value, the Minimum Account Value will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Death Benefit immediately prior to the Election Date.

MONTHLY DEDUCTION – After you receive Accelerated Death Benefits for Critical Illness, Monthly Deductions will continue as described in the Policy and be based on the reduced Specified Amount.

NO LAPSE GUARANTEE – If this Endorsement is attached to a Policy with a No Lapse Guarantee, the No Lapse Guarantee period will not change and we will consider the Monthly No Lapse Guarantee Premium as having been paid for the purpose of the No Lapse Guarantee calculation as described in the Policy during the Critical Illness Election Period.

If the Policy is not in the Critical Illness Election Period, any Monthly No Lapse Guarantee Premium required to continue the No Lapse Guarantee will be due. The new Monthly No Lapse Guarantee Premium after each Accelerated Death Benefit Payment will be calculated as if the Policy had been originally issued at the reduced Death Benefit.

OTHER ENDORSEMENTS AND RIDERS – After the Initial Election Date, no additional Endorsements or Riders may be added to the Policy to which this Endorsement is attached. After an Election for Critical Illness, all Endorsements and Riders attached to the Policy will continue to be effective subject to the terms and conditions of each Endorsement or Rider. The Insured's Accidental Death Benefit, if any, will not be affected by the acceleration of Death Benefit or Face Amount under this Endorsement.

POLICY DEBT – After you elect to receive Accelerated Death Benefits under this Endorsement while the Policy has Policy Debt, a portion of the Accelerated Death Benefit Payment will be used to reduce the Policy Debt. On the Election Date, the Policy Debt and the Accelerated Death Benefit Payment will be reduced by the Debt Repayment Amount.

POLICY CHANGES – If this Endorsement is attached to a Policy with a Policy Changes provision, and prior to the Election of Accelerated Death Benefits for Critical Illness under this Endorsement, you elect to increase the Specified Amount or change from a Level Death Benefit Option to an Increasing Death Benefit Option while this Endorsement is in effect, and the evidence of insurability is not satisfactory to meet the requirements for this Endorsement, the total Policy Death Benefit that is eligible for acceleration under this Endorsement will be limited to the Death Benefit immediately prior to the increase or change in the Death Benefit Option.

If you elect to receive Accelerated Death Benefits for Critical Illness under this Endorsement, you cannot elect to increase or decrease the Specified Amount or change the Death Benefit Option on the Policy during the Critical Illness Election Period. If the Policy is not in the Critical Illness Election Period, you may elect to increase or decrease the Specified Amount or change the Death Benefit Option as described in the Policy.

POLICY LOANS – After any Election, you may elect to obtain Policy Loans as described under the Policy Loan provisions of the Policy.

PREMIUMS – If this Endorsement is attached to a term or whole life insurance policy, premiums for the Policy and any Waiver of Premium rider attached to the Policy will be reduced on the Election Date by the ratio of (a) divided by (b), where:

- (a) Accelerated Death Benefit on the Election Date.
- (b) Face Amount immediately prior to the Election Date.

If this Endorsement is attached to a term or whole life insurance policy, premium for riders, other than a Waiver of Premium rider, and any policy fee referenced on the Policy Data Pages, will not be reduced.

If this Endorsement is attached to a term or whole life insurance policy, premiums will not be waived during the Critical Illness Election Period. After each Election Date, premiums will continue to be payable, but be calculated at the reduced Face Amount.

If this Endorsement is attached to a Policy with an Account Value and if any portion of the Death Benefit has been accelerated, then any future premium payments which would result in the Death Benefit being equal to the minimum required Death Benefit may be rejected or require evidence of insurability.

WITHDRAWALS – After you elect to receive Accelerated Death Benefits under this Endorsement, withdrawals are not available during the Critical Illness Election Period. If the Policy is not in the Critical Illness Election Period you may elect to take withdrawals as described in the Policy.

OTHER PROVISIONS

INCONTESTABILITY – This Endorsement is contestable on the same basis as the Policy to which it is attached.

REINSTATEMENT – If the Policy is reinstated, this Endorsement will be reinstated unless the Maximum Accelerated Death Benefit has been paid under this Endorsement.

LIMITATIONS – Accelerated Death Benefits are not available if the law requires the benefit to meet the claims of creditors, whether in bankruptcy or otherwise, or a government agency requires the benefit in order to apply for, obtain, or keep a government benefit or entitlement.

TERMINATION OF THIS ENDORSEMENT – This Endorsement will terminate upon the earliest of:

- (a) the date the Insured dies;
- (b) the Election Date the Lifetime Maximum Accelerated Death Benefit is reached;
- (c) the Monthly Anniversary or Monthly Policy Date, as applicable, following our receipt of your instructions to terminate this Endorsement;
- (d) the date the Policy terminates;
- (e) if this Endorsement is attached to a term life insurance policy, the date you elect a Full Conversion under the Policy; or
- (f) the date you elect a Non-Forfeiture Option under the Policy.

Termination of this Endorsement will not affect any Accelerated Death Benefit Payments for any Qualifying Event that occurred while this Endorsement was in effect.

Issued and signed by the Company.


Secretary

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POLICY DATA PAGE

**ACCELERATED DEATH BENEFIT ENDORSEMENT
FOR TERMINAL, CHRONIC AND CRITICAL ILLNESS**

EFFECTIVE DATE: 01/31/2025

Lifetime Maximum Accelerated Death Benefit: \$2,000,000

Terminal Illness:

Maximum Administrative Fee: \$200

Minimum Accelerated Death Benefit on Election Date: The lesser of 10% of the Death Benefit or \$100,000

Maximum Accelerated Death Benefit on Election Date: The lesser of 90% of the Death Benefit or \$1,000,000

Chronic Illness:

Maximum Administrative Fee: \$200

Minimum Accelerated Death Benefit at each Election: The lesser of 5% of the Death Benefit on the Initial Election Date or \$50,000

Maximum Accelerated Death Benefit at each Election: The lesser of 24% of the Death Benefit on the Initial Election Date or \$480,000

Chronic Illness Election Period: 12 Policy Months

Residual Death Benefit: The greater of 5% of the Death Benefit on the Initial Election Date or \$10,000

Cumulative Accelerated Death Benefit Percentage for Protected Status: 50%

Critical Illness:

Maximum Administrative Fee: \$0

Minimum Accelerated Death Benefit at each Election: \$2,500

Maximum Accelerated Death Benefit at each Election: The lesser of 25% of the Death Benefit or \$50,000

Critical Illness Election Period: 6 Policy Months

Critical Illness Death Benefit Percentage: 40%

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FREE WITHDRAWAL ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless we state otherwise. To the extent this Endorsement is contrary to, or inconsistent with, the Policy to which it is attached, this Endorsement shall control the Policy. Any capitalized terms in this Endorsement will have the same meaning as in the Policy.

CONSIDERATION – This Endorsement is issued in consideration of the application and payment of the initial premium for the base Policy. There is no additional charge required for this Endorsement.

EFFECTIVE DATE – The Effective Date of this Endorsement is the Policy Date, unless otherwise shown on the Policy Data Pages.

REINSTATEMENT – If the Policy is reinstated, this Endorsement will be reinstated.

TERMINATION – This Endorsement will terminate on the earliest of the following:

- (a) the date the Policy terminates; or
- (b) the Monthly Anniversary next following the date we receive your instructions to terminate this Endorsement.

The following language is added to the **WITHDRAWAL** provision of the Policy.

After the first Policy Year a Withdrawal may be made without a Withdrawal Charge or Withdrawal Processing Fee. You may make one Free Withdrawal per Policy Year. The Free Withdrawal amount will be no greater than (a) multiplied by (b), where:

- (a) Is the Free Withdrawal Percentage shown on the Policy Data Page.
- (b) Is the Account Value at the time we receive your instructions to make a Free Withdrawal.

Withdrawals in excess of the above amount will be subject to a Withdrawal Charge and Withdrawal Processing Fee.

Any Withdrawal will reduce your Specified Amount.

Your right to a Free Withdrawal is non-cumulative which means if you do not instruct us to make a Free Withdrawal in a given Policy Year, you may not use that Free Withdrawal in a subsequent Policy Year.

Issued and signed by the Company.


Secretary

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POLICY DATA PAGE
FREE WITHDRAWAL ENDORSEMENT

EFFECTIVE DATE: 01/31/2025

FREE WITHDRAWAL PERCENTAGE: 10%

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INTEREST BONUS ON THE INDEX ACCOUNT VALUE ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless we state otherwise. To the extent this Endorsement is contrary to, or inconsistent with, the Policy to which it is attached, this Endorsement shall control the Policy. Any capitalized terms in this Endorsement will have the same meaning as in the Policy.

CONSIDERATION – This Endorsement is issued in consideration of the application and payment of the initial premium for the base Policy. There is no additional charge required for this Endorsement.

EFFECTIVE DATE – The Effective Date of this Endorsement is the Policy Date, unless otherwise shown on the Policy Data Pages.

REINSTATEMENT – If the Policy is reinstated, this Endorsement will be reinstated.

TERMINATION – This Endorsement will terminate on the date the Policy terminates.

The following language is added to the **POLICY VALUES** provision of the Policy.

INTEREST BONUS ON THE INDEX ACCOUNT VALUE – Starting in the initial Policy Year shown on the Policy Data Pages, and each year thereafter, we will add an Interest Bonus that is no less than the Minimum Interest Bonus on the Index Account Value as shown on the Policy Data Page. The Interest Bonus may provide a current Index Credit that is greater than the Index Credit without an Interest Bonus. The Interest Bonus on the Index Account Value and applicable years may vary by Index Selection and are shown on the Policy Data Page. The Interest Bonus on the Index Account Value is not applied to the portion of the Account Value that supports Policy Debt. As such, any calculation utilizing the Interest Bonus on the Index Account Value will only be applied to the unloaned portion of the Index Account Value for each Index Selection.

Any Interest Bonus we credit to your Index Account Value is not forfeitable, except to the extent they are subject to surrender charges or Monthly Deductions. Additional amounts, if any, will be credited no less frequently than annually.

