



National Life Group®

Accelerated Benefits Riders

TERMINAL ILLNESS, CHRONIC ILLNESS, PREMIUM CHRONIC CARE, ALZHEIMER'S DISEASE, CRITICAL ILLNESS, OR CRITICAL INJURY

Product Guide

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Introduction

Life Insurance is a powerful financial tool that can be used to meet many needs.

Most importantly, life insurance is used to provide a death benefit to help secure the financial security of your client's family or business at death.

But we address more than just the concern of dying too soon. What about the risk of becoming ill or sustaining a critical injury? To help address these, our policies offer Accelerated Benefits Riders.

These no-additional-cost riders can allow you to access all or part of the death benefit, on a discounted basis, during your lifetime in the event of a qualifying terminal illness, chronic illness, critical illness, or critical injury — or a qualifying diagnosis of Alzheimer's disease or Lewy Body Dementia.

The Premium Chronic Care Rider*, available on new FlexLife IUL policies, provides a dollar-for-dollar benefit — without discounting.

There is a cost to this optional Rider.

Accelerated Benefits Riders are intended to be marketed as a supplemental benefit.

Using these benefits reduces the amount of death benefit available under the policy. Receipt of benefit is based on a completed application for benefits and documentation of the terminal illness, chronic illness, critical illness, or the critical injury that support the requirements for the benefits set forth in the rider.

Accelerated Benefits Riders

- Terminal Illness
- Chronic Illness
- Premium Chronic Care
- Critical Illness and Critical Injury
- Alzheimer's Disease

Living Benefits

Our Living Benefits story strengthens your business with the ability to help provide your clients with protection from the costs associated with a serious illness or injury.



Simple solutions for life, whether you die too soon,
become ill or live too long.

* The Premium Chronic Care Rider is only available on new FlexLife policies and may not be available in all states.

Quick Reference

Additional Premium Required	Only for the Premium Chronic Care Rider.
Additional Underwriting	We underwrite Chronic Illness, Premium Chronic Care, Critical Illness, Critical Injury, and Alzheimer's Disease riders when added to the policy. This is typically at issue for individual life contracts and after the first death for survivorship policies.
Restrictions on Use of Benefit	Only in Massachusetts. ¹
Illness or Injury Covered	Terminal Illness, Chronic Illness, Critical Illness, Critical Injury, Alzheimer's Disease, and Lewy Body Dementia.
Qualifications	Terminal Illness: 24 month life expectancy (12 months in CT, PA, and VT for LSW. 12 months in CT, NY, and PA for NL.) Chronic Illness and Premium Chronic Care: Unable to perform 2 out of 6 Activities of Daily Living, or cognitive impairment. Alzheimer's Disease: A qualifying diagnosis of Alzheimer's disease or Lewy Body Dementia. Critical Illness: ALS (Lou Gehrig's disease), Aorta Graft Surgery, Aplastic Anemia, Blindness, Cancer, Cystic Fibrosis, End Stage Renal Failure, Heart Attack, Heart Valve Replacement, Major Organ Transplant, Motor Neuron Disease, Stroke or Sudden Cardiac Arrest. Critical Injury: Coma, Paralysis, Severe Burns, Traumatic Brain Injury. Covered critical illnesses and covered critical injuries may vary by state.
Activities of Daily Living	Bathing, continence, dressing, eating, toileting, transferring.
Waiting Period	Terminal Illness: No waiting period. Chronic Illness and Premium Chronic Care: 30-day waiting period. Critical Illness or Injury: Waiting period may vary by state. Typically, the policy must have been in force for at least 30 days. Alzheimer's Disease or Lewy Body Dementia: 30-day waiting period.
Maximum Lifetime Benefit Per Insured	The maximum lifetime benefit may vary by state. Please have your clients consult their personal tax advisor to determine the tax status of any benefits paid. Terminal Illness, Chronic Illness, Alzheimer's Disease, or Lewy Body Dementia: \$1,500,000 Premium Chronic Care: \$3,000,000 Critical Illness or Critical Injury: \$1,000,000
Payout	Payout limit is based on a discounted value of the death benefit (except for the Premium Chronic Care Rider, which provides a dollar-for-dollar benefit.). Refer to the Exercising Accelerated Benefits Riders section of this guide for information on how discounted value is determined.
Maximum Annual Accelerated Benefit Per Insured	Terminal Illness: No annual limit. Chronic Illness: IRS per diem limit, \$153,300.00 in 2025. / LSW - 2% of net death benefit per month, or 24% annually up to IRS per diem limit. Premium Chronic Care: Up to 2% or 4% of death benefit per month. or 24% or 48% annually up to IRS per diem limit. 2% or 4% must be selected at application. Critical Illness, Critical Injury, Alzheimer's Disease, or Lewy Body Dementia: No annual limit.
Product and State Availability	Generally, Accelerated Benefits Riders are available on all products. ² State availability can be found on the National Life Group agent portal. Running a product illustration will also provide availability information. Refer to Product Availability section.
Available on Policies in Qualified Plans	If plan type allows.

Please have your clients consult their personal tax advisor to determine the tax status of any benefits paid.

¹ There are no restrictions on benefit usages with the exception that in the state of Massachusetts, ABR benefits for chronic illness can only be used to pay for expenses incurred for Qualified Long-Term Care services, which are defined as the necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services that are required by a chronically ill individual and are provided pursuant to a plan of care prescribed by a licensed healthcare practitioner.

² Premium Chronic Care Rider is only available on FlexLife policies issued after October 24, 2025, and must be elected at policy issue. Not available in CA and NY.

Accelerated Benefits Riders (ABRs)

Accelerated Benefits Riders (ABRs) are supplemental benefits that can be added to a life insurance policy and are not suitable unless the client has a need for life insurance.

ABRs may be added at or after issue, except for the Alzheimer's Disease Rider and Premium Chronic Care Rider, which are not currently available after issue.³ Adding riders after issue may be subject to additional underwriting requirements.

Always use the National Life Group Illustration System, or go to www.NationalLife.com, to check for state and product availability.

Using the Accelerated Benefits Riders

The cost of treating Alzheimer's disease or Lewy Body Dementia, chronic, critical, or terminal illness, or critical injury could be financially devastating. Depending on the amount of care needed, a spouse or child may need to work reduced hours — or even stop working altogether — in order to provide care. Benefits from these riders could be used to reimburse them for loss of income.

There is no restriction placed on the use of the benefits received, with the exception of Chronic Illness in Massachusetts. Benefits can be used for any purpose, including:

- Making structural changes to a home to accommodate the illness
- Cover lost income due to unpaid time off
- Pay for expenses or treatments not covered by medical insurance
- Compensating a family member or non-licensed care provider
- Travel or everyday expenses.
- Business expenses of business owners or self-employed.

The amount of accelerated benefits available is based on either a discounted death benefit amount or the face value of the policy for the Premium Chronic Care Rider.

The benefits available are subject to and up to a maximum lifetime limit, which applies to all policies under a single insured.

Benefit amounts, under various assumptions, can be seen by running an illustration in the National Life Group Illustration System.

³ None of the ABRs can be added after issue in the state of New York.

ABR for Terminal Illness

Accelerates the death benefit during lifetime for terminal illness.

Overview

ABR for Terminal Illness is a no-additional-premium rider that allows for the death benefit, on a discounted basis, to be accelerated during lifetime for terminal illness.

Benefits do not have to be used to pay for actual expenses associated with the terminal illness. They can be used for other expenses, including for such things as making structural changes to a home to accommodate the illness, and compensating a non-licensed care provider.