INTEREST RATE USING THE MONTHLY POINT-TO-POINT METHOD – When the Index Crediting Method is Monthly Point-to-Point, the interest rate is equal to the greater of (a) and (b), added to (c) where:

- (a) the sum of the Monthly Index Returns for the 12 months that are completed during the current Index Period
- (b) the Index Floor Rate
- (c) the Interest Bonus on the Index Account, if any

INTEREST RATE USING THE ANNUAL POINT-TO-POINT METHOD – When the Index Crediting Method is Annual Point-to-Point, the interest rate is equal to (a) divided by (b), then multiplied by (c). That number is then subject to (d). Once applied, the result is then increased by (e), where:

- (a) the Index Value as of the Index Crediting Date for the current Index Period, minus the Index Beginning Value for the current Index Period
- (b) the Index Beginning Value for the current Index Period
- (c) the Index Participation Rate for the Index Selection
- (d) to be no greater than the Index Cap Rate nor less than the Index Floor Rate
- (e) the Interest Bonus on the Index Account, if any

INTEREST RATE USING THE ANNUAL POINT-TO-POINT WITH SPREAD METHOD – When the Index Crediting Method is Annual Point-to-Point with Spread, the interest rate is equal to (a) divided by (b), then multiplied by (c), then minus (d). That resulting number is then subject to (e) and then increased by (f), where:

- (a) the Index Value as of the Index Crediting Date for the current Index Period, minus the Index Beginning Value for the current Index Period
- (b) the Index Beginning Value for the current Index Period
- (c) the Index Participation Rate for the Index Selection
- (d) the Index Spread Rate for the current Index Period
- (e) to be no less than the Index Floor Rate for the Index Selection
- (f) the Interest Bonus on the Index Account, if any

(f) the Interest Bonus on the Index Account, if any

The following will replace the sixth and seventh paragraph of the **INDEX SELECTIONS AND INDEX CREDITING METHODS** provision in the Policy.

Any increase or decrease in the Account Value is determined by the performance of the underlying Index Selections factoring in the impact of any applicable Index Spread Rate, Index Cap Rate, Index Participation Rate, Index Floor Rate, and Interest Bonus for each Index Segment, decreased by the Account Value Charge and any Monthly Deductions.

The Index Selections and Index Crediting Methods are shown on the Policy Data Pages along with the corresponding Maximum Index Spread Rate, Minimum Index Participation Rate, Minimum Index Cap Rate, Maximum Percent of Index Account Value Charge, and applicable Minimum Interest Bonus on the Index Account.

The following language is added to the **MINIMUM ACCOUNT VALUE** provision in the Policy.

The Interest Bonus does not apply to the Minimum Account Value.

Issued and signed by the Company.


Secretary

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NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

OVERLOAN PROTECTION BENEFIT ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless we state otherwise. To the extent this Endorsement is contrary to, or inconsistent with the Policy to which it is attached, this Endorsement shall control the Policy. Any capitalized terms in this Endorsement will have the same meaning as in the Policy. This Rider does not have any Nonforfeiture Value or Policy Loan Value.

CONSIDERATION - This Endorsement is issued in consideration of the application and payment of the initial premium for the base Policy. There is no additional charge required for this Endorsement.

EFFECTIVE DATE – The Effective Date of this Endorsement is the Policy Date, unless otherwise shown on the Policy Data Pages.

REINSTATEMENT – If the Policy is reinstated, this Endorsement will be reinstated.

TERMINATION – This Endorsement will terminate on the date the Policy terminates.

BENEFIT – The Overloan Protection Benefit guarantees that during the Overloan Protection Period, the Policy will remain in effect until the Insured's death provided the following conditions are met:

- (a) the Policy is not terminated due to surrender; and
- (b) you do not take Policy Loans or Withdrawals during the Overloan Protection Period.

OVERLOAN PROTECTION MINIMUM POLICY DEBT RATIO – The Overloan Minimum Policy Debt Ratio is the minimum amount of Policy Debt to Account Value ratio as shown on the Policy Data Page needed in order to trigger availability of this Endorsement.

OVERLOAN PROTECTION ELECTION AVAILABILITY – You may elect the benefit by sending us instructions once the following conditions are met:

- (a) the Overloan Minimum Policy Debt Ratio is met;
- (b) the Protected Death Benefit described in the Protected Death Benefit Endorsement, if applicable to the Policy, is not in effect;
- (c) the Policy is in effect and has reached the minimum number of Policy Years shown on the Policy Data Pages;
- (d) the Insured's minimum Policy Age shown on the Policy Data Pages;
- (e) you have made Withdrawals of all premium; and
- (f) Policy Debt does not exceed the Overloan Protection Election Amount

OVERLOAN PROTECTION ELECTION - Once the Overloan Protection Election Availability conditions listed above are met and the Policy Debt is greater than or equal to the Overloan Protection Benefit Minimum Policy Debt Ratios as shown in the Policy Data Page, you may exercise this benefit by sending us instructions. A notice will be sent to your last known address at least once each Policy Year to notify you of the availability of this benefit. If you decide to exercise this benefit at that time, you must send us instructions within 30 days of the date we mail the notice. If the Owner receives the notice less than 31 days before the end of the Grace Period, the Owner will have up to 30 days to send us instructions that they wish to exercise this benefit. However, if you choose to take Policy Loans or Withdrawals that cause the Policy Debt to exceed the Overloan Protection Election Amount during that 30-day period, the benefit will not be available. The election of this benefit may reduce the Specified Amount.

OVERLOAN PROTECTION ELECTION AMOUNT – The Overloan Protection Election Amount is a percentage of the Account Value at certain Policy Ages. The percentages of Account Value and Policy Ages are shown on the Policy Data Page.

OVERLOAN PROTECTION EFFECTIVE DATE – The Overloan Protection Effective Date will be the Monthly Anniversary Date that follows the date we receive your instructions to elect the Overloan Protection Benefit.

The entire amount of the Account Value must be allocated to the Fixed Account on and after the Overloan Protection Effective Date. If any portion of the Account Value is in other accounts, we will transfer it to the Fixed Account on the effective date. You will not be eligible to earn any Index Credits on any amount that is deducted from the Index Account Value.

On and after the Overloan Protection Effective Date, the following changes may occur:

- (a) The Death Benefit Option will be changed to the Level Death Benefit Option, and the Death Benefit will be subject to the Overloan Protection Minimum Death Benefit provision.
- (b) If the Policy Debt does not exceed the Specified Amount as of the Overloan Protection Effective Date, the Specified Amount will be decreased to equal the Account Value as of the Overloan Protection Effective Date. There will not be a decrease charge applied for a Specified Amount decrease when this occurs. We will provide notice to your last known address the new Specified Amount.
- (c) Any Endorsements or Riders that deduct Rider Charges or other fees from the Account Value will terminate.
- (d) Any outstanding non-Standard Policy Loan will be transferred to a Standard Policy Loan with no further access to a non-Standard Policy Loan.

We will provide notice, within 30 days after the Effective Date of this benefit, to your last known address outlining any of the above changes made to the Policy.

OVERLOAN PROTECTION PERIOD – The Overloan Protection Period is effective as of the Overloan Protection Effective Date and ends on the earlier of:

- (a) the Insured's death;
- (b) surrender of the Policy; or
- (c) the date any Policy Loans or Withdrawals are taken.

During the Overloan Protection Period:

- (a) the Policy will become paid-up life insurance that will continue to have the same Account Value and Net Cash Surrender Value under the terms of the Policy. We guarantee the Policy will remain in effect until the Insured's death, provided the Policy is not terminated;
- (b) the Excess Policy Debt provision described in the Policy will not be applicable;
- (c) Monthly Deductions will continue to be deducted; and
- (d) we will not allow any:
 1. premium payments;
 2. transfers to the indexed account;
 3. Specified Amount changes; or
 4. Death Benefit Option changes.

You may make a Policy Loan repayment(s) at any time during the Overloan Protection Period. Interest charged on Policy Debt will continue to accrue during the Overloan Protection Period.

OVERLOAN PROTECTION MINIMUM DEATH BENEFIT – During the Overloan Protection Period, the amount of the Death Benefit will be determined exclusively by the Level Death Benefit Option and will be equal to the greater of the following amounts for the then current Policy Year:

- (a) 100% of the Account Value as of the date of the Insured's death; or
- (b) the minimum Death Benefit necessary for the Policy to continue to qualify as a life insurance contract for federal tax purposes as described in the Policy.

In some circumstances, electing the Overloan Protection Benefit may cause the Policy to become a modified endowment contract as defined by Section 7702A of the Internal Revenue Code. **We do not provide any tax or legal advice and nothing contained in this Endorsement should be construed as any form of tax or legal advice. You may want to consider contacting a tax advisor to assess any tax consequences that may be associated with making any policy changes, taking out a Policy Loan, or instructing us to make a Withdrawal or electing the Overloan Protection Benefit.**

Issued and signed by the Company.


Secretary

POLICY DATA PAGE

OVERLOAN PROTECTION BENEFIT AMOUNT

EFFECTIVE DATE: 01/31/2025

OVERLOAN PROTECTION BENEFIT MINIMUM POLICY DEBT RATIO: 87%

OVERLOAN PROTECTION BENEFIT MINIMUM POLICY YEAR: 15

OVERLOAN PROTECTION BENEFIT MINIMUM POLICY AGE: 65

The percentages shown below are used to determine the Overloan Protection Benefit Election Amount.

TABLE OF OVERLOAN PROTECTION AMOUNT

Policy Age	Percentage of Account Value
65	89%
66	89%
67	89%
68	89%
69	89%
70	89%
71	89%
72	89%
73	89%
74	89%
75+	93%

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NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

PROTECTED DEATH BENEFIT ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached. It is subject to all the provisions of the Policy unless we state otherwise. To the extent this Endorsement is contrary to, or inconsistent with the Policy to which it is attached, this Endorsement shall control the Policy. Any capitalized terms will have the same meaning as in the Policy.

CONSIDERATION – This Endorsement is issued in consideration of the application and payment of the initial premium for the base Policy. There is no additional charge required for this Endorsement.

EFFECTIVE DATE – The Effective Date of this Endorsement is the Policy Date, unless otherwise shown on the Policy Data Pages.

REINSTATEMENT – If the Policy is reinstated, this Endorsement will be reinstated.

TERMINATION – This Endorsement will terminate on the date the Policy terminates.

BENEFIT – The Protected Death Benefit guarantees the Policy will remain in effect and that the Death Benefit, minus any Policy Debt at the Insured's death, shall at least be equal to the Protected Death Benefit Amount, provided the following conditions are met:

- (a) you have elected the Protected Death Benefit; and
- (b) you do not take Policy Loans or Withdrawals that exceed the Protected Death Benefit Distributable Account.

As long as the above conditions are met, this guarantee applies at the Insured's death even if the Net Cash Surrender Value is insufficient to pay the Monthly Deductions for the Policy. If the Protected Death Benefit Distributable Account becomes less than zero, we will make the following changes:

- (a) We will terminate any Endorsements or Riders that deduct Rider Charges or other fees from the Account Value.
- (b) We will reduce the Specified Amount to equal the Protected Death Benefit Amount.

We will provide notice to your last known address notifying you of these changes.

While the Protected Death Benefit is active, the Account Value may have a negative balance. We will not credit or charge interest on this negative balance. Monthly Deductions will continue to be made and will be deducted from the negative balance. If the Rider terminates for any reason, the Net Cash Surrender Value may be insufficient to keep this Policy in effect, unless additional payment is made. If no additional payment is made the Grace Period will begin.

PROTECTED DEATH BENEFIT ACCOUNT – The Protected Death Benefit Account is used to determine if the Benefit is in effect, and it dictates the amount of your Account Value that is required to be allocated to the Fixed Account. The Protected Death Benefit Account will remain positive as long as you do not take Policy Loans or Withdrawals in excess of the Protected Death Benefit Distributable Account. The Protected Death Benefit Account does not represent an independent dollar account that can be accessed. The Protected Death Benefit Account is not an addition to your Account Value, Cash Surrender Value, or any other value described in the Policy.

The Protected Death Benefit Account at any time is equal to the accumulation at the Protected Death Benefit Interest Rate of (a) minus (b), minus (c), and minus (d) where:

- (a) the Protected Death Benefit Account on the preceding Monthly Anniversary
- (b) any Protected Death Benefit Cost of Insurance at the beginning of the current Policy Month
- (c) the Protected Death Benefit Expense Charge at the beginning of the month
- (d) any Withdrawals of values in excess of the Protected Death Benefit Distributable Account

The Protected Death Benefit Interest Rate and Protected Death Benefit Expense Charge is shown on the Policy Data Pages.

INITIAL PROTECTED DEATH BENEFIT ACCOUNT – The Initial Protected Death Benefit Account depends upon the Benefit Amount that you choose, and may depend on the Policy Age, Gender, Tobacco and Premium Class of the Insured. At the time you elect the Benefit, we will provide a notice of the value of this Account, to your last known address.

PROTECTED DEATH BENEFIT DISTRIBUTABLE ACCOUNT – The Protected Death Benefit Distributable Account is equal to 97% of the result of (a) minus (b), where:

- (a) is the Account Value; and
- (b) is the greater of 1 and 2, where:
 1. Is (100% minus the Protected Death Benefit Percentage) times the Account Value
 2. Is the Protected Death Benefit Account

PROTECTED DEATH BENEFIT AVAILABILITY AND ELECTION – The Protected Death Benefit is available provided the following conditions are met:

- (a) The Policy has been in effect for at least the minimum number of Policy Years shown on the Policy Data Pages, and
- (b) The Insured's Policy Age is equal to or greater than the Protected Death Benefit Minimum Policy Age shown on the Policy Data Pages.

You may elect the Protected Death Benefit by sending us instructions on or after the date the above conditions are met. Your instructions must include the Protected Death Benefit Amount that you choose to elect. The Protected Death Benefit Amount that you elect cannot be greater than the Maximum Benefit Amount, nor less than the Minimum Benefit Amount defined below. If the Policy Debt exceeds the Protected Death Benefit Distributable Account, it must be reduced to where it is less than or equal to the Protected Death Benefit Distributable Account.

The Death Benefit Option must be changed to the Level Death Benefit Option.

We will provide notice, within 60 days of the first Monthly Anniversary on which you are eligible to elect the Protected Death Benefit, to your last known address informing you of your right to elect the Benefit.

We will provide notice within 90 days of the date we receive your instructions, to your last known address. This notice will provide you with:

- (a) the Benefit Amount you have elected;
- (b) the Initial Benefit Account; and
- (c) the Benefit Effective Date.

Once the Benefit is elected, an amount equal to the Protected Death Benefit Account must be allocated to the Fixed Account on and after the Benefit Effective Date. If, on any Policy Anniversary, the Unreserved Fixed Account Value is less than the Protected Death Benefit Account, We will transfer the necessary amount from the Index Account Value to the Fixed Account so that the Unreserved Fixed Account Value is at least equal to the Protected Death Benefit Account. You may tell us how much of the Protected Death Benefit Account Value amount is to be deducted from the value in each Index Selection. If you do not otherwise provide us instructions, any amount deducted from the Index Account Value will be deducted from each of the Index Selections in the proportions it bears to the Index Account Value. If there are multiple Index Segments within an Index Selection, the amount will be deducted from the Index Segments according to the start date of the current Index Period for each Index Segment, with the values associated with the most recent dates being used first.

You will not be eligible to earn any Index Credits on the amount that is transferred from the Index Selection(s) as a result of a need to increase the Unreserved Fixed Account Value to be equal to the Protected Death Benefit Account.

PROTECTED DEATH BENEFIT EFFECTIVE DATE – The Protected Death Benefit Effective Date will be the first Monthly Anniversary that follows the date we receive your instructions.

PROTECTED DEATH BENEFIT AMOUNT – The Protective Death Benefit Amount provided as of the Protected Death Benefit Effective Date is selected by you, but must be within the limits outlined in this Endorsement.

The Protected Death Benefit Amount after the Protected Benefit Effective Date may be adjusted by Withdrawals. Whenever a change occurs in the Benefit Amount, we will provide notice to inform you of the Benefit Amount, to your last known address.

MAXIMUM PROTECTED DEATH BENEFIT AMOUNT – The Maximum Benefit Amount available at the time of election is determined by the Net Cash Surrender Value at the time of election. The amount depends on the Benefit Percentage, Policy Age, Sex, and Premium Class of the Insured. The Maximum Benefit Amount will be less than or equal to your Specified Amount of insurance at the time you exercise your right to the Protected Death Benefit.

MINIMUM PROTECTED DEATH BENEFIT AMOUNT – The Minimum Benefit Amount available at the time of election is shown on the Policy Data Pages.

PROTECTED DEATH BENEFIT PERIOD – The Protected Death Benefit Period begins on the Effective Date of the Protected Death Benefit and ends on the earliest of:

- (a) the date of the Insured's death;
- (b) the date the Policy is surrendered;
- (c) the date you elect any applicable Overloan Protection Benefit available;
- (d) the date you take a Policy Loan that causes the Policy Debt to exceed the Protected Death Benefit Distributable Account;
- (e) the date you take a Policy Loan while the Policy Debt is exceeding the Protected Death Benefit Distributable Account; or
- (f) the date you elect to accelerate the Death Benefit of the Policy

During the Protected Death Benefit Period:

- (a) We guarantee the Policy will remain in effect and that the Death Benefit, minus any Policy Debt shall at least be equal to the Protected Death Benefit Amount. This guarantee applies at the Insured's death even if the Net Cash Surrender Value is insufficient to pay the Monthly Deductions for the Policy.
- (b) Monthly Deductions will continue to be deducted from the Unreserved Fixed Account and Index Selections as described in Monthly Deduction provision of the Policy.
- (c) We will not allow any:
 1. transfers from the Fixed Account that cause the Fixed Account Value to decrease below the Protected Death Benefit Account;
 2. Specified Amount changes; or
 3. Death Benefit Option changes
- (d) Before you take any Policy Loans, you must first withdraw all the Premiums from the Policy.
- (e) If, at any time, the Policy Debt exceeds the Protected Death Benefit Distributable Account:
 1. the Specified Amount will be decreased to equal the Protected Death Benefit Amount;
 2. any endorsements and riders that deduct Rider Charges or other fees from the Account Value will be terminated;
 3. any outstanding non Standard Policy Loan will be transferred to a Standard Policy Loan with no further access to non Standard Policy Loans; and
 4. we will provide notice of the changes in items 1., 2., and 3, to your last known address.
- (f) All Premium payments will first be applied to any outstanding Policy Debt before being applied to the Account Value.

PROTECTED DEATH BENEFIT INTEREST RATE – The effective annual Protected Death Benefit Interest Rate is guaranteed in all years and is shown on the Policy Data Pages.

PROTECTED DEATH BENEFIT COST OF INSURANCE RATES – The monthly Protected Death Benefit Cost of Insurance Rates vary by Policy Age, Gender, Tobacco and Premium Class of the Insured. The monthly Protected Death Benefit Cost of Insurance Rates are shown on the Policy Data Pages.

PROTECTED DEATH BENEFIT COST OF INSURANCE – The Protected Death Benefit Cost of Insurance is determined on each Monthly Anniversary. It is equal to (a) multiplied by the difference between (b) and (c), divided by 1000 where:

- (a) Is the Monthly Protected Death Benefit Cost of Insurance Rate.
- (b) Is the Protected Death Benefit Amount.
- (c) Is the Protected Death Benefit Account.

PROTECTED DEATH BENEFIT PERCENTAGE – The Protected Death Benefit Percentage is shown on the Table of Protected Death Benefit Percentages on the Policy Data Pages. This percentage varies by the Policy Age.

PROTECTED DEATH BENEFIT WITHDRAWAL AMOUNT – The Protected Death Benefit Withdrawal Amount is equal to the Protected Death Benefit Distributable Account, minus the Policy Debt.

If a Withdrawal does not exceed the Protected Death Benefit Withdrawal Amount, it is not deducted from the Protected Death Benefit Account. If a Withdrawal is in excess of the Protected Death Benefit Withdrawal Amount, the amount of the Withdrawal in excess of the Protected Death Benefit Withdrawal Amount will be deducted from the Protected Death Benefit Account.

On any date a Withdrawal is deducted from the Protected Death Benefit Account, the Protected Death Benefit Amount will be reduced by (a), multiplied by (b), and divided by (c) where:

- (a) Is the Protected Death Benefit Amount in effect at the end of the previous day.
- (b) Is the amount withdrawn from the Protected Death Benefit Account.
- (c) Is the Protected Death Benefit Account on the date of the Withdrawal before deducting the amount of the Withdrawal.

A Withdrawal will not be allowed if it could result in the Protected Death Benefit Amount being less than the Minimum Protected Death Benefit Amount or if it would cause the Maximum Premium Limits to be violated.

IMPACT OF POLICY LOANS ON PROTECTED DEATH BENEFIT – If you take a Policy Loan that causes the Policy Debt to exceed the Protected Death Benefit Distributable Account, this will result in termination of the Protected Death Benefit. We will provide you notice that this will occur before obtaining a Policy Loan that causes the termination of the Protected Death Benefit.

You may make a Policy Loan repayment(s) at any time during the Protected Death Benefit Period. Interest charged on Policy Debt will continue to accrue during the Protected Death Benefit Period.

LIMITATION - The Protected Death Benefit cannot be elected if the Overloan Protection Benefit described in the Overloan Protection Benefit Endorsement, if applicable to the Policy, is in effect, or if the ratio of the Policy Debt to the Account Value is greater than the Protected Death Benefit Percentage.

In some circumstances, electing the Protected Death Benefit may cause the Policy to become a modified endowment contract as defined by Section 7702A of the Internal Revenue Code. **We do not provide any tax or legal advice and nothing contained in this Endorsement should be construed as any form of tax or legal advice. You may want to consider contacting a tax advisor to assess any tax consequences that may be associated with making any policy changes, taking out a Policy Loan, or instructing us to make a Withdrawal.**

Issued and signed by the Company.


Secretary

POLICY DATA PAGE

PROTECTED DEATH BENEFIT

EFFECTIVE DATE: 01/31/2025

The amounts shown are used only in the determination of the Protected Death Benefit Account. The Protected Death Benefit Account does NOT represent an independent dollar account that can be accessed. The Protected Death Benefit Account is not an addition to the Account Value, Net Cash Surrender Value or any other value described in the Policy.