Terminal Illness Definition

Terminal Illness advances payment, under certain circumstances and on a discounted basis, of all or part of the policy's death benefit prior to the death of the insured. The accelerated payment can be made if the insured is suffering from a terminal illness that will result in death within 24 months (For NL: 12 months in CT, NY, and PA) (For LSW: 12 months in CT, PA, and VT).

ABR Terminal Benefit

The amount of death benefit available for ABR payout is based on a discount factor of the death benefit amount. The amount accelerated reduces the death benefit, the cash surrender value, and the loan value. A summary of the projected discounted death benefit amount can be illustrated through the National Life Group Illustration system.

For Terminal Illness, National Life Group will accelerate, income-tax free, the discounted death benefit, not to exceed a lifetime maximum of \$1,500,000 per insured. There is no annual limit and the benefit can be received as a lump sum if desired. ABR Terminal does not have a waiting period.

ABR for Chronic Illness

Accelerates the death benefit during lifetime for chronic illness.

Overview

ABR for Chronic Illness is a *no-additional-premium* rider that allows for the death benefit, on a discounted basis, to be accelerated during lifetime, for chronic illness.

The optional Premium Chronic Care Rider is also available at an extra cost. It accelerates the death benefit without discounting.

Benefits do not have to be used to pay for actual expenses associated with the chronic illness. They can be used for other expenses, including for making structural changes to a home to accommodate the illness, and compensating a non-licensed care provider. ABR proceeds in the state of MA can only be used to pay for expenses incurred for Qualified Long-Term Care Services.⁴

Note: Rider availability and waiting period can vary by state, so make sure to check your policy form.

Chronic Illness Definition

A chronically ill individual is one who has been certified, within the past 12 months, by a licensed health care practitioner as being unable to perform, without substantial assistance, at least 2 out of 6 activities of daily living — ADLs — for a period of at least 90 days due to a loss of functional capacity.

The six activities are:

- Bathing
- Eating
- Contenance
- Transferring
- Dressing
- Toileting

Cognitive impairment may also qualify if they require substantial supervision to protect oneself from threats to health and safety.

Activities of Daily Living (ADLs) — Defined

1. Bathing: Ability to wash oneself on a routine basis by sponge bath or in a tub or shower, including getting into and out of a tub or shower.
2. Contenance: Ability to maintain control of bowel or bladder function or, when unable to maintain control, the ability to perform associated personal hygiene, including caring for catheter or colostomy bag.
3. Dressing: Putting on or taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. Eating: Feeding oneself from a plate, cup, or table, intravenously or by feeding tube.
5. Toileting: Getting to and from the toilet, off and on the toilet, and performing associated personal hygiene.
6. Transferring: Moving in or out of a bed, chair, or wheelchair.
7. Substantial supervision means hands-on assistance or stand-by assistance.
8. Cognitive impairment is defined as deterioration or loss in intellectual capacity measured by clinical evidence and standardized tests that judge the areas of memory, orientation, and reasoning.

⁴ Qualified Long-Term Care Services: The necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services that are required by a chronically ill individual and are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

Limits vary by state, please refer to your policy form for details and limitations that may apply in your state.

ABR Chronic Illness Rider Benefit

The amount of benefit available for ABR payout is based on a discount factor of the death benefit amount. The amount accelerated will reduce the death benefit, the cash surrender value, and the loan value. A summary of the projected discounted death benefit amount can be illustrated through the National Life Group illustration system.

NL — Generally, once the policy has been in force for 30 days, National Life Insurance Company will accelerate an annual benefit not to exceed the IRS per diem limit, or the total current lifetime maximum of \$1,500,000 per insured.

LSW — Generally, once the policy has been in force for 30 days, Life Insurance Company of the Southwest will accelerate 2% of the net death benefit each month or 24% annually, not to exceed the annual limit or current lifetime maximum of \$1,500,000 per insured.

ABR Premium Chronic Care Rider Benefit

(Not available CA and NY)

There is no discounting. When accelerated, the full benefit is received.