PROTECTED DEATH BENEFIT INTEREST RATE: 2.00% per year for all Policy Years

PROTECTED DEATH BENEFIT MINIMUM POLICY AGE: 65

PROTECTED DEATH BENEFIT MINIMUM POLICY YEARS: 15

PROTECTED DEATH BENEFIT EXPENSE CHARGE: \$8.00 per month

PROTECTED DEATH BENEFIT MINIMUM AMOUNT: \$25,000

TABLE OF PROTECTED DEATH BENEFIT PERCENTAGES:

<u>Policy Age</u>	<u>Percentage</u>
65	87%
66	87%
67	87%
68	87%
69	87%
70	87%
71	87%
72	87%
73	87%
74	87%
75+	91%

POLICY DATA PAGE

PROTECTED DEATH BENEFIT AMOUNT (CONTINUED)

TABLE OF GUARANTEED PROTECTED DEATH BENEFIT
MONTHLY COST OF INSURANCE RATES PER \$1000

MALE

<u>Policy</u> <u>Age</u>	<u>Pref.NT</u> <u>Plus</u>	<u>Pref.</u> <u>NT</u>	<u>Non</u> <u>Tobacco</u>	<u>Pref.</u> <u>Tobacco</u>	<u>Tobacco</u>
65	1.29	1.29	1.29	2.26	2.26
66	1.42	1.42	1.42	2.44	2.44
67	1.56	1.56	1.56	2.62	2.62
68	1.70	1.70	1.70	2.81	2.81
69	1.85	1.85	1.85	3.00	3.00
70	2.03	2.03	2.03	3.22	3.22
71	2.24	2.24	2.24	3.47	3.47
72	2.51	2.51	2.51	3.82	3.82
73	2.80	2.80	2.80	4.16	4.16
74	3.10	3.10	3.10	4.51	4.51
75	3.44	3.44	3.44	4.92	4.92
76	3.78	3.78	3.78	5.33	5.33
77	4.18	4.18	4.18	5.81	5.81
78	4.65	4.65	4.65	6.38	6.38
79	5.20	5.20	5.20	7.02	7.02
80	5.80	5.80	5.80	7.70	7.70
81	6.48	6.48	6.48	8.48	8.48
82	7.18	7.18	7.18	9.25	9.25
83	7.94	7.94	7.94	10.06	10.06
84	8.78	8.78	8.78	10.94	10.94
85	9.73	9.73	9.73	12.00	12.00
86	10.78	10.78	10.78	13.16	13.16
87	11.94	11.94	11.94	14.42	14.42
88	13.18	13.18	13.18	15.75	15.75
89	14.49	14.49	14.49	17.13	17.13
90	15.87	15.87	15.87	18.55	18.55
91	17.14	17.14	17.14	19.80	19.80
92	18.47	18.47	18.47	21.07	21.07
93	19.87	19.87	19.87	22.40	22.40
94	21.36	21.36	21.36	23.77	23.77
95	22.93	22.93	22.93	25.31	25.31
96	24.49	24.49	24.49	26.77	26.77
97	26.16	26.16	26.16	28.32	28.32
98	27.97	27.97	27.97	29.97	29.97
99	29.93	29.93	29.93	31.73	31.73
100+	0.00	0.00	0.00	0.00	0.00

POLICY DATA PAGE

PROTECTED DEATH BENEFIT AMOUNT (CONTINUED)

TABLE OF GUARANTEED PROTECTED DEATH BENEFIT
MONTHLY COST OF INSURANCE RATES PER \$1000

FEMALE

<u>Policy</u> <u>Age</u>	<u>Pref.NT</u> <u>Plus</u>	<u>Pref.</u> <u>NT</u>	<u>Non</u> <u>Tobacco</u>	<u>Pref.</u> <u>Tobacco</u>	<u>Tobacco</u>
65	0.90	0.90	0.90	1.70	1.70
66	0.98	0.98	0.98	1.83	1.83
67	1.07	1.07	1.07	1.98	1.98
68	1.16	1.16	1.16	2.14	2.14
69	1.27	1.27	1.27	2.31	2.31
70	1.39	1.39	1.39	2.51	2.51
71	1.53	1.53	1.53	2.73	2.73
72	1.68	1.68	1.68	2.98	2.98
73	1.85	1.85	1.85	3.25	3.25
74	2.03	2.03	2.03	3.55	3.55
75	2.23	2.23	2.23	3.85	3.85
76	2.44	2.44	2.44	4.15	4.15
77	2.68	2.68	2.68	4.48	4.48
78	2.93	2.93	2.93	4.84	4.84
79	3.21	3.21	3.21	5.22	5.22
80	3.51	3.51	3.51	5.63	5.63
81	3.94	3.94	3.94	6.23	6.23
82	4.42	4.42	4.42	6.89	6.89
83	4.90	4.90	4.90	7.52	7.52
84	5.42	5.42	5.42	8.19	8.19
85	6.02	6.02	6.02	8.87	8.87
86	6.54	6.54	6.54	9.42	9.42
87	7.36	7.36	7.36	10.33	10.33
88	8.22	8.22	8.22	11.24	11.24
89	9.13	9.13	9.13	12.15	12.15
90	9.95	9.95	9.95	12.86	12.86
91	10.28	10.28	10.28	12.89	12.89
92	11.06	11.06	11.06	13.46	13.46
93	12.28	12.28	12.28	14.48	14.48
94	13.87	13.87	13.87	15.81	15.81
95	15.89	15.89	15.89	17.96	17.96
96	17.92	17.92	17.92	20.02	20.02
97	20.06	20.06	20.06	22.14	22.14
98	20.27	20.27	20.27	22.07	22.07
99	21.37	21.37	21.37	22.96	22.96
100+	0.00	0.00	0.00	0.00	0.00

SPECIMEN

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ICC23A100NAC

INDIVIDUAL LIFE INSURANCE APPLICATION PART 1

PROPOSED INSURED

1. Legal Last Name, Legal First Name, Middle Initial, Gender, Date of Birth, Age, Place of Birth, Marital Status, Social Security/Tax ID Number, 2. In the past 12 months, have you used a different name..., 2a. Residence Address, 2b. Previous Residence Address, 2c. Best Telephone Number, 2d. Best Time to Contact, 2e. Provide your current valid driver's license number..., 2f. Provide reason and additional details why you do not have a current valid driver's license..., 2g. Government issued ID, 2h. Employer Name and Address, 2i. Occupation, Family Income, Family Net Worth, Spouse's Total Life Insurance..., 2j. Annual Income, 2k. Net Worth

PLAN INFORMATION

3. Amount Applied For, 4. Specific Product Applied For, 5. What is the purpose of coverage?, 5a. If business policy, what is the purpose of coverage?

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PLAN INFORMATION (Continued)

<p>6a. Term Riders</p> <p><input type="checkbox"/> Children's Term Insurance _____</p> <p><input type="checkbox"/> Waiver of Premium _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p style="text-align: center;">Plan Amount</p>	<p>6b. UL and IUL Riders</p> <p><input type="checkbox"/> Premium Guarantee (PGR) _____</p> <p><input type="checkbox"/> Accidental Death Benefit _____</p> <p><input type="checkbox"/> Children's Term Insurance _____</p> <p><input type="checkbox"/> Guaranteed Insurability _____</p> <p><input type="checkbox"/> Waiver of Monthly Deductions _____</p> <p><input type="checkbox"/> Waiver of Surrender Charge Option _____</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">Plan Amount</p>
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7. DEPENDENT CHILDREN PROPOSED FOR INSURANCE (Complete ONLY if Children's Term Insurance is applied for)

Name _____ Gender Male Female Height (FT. IN.) _____ Weight (LBS.) _____
 Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____
 Relationship to Proposed Insured _____
 Address: Check box if address is same as Proposed Insured, Owner or Joint Owner, otherwise list below.

Name _____ Gender Male Female Height (FT. IN.) _____ Weight (LBS.) _____
 Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____
 Relationship to Proposed Insured _____
 Address: Check box if address is same as Proposed Insured, Owner or Joint Owner, otherwise list below.

Name _____ Gender Male Female Height (FT. IN.) _____ Weight (LBS.) _____
 Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____
 Relationship to Proposed Insured _____
 Address: Check box if address is same as Proposed Insured, Owner or Joint Owner, otherwise list below.

Name _____ Gender Male Female Height (FT. IN.) _____ Weight (LBS.) _____
 Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____
 Relationship to Proposed Insured _____
 Address: Check box if address is same as Proposed Insured, Owner or Joint Owner, otherwise list below.

Name _____ Gender Male Female Height (FT. IN.) _____ Weight (LBS.) _____
 Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____
 Relationship to Proposed Insured _____
 Address: Check box if address is same as Proposed Insured, Owner or Joint Owner, otherwise list below.

To be completed by Parent or Legal Guardian

7a. Has any child proposed for insurance ever been diagnosed or treated by a licensed medical professional for:

1) Heart disorder, heart murmur, cancer, tumor, diabetes, kidney disorder, asthma requiring hospitalization, cystic fibrosis, or any disorder of the digestive system or liver? Yes No

2) Mental or psychiatric disorder, epilepsy or seizure(s), brain or neurological disorder, blood disorder, bone or muscle disorder, or tested positive for HIV infection?..... Yes No

7b. In the past 5 years, has any child proposed for insurance been treated or advised to be treated by a licensed medical professional for alcohol or drug abuse or been convicted of driving under the influence of alcohol or drugs or had a suspended or revoked driver's license?..... Yes No

Provide details below to "Yes" answers to Questions 7a. and 7b. If more space is needed, attach additional sheet, identify question(s), sign and date.

Question Number	Dependent's Name	Details

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OWNER INFORMATION

8. Is the Owner or Joint Owner of this policy a full-time active duty Service Member of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard), or dependent thereof? Yes No Yes No
If yes, also complete Military Sales Disclosure Form.

Complete the following sections ONLY if Owner or Joint Owner, including Trustee, is other than the Proposed Insured

8a. Owner Name Individual Trust – Complete Certification of Trust Agreement Form Business/Corporate – Complete COLI Consent Form

Owner's Email Address _____

Owner's Address (If P.O. Box, street address, city, state and zip code are required.) _____

Date of Birth	Social Security/Tax ID Number	Marital Status	Relationship to Proposed Insured

Are you a U.S. Citizen? Yes No

<input type="checkbox"/> Driver's License Number	Issue State/Country
<input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military <input type="checkbox"/> Permanent Resident (green card) Card Number _____	

8b. Joint Owner Name Individual Trust – Complete Certification of Trust Agreement Form Business/Corporate – Complete COLI Consent Form

Joint Owner's Email Address _____

Joint Owner's Address (If P.O. Box, street address, city, state and zip code are required.) _____

Date of Birth	Social Security/Tax ID Number	Marital Status	Relationship to Proposed Insured

Are you a U.S. Citizen? Yes No

<input type="checkbox"/> Driver's License Number	Issue State/Country
<input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military <input type="checkbox"/> Permanent Resident (green card) Card Number _____	

8c. Contingent Owner Name _____

Contingent Owner's Email Address _____

Contingent Owner's Address Check this box if same as Owner, otherwise list below. (If P.O. Box, street address, city, state, and zip code are required.) _____

Date of Birth	Social Security/Tax ID Number

BENEFICIARY

Share percentage totals must equal 100%. Please use percentages in your designation for each beneficiary listed below. Fractions and dollar amounts are not accepted. Provide Beneficiary(ies) Full Name(s). If Trust, list Name and Date of Trust and complete Certification of Trust Agreement. Beneficiary designations do not apply to others covered under Children's Insurance Riders. If more space is needed, attach additional sheet, identify question(s), sign and date.

To distribute proceeds "per stirpes" please check the box. Per Stirpes is a common way of distributing proceeds where if one or more of your beneficiaries has died, his or her children share equally in his or her share of the proceeds (also known as Right of Representation). If per stirpes is selected it is required to attach a separate sheet listing the names, Social Security numbers, date of births, address and phone numbers for all children.

9. **Primary**

Legal Name peopletest casessample Relationship to Proposed Insured Wife

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address: _____

Distribute Proceeds "Per Stirpes" % Share 100

BENEFICIARY (Continued)

9. Primary (Continued)

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" % Share _____

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" % Share _____

TOTAL _____ 100 %

10. Contingent

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" % Share _____

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" % Share _____

TOTAL _____ %

PROPOSED INSURED LIFESTYLE INFORMATION

11. Please indicate your cigar use in the past 12 months None Up to 1 per month Up to 2 per month More than 2 per month

12. In the past 12 months, have you used cigarettes, E-cigarettes, vapor products, chewing tobacco, snuff, pipe, or nicotine gum or other nicotine products (excluding cigars)? Yes No

PAYOR/BILLING INFORMATION

13. Payor Proposed Insured Owner Joint Owner Other filighe fjdginb _____

If Other, provide Date of Birth _____ (Print Full Name)

Payor's Email Address _____

Billing Address Check this box if billing address is same as residence previously provided, otherwise list below.
(If P.O. Box, street address, city, state and zip code are required.)

23 clay _____ chicato _____ IL 60607

Social Security/Tax ID Number _____ Relationship to Proposed Insured _____

Are you a U.S. Citizen? Yes No

Driver's License Number _____ Issue State/Country _____

State ID Passport Military Permanent Resident (green card)
Card Number _____

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PREMIUM INFORMATION

14. Will funds from a qualified plan or IRA be used to pay all or a portion of the premiums for this policy? Yes No

15. Premium Frequency Annually Semi-Annually Quarterly Monthly Single Pay
 Lump Sum _____ Source of Lump Sum _____

16. Source of Premium Salary Savings Investments 1035 Exchange Lending Institution
 Other _____

17. Will the funds used to pay the initial premium of the policy come from a loan made by a third-party (secured or unsecured) to the owner, a reverse mortgage, or from any form of equity line of credit or similar credit facility on any property in which the owner has interest? Yes No
If yes, please provide details _____

18. As of the date of this application, is there an intention by the owner or beneficiary to secure funds from any of the aforementioned sources of financing to pay any portion of the premium for the policy being applied for? Yes No
If yes, please provide details _____

19. Payment Type Electronic Fund Transfer (EFT) – Complete EFT Transfer Fund Authorization
 Direct Billing (Annual, Semi-Annual, Quarterly Only)
 List Billing – List Bill Code/Business Name _____
 Civil Service Allotment - Complete Direct Deposit Sign-Up Form
 Military Government Allotment

20. Amount of Modal Premium

For term policies, if you elect to pay premium on a basis other than annual, you may pay more premium than would be required if you paid premium on an annual basis.

21. **Payment of Initial Premium** – (check one)
 I have elected Temporary Life Insurance Agreement (TIA) with this Application and have completed the TIA form. The Owner(s) has/have elected payment of the initial premium by EFT or Check and has read, understands, and agrees to the terms of such Agreement. (When submitting premium, the TIA form is required.)
 This application is C.O.D. with No Temporary Insurance Coverage. (TIA not intended.)

22. Secondary Addressee Notification – Optional – Complete this section to designate an additional person, excluding the Agent, to receive Grace Period notices for insufficient premium and lapse notices.

Name of Designated Person _____
Address (If P.O. Box, street address, city, state and zip code are required.) _____
Telephone Number with Area Code _____
Designated Person's Email Address _____

REPLACEMENT AND EXISTING COVERAGE INFORMATION

A *replacement* occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy/certificate or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase. This includes policies or contracts that have or will be sold, assigned or otherwise placed via life settlement, viatical or other agreements, or that will be replaced, canceled, or sold.

NOTE: If your current policy is replaced, you may pay a surrender charge. When a new policy is purchased, the surrender charge and other applicable provisions will start anew.

23. Does the Proposed Insured have any life insurance or annuities currently in force or pending? Yes No
24. Is the Proposed Insured or Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating his/her existing life insurance or annuity contract? Yes No
25. Is the Proposed Insured or Owner considering using funds from existing policies or contracts to pay premiums due on the new policy? Yes No

- 1) If the answer is "Yes" to any of the above questions, provide information on existing insurance below.
- 2) Complete Replacement Notice form, if applicable, and submit with this application.
- 3) If more space is needed, attach additional sheet, identify question(s), sign and date.

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REPLACEMENT AND EXISTING COVERAGE INFORMATION (Continued)

	Existing Policy/Certificate 1	Existing Policy/Certificate 2	Existing Policy/Certificate 3	Existing Policy/Certificate 4	Existing Policy/Certificate 5
Company Name					
Policy/Certificate Number					
Year Issued					
Death Benefit					
In Force or Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending
Will this Policy/Certificate be changed or replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1035 Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

26. Has or will the Proposed Insured or Owner of the policy receive any compensation, including, but not limited to cash or property in connection with the issuance of this or any other policy? Yes No

27. Has the Proposed Insured, Owner, or any Beneficiary been involved in any discussion about selling, transferring, or assigning this policy or any rights under it? (Selling or assigning means the rights of the life insurance policy are transferred to another party.)..... Yes No

If the answer is "Yes" to either of the above questions, provide details here. If more space is needed, attach additional sheet, identify question(s), sign and date.

IT IS DECLARED that statements and answers in this application, including statements by the Proposed Insured in any medical questionnaire or supplement that become part of this application, are complete and true to the best knowledge and belief of the undersigned. IT IS AGREED THAT: (1) any waiver or modification of this application will not be effective unless in writing and signed by the President or the Secretary; (2) the acceptance of any policy or policy change issued on this application shall constitute a ratification of any correction or amendment made by North American Company for Life and Health Insurance (the Company); and (3) No change in amount, risk classification, plan of insurance, or benefits shall be effective unless agreed to in writing by the applicant(s).

The undersigned FURTHER AGREES to immediately advise the Company of any change to any of the responses contained in the application, including any change in the health or habits of any Proposed Insured, that arise or is discovered after completing this application, but before the policy is effective, as defined herein.

Effective Date – Based on the disclosures and representations in this application(s) and any Statement of Health and Insurability form, any insurance issued as a result of this application(s) and any amendments to this application will not take effect until the full first premium is paid and the contract is delivered to and accepted by the Owner during the lifetime of any person proposed for insurance and while such person is in the financial condition and state of health described in all parts of this application(s), any amendment(s) to this application, and any Statement of Health and Insurability form. For Reinstatements, the reinstatement is effective as of the date approved by the Company, all required premium is paid and while the Proposed Insured is living and in the same state of health as stated in all parts of this application(s), any amendment(s) to this application, and any Statement of Health and Insurability form. If any insurance is provided under a Temporary Insurance Agreement ("TIA"), such insurance will be subject to any restrictions or limitations in the TIA and only take effect as specified in the TIA.

IRS SUBSTITUTE W-9 TAX PAYER IDENTIFICATION NUMBER CERTIFICATION – To be completed by Owner. (If Joint Owners, to be completed by owner who assumes tax liability.) Under penalties of perjury, as Owner of this policy, I certify that:

1. The taxpayer identification number shown on this application is my correct taxpayer identification number;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Check this box if you ARE subject to backup withholding;
3. I am a U.S. citizen or other U.S. person as defined by the IRS for federal tax purposes.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

AUTHORIZATION: To determine eligibility for insurance, I, the undersigned applicant(s) authorize any licensed physician, licensed medical practitioner, health care professional, hospital, clinic, or other medically related facility, laboratory, pharmacy or pharmacy benefit manager, insurance or reinsuring company, MIB, LLC. (MIB), consumer reporting agency, insurance support organization, independent administrator, or governmental agency or group policyholder, or person, or employer having information available as to diagnosis, prescription history, medications prescribed, treatment and prognosis with respect to information regarding alcoholism, drug abuse, and psychiatric care or any physical or mental condition and/or treatment of me or my minor children proposed for insurance and any other nonmedical information of the Proposed Insured or minor children proposed for insurance to give to North American Company for Life and Health Insurance (the Company) or its legal representative, any and all such information. I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. I also authorize the Company to conduct a personal telephone interview in connection with my application. I further authorize the Company to collect information about me from public and non-public sources, including my Social Security number, financial and credit history, employment, general character and reputation, personal characteristics and mode of living. I authorize the Company to release any information obtained to its reinsurers, MIB, or other persons or organizations performing business or legal services in connection with my application or to persons or organizations performing services on behalf of the Company for other business or marketing purposes, or as required by law when given a copy of this authorization. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. This authorization is valid from the date signed for the length of time permitted by applicable law in the state where the policy is delivered or issued for delivery. I may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by the Company. I understand that I or any authorized representative will receive a copy of this authorization upon request.

With respect to any investigative or consumer report prepared by a third-party consumer reporting agency on the Proposed Insured and used in connection with underwriting, regardless of whether a policy is ultimately issued or remains in force, the Proposed Insured authorizes the Company, and/or the applicable third-party consumer reporting agency providing such information:

- (1) to provide the investigative or consumer report in its possession, or the possession of its duly authorized agent or third-party administrator, to the Company, its regulators, reinsurers, or any other governmental entity upon request; or
- (2) to recreate, make, or provide the investigative report or consumer report, either as it existed at the time originally provided for underwriting of the Proposed Insured or as it would be provided if underwriting were currently performed, to the Company, its regulators, reinsurers, or any other governmental entity upon request.

Electronic Signature Notice and Consent: By signing and dating this application, the undersigned applicant(s) voluntarily consents to submission of this application electronically and use of his/her electronic signature, including voice signatures, on this application and related forms. The applicant(s) understands: (1) his/her consent will be as legally binding and enforceable as if he/she had signed a paper application; (2) if he/she does not wish to submit this application electronically, he/she may complete a paper application; (3) a paper copy of the completed application, bearing his/her electronic signature will be provided at the time of policy delivery if the policy is delivered via paper; (4) that he/she may elect to be provided an electronic copy of the policy and completed application bearing his/her electronic signature. Should the applicant(s) elect to receive an electronic copy, he/she agrees to provide the Company with a current Internet email address and has access to the Internet for the purpose of accepting electronic delivery of the document and a computer with Adobe Acrobat Reader and a Windows Operating System to view the completed application and agrees that if coverage is declined, a copy of the application will not be provided, unless requested; and (5) that he/she has the right to withdraw this consent at any time by contacting the Company.