2% or 4% of the net death benefit will be accelerated each month (24% or 48% annually), as chosen by the policyowner at time of issue, not to exceed the annual IRS per diem limit or the current lifetime maximum of \$3,000,000 per insured.

The policyowner can opt to reduce the payout from 4% to 2% after issue and before the claim (and lower the cost), but cannot go from 2% to 4% after issue.

The benefit is available immediately; there is no waiting period.

The Premium Chronic Care Rider is only available on the FlexLife indexed universal life product.

ABR for Alzheimer's Disease

(Not available in NY)

Accelerates the death benefit during lifetime for a qualifying diagnosis of Alzheimer's disease or Lewy Body Dementia.

At a glance

- Accelerated death benefit for Alzheimer's disease or Lewy Body Dementia.
- No additional cost.
- ABR benefits are generally unrestricted — you can choose how to use your benefit.
- Annual benefit limit: None.
- Current lifetime benefit limit: \$1,500,000.
- Issue ages: 0 – 60.

Overview

This rider is a no-additional-premium that allows for the death benefit, on a discounted basis, to be accelerated during lifetime, for Alzheimer's disease or Lewy Body Dementia.

Benefits do not have to be used to pay for actual expenses associated with Alzheimer's Disease or Lewy Body Dementia. They can be used for other expenses, including for making structural changes to a home to accommodate the illness, and compensating a non-licensed care provider.

Qualifying events

A qualifying diagnosis of Alzheimer's disease or Lewy Body Dementia is required by a Specialist. In addition, a Specialist needs to provide certification of both:

- A score of less than 20 out of 30 on Mini-Mental State Exam (MMSE), or an equivalent of this score under a widely accepted test of cognitive function.
- Clinical impairment of at least two of the following:
 - Orientation to people, places, or time.
 - Registration (ability to learn and remember new information).
 - Attention and calculation (reasoning and handling of complex tasks).
 - Visuospatial abilities.
 - Language functions.

In determining whether an insured has experienced a Qualifying Event, National Life Group may consider both the certification and the records of the insured's medical history, diagnosis, and treatments to ensure that the records support the certification. All other forms of dementia are not covered by this rider but may be covered by the chronic illness rider.

The rider will not be available if the client has a first-degree relative (mother, father, or siblings) with a history of Alzheimer's disease.

Benefit

The actual payment received will be less than the portion of the death benefit accelerated because the benefits are paid prior to death. Values are based on a current interest rate and mortality rates. There is an initial administrative fee at the time the rider is exercised. The amount accelerated reduces the death benefit, the cash value, and the loan value. A summary of a discounted death benefit amount can be illustrated through the National Life Group illustration system.

The current lifetime benefit limit is \$1,500,000 per insured. There is no annual benefit limit.

ABR for Critical Illness and Critical Injury

(Critical injury not available in NY)

Accelerates the death benefit during lifetime for critical illness and critical injury.

Overview

ABR for Critical Illness and Critical Injury is a no-additional-premium rider that allows for the death benefit, under certain circumstances, and, on a discounted basis, to be accelerated during lifetime for critical illness or critical injury.

Benefits do not have to be used for actual expenses associated with the triggering illness or injury. They can be used for other expenses, including for making structural changes to a home to accommodate the illness, and compensating a non-licensed care provider.

Any claim for critical illness or critical injury benefits for a given Qualifying Event must be filed within 365 days following the occurrence of such Qualifying Event.