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The undersigned applicant(s) acknowledges receipt of the Consumer Protection Notice that includes the Fair Credit Reporting Act Notice, MIB, LLC. Notice, and Notice of Insurance Information Practices.

ACCELERATED DEATH BENEFITS: If the policy being applied for includes an accelerated death benefit(s) endorsement, the Owner understands and acknowledges: (1) Receipt of such benefits may affect eligibility for public assistance programs and benefits may be taxable; (2) Payment of this benefit will reduce the Insured's death benefit; (3) There is no additional premium for this benefit; and (4) The agent provided the Owner an Accelerated Death Benefit Summary and Disclosure Statement(s) prior to or concurrent with this application.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

SIGNATURES

Signed At (Solicitation City and State): Downers Grove IL

Signature of **Proposed Insured** (Signature of Parent/Legal Guardian if Proposed Insured is a Minor)
signed by Paige Fildgen Date 01/31/2025 02:37:52 GMT

Signature of **Owner** (If other than Proposed Insured)
(If Owner is a Corporation, Trust or other Entity, include Title of Signee. For a Corporation, a Corporate Resolution is needed including signatures of two officers and their titles.)
Date
Date

Signature of **Joint Owner** (If other than Proposed Insured)
(If Joint Owner is a Corporation, Trust or other Entity, include Title of Signee. For a Corporation, a Corporate Resolution is needed including signatures of two officers and their titles.)
Date
Date
Date

Community Property: If this transaction is subject to a community property or civil union interest, we strongly recommend the Owner/Joint Owner obtain his/her spouse's signature to document his/her consent to this transaction. The Owner/Joint Owner understands and agrees the Company may presume that no such interest exists if the Owner/Joint Owner has not obtained his/her spouse's signature. Further, the Owner/Joint Owner understands and agrees the Company has no duty to inquire further about any such interest. As a result, the Owner/Joint Owner agrees to indemnify and hold the Company harmless from any consequences relating to community property or civil union interests and this transaction.

Please note that the term "Spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law. Likewise, the term "civil union" is intended to mean civil union, domestic partnership or other marriage-like arrangement permitted by law.

Signature of **Owner's Spouse** for Community Property States
Check this box if Spouse's Signature WILL NOT be obtained.

Signature of **Joint Owner's Spouse** for Community Property States
Check this box if Spouse's Signature WILL NOT be obtained.

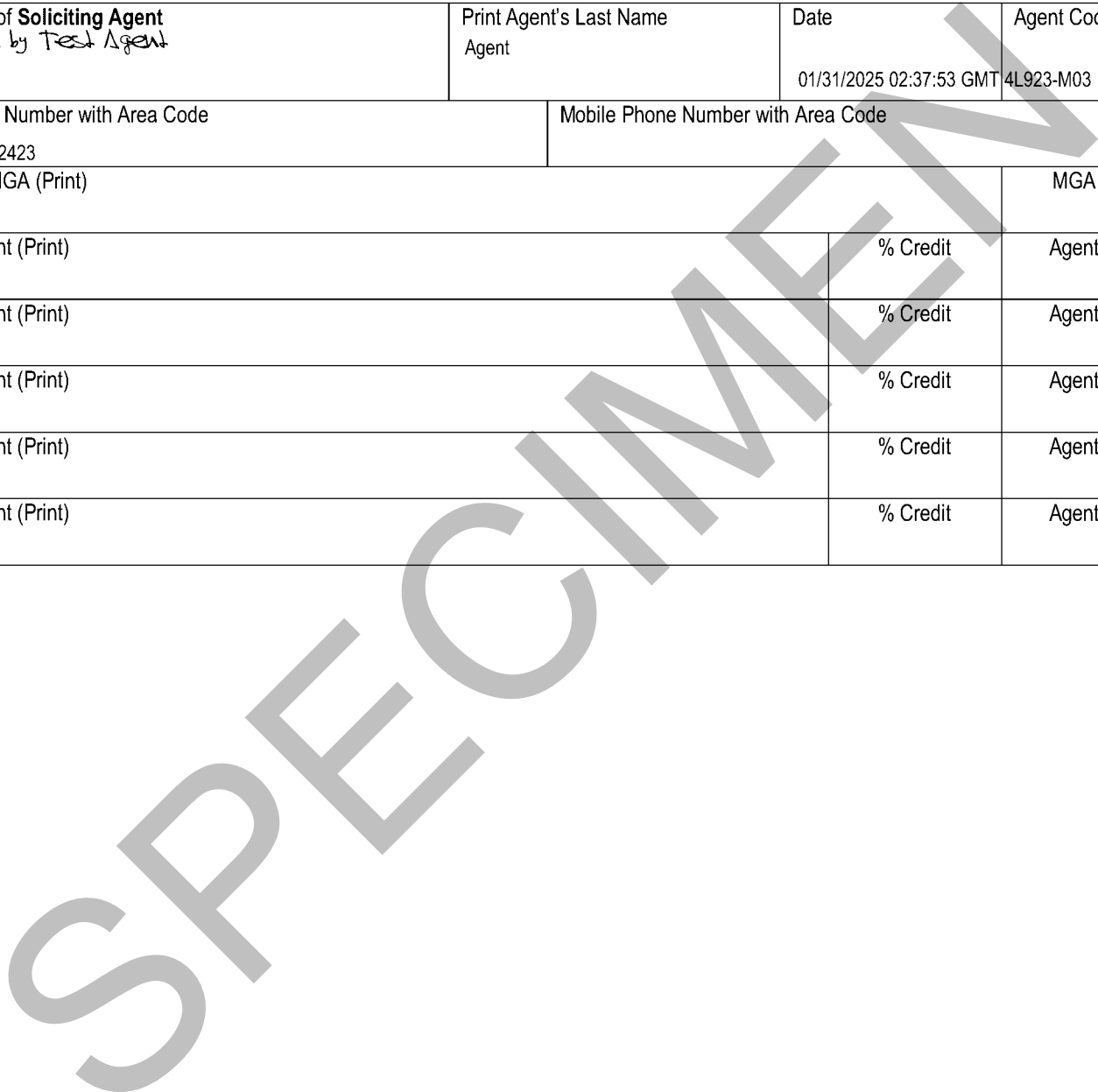
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TO BE COMPLETED BY SOLICITING AGENT

Commission Option (check one) A B C D

- 1. If the policy being applied for includes an accelerated death benefit(s) endorsement, was the Owner provided the Accelerated Benefit Summary and Disclosure Statement(s) prior to or concurrent with this application? Yes No
- 2. Does any person covered under this application have any existing life insurance or annuities? Yes No
- 3. Is any insurance applied for in this application intended to replace any existing life insurance or annuity? Yes No
- 4. The Company approved all sales material that I used with respect to the solicitation of the application for the policy. A copy of all sales material that was used was left with the applicant(s), including a printed copy of all such sales material presented electronically..... Yes No

Signature of Soliciting Agent <i>eSigned by Test Agent</i>		Print Agent's Last Name Agent	Date 01/31/2025 02:37:53 GMT	Agent Code 4L923-M03
Telephone Number with Area Code (131) 324-2423		Mobile Phone Number with Area Code		
Name of MGA (Print) test				MGA Code
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	



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ICC23A100NAC

INDIVIDUAL LIFE INSURANCE APPLICATION PART 1

PROPOSED INSURED

1. Legal Last Name, Legal First Name, Middle Initial, Gender, Date of Birth, Age, Place of Birth, Marital Status, Social Security/Tax ID Number, 2. In the past 12 months, have you used a different name..., 2a. Residence Address, 2b. Previous Residence Address, 2c. Best Telephone Number, 2d. Best Time to Contact, 2e. Provide your current valid driver's license number..., 2f. Provide reason and additional details why you do not have a current valid driver's license..., 2g. Government issued ID, 2h. Employer Name and Address, 2i. Occupation, Family Income, Family Net Worth, Spouse's Total Life Insurance..., 2j. Annual Income, 2k. Net Worth

PLAN INFORMATION

3. Amount Applied For, 4. Specific Product Applied For, 5. What is the purpose of coverage?, 5a. If business policy, what is the purpose of coverage?

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PLAN INFORMATION (Continued)

<p>6a. Term Riders</p> <p><input type="checkbox"/> Children's Term Insurance _____</p> <p><input type="checkbox"/> Waiver of Premium _____</p> <p><input type="checkbox"/> Other _____ \$ _____</p> <p style="text-align: center;">Plan Amount</p>	<p>6b. UL and IUL Riders</p> <p><input type="checkbox"/> Premium Guarantee (PGR) _____</p> <p><input type="checkbox"/> Accidental Death Benefit _____</p> <p><input type="checkbox"/> Children's Term Insurance _____</p> <p><input type="checkbox"/> Guaranteed Insurability _____</p> <p><input type="checkbox"/> Waiver of Monthly Deductions _____</p> <p><input type="checkbox"/> Waiver of Surrender Charge Option _____</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">Plan Amount</p>
--	---

7. DEPENDENT CHILDREN PROPOSED FOR INSURANCE (Complete ONLY if Children's Term Insurance is applied for)

<p>Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Height (FT. IN.) _____ Weight (LBS.) _____</p> <p>Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____</p> <p>Relationship to Proposed Insured _____</p> <p>Address: Check box if address is same as <input type="checkbox"/> Proposed Insured, <input type="checkbox"/> Owner or <input type="checkbox"/> Joint Owner, otherwise list below.</p>
<p>Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Height (FT. IN.) _____ Weight (LBS.) _____</p> <p>Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____</p> <p>Relationship to Proposed Insured _____</p> <p>Address: Check box if address is same as <input type="checkbox"/> Proposed Insured, <input type="checkbox"/> Owner or <input type="checkbox"/> Joint Owner, otherwise list below.</p>
<p>Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Height (FT. IN.) _____ Weight (LBS.) _____</p> <p>Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____</p> <p>Relationship to Proposed Insured _____</p> <p>Address: Check box if address is same as <input type="checkbox"/> Proposed Insured, <input type="checkbox"/> Owner or <input type="checkbox"/> Joint Owner, otherwise list below.</p>
<p>Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Height (FT. IN.) _____ Weight (LBS.) _____</p> <p>Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____</p> <p>Relationship to Proposed Insured _____</p> <p>Address: Check box if address is same as <input type="checkbox"/> Proposed Insured, <input type="checkbox"/> Owner or <input type="checkbox"/> Joint Owner, otherwise list below.</p>
<p>Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Height (FT. IN.) _____ Weight (LBS.) _____</p> <p>Social Security/Tax ID Number _____ Date of Birth _____ State/Country of Birth _____</p> <p>Relationship to Proposed Insured _____</p> <p>Address: Check box if address is same as <input type="checkbox"/> Proposed Insured, <input type="checkbox"/> Owner or <input type="checkbox"/> Joint Owner, otherwise list below.</p>

To be completed by Parent or Legal Guardian

7a. Has any child proposed for insurance ever been diagnosed or treated by a licensed medical professional for:

1) Heart disorder, heart murmur, cancer, tumor, diabetes, kidney disorder, asthma requiring hospitalization, cystic fibrosis, or any disorder of the digestive system or liver? Yes No

2) Mental or psychiatric disorder, epilepsy or seizure(s), brain or neurological disorder, blood disorder, bone or muscle disorder, or tested positive for HIV infection?..... Yes No

7b. In the past 5 years, has any child proposed for insurance been treated or advised to be treated by a licensed medical professional for alcohol or drug abuse or been convicted of driving under the influence of alcohol or drugs or had a suspended or revoked driver's license?..... Yes No

Provide details below to "Yes" answers to Questions 7a. and 7b. If more space is needed, attach additional sheet, identify question(s), sign and date.