Critical Illness Definition

The death benefit can be accelerated when an insured is diagnosed with one of the following triggering illnesses:

- Diagnosis of ALS (Lou Gehrig's disease)
- Heart Valve Replacement*
- Aplastic Anemia*
- Cystic Fibrosis*
- Aorta Graft Surgery*
- Major Organ Transplant
- Blindness**
- Heart Attack
- End Stage Renal Failure
- Motor Neuron Disease*
- Cancer***
- Stroke
- Sudden Cardiac Arrest*

*Not a qualifier in NY

**Not a qualifier in CT, IL, KS, MD, MA, MN, NJ, NY, OH, PA, UT, VA, WA.

***Invasive Cancer only in CA.

Critical Injury Definitions

The death benefit can be accelerated when an insured is diagnosed with one of the following triggering injuries:

- Coma
- Paralysis
- Severe Burns
- Traumatic Brain Injury

ABR Critical Benefit

The amount of benefit available for ABR payout is based on a discount factor of the death benefit amount. The amount accelerated will reduce the death benefit, the cash surrender value, and the loan value. A summary of the projected discounted death benefit amount can be illustrated through the NLGroup illustration system.

The critically ill or critically injured client can request a full acceleration or partial acceleration of the policy's death benefit in the form of a lump sum not to exceed the lifetime benefit maximum of \$1,000,000 per insured. There is no annual limit. The level of discounting applied to the death benefit varies depending on the insured's age and the severity of the critical illness or critical injury.

NL — Policy must be in force for 30 days.

LSW — Policy must be in force for 30 days.

Note: Waiting period and rider availability can vary by state. Make sure to check your policy form.

In California, the policy can only include the Critical Illness, Critical Injury, and Alzheimer's Disease riders if the insured has health insurance coverage. Critical Injury and Critical Illness rider availability is limited to issue ages 0-64.

Underwriting

Underwriting for the riders usually happens at the same time the policy is being underwritten. If riders are being added after issue, during a term conversion or being added to the survivor of a survivorship policy, underwriting will be required at this time.

For Survivorship policies, Accelerated Benefits Riders are only available after the first death, subject to underwriting.

Converting Term to Permanent

Conversion of Term policies to Permanent policies is a contractual right. The conversion of any Accelerated Benefits Riders on the Term policy is not a contractual right. Although our current practice is to convert the riders, it is up to the discretion of the company.

Qualifying Under Multiple Riders

If the insured qualifies under more than one rider, the policy owner has the option to choose which one to accelerate.

For example, if the insured qualifies under Chronic Illness and Terminal Illness riders, the policy owner may want to elect Terminal because it would pay a higher benefit in a lump sum.

For LSW, benefits are not available under Chronic Illness if the insured is eligible for any other Accelerated Benefits Rider.

If the policy owner were to elect Chronic Illness benefits, and a year later the insured were to qualify for Terminal Illness benefits, the policy owner would be able to accelerate the rest of their death benefit up to the maximum lifetime benefit. All previous payments under the Chronic Illness would count towards the Terminal Illness maximum lifetime benefit.

If the policy owner has the Premium Chronic Care Rider they may also be eligible to accelerate other Accelerated Benefits Riders, except the Chronic Illness Rider.

Exercising Accelerated Benefits Riders

Submitting a Claim

The policy owner can submit a claim directly or through the policy owner's NLIC or LSW insurance agent, as applicable.

To report an Accelerated Benefits Rider claim call Customer Relations at **800-732-8939**, or send an email to the claims department at **claims@NationalLife.com**.

Advise the Claims Department of the following:

- Name of insured
- Policy number
- Nature of the illness or injury of the insured
- Onset date of the illness or injury
- Advise which rider: Terminal Illness, Chronic Illness, Critical Illness, Critical Injury, or Alzheimer's Disease

It is important to note that NLIC and LSW reserve the right to have the insured examined by a physician of its choice to affirm the qualifying condition, if necessary.

Once claim forms and medical records are received and an opinion is provided by a Sr. Underwriting Consultant, the claims examiner will determine whether the insured qualifies for the benefits for which the policy owner applied.

In the event of a Critical Illness or Critical Injury, the claims examiner will consult with NLIC's or LSW's Medical Director to categorize the effect of the qualifying event on the insured's future mortality.

Present Value Concept

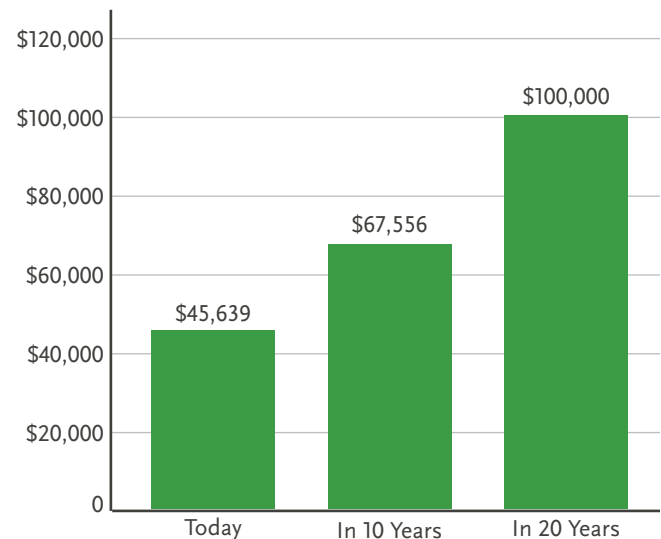
How much would you have to invest today to receive \$100,000 at some point in the future? That depends on when the money will be received and the interest rate you will earn.

For example, let's look at the present values of \$100,000 received 20 years from now, 10 years from now, or today. These calculations use an interest rate of 4%.

The actual interest rate earned on any particular investment will vary:

- If you want to receive \$100,000 in 20 years, you need to invest \$45,639 today assuming a 4% interest rate.
- If you want to receive \$100,000 in 10 years, you need to invest \$67,556 today assuming a 4% interest rate.
- This is known as the present value concept, or the current value of a future sum of money.

Present Value of \$100,000 to be Received



Calculating Benefit Amount

Calculating the benefit amount involves several things including: the death benefit, mortality, premiums, cash value, any loans on the policy, and applicable charges.

1. Death Benefit

The first step is to determine the present value of the policy's death benefit. This is similar to the example above, which calculated the present value of \$100,000 to be received at some point in the future. However, a death benefit isn't received at a fixed point in the future.

The point at which the death benefit is received depends on the mortality of the insured.

High mortality means the money is likely to be received sooner than later and so it has a higher present value than low mortality. Because mortality generally increases with age, the present value of the death benefit also tends to increase with age.

2. Premiums

The next step is to calculate the remaining premiums that are due on the policy (if any), for company reimbursement on their "present value".

The calculation is different depending on whether the policy is Whole Life, Universal Life, or Term.

After finding the future value of required premiums, the benefit amount is generally calculated as:

1. **Subtract the present value of premiums from the present value of the death benefit.**
2. **An administrative fee is then assessed and subtracted. The fee varies by state.**
3. **Subtract any loans or debt on the policy.**

Calculation Recap

$$\begin{array}{r}
 \text{Present value of death benefit} \\
 - \text{Present value of remaining premiums} \\
 \quad - \text{Fees and loans} \\
 \hline
 \text{Benefit}
 \end{array}$$

Life Expectancy vs. Present Value of Death Benefit

The higher the mortality, the higher the present value of the death benefit will be. This is why terminal illness has the highest benefit amount.

Premiums Paid vs. Present Value of Required Premiums

On flexible premium products, the more well-funded a policy is, the less premiums will be due in the future, which will result in a higher payout.

When illustrating term products, the projected ABR benefits later in, or after, the level term period can be lower than the benefits projected earlier in the level term period. This is an outcome of the present value calculations. The present value of the future premiums gets larger relative to the present value of the death benefit because of the increasing post-level term premiums. Therefore, the projected accelerated benefits go down.

Another note on term ABR projections: For critical illness and injury benefit projections, minor illness or injury projections are often very low or \$0. This is because the life expectancy impact of this severity level is slight. In the discounting process, this small mortality change contributes to low projected benefits.

This document is only a summary intended for informational purposes. It is modified in its entirety by the terms of the relevant Accelerated Benefits Riders. Any inconsistency between this document and an Accelerated Benefits Rider, the terms of the Rider shall control.

Full Acceleration — What Happens To My Policy?

If a full lump sum benefit is elected:

- The death benefit will be fully accelerated
- The discounted death benefit will be paid to the policy owner
- The policy will terminate

Partial Accelerations

All Accelerated Benefits Riders are eligible for partial acceleration.

A partial acceleration is an option for a policy owner who wants to receive part of their benefit while still maintaining a death benefit.

If a partial acceleration is requested, it will follow the same guideline as a full acceleration with some differences. The partial percentage of the full amount requested will be reduced from the original death benefit, as well as the discounted benefit.

For instance, assume the policy has a \$500,000 death benefit. The policy owner needs to accelerate their death benefit to pay for medical bills, but only wants to accelerate half and still maintain a death benefit.

To illustrate this concept, assume after the discounting calculation, the full benefit is \$400,000. The policy owner would receive 50% of that, or \$200,000.

The policy death benefit would also be reduced by 50%, or \$250,000.

The policy owner would receive a \$200,000 benefit, and a \$250,000 death benefit would still be available under the policy.

Examples

Full Acceleration — Terminal Illness, Critical Illness, Alzheimer's Disease, and Critical Injury

Death benefit:	\$500,000
Benefit after discounting:	\$400,000
Payment to client:	\$400,000

Lump Sum – Policy Terminates

Partial Acceleration — Terminal Illness, Critical Illness, Alzheimer's Disease, and Critical Injury

Death benefit:	\$500,000
Client wants to accelerate:	50%
Full benefit after discounting:	\$400,000
Benefit received for 50% acceleration:	\$200,000
Policy reduced by 50% of original policy value:	\$250,000

Remaining Death Benefit: \$250,000

Partial Acceleration — Chronic

Death benefit:	\$500,000
Gross death benefit at 24% partial acceleration: (\$500,000 x .24)	\$120,000
Discounted value of \$120,000 of the death benefit:	\$96,000
Benefit payment:	\$96,000

Remaining Death Benefit:

\$380,000
(\$500,000 – \$120,000)

Product Availability

There are state special limitations on the availability of all riders depending on the amount of coverage the insured has on existing policies with us. Please contact the home office for details.

Check rider availability for each product you are considering through the National Life Group Illustration System or online at www.NationalLife.com

For BasicSecure NL, FlexLife NL, and TotalSecure NL, New York has a minimum face amount requirement of \$100,000 to allow ABR-Chronic II.

RapidProtect NL is not available in NY.

	Terminal	Chronic	Premium Chronic Care	Chronic for NY	Critical Illness	Critical Injury	Alzheimer's Disease
BasicSecure	✓	✓	No	No	✓	✓	✓
BasicSecure NL	✓	✓	No	✓	✓	✓	✓
RapidProtect	✓	✓	No	No	✓	✓	✓
RapidProtect NL	✓	✓	No	No	✓	✓	✓
FlexLife NL (NY only)	✓	No	No	✓	No	No	No
FlexLife	✓	✓	✓	No	✓	✓	✓
PeakLife NL	✓	✓	No	✓	✓	✓	✓
SummitLife	✓	✓	No	No	✓	✓	✓
NL Term	✓	✓	No	✓	✓	✓	✓
LSW Term	✓	✓	No	No	✓	✓	✓
TotalSecure	✓	✓	No	No	✓	✓	✓
TotalSecure NL	✓	✓	No	✓	✓	✓	✓



Life Changes. Protect It.

For more information on our Accelerated Benefits Riders:

Call the National Life Sales Desk: 1-800-906-3310

Visit us at www.NationalLife.com

No bank or credit union guarantee | Not a deposit | Not FDIC/NCUA insured | May lose value | Not insured by any federal or state government agency

Guarantees are dependent upon the claims-paying ability of the issuing company.