Question Number	Dependent's Name	Details

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OWNER INFORMATION

8. Is the Owner or Joint Owner of this policy a full-time active duty Service Member of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard), or dependent thereof? Yes No Yes No
If yes, also complete Military Sales Disclosure Form.

Complete the following sections ONLY if Owner or Joint Owner, including Trustee, is other than the Proposed Insured

8a. Owner Name Individual Trust – Complete Certification of Trust Agreement Form Business/Corporate – Complete COLI Consent Form

Owner's Email Address _____

Owner's Address (If P.O. Box, street address, city, state and zip code are required.) _____

Date of Birth	Social Security/Tax ID Number	Marital Status	Relationship to Proposed Insured

Are you a U.S. Citizen? Yes No

<input type="checkbox"/> Driver's License Number	Issue State/Country
<input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military <input type="checkbox"/> Permanent Resident (green card) Card Number _____	

8b. Joint Owner Name Individual Trust – Complete Certification of Trust Agreement Form Business/Corporate – Complete COLI Consent Form

Joint Owner's Email Address _____

Joint Owner's Address (If P.O. Box, street address, city, state and zip code are required.) _____

Date of Birth	Social Security/Tax ID Number	Marital Status	Relationship to Proposed Insured

Are you a U.S. Citizen? Yes No

<input type="checkbox"/> Driver's License Number	Issue State/Country
<input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Military <input type="checkbox"/> Permanent Resident (green card) Card Number _____	

8c. Contingent Owner Name _____

Contingent Owner's Email Address _____

Contingent Owner's Address Check this box if same as Owner, otherwise list below. (If P.O. Box, street address, city, state, and zip code are required.) _____

Date of Birth	Social Security/Tax ID Number

BENEFICIARY

Share percentage totals must equal 100%. Please use percentages in your designation for each beneficiary listed below. Fractions and dollar amounts are not accepted. Provide Beneficiary(ies) Full Name(s). If Trust, list Name and Date of Trust and complete Certification of Trust Agreement. Beneficiary designations do not apply to others covered under Children's Insurance Riders. If more space is needed, attach additional sheet, identify question(s), sign and date.

To distribute proceeds "per stirpes" please check the box. Per Stirpes is a common way of distributing proceeds where if one or more of your beneficiaries has died, his or her children share equally in his or her share of the proceeds (also known as Right of Representation). If per stirpes is selected it is required to attach a separate sheet listing the names, Social Security numbers, date of births, address and phone numbers for all children.

9. **Primary**

Legal Name peopletest casessample Relationship to Proposed Insured Wife

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address: _____

Distribute Proceeds "Per Stirpes" % Share 100

BENEFICIARY (Continued)

9. Primary (Continued)

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" _____ % Share _____

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" _____ % Share _____

TOTAL _____ 100 %

10. Contingent

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" _____ % Share _____

Legal Name _____ Relationship to Proposed Insured _____

Address _____

Date of Birth _____ Social Security/Tax ID Number _____

Telephone Number with Area Code _____ Email Address _____

Distribute Proceeds "Per Stirpes" _____ % Share _____

TOTAL _____ %

PROPOSED INSURED LIFESTYLE INFORMATION

11. Please indicate your cigar use in the past 12 months None Up to 1 per month Up to 2 per month More than 2 per month

12. In the past 12 months, have you used cigarettes, E-cigarettes, vapor products, chewing tobacco, snuff, pipe, or nicotine gum or other nicotine products (excluding cigars)? Yes No

PAYOR/BILLING INFORMATION

13. Payor Proposed Insured Owner Joint Owner Other filighe fjdginb _____

If Other, provide Date of Birth _____ (Print Full Name)

Payor's Email Address _____

Billing Address Check this box if billing address is same as residence previously provided, otherwise list below.
(If P.O. Box, street address, city, state and zip code are required.)

23 clay _____ chicato _____ IL 60607

Social Security/Tax ID Number _____ Relationship to Proposed Insured _____

Are you a U.S. Citizen? Yes No

Driver's License Number _____ Issue State/Country _____

State ID Passport Military Permanent Resident (green card)
Card Number _____

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PREMIUM INFORMATION

14. Will funds from a qualified plan or IRA be used to pay all or a portion of the premiums for this policy? Yes No

15. Premium Frequency Annually Semi-Annually Quarterly Monthly Single Pay
 Lump Sum _____ Source of Lump Sum _____

16. Source of Premium Salary Savings Investments 1035 Exchange Lending Institution
 Other _____

17. Will the funds used to pay the initial premium of the policy come from a loan made by a third-party (secured or unsecured) to the owner, a reverse mortgage, or from any form of equity line of credit or similar credit facility on any property in which the owner has interest? Yes No
If yes, please provide details _____

18. As of the date of this application, is there an intention by the owner or beneficiary to secure funds from any of the aforementioned sources of financing to pay any portion of the premium for the policy being applied for? Yes No
If yes, please provide details _____

19. Payment Type Electronic Fund Transfer (EFT) – Complete EFT Transfer Fund Authorization
 Direct Billing (Annual, Semi-Annual, Quarterly Only)
 List Billing – List Bill Code/Business Name _____
 Civil Service Allotment - Complete Direct Deposit Sign-Up Form
 Military Government Allotment

20. Amount of Modal Premium

For term policies, if you elect to pay premium on a basis other than annual, you may pay more premium than would be required if you paid premium on an annual basis.

21. **Payment of Initial Premium** – (check one)
 I have elected Temporary Life Insurance Agreement (TIA) with this Application and have completed the TIA form. The Owner(s) has/have elected payment of the initial premium by EFT or Check and has read, understands, and agrees to the terms of such Agreement. (When submitting premium, the TIA form is required.)
 This application is C.O.D. with No Temporary Insurance Coverage. (TIA not intended.)

22. Secondary Addressee Notification – Optional – Complete this section to designate an additional person, excluding the Agent, to receive Grace Period notices for insufficient premium and lapse notices.

Name of Designated Person _____
Address (If P.O. Box, street address, city, state and zip code are required.) _____
Telephone Number with Area Code _____
Designated Person's Email Address _____

REPLACEMENT AND EXISTING COVERAGE INFORMATION

A *replacement* occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy/certificate or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase. This includes policies or contracts that have or will be sold, assigned or otherwise placed via life settlement, viatical or other agreements, or that will be replaced, canceled, or sold.

NOTE: If your current policy is replaced, you may pay a surrender charge. When a new policy is purchased, the surrender charge and other applicable provisions will start anew.

23. Does the Proposed Insured have any life insurance or annuities currently in force or pending? Yes No
24. Is the Proposed Insured or Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating his/her existing life insurance or annuity contract? Yes No
25. Is the Proposed Insured or Owner considering using funds from existing policies or contracts to pay premiums due on the new policy? Yes No

- 1) If the answer is "Yes" to any of the above questions, provide information on existing insurance below.
- 2) Complete Replacement Notice form, if applicable, and submit with this application.
- 3) If more space is needed, attach additional sheet, identify question(s), sign and date.

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REPLACEMENT AND EXISTING COVERAGE INFORMATION (Continued)

	Existing Policy/Certificate 1	Existing Policy/Certificate 2	Existing Policy/Certificate 3	Existing Policy/Certificate 4	Existing Policy/Certificate 5
Company Name					
Policy/Certificate Number					
Year Issued					
Death Benefit					
In Force or Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending	<input type="checkbox"/> In Force <input type="checkbox"/> Pending
Will this Policy/Certificate be changed or replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1035 Exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

26. Has or will the Proposed Insured or Owner of the policy receive any compensation, including, but not limited to cash or property in connection with the issuance of this or any other policy? Yes No

27. Has the Proposed Insured, Owner, or any Beneficiary been involved in any discussion about selling, transferring, or assigning this policy or any rights under it? (Selling or assigning means the rights of the life insurance policy are transferred to another party.)..... Yes No

If the answer is "Yes" to either of the above questions, provide details here. If more space is needed, attach additional sheet, identify question(s), sign and date.

IT IS DECLARED that statements and answers in this application, including statements by the Proposed Insured in any medical questionnaire or supplement that become part of this application, are complete and true to the best knowledge and belief of the undersigned. **IT IS AGREED THAT:** (1) any waiver or modification of this application will not be effective unless in writing and signed by the President or the Secretary; (2) the acceptance of any policy or policy change issued on this application shall constitute a ratification of any correction or amendment made by North American Company for Life and Health Insurance (the Company); and (3) No change in amount, risk classification, plan of insurance, or benefits shall be effective unless agreed to in writing by the applicant(s).

The undersigned FURTHER AGREES to immediately advise the Company of any change to any of the responses contained in the application, including any change in the health or habits of any Proposed Insured, that arise or is discovered after completing this application, but before the policy is effective, as defined herein.

Effective Date – Based on the disclosures and representations in this application(s) and any Statement of Health and Insurability form, any insurance issued as a result of this application(s) and any amendments to this application will not take effect until the full first premium is paid and the contract is delivered to and accepted by the Owner during the lifetime of any person proposed for insurance and while such person is in the financial condition and state of health described in all parts of this application(s), any amendment(s) to this application, and any Statement of Health and Insurability form. For Reinstatements, the reinstatement is effective as of the date approved by the Company, all required premium is paid and while the Proposed Insured is living and in the same state of health as stated in all parts of this application(s), any amendment(s) to this application, and any Statement of Health and Insurability form. If any insurance is provided under a Temporary Insurance Agreement ("TIA"), such insurance will be subject to any restrictions or limitations in the TIA and only take effect as specified in the TIA.

IRS SUBSTITUTE W-9 TAX PAYER IDENTIFICATION NUMBER CERTIFICATION – To be completed by Owner. (If Joint Owners, to be completed by owner who assumes tax liability.) Under penalties of perjury, as Owner of this policy, I certify that:

1. The taxpayer identification number shown on this application is my correct taxpayer identification number;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Check this box if you ARE subject to backup withholding;
3. I am a U.S. citizen or other U.S. person as defined by the IRS for federal tax purposes.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

AUTHORIZATION: To determine eligibility for insurance, I, the undersigned applicant(s) authorize any licensed physician, licensed medical practitioner, health care professional, hospital, clinic, or other medically related facility, laboratory, pharmacy or pharmacy benefit manager, insurance or reinsuring company, MIB, LLC. (MIB), consumer reporting agency, insurance support organization, independent administrator, or governmental agency or group policyholder, or person, or employer having information available as to diagnosis, prescription history, medications prescribed, treatment and prognosis with respect to information regarding alcoholism, drug abuse, and psychiatric care or any physical or mental condition and/or treatment of me or my minor children proposed for insurance and any other nonmedical information of the Proposed Insured or minor children proposed for insurance to give to North American Company for Life and Health Insurance (the Company) or its legal representative, any and all such information. I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. I also authorize the Company to conduct a personal telephone interview in connection with my application. I further authorize the Company to collect information about me from public and non-public sources, including my Social Security number, financial and credit history, employment, general character and reputation, personal characteristics and mode of living. I authorize the Company to release any information obtained to its reinsurers, MIB, or other persons or organizations performing business or legal services in connection with my application or to persons or organizations performing services on behalf of the Company for other business or marketing purposes, or as required by law when given a copy of this authorization. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. This authorization is valid from the date signed for the length of time permitted by applicable law in the state where the policy is delivered or issued for delivery. I may revoke this authorization for information not then obtained by notifying the Company in writing. Such revocation will not be effective until received by the Company. I understand that I or any authorized representative will receive a copy of this authorization upon request.

With respect to any investigative or consumer report prepared by a third-party consumer reporting agency on the Proposed Insured and used in connection with underwriting, regardless of whether a policy is ultimately issued or remains in force, the Proposed Insured authorizes the Company, and/or the applicable third-party consumer reporting agency providing such information:

- (1) to provide the investigative or consumer report in its possession, or the possession of its duly authorized agent or third-party administrator, to the Company, its regulators, reinsurers, or any other governmental entity upon request; or
- (2) to recreate, make, or provide the investigative report or consumer report, either as it existed at the time originally provided for underwriting of the Proposed Insured or as it would be provided if underwriting were currently performed, to the Company, its regulators, reinsurers, or any other governmental entity upon request.

Electronic Signature Notice and Consent: By signing and dating this application, the undersigned applicant(s) voluntarily consents to submission of this application electronically and use of his/her electronic signature, including voice signatures, on this application and related forms. The applicant(s) understands: (1) his/her consent will be as legally binding and enforceable as if he/she had signed a paper application; (2) if he/she does not wish to submit this application electronically, he/she may complete a paper application; (3) a paper copy of the completed application, bearing his/her electronic signature will be provided at the time of policy delivery if the policy is delivered via paper; (4) that he/she may elect to be provided an electronic copy of the policy and completed application bearing his/her electronic signature. Should the applicant(s) elect to receive an electronic copy, he/she agrees to provide the Company with a current Internet email address and has access to the Internet for the purpose of accepting electronic delivery of the document and a computer with Adobe Acrobat Reader and a Windows Operating System to view the completed application and agrees that if coverage is declined, a copy of the application will not be provided, unless requested; and (5) that he/she has the right to withdraw this consent at any time by contacting the Company.

1/30/2025 8:43:01 PM CST

The undersigned applicant(s) acknowledges receipt of the Consumer Protection Notice that includes the Fair Credit Reporting Act Notice, MIB, LLC. Notice, and Notice of Insurance Information Practices.

ACCELERATED DEATH BENEFITS: If the policy being applied for includes an accelerated death benefit(s) endorsement, the Owner understands and acknowledges: (1) Receipt of such benefits may affect eligibility for public assistance programs and benefits may be taxable; (2) Payment of this benefit will reduce the Insured's death benefit; (3) There is no additional premium for this benefit; and (4) The agent provided the Owner an Accelerated Death Benefit Summary and Disclosure Statement(s) prior to or concurrent with this application.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

SIGNATURES

Signed At (Solicitation City and State): Downers Grove IL

Signature of **Proposed Insured** (Signature of Parent/Legal Guardian if Proposed Insured is a Minor)
signed by Paige Fildgen Date 01/31/2025 02:37:52 GMT

Signature of **Owner** (If other than Proposed Insured)
(If Owner is a Corporation, Trust or other Entity, include Title of Signee. For a Corporation, a Corporate Resolution is needed including signatures of two officers and their titles.)
Date
Date

Signature of **Joint Owner** (If other than Proposed Insured)
(If Joint Owner is a Corporation, Trust or other Entity, include Title of Signee. For a Corporation, a Corporate Resolution is needed including signatures of two officers and their titles.)
Date
Date
Date

Community Property: If this transaction is subject to a community property or civil union interest, we strongly recommend the Owner/Joint Owner obtain his/her spouse's signature to document his/her consent to this transaction. The Owner/Joint Owner understands and agrees the Company may presume that no such interest exists if the Owner/Joint Owner has not obtained his/her spouse's signature. Further, the Owner/Joint Owner understands and agrees the Company has no duty to inquire further about any such interest. As a result, the Owner/Joint Owner agrees to indemnify and hold the Company harmless from any consequences relating to community property or civil union interests and this transaction.

Please note that the term "Spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law. Likewise, the term "civil union" is intended to mean civil union, domestic partnership or other marriage-like arrangement permitted by law.

Signature of **Owner's Spouse** for Community Property States
Check this box if Spouse's Signature WILL NOT be obtained.

Signature of **Joint Owner's Spouse** for Community Property States
Check this box if Spouse's Signature WILL NOT be obtained.

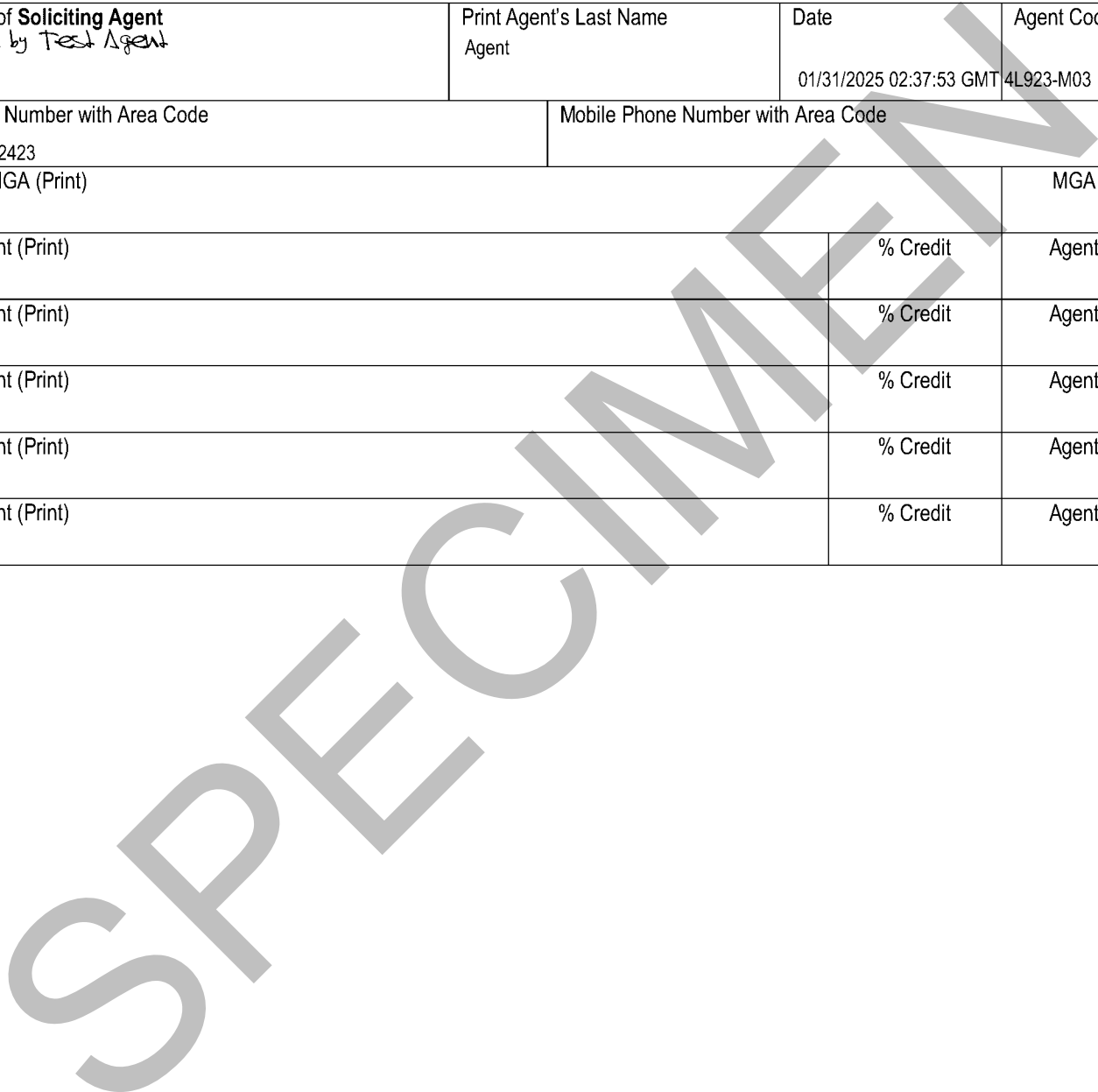
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TO BE COMPLETED BY SOLICITING AGENT

Commission Option (check one) A B C D

- 1. If the policy being applied for includes an accelerated death benefit(s) endorsement, was the Owner provided the Accelerated Benefit Summary and Disclosure Statement(s) prior to or concurrent with this application? Yes No
- 2. Does any person covered under this application have any existing life insurance or annuities? Yes No
- 3. Is any insurance applied for in this application intended to replace any existing life insurance or annuity? Yes No
- 4. The Company approved all sales material that I used with respect to the solicitation of the application for the policy. A copy of all sales material that was used was left with the applicant(s), including a printed copy of all such sales material presented electronically..... Yes No

Signature of Soliciting Agent <i>eSigned by Test Agent</i>		Print Agent's Last Name Agent	Date 01/31/2025 02:37:53 GMT	Agent Code 4L923-M03
Telephone Number with Area Code (131) 324-2423		Mobile Phone Number with Area Code		
Name of MGA (Print) test				MGA Code
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	
Other Agent (Print)		% Credit	Agent Code	



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**FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY
WITH INDEXED FEATURES**

ADJUSTABLE DEATH BENEFIT

INSURANCE PAYABLE UPON DEATH BEFORE MATURITY DATE

PREMIUMS PAYABLE TO INSURED'S AGE 120

**SEE THE "POLICY PROCEEDS" PROVISION TO DETERMINE THE AMOUNT PAYABLE AT DEATH
BENEFITS, VALUES, PERIODS OF COVERAGE, OR PREMIUMS ARE ON AN INDETERMINATE BASIS**

NON PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS