



AGENT GUIDE

Life Insurance



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NAIC Model Illustration Regulation

For Universal Life and participating Whole Life sales



If you do business in a state that has passed the NAIC Model Illustration Regulation when required, a Basic Illustration must be signed by both the applicant and the agent and sent in its entirety to Illinois Mutual. **Receipt of only a signed signature page is not acceptable.** The Company will maintain a copy of the illustration until three years following the surrender or maturity of the policy. The agent must also give the applicant a signed copy of the Basic Illustration. If the policy is issued other than as applied for, a Revised Basic Illustration will accompany the policy for signatures at policy delivery. If a Supplementary Illustration is used, it must be presented following the presentation of the Basic Illustration.

Q. If no illustration is used at point of sale, what do I do?

A. If no illustration is used, you must submit the Delivery Proposal Request, Form 5406-A. Use the top section of the form. Both the agent and the applicant must sign. The form is available on the POWERPitch® 5G software and from the Supply Department. A Basic Illustration will accompany the policy at issue and the illustration must be signed at delivery and returned to Illinois Mutual.

Q. If the illustration used at point of sale is different than what is applied for, what do I do?

A. If a different illustration is used, you must complete the middle section of the Delivery Proposal Request form and submit it to us. Both the agent and the applicant must sign the form. A Revised Basic Illustration will accompany the policy at issue and the illustration must be signed at delivery and returned to Illinois

Q. What if I use a laptop computer at point of sale and I am unable to print the final illustration?

A. Use the bottom section of the Delivery Proposal Request form. Both the agent and the applicant must sign the form.

A Revised Basic Illustration will accompany the policy at issue and the illustration must be signed at delivery and returned to Illinois Mutual.

Q. What expense table is Illinois Mutual using to comply with the Model Illustration Regulation?

A. Illinois Mutual uses the Generally Recognized Expense Table [GRET].

Q. What about current illustration software?

A. All life illustration software distributed is in compliance with the Model Illustration Regulation. If you need newPOWERPitch® 5G life software, call (800) 437-7355, ext. 789.

The NAIC Model Illustration Regulation has been approved in the following states:

AL, CA, CO, CT, DE, IA, IL, IN, KS, KY, LA, MA, MD, ME, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TX, UT, VT, WA, WI, WV.

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This Agent's Guide is designed to assist you in selling our products. Because you play such an important part in the selection of risks, it is essential that you realize that you are not only a salesperson, but also an underwriter in every sense of the word. Your signature on the application indicates your recommendation of the risk to Illinois Mutual Life Insurance Company.

Your comments as an underwriter are welcome and will assist Illinois Mutual's Home Office Underwriters in their evaluation. You are encouraged to submit these comments and any other supplemental information you may have regarding the risk in a cover letter with the application.

Use your name, phone number and agent code number to identify all new business or correspondence to the Company. This will assure proper handling of your applications and enable us to give you the fastest service possible.

Responsibility and Limit of Authority

Each Agent's contract provides that you shall observe the instructions set forth in this Life Guide and any additional instructions that may be given from time to time in the future.

As an Agent, you are not authorized to make either verbal or written statements which might be construed as binding the Company, unless they are actually stated in the Company's contracts.

All circulars or advertisements promoting Illinois Mutual or Illinois Mutual's products must first have written Home Office approval prior to printing.

Any matters involving legal questions or state insurance departments must be referred to the Home Office immediately. No further action by you is necessary without Home Office instruction.

The Company pays its claims as promptly as possible. Unless specifically authorized in writing by the Company, you must not settle a claim or make any promises in reference to a claim.

Rebates and Misrepresentation

You are prohibited from making or giving any:

- Statement misrepresenting the terms, benefits or advantages of any policy;
- Misleading representations or misrepresentations as to the financial condition of any company;
- Misleading or incomplete comparison of the policies of any company;
- Negotiations for insurance other than that expressed in the policy;
- Rebate of the premiums as expressed in the policy; or,
- Valuable consideration as an inducement for the purchase of the policy.

Market Conduct

Your long term success in the insurance industry depends on a reputation for fair dealing and integrity. That's why making sure your clients understand what they are buying is so important.

Here are some tips to help you maintain successful market conduct:

1. Maintain regular contact with your clients.
2. Keep detailed records specifying what products were recommended and why.
3. Keep copies of all correspondence.
4. Have written acknowledgment of all forms and proposals used.

Licensing Procedures



Insurance Department regulations dictate under what circumstances Illinois Mutual, as an insurer, may accept business. As the Agent, you must currently be licensed in the state in which you are writing the application. Illinois Mutual is unable to accept business from any agent until the proper licensing and appointment requirements are met.

Every agent must submit an Illinois Mutual Agent's Application and Form SD-274, Notification/Release of Information, along with a copy of the resident state license and any non-resident state license in which the agent intends to conduct business.

The following guidelines have been established to comply with Insurance Department regulations and to ensure quality field underwriting:

1. Only properly licensed and appointed agents are permitted to solicit business on behalf of Illinois Mutual.
2. Agents who are not appointed with the Company are not allowed to submit business under a contracted Illinois Mutual agent in order to bypass the licensing and appointment procedure.
3. Contracted agents are not to accept brokerage business which has actually been written by an unlicensed or non-appointed agent.
4. In joint case situations, both agents involved must be licensed and appointed representatives of Illinois Mutual.

Illinois Mutual Licensed States

Illinois Mutual is licensed to do business in the states listed. Applications are not acceptable if the applications are taken in states where Illinois Mutual is not licensed.

Residents of states where Illinois Mutual is not licensed will be considered only if the agent certifies that the application was taken and the policy will be delivered in a state where Illinois Mutual is licensed.

License and Appointment Guide

This information is current as of 2-9-10, and is subject to change.

Please furnish us with a copy of your license in all states.

1. The agent application and a copy of current license can be submitted with the first policy application from qualified[†] agents in the following states:

Alabama	Indiana	Missouri	South Carolina
Arizona	Iowa	Nebraska**	South Dakota
Arkansas	Kansas ^{††}	Nevada**	Tennessee
California	Kentucky	New Hampshire	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut**	Maine**	North Carolina	Vermont
Delaware	Maryland	North Dakota	Virginia
Florida	Massachusetts	Ohio	Washington ^{††}
Georgia	Michigan	Oklahoma	West Virginia
Idaho**	Minnesota	Oregon	Wisconsin
Illinois	Mississippi**	Rhode Island	Wyoming

2. Agents must be appointed prior to taking policy applications in the following states:

Pennsylvania*

[†] Qualified: agent is licensed in the state and the agent application and a copy of current license is on file in the Home Office, or accompanies policy application.

* Agent can write on the day Illinois Mutual processes the appointment. (Minimum 3 working days from the date agent's paperwork is received in the Home Office.)

** Illinois Mutual must appoint within 15 days of the date the 1st policy application is signed. Policy applications received after 15 days will be declined and must be rewritten.

^{††} Illinois Mutual must appoint within 30 days of the date the 1st policy application is signed. Policy applications received after 30 days will be declined and must be rewritten.

Taking the Application



Illinois Mutual conveniently provides a simplified application for life that includes the following:

- *Life and Health Receipt* – Detach and give to the proposed insured if money is collected or premium is paid at the time the application is written and advise that coverage is effective subject to the terms of the receipt.
- *Fair Credit Reporting Act Pre-Notification* – Detach and give to the proposed insured at the time the application is written.
- *Medical Information Bureau Pre-Notification* – Detach and give to the proposed insured at the time the application is written.
- *Proxy Form* – Should be signed and sent with the application in all states except Iowa, Maryland, Oklahoma, South Carolina and Tennessee.

Completing Life Insurance Applications

1. The state where the application is taken is considered the contract state and all required forms must be in compliance with such state requirements. Please refer to Form HO-124 (L) Required Forms.
2. All paper applications must be completed in ink. Pre-signed, incomplete applications for subsequent transcription are not acceptable.
3. Agents can complete Life applications over the phone. The completed application is sent to the proposed insured for verification, signature and dating.
4. Personally ask all the application questions of the proposed insured and complete the application with full, explicit and accurate answers. "N/A" is not an acceptable answer; "no" or "none" should be used, if that is the correct response.
5. Any corrections or alterations to the application must be made in the presence of and initialed by the proposed insured. Changes made with "white out" will not be accepted.
6. No application will be accepted that has been altered or corrected with regard to the signature of the proposed insured, the date signed, the city and state or the licensed resident agent's signature.

7. The proposed insured's home and business phone numbers, with the best time to call, must be completed on the application to expedite the personal history interview that may be necessary.
8. Beneficiary designation to include relationship to the Proposed Insured.
9. Complete and accurate medical information on the application is crucial in rendering a fair and timely underwriting decision. Some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any health care consultation or hospital admission. The outcome of any exam or check-up should be recorded on the application as "all test results were reported to be within normal limits" or a complete description of any unfavorable or abnormal findings should be provided.

The Medical Information portion of the application requests details to all affirmative medical history question responses. Details include:

Illness, Injury, or Other. Indicate the disease, disorder, illness, injury, impairment, symptoms or other reason. Include the specific area of body affected when appropriate.

Date. Indicate the date when symptoms or problems were first experienced and the date or dates health care services were utilized.

Details and Degree of Recovery. Indicate testing performed including results, diagnosis made, treatment prescribed including medications, surgery or therapy, frequency of health care visits, length of disability, degree of recovery and if any residual problems, complications or restrictions.

Complete name of Physician, Hospital or Clinic and Current Address. Indicate the complete name, current address and phone number of the physician(s) or medical facility(s), that were consulted for the symptoms or problems. Include referral physician(s) or medical facility(s).

Taking the Application



Example: April 2005 routine exam revealed high blood pressure (152/96); May 2005 blood profile, urinalysis and EKG within normal limits, diagnosed as hypertension controlled with Lotensin, quarterly readings by Dr. David Green, 515 West Wind Road, Peoria, IL 61634 (Phone #000-000-0000) average 134/82 with last reading of 136/84 in August 2006. Medication or dosage unchanged since July 2005.

10. In order to evaluate the requested amount, clearly indicate the applicant's annual income on the application.
11. Indicate all other life insurance currently in force and/or pending.
12. Checking the application for complete and accurate information before sending it to the Home Office will help ensure faster processing and issue. Incomplete applications will cause delays.
13. Attach to the application a copy of the illustration used at time of sale as confirmation of the benefits requested and premiums quoted.
14. In order to expedite the underwriting process, fax the application to the Home Office at 1-309-674-2091. A facsimile of the application is acceptable provided the original is sent to the Home Office prior to issue.

Illinois Mutual offers agents the opportunity to take applications over the phone and through the mail. For guidelines and more information, please contact your Life sales team.

HIPAA Compliance

Health Information Authorization, Form 9209, must be completed at time of application as required by the Health Insurance Portability and Accountability Act of 1996.

Declined Applications

A letter with a refund check in the amount of any premium paid is sent to you, the agent, in all cases where we are unable to issue insurance and it is necessary to decline the application.

A copy of the letter of declination is sent to the proposed insured seven days later, therefore, refund checks should be delivered promptly.

Trial Applications

Although we do not accept trial applications, Underwriting will offer tentative opinions on the underwriting of certain medical conditions.

Incomplete Applications

If we are unable to complete our underwriting requirements **within 60 days of the application date**, we must close the file as incomplete and return any premiums paid. A letter of explanation is sent to the agent. Seven days later, a copy of the letter is sent to the proposed insured to inform them that their insurance is not in force as a result of an incomplete application.

When any outstanding underwriting requirements are received, we outline our tentative offer in writing to the agent, subject to a new application.

Residence Requirements

Applicants are eligible for insurance if they are citizens of and currently residing in the United States. Persons anticipating residence in a foreign country, even temporarily, are ineligible. Individuals who live and/or work in the state of California are not eligible for Disability Income insurance.

FOREIGN NATIONALS

Foreign Nationals with permanent resident status (immigrants) residing continuously in the United States for at least two (2) years immediately preceding our application completion are considered for insurance subject to the following:

- Current full-time U.S. residency
- Valid Social Security number
- Valid Permanent Resident Card ("Green Card")
- Foreign National Questionnaire (Form 7016)
- Intent to reside permanently in the U.S. (assets, employment, family, etc.)
- Occasional limited trips to native country – also see Foreign Travel section
- Copy of the past two years Federal Income Tax Returns upon request
- Established health care in the U.S. with access to medical records upon request
- Cover Letter of explanation is recommended and may be required upon request

Applicants applying for face amounts of \$100,000 or greater must provide a copy of their Permanent Resident Card ("Green Card").

Foreign Nationals without permanent resident status, non-U.S. Residents, or those persons anticipating residence in a foreign country, even temporarily, are ineligible for insurance.

Taking the Application



FOREIGN TRAVEL

Applicants who travel to foreign countries frequently, those who visit for a lengthy period of time or those who travel to areas with political unrest, poor economic conditions or areas lacking modern living standards or medical facilities may not be eligible for coverage. Applicants where lawful foreign travel represents an average risk or better will be considered for coverage.

Social Security Number

Applicants are considered for insurance by providing a valid social security number issued by the United States Social Security Administration.

Tobacco Use

Tobacco use rates apply to individuals who:

- have used tobacco products such as cigarettes, cigars, pipes or chew within 12 months or application completion;
- use nicotine delivery products such as the patch, gum or inhaler;
- test positive for nicotine (cotinine).

Financial Underwriting

Financial underwriting is an area of underwriting aimed at ensuring there is no question of over-insurance, speculation or fraud arising out of pure monetary consideration. The single most important consideration for financial underwriting of any face amount is understanding how the amount of insurance was determined. A cover letter from the agent is the perfect way to outline the purpose of the insurance, the method used to establish the requested face amount and any unusual aspects of the case. Other documents, such as estate planning analysis, financial statements or business agreements, used in arriving at the face amount should also accompany the application.

Financial underwriting takes into consideration the total face amount in force and applied for on an individual life and the purpose of the insurance.

PERSONAL INSURANCE

The following table can be used as a general guideline to determine the amount of insurance required for replacement of income by using a multiple of annual income based on the proposed insured's current age.

Ages	Multiple
To age 30	25-30
31-40	20-25
41-50	15-20
51-60	10-15
61-65	8-10
66-70	5-7
71+	Individual Consideration

Non-wage earning spouse 50% of amount in force and/or applied for on wage earner up to \$500,000

Juvenile 50% of amount in force and/or applied for on parent up to a maximum of \$100,000. For amounts above this, complete and submit Juvenile Questionnaire, Form 5609.

BUSINESS INSURANCE

Key Person 5 to 10 times salary of Key Person depending on age, stability of business and unique attributes of the Key Person

Buy/Sell Amount of coverage equal to percentage of ownership times the value of the business. All owners must be insured for their share of ownership

The above is only a sample of the reasons life insurance is purchased. A financial portfolio may include estate planning, charitable giving, and debt protection to name a few. Whenever an amount of insurance exceeds the general guidelines outlined above, please complete the Financial Questionnaire, Form L/H-2, and submit it along with the application, cover letter and any other documents used to determine the amount of insurance.

Taking the Application

Illinois Mutual's Replacement Policy



Introduction

This Replacement Policy is intended to inform agents of Illinois Mutual's position on replacements and provide general guidance in making appropriate replacement recommendations. This policy is not intended to replace your responsibility as an agent to know and follow the replacement regulations in the states in which you are licensed. This policy may be revised periodically. It is the agent's responsibility to make sure the most current version of this policy is referenced when considering recommending a replacement to a client. The most current version can be obtained on our Agent Forum or by contacting our Sales Department at (800) 437-7355.

Illinois Mutual's Position on Replacements

Illinois Mutual does not encourage or condone the systematic or deliberate replacement of existing life insurance as a marketing practice or method of doing business. However, we recognize that the replacement of an existing life insurance policy with a new policy may be beneficial to your client. Great care must be exercised when recommending the replacement of a life insurance policy to insure that the transaction is in the best interest of the client. Before recommending a replacement, you as the agent should complete a thorough analysis of the client's needs and circumstances. Ultimately, it is the client's decision whether to proceed with the transaction.

To ensure that the replacement transaction is appropriate, Illinois Mutual requires you to:

1. Understand the definition of replacement;
2. Complete a thorough analysis of your client's needs and retain all documentation of this analysis within your files;
3. Comply with the responsibilities as stated in this policy and the appropriate state regulations; and
4. Assist the Company when investigating undisclosed replacements.

Definition of Replacement

Many states have adopted the National Association of Insurance Commissioners (NAIC) Life Insurance and Annuities Replacement Model Regulation or similar laws. Be sure you understand what is considered a replacement in the states in which you do business. In addition, if the transaction is not considered a replacement under your state regulations, you must still determine whether the sale would be a replacement under Illinois Mutual's definition of replacement.

Illinois Mutual defines a replacement as any purchase of a new life insurance policy where you, as the agent, know or should know that an existing life insurance policy will be in any way:

- Lapsed, forfeited, surrendered or partially surrendered, assigned to the replacing insurer, or otherwise terminated;
- Converted to reduced paid-up insurance, continued as extended term insurance or otherwise reduced in value by the use of nonforfeiture benefits or other policy values;
- Amended to reduce benefits or the term of coverage of benefits;
- Reissued with reduction in cash value; or
- Used in a financed purchase. A financed purchase means the purchase of a new policy involving the actual or intended use of funds obtained by the withdrawal or surrender of, or by borrowing from, values of an existing policy to pay all or part of any premium due on a new policy.

In addition, certain states have requirements agents must follow even when no replacement is involved, such as the requirement for signed statements with all applications when the applicant has existing life insurance policies regardless of whether the existing policy is being replaced.

Determining if a Replacement is Suitable

Before recommending a replacement, you must be sure that it is in the best interest of your client. You must carefully compare all aspects of the existing policy and the proposed policy as well as the financial needs and objectives of your client. This can be a complicated analysis. Below are some of the factors to consider:

- A comparison of the underwriting classification between the existing and proposed policies;
- A comparison of the premiums between the existing and proposed policies (i.e., original issue age vs. current age)
- The effect of the replacement on future premium payment obligations and the client's ability to pay the premiums;
- A comparison of the death benefit between the existing and proposed policies;
- How surrender charges that may be assessed on the surrender of the existing policy and those applicable to the proposed policy will affect policy values (i.e., a comparison of net cash value directly before and after the replacement transaction);
- A comparison of the guaranteed and nonguaranteed elements of the existing and proposed policies and their effect on each policy's cash value build-up, death benefits, lapse dates, etc.;
- The consequences of new incontestability and suicide provisions;



Determining if a Replacement is Suitable (cont.)

- Whether changes in the insured's health after the date the existing policy was issued will adversely change mortality costs;
- Any differences between the existing and proposed policies' contractual provisions, duration and amount of coverage, or loan interest rates;
- A comparison of all the policy provisions between the existing and proposed policies; and
- Tax implications for the client.

Alternatives to Replacements

When determining if a replacement is appropriate, you should always consider whether your client's goals can be better served by keeping or modifying his or her existing policy. Some options may include, but are not limited to:

- Updating the existing policy to provide a better cash value growth;
- Leaving existing coverage in place, and purchasing a new policy to meet your client's additional needs;
- Finding out if your client qualifies for an improved rating classification on his or her existing policy. This may provide lower premiums and increase cash value;
- Exploring whether there are allowable adjustments to values, premiums, etc., on flexible-type policies;
- Reviewing and/or choosing other dividend options, if applicable;
- Using dividends for paid-up additions or to pay off existing loans;
- Partially surrendering a policy to pay off an existing loan; or
- If allowed, changing a current policy to the paid-up option and using the premium saved to purchase a new policy.

Please note that some of these options may still be considered a replacement transaction, but they may represent a more suitable recommendation for your client.

Your Responsibilities

It is important for you to have a clear understanding of the replacement requirements in each state in which you are licensed to sell life insurance. You should always be in a position to demonstrate that you:

- Conducted a thorough review of your client's needs and objectives;

- Obtained all the proper documentation of the existing policy (i.e., inforce illustration, annual statements, etc.,)
- Made a fair and careful comparison between the existing and proposed policies;
- Provided complete disclosure and analysis of all relevant replacement information and helped the client understand the advantages and disadvantages of the replacement transaction;
- Documented and maintained a complete and accurate record of client discussions, including all materials reviewed, relating to the appropriateness and recommendation of the replacement decision;
- Accurately answered the replacement question on the application and accurately completed any additional required forms;
- Provided your client with a copy of all policy illustrations, proposals and other sales materials used in the transaction;
- Recommended that the client keep his or her existing policy inforce until the new policy has been issued; and
- Complied with any additional state requirements or regulations.

Illinois Mutual's Responsibilities

Replacement activity increasingly has become an area of significant regulatory scrutiny. Illinois Mutual will regularly monitor its agents' replacement activities to ensure continued compliance with this policy and all applicable regulatory requirements. Factors that Illinois Mutual will consider when monitoring replacement activity include, but are not limited to:

- Signs of inappropriate replacements, including twisting and churning;
- The ratio of replacements of an agent's new business;
- The overall number of replacements submitted;
- Customer complaints;
- State investigations and market conduct examination results; and
- The number of undisclosed replacements.

As part of the agent monitoring process, Illinois Mutual's Compliance team may contact you for further review of your replacement activities. As part of the review, you may be required to produce a complete copy of your client's file and provide a further explanation of why the replacement was recommended. Illinois Mutual will take all necessary steps to enforce its policies.

Underwriting the Application



Blood Profile and Urinalysis

A blood draw and urine specimen is obtained by a paramedical examiner. To obtain the most favorable and accurate test results, the applicant should "fast" for 12 hours prior to the blood being drawn.

An Informed Consent must always be sent with the application when a blood profile is required, which is based on the Underwriting Requirements for the plan of insurance applied for. We or our reinsurers may require a blood profile for lesser amounts than routinely required. In this instance, an Informed Consent must be signed prior to the test. We will provide the appropriate Informed Consent form which includes a Notice to Proposed Insureds to explain our AIDS guidelines.

The paramedical examination facilities on this page have the approved blood kits, blood preparation expertise and mailing instructions for the most expedient handling.

Blood kits are not inventoried or supplied from the Home Office.

AIDS Policy

We are unable to provide insurance at any price to persons with AIDS, AIDS Related Complex, or those who test positive for the AIDS virus. Consequently, we will attempt to protect the Company through the use of AIDS questions, the testing of blood samples as appropriate, and close underwriting in high risk categories such as IV drug users, persons with a history of venereal disease, and persons with adverse underwriting history. In no event, however, shall an agent or the Company select or underwrite on the basis of sexual preference, marital status, or living arrangements. All persons within the same occupational class must be handled in the same manner as to underwriting procedures, testing, and evaluation. We ask your full cooperation in working with us to protect the interests of existing insureds of the Company without infringing on the rights of those whom we are currently selecting for insurance.

Medical Examinations

Medical examinations are to be completed by approved paramedical examination facilities. In the event a paramedic examiner is not available in the applicant's locality, you should contact the Underwriting Department before arranging the examination with a doctor.

When an examination must be performed by a doctor, there should not be a personal or business relationship between the physician and the proposed insured or applicant. As a general rule, the family physician is not to be used.

The doctor should not do any laboratory work unless specifically authorized by the Underwriting Department. All urine and all blood specimens should be mailed to:

ExamOne
10101 Renner Blvd.
Lenexa, KS 66219-9752
(877) 933-9261

Paramedical Examinations

Scheduling

After the application is completed, please schedule all required examinations with approved paramedical examination facilities. In the event a paramedic examiner is not available in the applicant's locality, you should contact the Underwriting Department before arranging the examination with a doctor. If you prefer to have the Home Office schedule these examinations, please indicate this request in the Examination Requirements section of the application, Form APP105-L.

Facilities

Illinois Mutual's approved paramedical facilities equipped to complete our blood profile requirements are listed below. All blood specimens must be drawn using the ExamOne Blood Kit and its mailing instructions. One of these paramedical facilities must be used when a blood profile is required or requested.

- | | |
|------------|--------------|
| 1. ExamOne | 877-933-9261 |
| 2. APPS | 800-727-2101 |
| 3. EMSI | 800-872-3674 |

Approved paramedical facilities have the ExamOne Blood Kit. Blood kits are not inventoried or supplied from the Home Office.

Underwriting the Application



PERMANENT PRODUCTS UNDERWRITING REQUIREMENTS*

Age	Total Amount of Insurance Applied for and in force with this Company						
	Up to \$49,999	\$50,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$2,499,999	\$2,500,000+
0-17	A	A	A	G	G	G	G
18-40	A	A	C	D	E	F	G
41-49	A	A	C	D	E	F	G
50-59	A	B	C	F	F	F	G
60+	B	B	E	F	F	F	G
To be considered for the Preferred Classification, minimum amount must be \$100,000 and medical requirements must include a full paramedical examination, HOS and blood profile.							
A	B	C	D	E	F	G	
1. Non-Medical	1. ABRV PMD 2. HOS	1. ABRV PMD 2. HOS 3. Blood Profile 4. MVR	1. ABRV PMD 2. HOS 3. Blood Profile 4. PHI 5. MVR	1. ABRV PMD 2. HOS 3. EKG 4. Blood Profile 5. PHI 6. MVR	1. Paramedical 2. HOS 3. EKG 4. Blood Profile 5. PHI 6. MVR	Refer to Underwriting Department	

*An optional teleunderwriting process is available for your convenience where completion of an application Part B Interview is required and a full paramedical exam and PHI are not routinely required.

Abbreviated Paramedical Exam (ABRV PMD): Includes measured height, weight, blood pressure, and pulse by a paramedical examiner.

Paramedical Exam: Includes completion by a paramedical examiner of Application Part 2 questions and Part 3 measured height, weight, blood pressure, and pulse - Statements to Medical Examiner Form R202-01 (appropriate state version).

Home Office Specimen (HOS): Paramedical examiner will obtain a urine specimen.

Blood Profile: Paramedical examiner will draw blood by venipuncture. For optimal results, the client should fast for 12 hours before having the blood profile drawn.

Electrocardiogram (EKG): Paramedical examiner will complete a resting electrocardiogram.

Personal History Interview (PHI): A telephone interview conducted by a representative of the Home Office Underwriting Department. A PHI may be completed at the underwriter's discretion on any amount of insurance.

Motor Vehicle Report (MVR): Home Office will request a Motor Vehicle Report from ExamOne.

Underwriting the Application



PATH PROTECTORSM TERM LIFE UNDERWRITING REQUIREMENTS*

Total Amount of Insurance Applied for and in force with this Company**						
Age	\$25,000 - \$99,999	\$100,000 - \$250,000	\$250,001 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$2,499,999	\$2,500,000 +
18 - 49	A	B	D	E	F	G
50 - 65	A	B	F	F	F	G
66 +	C	E	F	F	F	G

To be considered for Preferred Classification, minimum amount must be \$100,000.

Preferred classification medical requirements for ages 18-65 for face amounts of \$250,001+ must include a full paramedical exam, HOS and blood profile.

Preferred classification medical requirements for ages 66+ for face amounts \$100,000+ must include a full paramedical exam, HOS and blood profile.

A	B	C	D	E	F	G
1. Non-Medical†	1. Non-Medical† 2. MVR	1. ABRV PMD 2. HOS	1. ABRV PMD 2. HOS 3. Blood Profile 4. PHI 5. MVR	1. ABRV PMD 2. HOS 3. EKG 4. Blood Profile 5. PHI 6. MVR	1. Paramedical 2. HOS 3. EKG 4. Blood Profile 5. PHI 6. MVR	Refer to Underwriting Department

*An optional teleunderwriting process is available for your convenience where completion of an application Part B Interview is required and a full paramedical exam and PHI are not routinely required.

** When combining Path ProtectorSM Term Life simultaneously with other life insurance products with our Company, use the appropriate product specific Underwriting Requirements Chart to determine requirements for each requested policy. Use the Path ProtectorSM Term Life Underwriting Chart to determine requirements for the combined face amounts. Actual requirements are based on the most extensive requirements as shown in the Charts.

†Prescription history and MIB will be checked. Additional underwriting may be needed if information obtained is not acceptable.

Abbreviated Paramedical Exam (ABRV PMD): Includes measured height, weight, blood pressure, and pulse by a paramedical examiner.

Paramedical Exam: Includes completion by a paramedical examiner of Application Part 2 questions and Part 3 measured height, weight, blood pressure, and pulse - Statements to Medical Examiner Form R202-01 (appropriate state version).

Home Office Specimen (HOS): Paramedical examiner will obtain a urine specimen.

Blood Profile: Paramedical examiner will draw blood by venipuncture. For optimal results, the client should fast for 12 hours before having the blood profile drawn.

Electrocardiogram (EKG): Paramedical examiner will complete a resting electrocardiogram.

Personal History Interview (PHI): A telephone interview conducted by a representative of the Home Office Underwriting Department. A PHI may be completed at the underwriter's discretion on any amount of insurance.

Motor Vehicle Report (MVR): Home Office will request a Motor Vehicle Report from ExamOne.

Underwriting the Application



LIFE INSURANCE BUILD RATING TABLE – MALE AND FEMALE

This table is a guide for the probable rating of Life insurance based on build. Final underwriting action will be based on all aspects of the risk.

H E I G H T	MORTALITY CREDITS (-) AND DEBITS (+)														
	0	-10	-5	-5	+15	+25	+50	+75	+100	+125	+150	+200	+250	+300	
	Std.	Std.	Std.	Std.	Std.	Std.	B	C	D	E	F	H	J	L	
	100%	90%	95%	95%	115%	125%	150%	175%	200%	225%	250%	300%	350%	400%	
4' 8"	89	97	112	120	138	147	168	183	198	210	222	237	246	256	
9	90	99	114	123	145	154	174	190	206	218	228	243	253	263	
10	91	101	116	126	150	160	180	196	213	224	234	250	261	271	
11	93	103	119	129	155	166	186	203	220	232	242	257	266	276	
5' 0"	95	106	122	132	160	172	192	210	227	237	249	264	272	282	
1	98	108	125	135	165	177	198	217	235	247	257	273	284	294	
2	101	111	128	138	170	184	204	223	242	254	264	279	288	298	
3	105	114	131	142	175	190	212	230	249	261	271	286	296	306	
4	108	117	134	146	180	195	220	237	256	268	278	293	302	312	
5	111	120	138	150	185	202	224	243	261	273	283	300	308	318	
6	115	123	142	154	190	207	229	248	267	279	289	307	316	326	
7	118	126	145	158	195	214	233	253	271	283	293	312	320	330	
8	121	129	149	162	200	219	243	261	277	289	299	320	331	341	
9	125	133	153	166	205	225	250	269	287	299	309	328	337	347	
10	128	136	157	170	212	232	259	278	298	310	320	335	345	355	
11	131	140	161	175	217	238	265	290	310	327	337	344	351	361	
6' 0"	135	144	166	180	224	246	273	297	325	339	348	358	368	378	
1	138	148	170	184	232	254	279	305	332	345	354	365	375	385	
2	141	152	175	189	237	259	289	312	340	352	362	374	383	393	
3	145	156	180	195	242	264	295	320	345	357	367	380	388	398	
4	148	160	185	200	248	269	300	325	350	362	372	385	394	404	
5	151	165	190	206	254	274	305	330	355	367	377	390	398	408	
6	155	170	196	212	260	282	310	337	365	377	385	395	405	415	
7	160	176	203	219	266	288	317	345	370	382	390	400	410	420	

Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

Underwriting the Application



Super Preferred Underwriting Criteria

- Non-user of tobacco products for the past 5 years.
- No treatment for abuse of alcohol or drugs.
- No onset of disease in parents, brothers or sisters under the age of 60 from cancer, diabetes, or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 2 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 5 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 135/85 with no treatment.
- Cholesterol \leq 220, HDL ratio must be less than 5.0 with no treatment.
- Body build not to exceed limits set forth in the following table:

Super Preferred Underwriting Build Table*

Height	Max. Weight (lbs.)		Height	Max. Weight (lbs.)	
	Male	Female		Male	Female
4'8"	123	121	5'8"	179	175
4'9"	128	125	5'9"	184	179
4'10"	132	130	5'10"	189	185
4'11"	138	134	5'11"	194	189
5'0"	142	139	6'0"	199	194
5'1"	147	143	6'1"	204	200
5'2"	151	147	6'2"	211	206
5'3"	156	151	6'3"	216	212
5'4"	160	156	6'4"	221	218
5'5"	165	160	6'5"	228	223
5'6"	169	165	6'6"	234	230
5'7"	174	169	6'7"	239	235

Preferred Underwriting Criteria

- Non-user of tobacco products for the past 3 years.
- No treatment for abuse of alcohol or drugs.
- No death in parents, brothers or sisters under the age of 60 from cancer, diabetes or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 2 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 5 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 140/90 for preferred. Treatment allowed.
- Cholesterol \leq 250, HDL ratio \leq 6.0, treatment allowed.
- Body build not to exceed limits set forth in the following table:

Preferred Underwriting Build Table*

Height	Max. Weight (lbs.)		Height	Max. Weight (lbs.)	
	Male	Female		Male	Female
4'8"	137	134	5'8"	199	194
4'9"	142	139	5'9"	204	199
4'10"	147	144	5'10"	210	205
4'11"	153	149	5'11"	215	210
5'0"	158	154	6'0"	221	216
5'1"	163	159	6'1"	227	222
5'2"	168	163	6'2"	234	229
5'3"	173	168	6'3"	240	235
5'4"	178	173	6'4"	246	242
5'5"	183	178	6'5"	253	248
5'6"	188	183	6'6"	260	255
5'7"	193	188	6'7"	266	261

*Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

Underwriting the Application



Ultra Standard Underwriting Criteria

- Non-user of tobacco products for the past 12 months.
- No treatment for abuse of alcohol or drugs in the past 6 years.
- No more than one death in parents, brothers or sisters under the age of 60 from cancer, diabetes, or cardiovascular disease.
- No private aviation, hazardous avocations or occupations.
- The insured must not have received more than 3 moving violations in the last 3 years, and no DUI or reckless driving conviction in the last 3 years.
- No current medical treatment or history for diabetes or other significant medical conditions and must be standard for all other medical conditions.
- Blood pressure cannot be over 150/92, treatment allowed.
- Cholesterol \leq 280, HDL ratio \leq 7.0, treatment allowed.
- Body build not to exceed limits set forth in the following table:

Ultra Standard Underwriting Build Table*

Height	Max. Weight (lbs.)		Height	Max. Weight (lbs.)	
	Male	Female		Male	Female
4'8"	144	141	5'8"	209	204
4'9"	149	146	5'9"	214	209
4'10"	154	151	5'10"	221	215
4'11"	161	156	5'11"	226	221
5'0"	166	162	6'0"	232	227
5'1"	171	167	6'1"	238	233
5'2"	176	171	6'2"	246	240
5'3"	182	176	6'3"	252	247
5'4"	187	182	6'4"	258	254
5'5"	192	187	6'5"	266	260
5'6"	197	192	6'6"	273	268
5'7"	203	197	6'7"	279	274

*Weight loss tends to be unstable and short-lived. When considering applicants who have lost weight within 12 months of the application completion date, indicate the reason for the weight loss and add half of the weight lost back to the current weight prior to referencing the table for the probable underwriting action.

Attending Physician's Statements

Attending Physician's Statements are a valuable underwriting tool. Providing the physician, clinic, hospital, or other medical provider's complete name, mailing address, telephone number and prepayment fee will help to expedite the handling of the Attending Physician's Statement.

Some Attending Physician's Statements can be avoided by carefully and accurately recording all available information on the application for any physician consultation or hospital admission. "Routine physical examinations" or "check-ups" rarely are what these phrases describe. Experience shows that specific reasons prompted a visit to a physician or hospital. The outcome of any exam or check-up should be recorded on the application as "all results were reported to be within normal limits" or a complete description of any unfavorable or abnormal findings should be provided.

Verification of Information

Illinois Mutual uses two methods to verify information:

PERSONAL HISTORY INTERVIEW (PHI)

A Home Office employee may call the proposed insured to conduct a PHI. You should include the proposed insured's business and home telephone numbers with the best time to call and alert your client that a PHI may be conducted.

INSPECTION REPORTS

Systematic Business Services, Inc.

On occasion, an Inspection Report may be requested from SBSI.

Aviation, Sports and Hazardous Avocations

The Aviation, Sports and Hazardous Hobbies Questionnaire, Form 2667-A should be completed for proposed insured's participating or planning to participate in:

- Flying as a pilot, crew member or student pilot
- Mountain or rock climbing
- Vehicle racing
- Scuba, skin or sky diving
- Hang gliding

Premium Payments



First Premiums

First premiums should be collected at the time the application is taken and the full premium paid should accompany the application to the Home Office. If money is collected, be sure to give the Life Receipt. Always ask your applicant to pay the premium when you write the application, except in cases where (a) the medical history indicates a serious health condition, (b) the applicant appears a marginal risk, or (c) if the amount of Life insurance is over \$500,000 (\$200,000 in the state of Kansas).

Illinois Mutual **will not accept individually billed monthly business**. If an application is submitted on a quarterly, semi-annual or annual basis without money or without the full first premium, the application will be underwritten and, when issued, there will be 30 days to pay the premium.

If the full premium on such C.O.D. cases, or the balance of the premium on a partial pay case is not received in the Home Office within 30 days from the date of issue, the policy is null and void and the applicant is so advised by letter.

Post dated checks are not acceptable. A bank may choose to charge the policyowner's account before the date of the check or return the check. The policyowner is responsible for delays, fees or charges resulting from post dating a check.

Minimum Premiums

For minimum premiums refer to the product information in this guide or your POWERPitch® 5G software.

Monthly Authorized Check/EFT

It's easy and convenient to use the Monthly Authorized Check/EFT plan to pay the premiums on new and old policies. Have your client complete the Authorized Check Form/EFT attached to the Application and sign it. Send this form along with the first month's premium, a void check and the application for new policies. For in force policies, send the Form listing the policies already in force and a void check. If your client has more than one policy, we will establish a convenient combined payment plan for all the policies to keep them in force with just one Monthly Authorized Check/EFT.

We will establish contact with the bank. The withdrawal will then appear on the client's bank statement. For those clients using banks that do not provide this service, a paper check will be included with the bank statement.

Policy Issue and Delivery



Delivering the policy in person is important to building relationships with your clients. It also ensures they receive their policy in a prompt and reliable manner. We encourage all of our agents to deliver policies in person.

Conditional Issues

A policy is conditionally issued as a counteroffer of insurance when the policy cannot be issued as applied for and coverage is rated, modified, or proposed insured(s) is not acceptable for coverage.

Conditionally issued policies require acceptance and signatures of the proposed insured or applicant on the Amendment of Application, Exclusion of Coverage, and Statement of Health (or combination thereof) forms as specified in the Policy Transmittal Letter which is mailed with the policy outlining the Special Issue Instructions.

AMENDMENT OF APPLICATION/ EXCLUSION OF COVERAGE RIDER

Any required Amendment of Application and/or Exclusion of Coverage outlining the Policy modifications is included in and made a part of the Policy. Written acceptance by the proposed insured/ applicant is necessary before insurance will be placed in force under the Policy. The Agreement is as follows:

I understand that Policy Number _____ is conditionally issued as a counteroffer of insurance. I agree to accept any changes made by Form _____, a copy of which is attached to the Policy. I further understand and agree that the Policy will become effective on the date shown in the Policy Schedule only if this Form is accepted and properly signed and the first full premium is paid.

Procedures in Delivering Conditional Issue Policies

1. The policy will only become effective when the specified forms are signed and the first full premium is paid.
2. A copy of the Amendment of Application and Exclusion of Coverage Form will be attached to the policy.
3. Witness and secure the signature of the applicant and, if appropriate, the proposed insured on the Agreement.
4. Return the Agreement copy in the envelope provided.
5. A letter is sent to the applicant five working days after the policy has been mailed to you advising that a counteroffer of insurance has been made and that no insurance is in force until they have reviewed and accepted our offer.
6. Delivery and acceptance of conditionally issued policies should be completed promptly and timely. Contact the Underwriting Department if special circumstances require an extension of delivery time.
7. The counteroffer of insurance will expire, be revoked and become void if the signed Agreement is not received in the Home Office within 30 days.
8. Void counteroffers will be explained by letter to the applicant with any premium paid refunded. A copy of this letter will be sent to you. The policy and unsigned forms should be returned to the Home Office.

PATH PROTECTORSM TERM LIFE

Path ProtectorSM Term Life



Term Life Renewable to Age 95

Policy Description (Policy Form 614)

Path ProtectorSM Term Life (Form No. 614) is a guaranteed premium term life insurance policy, renewable to age 95. Premiums are guaranteed level for the initial term period of 10, 15, 20 or 30 years. The policy may be renewed after the initial term period at annually increasing rates until age 95.

Path ProtectorSM Term Life with Illinois Mutual provides your client with the opportunity to obtain \$25,000 - \$250,000 of high quality and affordable term coverage without routine underwriting requirements such as exam, blood profile, urinalysis or EKG for issue ages of 18 to 65 if MIB and RX history are acceptable.* Not having to visit with an insurance examiner can make life easier and get you paid faster!

Policy Features

Issue Ages** (Age Last Birthday)

- 18- 75 10 Year Plan
- 18- 65 15 Year Plan
- 18- 60 20 Year Plan
- 18- 50 30 Year Plan

Banded Premiums:

- \$25,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$250,000
- \$250,001 to \$499,999
- \$500,000 to \$999,999
- \$1,000,000+

Underwriting Classes:

Insurance Amount \$25,000 - \$99,999

- Standard, Non-Tobacco User
- Standard, Tobacco User

Insurance Amount \$100,000 - \$250,000

- Preferred, Non-Tobacco User
- Standard, Non-Tobacco User
- Standard, Tobacco User

Insurance Amount \$250,001+

- Super Preferred, Non-Tobacco User
- Preferred, Non-Tobacco User
- Ultra Standard, Non-Tobacco User
- Standard, Non-Tobacco User
- Preferred, Tobacco User
- Standard, Tobacco User

Policy Fee

- None

Payment Mode Factors

Monthly Authorized Check/EFT	0.088
Quarterly	0.265
Semi-annual	0.515
Annual	1.0

Premium Information

Premiums are level and guaranteed for the initial period of 10, 15, 20, or 30 years. The initial premiums are based on:

- Issue age of the insured's age last birthday
- Gender
- Tobacco use
- Underwriting classification
- Premium period selected
- Premium band based on insurance amount selected

On the anniversary at the end of the level term period, annual renewable term rates will be used to maintain coverage to age 95.

For premium rates refer to Path ProtectorSM Term Life Rate Book, Form A5611, or our POWERPitch[®] 5G proposal software.

Conversion Option

Path ProtectorSM Term Life is fully convertible during the entire conversion period which begins on the issue date of the policy and extends through the 20th policy year, or to age 70, if earlier. Insurance may be converted to a permanent whole life or flexible premium adjustable life policy by the owner while the policy is in force during this period.

*MIB, pharmacy data check or information developed during the underwriting process may prompt underwriting requirements. Additional underwriting requirements apply to ages 66 and older and clients whose total amount of insurance applied for and in force with Illinois Mutual would be more than \$250,000. Contact the Home Office Sales department for further details.

**For WA: 18-70 – 10 Year Plan; 18-60 – 15 Year Plan; 18-50 – 20 Year Plan; and 18-50 – 30 Year Plan. Exceptions for 30-year option: Male, Standard Tobacco, 18-47 for bands under \$100,000, and Male, Standard Tobacco, 18-49 for bands \$100,000 and above.

Path ProtectorSM Term Life



Term Life Renewable to Age 95

Additional Benefit Rider

Accelerated Death Benefit Rider (Policy Form 5357)

This rider (termed Total and Permanent Disability Benefit Rider in MI), at no additional cost, offers an optional accelerated benefit payment of life insurance proceeds to an insured for financial needs that arise from a terminal illness. The Accelerated Benefit is an amount not exceeding the lesser of the following:

- The amount shown on the policy schedule or
- 75% of the Death Benefit, minus the sum of any outstanding loans and any unpaid loan interest

To choose this benefit, the owner must provide satisfactory evidence that the insured's life expectancy is 12 months or less from the date of the application for the Accelerated Benefit. A one-time administrative charge of up to \$250 may be applied. Minimum benefit payment is \$5,000. Refer to Rider Form 5357 for your state for full disclosure of terms. Not available in MS, NJ, and TX.

Optional Benefits and Riders

Disability Waiver of Premium Rider (Form 491-R)

This rider waives the premium, including rider premiums, during the total and permanent disability of the covered insured. The disability must be in existence for six consecutive months before the waiver is activated. Benefits will be retroactive to the date of disability.

Coverage to insured's age 60. If the date of disability is prior to the policy anniversary on which the insured is age 60, benefits can continue to the date the policy expires. The rider terminates at the earlier of: a) termination of the policy, b) death of the insured, or c) policy anniversary on which the insured attains age 60.

Total and permanent disability shall mean a disability caused by accidental bodily injury which is sustained or by disease which first manifests itself while this Benefit is in force. Such disability must totally and continuously prevent the Insured from performing substantially all of the duties of any occupation for wage or profit in which he might reasonably be expected to be engaged with due regard to his education, training, experience and prior standard of living.

However, during the first 24 months of any period of disability, total and permanent disability shall mean disability which totally and

continuously prevents the Insured from performing substantially all of the duties of his occupation. Being a student is considered performing an occupation. A disability which has continued without interruption for at least 6 months shall be deemed to be permanent. However, this will only be for the purpose of determining the start of our liability.

Issue Ages

- 18 – 55

Termination Limit

- The insured's attained age 60

Child Insurance Rider (Form 5235)

The Child Insurance Rider provides level term insurance to age 25 on the insured's children listed on the application and children born to or adopted by the insured while the policy and rider are in force.

Issue Ages

- Insured age 18 – 70
- Children Ages 0 – 18

Termination Limits

Coverage may be terminated at the earlier of:

- The policy anniversary following the last covered child's 25th birthday
- The policy anniversary following the insured's 70th birthday
- Conversion of the insurance on the life of the last covered child

Issue Limits

- One unit equals \$1,000 of insurance coverage on each covered child
- Minimum number of units: 1 unit (\$1,000)
- Maximum number of units: 20 units (\$20,000)
- Annual premium rate is \$6 per unit.
- Waiver of Premium applies to the Child Insurance Rider when the base policy has Waiver of Premium

Conversion Limits

- This rider may be converted on the policy anniversary following the insured child's 25th birthday up to the lesser of 5 times the amount of coverage or \$50,000 without evidence of insurability, to any plan of insurance, except term, then being issued.

ValueLife ProtectorSM Universal Life



See Page 3 for NAIC Model Illustration Regulation

Policy Description

ValueLife ProtectorSM (VLP) Universal Life, Form 618, is designed as a competitively priced low-cost protection solution that offers the security of permanent life insurance with tax deferred cash value accumulation and an income tax-free payment of death benefits. A competitive interest rate is credited to the policyowner's accumulated funds, compounded monthly. The VLP plan provides maximum flexibility to meet your client's changing needs over a lifetime and gives your client true long-term financial value.

Issue Ages

18- 75 (Age Last Birthday)

Minimum Issue

\$50,000

Interest Rates

Guaranteed Rate- 3.5%

Current Rate- Reflects current economic factors

Death Benefits

Option 1- Specified Amount

Option 2- Specified Amount plus cash value

Premium Banding

Band 1 \$50,000- \$99,999

Band 2 \$100,000+

Premium Modes

Annual, semi- annual, quarterly, and monthly authorized check/ EFT.

Additional Interest Bonus

An additional 1% interest bonus will be credited to the unborrowed portion of the cash value starting in year 11 and prospectively into the future each and every year that the policy remains in force. The company anticipates paying this bonus but it is not contractually guaranteed.

Accelerated Death Benefit

This Rider (termed Total and Permanent Disability Benefit Rider in Michigan), **included at no additional premium**, provides access to policy funds for financial needs that arise from a terminal illness. Up to 75% of the Policy Death Benefit, minus the sum of any outstanding policy loans and unpaid loan interest, may be requested. Minimum benefit payment is \$5,000. A one-time administrative charge may be applied. Refer to Rider, Form 5357, for your state, for full disclosure of terms. Not available in MS, NJ and TX.

Extended Maturity Option

The maturity date is the policy anniversary following the insured's 100th birthday. However, the policyowner has the option, any time prior to the normal maturity date, of extending the date to any age following age 100.

Policy Charges

Mortality Charge- this charge is based on the 2001 CSO Tables and is withdrawn from the cash values.

Percent of Premium Expense Charge – 5%

Monthly Administrative Charge – \$6.00 per month

Monthly Expense Charge

Years 1-10

Ages 18-29 \$10 per month

Ages 30-39 \$11 per month

Ages 40-49 \$14 per month

Ages 50-59 \$18 per month

Ages 60+ \$20 per month

Years 11+ \$15 per month

Surrender Charge

The Surrender Charge is equal to 100% of the surrender charge rate for the first 5 policy years, decreasing 10% each year for the next 10 years. There is no surrender charge after year 15.



Partial Surrenders

Up to three withdrawals may be made each policy year. Each withdrawal must be at least \$200 and a \$25 charge will be applied with each one. The maximum available is the current surrender value less \$200.

Policy Loans

Policy loans are available at any time with an interest rate of 7.25% in advance. Starting on the 10th policy anniversary, the policyowner can take a preferred loan in which the loan rate will be 3.5% in advance on any amount borrowed up to 10% of the surrender value on the last day of the preceding policy year. Policy values equal to any outstanding preferred loan balance will earn interest at 3.5% for a net cost of 0% on preferred loans. Any amount borrowed in excess of this amount will be charged 7.25% in advance.

Increases in Coverage

Increases in coverage may be requested at any time after the first policy year. The minimum increase in Specified Amount is \$10,000 and is subject to evidence of insurability. An increase in the Specified Amount will result in a new Surrender Charge.

Decreases in Coverage

After the first two policy years, a decrease in coverage may be requested. The Specified Amount, remaining in effect after any decrease, may not be less than \$50,000. The Surrender Charges will be unchanged.

ValueLife ProtectorSM Universal Life



Annual Target Premiums Per \$1,000*

Age	Male					Female					Age
	Preferred Non-Tobacco	Non-Tobacco		Tobacco		Preferred Non-Tobacco	Non-Tobacco		Tobacco		
		\$50,000-\$99,999	\$100,000+	\$50,000-\$99,999	\$100,000+		\$50,000-\$99,999	\$100,000+	\$50,000-\$99,999	\$100,000+	
18	3.96	5.52	4.56	6.48	5.52	3.12	5.04	3.96	5.52	4.56	18
19	4.20	5.76	4.80	6.96	6.00	3.72	5.28	4.20	5.76	4.80	19
20	4.20	5.76	4.80	6.96	6.00	3.72	5.28	4.20	5.76	4.80	20
21	4.20	5.76	4.80	6.96	6.00	3.72	5.28	4.20	5.76	4.80	21
22	4.20	5.76	4.80	6.96	6.00	3.72	5.28	4.20	6.00	5.04	22
23	4.56	6.00	5.04	6.96	6.00	3.72	5.28	4.20	6.24	5.28	23
24	4.56	6.00	5.04	7.56	6.48	3.96	5.28	4.56	6.24	5.28	24
25	4.80	6.24	5.28	7.56	6.48	3.96	5.52	4.56	6.48	5.52	25
26	4.80	6.24	5.28	7.56	6.48	4.20	5.52	4.56	6.96	6.00	26
27	4.80	6.24	5.28	8.04	6.96	4.20	5.52	4.56	6.96	6.00	27
28	5.04	6.48	5.52	8.52	7.56	4.20	5.52	4.56	6.96	6.00	28
29	5.04	6.48	5.52	9.48	8.52	4.56	5.52	4.56	7.56	6.48	29
30	5.52	6.96	6.00	9.96	9.00	4.80	6.00	5.04	8.04	6.96	30
31	5.52	6.96	6.00	9.96	9.00	4.80	6.00	5.04	8.04	6.96	31
32	5.76	7.56	6.48	10.56	9.48	4.80	6.24	5.28	8.52	7.56	32
33	6.24	8.04	6.96	11.04	9.96	5.04	6.48	5.52	9.00	8.04	33
34	6.24	8.04	6.96	12.00	11.04	5.52	6.96	6.00	9.00	8.04	34
35	7.20	9.00	8.04	12.48	11.52	5.76	7.56	6.48	9.96	9.00	35
36	7.20	9.00	8.04	12.48	11.52	5.76	7.56	6.48	9.96	9.00	36
37	7.20	9.00	8.04	12.96	12.00	5.76	7.56	6.48	9.96	9.00	37
38	8.04	9.96	9.00	14.04	12.96	6.24	8.04	6.96	11.04	9.96	38
39	8.04	11.04	9.00	14.52	12.96	6.72	8.52	7.56	11.04	9.96	39
40	9.00	11.52	9.96	15.48	14.04	7.20	9.24	8.04	11.52	11.04	40
41	9.00	11.76	9.96	12.48	15.00	7.56	9.72	8.28	12.48	11.28	41
42	9.48	12.48	10.56	17.04	15.00	8.04	10.56	8.76	13.80	11.76	42
43	9.96	13.20	11.04	17.28	15.00	8.28	11.28	9.24	14.52	12.24	43
44	10.80	14.52	12.00	18.48	15.96	8.76	12.00	9.72	15.72	13.20	44
45	11.28	15.24	12.48	19.80	17.04	9.24	12.72	10.56	16.56	13.80	45
46	11.76	15.96	12.96	21.00	18.00	9.72	13.56	10.80	17.52	14.52	46
47	12.48	17.04	14.04	21.96	18.96	9.96	14.04	11.28	18.24	15.24	47
48	12.72	17.28	14.28	23.04	20.04	10.20	14.52	12.00	18.48	15.48	48
49	13.80	18.24	15.24	24.00	21.00	10.80	15.00	12.48	19.20	16.20	49
50	14.76	19.20	16.20	24.96	21.96	11.76	15.96	12.96	20.04	17.04	50
51	15.72	20.52	17.52	27.00	24.00	12.24	16.56	13.56	21.00	18.00	51
52	17.04	21.72	18.72	29.04	26.04	12.96	17.52	14.52	21.96	18.96	52
53	18.00	23.04	20.04	30.96	27.96	13.80	18.24	15.24	23.04	20.04	53
54	19.20	24.24	21.24	33.00	3.00	14.76	19.56	16.56	24.00	21.00	54
55	20.52	25.80	22.80	35.04	32.04	15.72	20.52	17.52	24.96	21.96	55
56	21.72	27.24	24.24	36.00	33.00	16.80	21.48	18.48	26.04	23.04	56
57	23.04	28.56	25.56	38.04	35.04	17.76	22.80	19.80	27.00	24.00	57
58	24.48	30.24	27.24	39.96	36.96	18.96	24.00	21.00	27.96	24.96	58
59	26.04	31.80	28.80	41.04	38.04	20.04	25.20	22.20	29.04	26.04	59
60	27.48	33.48	30.48	42.96	39.96	21.48	26.76	23.76	30.96	27.96	60
61	29.28	35.52	32.52	45.00	42.00	23.04	28.56	25.56	33.00	30.00	61
62	30.96	37.56	34.56	47.04	44.04	24.24	30.00	27.00	36.00	33.00	62
63	33.00	39.72	36.72	48.96	45.96	26.04	31.80	28.80	39.00	36.00	63
64	35.04	41.76	38.76	51.00	48.00	27.48	33.48	30.48	42.00	39.00	64
65	36.96	44.04	41.04	53.04	50.04	29.28	35.52	32.52	44.04	41.04	65
66	38.76	45.96	42.96	56.04	53.04	30.48	36.96	33.96	47.04	44.04	66
67	41.52	48.96	45.96	59.04	56.04	32.52	39.00	36.00	50.04	47.04	67
68	44.04	51.96	48.96	62.04	59.04	34.20	41.04	38.04	51.96	48.96	68
69	45.96	54.00	51.00	65.04	62.04	36.00	42.96	39.96	54.96	51.96	69
70	48.48	57.00	54.00	68.04	65.04	38.76	45.96	42.96	57.00	54.00	70
71	51.24	60.00	57.00	72.00	69.00	41.52	48.96	45.96	60.00	57.00	71
72	54.00	63.00	60.00	75.96	72.96	44.04	51.96	48.96	63.00	60.00	72
73	57.48	66.96	63.96	81.96	78.96	46.80	54.96	51.96	66.96	63.96	73
74	61.20	71.04	68.04	87.96	84.96	50.52	59.04	56.04	71.04	68.04	74
75	64.80	75.00	72.00	95.04	92.04	54.00	63.00	60.00	75.00	72.00	75

*Add \$60 to the minimum premium



Optional Benefits

Term Insurance Rider

Issue Ages:

18-60	10 Year Plan
18-55	15 Year Plan
18-50	20 Year Plan

This Rider provides a choice of 10, 15, or 20 year level term insurance on the primary insured and has a minimum issue of \$50,000 and a maximum issue of ten times the base policy. Premiums are guaranteed level for the term period. This Rider may be converted, without evidence of insurability, to any plan, except term, then being issued at the then attained age of the primary insured. The conversion must take place at the earlier of 20 years or age 70.

Refer to the POWERPitch[®] 5G illustration software for Term Rider Rates.

Other Insured Term Insurance Rider

Issue Ages:

18-60	10 Year Plan
18-55	15 Year Plan
18-50	20 Year Plan

This Rider provides a choice of 10, 15, or 20 year level term insurance on the spouse of the insured and has a minimum issue of \$10,000. The maximum issue amount cannot exceed the total amount of insurance on the primary insured. Premiums are guaranteed level for the term period. This Rider may be converted, without evidence of insurability, to any plan, except term, then being issued at the then attained age of the spouse. The conversion must take place at the earlier of the initial expiry date, the 20th policy year, or age 60. Not available in LA.

Refer to the POWERPitch[®] 5G illustration software for Term Rider Rates.

Child Insurance Rider

Insured Ages 18-60
Children Ages 0-18

If selected, this Rider provides term insurance for all children of the insured. The coverage is issued in units of \$1,000 each with a maximum participation of 20 units. This Rider may be converted at the child's attained age 25 or earlier, up to the lesser of five times the amount of coverage or \$50,000, without evidence of insurability, to any plan, except term, then being issued. The Child Insurance Rider premium is \$6.60 per unit.

Waiver of Monthly Deduction Benefit

Issue Ages 18-55

If this Benefit is included, after six months of total disability prior to age 60, the monthly deductions are waived during continued total disability. The monthly deductions made during the waiting period will be credited back to the cash value. If this Benefit is included, the premium for optional riders, if any, will also be waived.

Refer to the POWERPitch[®] 5G illustration software for Rider Rates.

Disability Waiver of Monthly Amount[†]

Issue Ages: 18-55

After six months of total disability prior to age 60, the Monthly Amount, up to \$1,000, is waived during total disability.

The minimum amount issued is equal to the minimum premium. The maximum amount issued is equal to the guideline level premium, up to a maximum of \$1,000 a month.

[†]This rider is not available on rated cases.

Refer to the POWERPitch[®] 5G illustration software for Rider Rates.

Accidental Death Benefit

Issue Ages 18-60

If this Benefit is included, it will be paid if death results directly from accidental bodily injury within 90 days after such injury. Maximum issue: \$150,000 in all companies.

Refer to the POWERPitch[®] 5G illustration software for Rider Rates.

Guaranteed Insurability Options Benefit[†]

Issue Ages 18-39

If this Benefit is included, it will allow an increase of the Specified Amount of up to \$50,000 on each of the specific option dates without evidence of insurability. The option dates are the anniversaries of the policy nearest the insured's 25th, 28th, 31st, 34th, 37th and 40th birthdays.

[†]This rider is not available on rated cases.

Refer to the POWERPitch[®] 5G illustration software for Rider Rates.

Life Foundations Whole Life

See Page 3 for NAIC Model Illustration Regulation



Policy Description

Life Foundations Whole Life* (LFWL), Form 617, is a low premium whole life plan that provides long term protection until age 121 with the premiums, death benefit and cash values guaranteed for the life of the policy. The LFWL plan offers five different payment options, competitively priced term insurance riders, as well as a variety of traditional riders. This policy can be strategically utilized for multiple protection needs based on your client's life stage and objectives.

Issue Ages

Insurance Age 0-80. (Age Last Birthday)

Minimum Issue

\$5,000
\$10,000 (single pay option)

Dividend Banding at:

\$5,000 - \$24,999
\$25,000 - \$49,999
\$50,000 - \$99,999
\$100,000 +

Policy Fee

\$40.00

For Other Than Annual Premiums

Multiply the total annual premium, including policy fee, by the following factors:

<u>Mode</u>	<u>Factor</u>
Semi-Annual	.515
Quarterly	.265
Monthly Authorized Check/EFT	.088

Policy Loans

Policy loans are available at any time with an interest rate of 7.25% in advance.

Payment Options

- Single Pay†
- 10 Pay
- 20 Pay
- To Age 65 Pay
- Continuous Pay

Accelerated Death Benefit

This Rider (termed Total and Permanent Disability Benefit Rider in Michigan), **included at no additional premium**, provides access to policy funds for financial needs that arise from a terminal illness. Up to 75% of the Policy Death Benefit, minus the sum of any outstanding policy loans and unpaid loan interest, may be requested. Minimum benefit payment is \$5,000. A one-time administrative charge may be applied. Refer to Rider, Form 5357, for your state, for full disclosure of terms. Not available in MS, NJ and TX.

* Not available in all states.

† Minimum death benefit - \$10,000

Life Foundations Whole Life



Whole Life Continuous Pay Juvenile Rates

Annual Rates Per \$1,000*									
Male					Female				
Age	\$5,000– \$24,999	\$25,000– \$49,999	\$50,000– \$99,999	\$100,000 +	\$5,000– \$24,999	\$25,000– \$49,999	\$50,000– \$99,999	\$100,000 +	Age
0	11.39	7.23	4.99	4.75	10.17	6.63	4.73	4.50	0
1	11.49	7.43	5.25	5.00	10.30	6.76	4.86	4.63	1
2	11.87	7.74	5.51	5.25	10.63	6.96	4.99	4.75	2
3	12.28	7.95	5.62	5.35	10.98	7.15	5.09	4.85	3
4	12.71	8.17	5.72	5.45	11.37	7.36	5.20	4.95	4
5	13.17	8.40	5.83	5.55	11.76	7.56	5.30	5.05	5
6	13.31	8.51	5.93	5.65	11.84	7.66	5.41	5.15	6
7	13.48	8.64	6.04	5.75	11.94	7.76	5.51	5.25	7
8	13.66	8.82	6.22	5.92	12.05	7.91	5.68	5.41	8
9	13.88	9.01	6.39	6.09	12.18	8.06	5.84	5.56	9
10	14.11	9.21	6.57	6.26	12.34	8.22	6.01	5.72	10
11	14.24	9.37	6.74	6.42	12.50	8.38	6.16	5.87	11
12	14.37	9.53	6.92	6.59	12.68	8.55	6.33	6.03	12
13	14.49	9.69	7.10	6.76	12.88	8.73	6.50	6.19	13
14	14.61	9.84	7.28	6.93	13.08	8.91	6.66	6.34	14
15	14.72	10.00	7.46	7.10	13.29	9.09	6.83	6.50	15
16	14.76	10.10	7.59	7.23	13.44	9.26	7.00	6.67	16
17	14.81	10.21	7.74	7.37	13.59	9.42	7.17	6.83	17

* Multiply all figures by the number of thousands in the face amount. \$40.00 Policy Fee must be added in premium calculations. These are Continuous Pay Rates. For To Age 65 Pay, 20-Pay, 10-Pay and Single Pay, refer to the POWERPitch® 5G software, For To Age 65 Pay, the maximum issue age is 40.

Life Foundations Whole Life



Whole Life Continuous Pay Rates

Annual Rates Per \$1,000*										
Male, Non-Tobacco, Standard						Male, Tobacco, Standard				
Age	Preferred†	\$5,000– \$24,999	\$25,000– \$49,999	\$50,000– \$99,999	\$100,000 +	\$5,000– \$24,999	\$25,000– \$49,999	\$50,000– \$99,999	\$100,000 +	Age
18	6.65	14.84	10.37	7.96	7.59	17.32	12.53	9.94	9.52	18
19	6.70	14.89	10.41	8.00	7.61	17.47	12.58	9.95	9.53	19
20	6.75	15.09	10.52	8.05	7.64	17.61	12.64	9.96	9.53	20
21	6.81	15.16	10.57	8.10	7.67	17.79	12.71	9.98	9.53	21
22	6.86	15.40	10.68	8.14	7.70	18.00	12.79	9.99	9.54	22
23	6.91	15.68	10.80	8.18	7.72	18.26	12.90	10.01	9.54	23
24	6.96	15.96	10.94	8.23	7.75	18.50	12.99	10.02	9.56	24
25	7.02	16.29	11.08	8.27	7.77	18.80	13.10	10.03	9.56	25
26	7.34	16.59	11.39	8.59	8.10	19.26	13.55	10.47	10.00	26
27	7.67	16.93	11.72	8.91	8.42	19.71	13.98	10.90	10.43	27
28	8.00	17.28	12.05	9.23	8.76	20.22	14.45	11.34	10.87	28
29	8.34	17.67	12.40	9.56	9.08	20.73	14.91	11.77	11.31	29
30	8.68	18.09	12.75	9.87	9.41	21.32	15.40	12.21	11.74	30
31	8.97	18.54	13.12	10.20	9.73	21.90	15.88	12.64	12.18	31
32	9.26	19.02	13.50	10.52	10.06	22.52	16.39	13.08	12.62	32
33	9.55	19.52	13.88	10.84	10.40	23.18	16.90	13.51	13.06	33
34	9.84	20.06	14.28	11.16	10.72	23.88	17.43	13.95	13.49	34
35	10.12	20.62	14.68	11.48	11.05	24.62	17.97	14.39	13.93	35
36	10.52	21.12	15.18	11.98	11.50	25.31	18.66	15.08	14.54	36
37	10.93	21.64	15.68	12.47	11.96	26.06	19.37	15.77	15.14	37
38	11.33	22.20	16.21	12.98	12.41	26.80	20.07	16.45	15.75	38
39	11.74	22.77	16.73	13.47	12.86	27.61	20.81	17.15	16.35	39
40	12.14	23.39	17.27	13.98	13.32	28.44	21.55	17.84	16.96	40
41	12.55	24.05	17.82	14.47	13.78	29.33	22.31	18.53	17.56	41
42	12.96	24.73	18.39	14.97	14.23	30.24	23.08	19.23	18.17	42
43	13.36	25.45	18.96	15.47	14.68	31.20	23.86	19.91	18.76	43
44	13.77	26.21	19.55	15.97	15.29	32.20	24.66	20.69	19.52	44
45	14.16	27.01	20.16	16.46	15.98	33.27	25.49	21.62	20.40	45
46	14.81	27.51	20.84	17.25	16.72	34.29	26.54	22.61	21.33	46
47	15.45	28.07	21.56	18.05	17.49	35.37	27.61	23.64	22.30	47
48	16.10	28.65	22.27	18.84	18.30	36.53	28.71	24.71	23.31	48
49	16.74	29.26	23.00	19.64	19.15	37.71	29.81	25.84	24.38	49
50	17.39	29.91	23.76	20.45	20.04	39.00	30.96	27.03	25.50	50
51	18.02	30.90	24.64	21.27	20.98	40.35	32.13	28.28	26.68	51
52	18.67	31.95	25.54	22.20	21.98	41.75	33.31	29.63	27.95	52
53	19.31	33.05	26.45	23.26	23.03	43.25	34.53	31.05	29.29	53
54	19.96	34.22	27.39	24.38	24.14	44.80	35.76	32.55	30.71	54
55	20.60	35.45	28.35	25.55	25.30	46.47	37.04	34.11	32.18	55
56	22.03	36.85	30.09	26.81	26.54	48.03	39.19	35.80	33.77	56
57	23.46	38.34	31.91	28.46	27.85	49.71	41.38	37.58	35.45	57
58	24.90	39.91	33.78	30.48	29.20	51.54	43.63	39.41	37.18	58
59	26.32	41.57	35.69	32.52	30.65	53.48	45.91	41.83	39.06	59
60	27.76	43.34	37.63	34.56	32.48	55.56	48.24	44.30	41.09	60
61	29.19	45.22	39.61	36.59	34.29	57.79	50.63	46.77	43.11	61
62	30.62	47.22	41.64	38.63	36.12	60.18	53.07	49.23	45.13	62
63	32.05	49.33	43.69	40.66	37.94	62.73	55.56	51.70	47.16	63
64	33.48	51.57	45.80	42.69	39.76	65.43	58.11	54.17	49.20	64
65	34.91	53.94	47.95	44.73	41.58	68.30	60.72	56.64	51.63	65
66	37.63	54.46	49.96	47.54	43.96	68.51	62.85	59.81	54.08	66
67	40.35	57.07	52.71	50.37	46.34	71.36	65.91	62.98	56.71	67
68	43.06	59.85	55.52	53.18	48.72	74.43	69.04	66.14	59.35	68
69	45.79	62.82	58.39	56.01	51.09	77.74	72.26	69.31	63.00	69
70	48.50	66.01	61.34	58.82	54.35	81.34	75.58	72.48	68.47	70
71	50.69	69.41	64.36	61.64	56.81	85.20	78.99	75.65	71.14	71
72	52.71	73.03	67.46	64.46	59.06	89.30	82.49	78.82	73.65	72
73	55.03	76.87	70.63	67.27	61.67	93.68	86.08	81.98	76.69	73
74	58.14	80.90	73.88	70.10	65.15	98.28	89.75	85.16	80.69	74
75	62.07	85.12	77.18	72.91	69.55	103.11	93.50	88.33	85.67	75
76	N/A	89.99	83.28	79.66	74.11	107.66	99.63	95.31	91.14	76
77	N/A	95.13	89.47	86.42	79.16	112.61	105.90	102.29	97.02	77
78	N/A	100.59	95.76	93.17	84.50	117.97	112.31	109.26	103.54	78
79	N/A	106.44	102.20	99.92	90.18	123.83	118.90	116.25	110.83	79
80	N/A	112.71	108.79	106.68	96.92	130.19	125.66	123.23	118.72	80

* Multiply all figures by the number of thousands of the face amount. Add \$40.00 Policy. These are Continuous Pay Rates. For To Age 65 Pay, 20-Pay, 10-Pay and Single Pay, refer to the POWERPitch® 5G software. For To Age 65 Pay, the maximum issue age is 40.

† Minimum \$100,000 for Preferred.

Life Foundations Whole Life



Whole Life Continuous Pay Rates

Annual Rates Per \$1,000*										
Female, Non-Tobacco, Standard						Female, Tobacco, Standard				
Age	Preferred†	\$5,000- \$24,999	\$25,000- \$49,999	\$50,000- \$99,999	\$100,000 +	\$5,000- \$24,999	\$25,000- \$49,999	\$50,000- \$99,999	\$100,000 +	Age
18	5.84	13.11	9.28	7.21	6.90	15.94	11.28	8.77	8.47	18
19	5.90	13.30	9.36	7.23	6.91	16.14	11.35	8.78	8.48	19
20	5.95	13.49	9.44	7.26	6.91	16.36	11.45	8.80	8.48	20
21	6.00	13.70	9.52	7.28	6.91	16.59	11.53	8.81	8.48	21
22	6.06	13.93	9.62	7.30	6.92	16.86	11.64	8.83	8.49	22
23	6.10	14.18	9.71	7.31	6.92	17.17	11.76	8.85	8.49	23
24	6.16	14.44	9.82	7.33	6.93	17.46	11.87	8.86	8.51	24
25	6.21	14.71	9.93	7.35	6.93	17.78	12.00	8.88	8.51	25
26	6.48	14.96	10.18	7.61	7.19	18.14	12.35	9.23	8.85	26
27	6.76	15.23	10.45	7.88	7.44	18.51	12.70	9.58	9.19	27
28	7.03	15.52	10.71	8.13	7.71	18.97	13.10	9.93	9.53	28
29	7.32	15.82	10.99	8.39	7.96	19.39	13.47	10.28	9.88	29
30	7.60	16.15	11.28	8.65	8.22	19.83	13.85	10.63	10.22	30
31	7.84	16.50	11.57	8.91	8.47	20.30	14.24	10.97	10.56	31
32	8.07	16.86	11.87	9.18	8.74	20.80	14.64	11.32	10.91	32
33	8.31	17.26	12.17	9.43	8.99	21.38	15.07	11.68	11.26	33
34	8.54	17.67	12.48	9.69	9.25	21.92	15.49	12.02	11.59	34
35	8.78	18.11	12.81	9.95	9.50	22.51	15.92	12.37	11.94	35
36	9.12	18.52	13.21	10.35	9.88	23.12	16.49	12.93	12.43	36
37	9.45	18.94	13.62	10.75	10.25	23.73	17.06	13.47	12.93	37
38	9.79	19.39	14.03	11.15	10.63	24.40	17.66	14.03	13.41	38
39	10.11	19.87	14.46	11.55	10.99	25.09	18.26	14.58	13.90	39
40	10.45	20.36	14.89	11.95	11.37	25.78	18.90	15.20	14.52	40
41	10.78	20.87	15.32	12.34	11.74	26.54	19.61	15.88	15.17	41
42	11.12	21.41	15.77	12.74	12.11	27.30	20.35	16.61	15.86	42
43	11.45	21.97	16.27	13.20	12.62	28.09	21.12	17.37	16.59	43
44	11.79	22.55	16.86	13.80	13.19	28.91	21.93	18.17	17.35	44
45	12.12	23.17	17.48	14.42	13.78	29.77	22.76	18.99	18.14	45
46	12.62	23.56	18.04	15.07	14.40	30.29	23.50	19.85	18.96	46
47	13.12	23.96	18.62	15.74	15.04	30.83	24.27	20.73	19.80	47
48	13.62	24.39	19.22	16.44	15.71	31.41	25.06	21.64	20.67	48
49	14.11	24.59	19.76	17.16	16.39	31.69	25.76	22.56	21.55	49
50	14.61	25.31	20.50	17.90	17.10	32.62	26.70	23.51	22.45	50
51	15.11	26.07	21.27	18.68	17.84	33.63	27.69	24.49	23.39	51
52	15.61	26.88	22.08	19.49	18.61	34.69	28.71	25.49	24.35	52
53	16.11	27.72	22.92	20.33	19.41	35.79	29.78	26.54	25.35	53
54	16.61	28.62	23.80	21.21	20.25	36.97	30.91	27.65	26.41	54
55	17.11	29.56	24.75	22.16	21.15	38.20	32.09	28.80	27.51	55
56	18.18	30.47	25.71	23.14	22.09	39.24	33.22	29.99	28.64	56
57	19.27	31.44	26.73	24.19	23.09	40.36	34.43	31.24	29.84	57
58	20.35	32.48	27.80	25.28	24.13	41.58	35.72	32.56	31.10	58
59	21.44	33.61	28.95	26.44	25.23	42.92	37.09	33.94	32.42	59
60	22.51	34.83	30.19	27.70	26.38	44.38	38.53	35.38	33.79	60
61	23.60	36.14	31.65	29.23	27.59	45.95	40.24	37.17	35.21	61
62	24.68	37.55	33.14	30.77	28.84	47.66	42.06	39.05	36.67	62
63	25.77	39.06	34.66	32.30	30.24	49.50	43.93	40.93	38.19	63
64	26.84	40.66	36.22	33.83	31.64	51.45	45.83	42.81	39.76	64
65	27.93	42.37	37.82	35.36	33.03	53.54	47.79	44.69	41.30	65
66	29.94	42.69	39.31	37.49	34.79	53.33	49.11	46.83	42.89	66
67	31.96	44.33	41.26	39.61	36.55	54.81	51.02	48.97	44.56	67
68	33.97	46.11	43.27	41.74	38.30	56.46	52.98	51.10	46.32	68
69	35.99	48.06	45.33	43.86	40.07	58.35	55.03	53.25	47.78	69
70	38.00	50.20	47.46	45.98	44.17	60.47	57.17	55.39	52.71	70
71	39.99	52.54	49.65	48.10	46.48	62.84	59.39	57.53	54.84	71
72	42.13	55.08	51.92	50.22	48.97	65.44	61.69	59.67	57.07	72
73	44.47	57.82	54.27	52.35	51.69	68.26	64.06	61.80	59.47	73
74	47.07	60.77	56.83	54.71	54.43	71.03	66.42	63.95	62.08	74
75	49.87	63.91	60.04	57.96	57.67	72.87	68.46	66.09	65.19	75
76	N/A	67.28	63.71	61.78	61.47	77.62	73.50	71.27	68.96	76
77	N/A	73.54	69.27	66.97	66.63	83.96	79.09	76.46	73.11	77
78	N/A	77.58	74.05	72.16	71.80	87.50	83.69	81.64	77.71	78
79	N/A	83.23	79.40	77.34	76.96	91.61	88.50	86.82	82.82	79
80	N/A	88.99	84.80	82.54	82.13	99.91	94.78	92.01	88.47	80

* Multiply all figures by the number of thousands of the face amount. Add \$40.00 Policy. These are Continuous Pay Rates. For To Age 65 Pay, 20-Pay, 10-Pay and Single Pay, refer to the POWERPitch® 5G software. For To Age 65 Pay, the maximum issue age is 40.

† Minimum \$100,000 for Preferred.

Life Foundations Whole Life



Guaranteed Cash Values Per \$1,000*

Age	Male				Female				Age
	Preferred Non-Tobacco User/ Non-Tobacco User		Tobacco User		Preferred Non-Tobacco User/ Non-Tobacco User		Tobacco User		
	20th Year	At Age 65	20th Year	At Age 65	20th Year	At Age 65	20th Year	At Age 65	
18	85.19	415.31	110.21	465.60	74.92	359.04	102.17	427.17	18
19	90.05	413.42	115.82	463.22	78.88	357.13	107.08	424.82	19
20	95.14	411.43	121.70	460.74	83.04	355.13	112.23	422.36	20
21	100.45	409.34	127.82	458.15	87.37	353.02	117.62	419.77	21
22	105.95	407.12	134.15	455.43	91.90	350.80	123.26	417.05	22
23	111.65	404.77	140.68	452.59	96.64	348.46	129.12	414.18	23
24	117.53	402.29	147.37	449.61	101.56	345.98	135.21	411.15	24
25	123.60	399.66	154.21	446.49	106.68	343.37	141.51	407.97	25
26	129.89	396.90	161.23	443.22	111.98	340.61	148.05	404.62	26
27	136.40	393.99	168.46	439.79	117.50	337.71	154.78	401.09	27
28	143.20	390.92	175.95	436.17	123.20	334.66	161.67	397.37	28
29	150.29	387.64	183.76	432.32	129.08	331.44	168.68	393.45	29
30	157.68	384.15	191.84	428.21	135.15	328.05	175.79	389.31	30
31	165.35	380.43	200.16	423.81	141.39	324.47	182.97	384.94	31
32	173.27	376.47	208.64	419.12	147.80	320.69	190.24	380.33	32
33	181.43	372.26	217.25	414.12	154.36	316.71	197.56	375.47	33
34	189.83	367.79	225.92	408.80	161.10	312.51	204.94	370.34	34
35	198.41	363.04	234.57	403.15	168.02	308.09	212.38	364.95	35
36	207.16	358.00	243.19	397.13	175.11	303.43	219.88	359.26	36
37	216.11	352.65	251.83	390.76	182.36	298.52	227.43	353.26	37
38	225.33	346.98	260.60	383.99	189.76	293.33	235.02	346.91	38
39	234.88	340.98	269.62	376.82	197.33	287.83	242.66	340.17	39
40	244.71	334.60	278.83	369.22	205.08	282.01	250.35	333.01	40
41	254.80	327.85	288.13	361.17	213.05	275.83	258.10	325.40	41
42	265.06	320.69	297.38	352.67	221.22	269.29	265.91	317.32	42
43	275.45	313.11	306.49	343.71	229.62	262.35	273.80	308.74	43
44	285.95	305.09	315.45	334.27	238.28	255.00	281.82	299.64	44
45	296.62	296.62	324.35	324.35	247.21	247.21	289.99	289.99	45
46	307.48	287.65	333.29	313.89	256.42	238.97	298.32	279.76	46
47	318.61	278.14	342.40	302.83	265.92	230.26	306.83	268.93	47
48	330.03	268.00	351.72	291.05	275.71	221.05	315.53	257.49	48
49	341.74	257.14	361.25	278.40	285.81	211.32	324.44	245.46	49
50	353.75	245.50	371.05	264.83	296.23	201.03	333.57	232.80	50
51	366.02	233.05	381.09	250.31	306.96	190.16	342.85	219.49	51
52	378.42	219.75	391.23	234.85	317.96	178.68	352.23	205.50	52
53	390.86	205.56	401.36	218.42	329.25	166.57	361.69	190.79	53
54	403.42	190.43	411.71	201.04	340.84	153.78	371.20	175.34	54
55	416.20	174.36	422.39	182.72	352.70	140.24	380.83	159.08	55
56	429.22	157.27	433.35	163.40	364.87	125.93	390.63	141.98	56
57	442.44	139.08	444.54	142.98	377.35	110.80	400.61	123.97	57
58	455.64	119.59	455.69	121.22	390.13	94.79	410.74	104.96	58
59	468.62	98.65	466.48	97.87	403.23	77.81	421.05	84.84	59
60	481.28	76.14	476.87	72.86	416.64	59.75	431.55	63.54	60
61	493.55	52.02	488.21	48.76	430.08	40.50	441.80	40.93	61
62	505.44	26.24	499.28	23.41	443.20	19.96	451.23	16.91	62
63	517.10	0.00	510.35	0.00	456.02	0.00	459.88	0.00	63
64	528.47	0.00	521.49	0.00	468.63	0.00	468.92	0.00	64
65	540.22		532.38		480.92		477.42		65
66	551.78		542.56		493.14		485.74		66
67	562.40		551.68		504.96		493.50		67
68	571.88		559.49		515.71		499.79		68
69	580.05		565.77		525.86		504.61		69
70	586.78		570.37		536.00		508.51		70
71	592.30		573.58		547.06		514.04		71
72	597.03		576.01		559.92		522.66		72
73	600.98		577.78		573.13		532.74		73
74	603.97		578.72		585.34		543.06		74
75	605.71		578.46		595.07		551.33		75
76	606.36		576.96		601.44		555.52		76
77	606.35		574.76		604.06		555.17		77
78	605.57		571.79		605.98		553.98		78
79	603.81		567.84		610.92		556.76		79
80	600.47		562.31		616.65		560.83		80

* Multiply all figures by the number of thousands of the face amount.



Optional Benefits

Term Insurance Rider

Issue Ages:

18-60	10 Year Plan
18-55	15 Year Plan
18-50	20 Year Plan

This Rider provides a choice of 10, 15, or 20 year level term insurance on the primary insured and has a minimum issue of \$50,000 and a maximum issue of ten times the base policy. Premiums are guaranteed level for the term period. This Rider may be converted, without evidence of insurability, to any plan, except term, then being issued at the then attained age of the primary insured. The conversion must take place at the earlier of 20 years or age 70.

Refer to the POWERPitch® 5G illustration software for Term Rider Rates.

Other Insured Term Insurance Rider

Issue Ages:

18-60	10 Year Plan
18-55	15 Year Plan
18-50	20 Year Plan

This Rider provides a choice of 10, 15, or 20 year level term insurance on the spouse of the insured and has a minimum issue of \$10,000. The maximum issue amount cannot exceed the total amount of insurance on the primary insured. Premiums are guaranteed level for the term period. This Rider may be converted, without evidence of insurability, to any plan, except term, then being issued at the then attained age of the spouse. The conversion must take place at the earlier of the initial expiry date, the 20th policy year, or age 60.

Refer to the POWERPitch® 5G illustration software for Term Rider Rates.

Accidental Death Benefit

Issue Ages: 18-55

If Accidental Death Benefit is included, this benefit will be paid if death results directly from bodily injury within 90 days after such injury. Maximum Issue: The lesser of the face amount or \$150,000. Participation Limit: \$150,000 in all companies.

Refer to the POWERPitch® 5G illustration software for Rates.

Child Insurance Rider

Insured Ages 18-70

Children Ages 0-18

This Rider provides level term insurance for all children of the insured who are under the attained age of 19. Coverage is issued in units of \$1,000 with a maximum participation of 20 units. This Rider may be converted at the child's attained age 25, up to the lesser of five times the amount of coverage or \$50,000, without evidence of insurability, to any plan, except term, then being issued.

The Child Insurance Rider premium is \$6 per year per unit. If Waiver of Premium is included, add 20¢ per year per unit if insured is a male; 30¢ per year per unit if insured is a female.

Waiver of Premium

Issue Ages 18-55

If Waiver of Premium Benefit is included, after 6 months of disability prior to age 60, the premiums are waived during continued total disability.

Continuous Pay Waiver of Premium Rates

Male and Female Rates Per \$1,000					
Age	Non-Tobacco	Tobacco	Age	Non-Tobacco	Tobacco
18	0.27	0.31	37	0.82	1.24
19	0.29	0.33	38	0.88	1.32
20	0.30	0.35	39	0.94	1.40
21	0.32	0.38	40	1.00	1.48
22	0.34	0.41	41	1.05	1.55
23	0.36	0.45	42	1.10	1.61
24	0.38	0.48	43	1.15	1.68
25	0.40	0.51	44	1.20	1.74
26	0.42	0.54	45	1.25	1.81
27	0.44	0.58	46	1.40	2.01
28	0.46	0.61	47	1.55	2.20
29	0.48	0.65	48	1.70	2.40
30	0.50	0.68	49	1.85	2.59
31	0.54	0.76	50	2.00	2.79
32	0.58	0.84	51	2.20	3.02
33	0.62	0.92	52	2.40	3.26
34	0.66	1.00	53	2.60	3.49
35	0.70	1.08	54	2.80	3.73
36	0.76	1.16	55	3.00	3.96



Optional Benefits (cont.)

Paid-Up Additions Rider*

Issue Ages: 0-80

Available on Continuous Pay, 10 Pay, 20 Pay and To Age 65

Minimum Amount: \$1,000

Premium Payment Period - one time single payment at policy issue

This Rider is designed for a one time single payment which allows the purchase of additional paid-up life insurance at the time of policy issue. No further payments are required for such paid-up additions. This is an excellent tool to accelerate death benefit and cash value growth in the beginning stages of the policy.

*If a policy has a rating, this rider is only available on a Table Rating and is not available on a Flat Extra Rating.

Refer to the POWERPitch® 5G illustration software for Rates.

Paid-Up Insurance Rider**

Issue Ages: 18-75

Available on Continuous Pay, 20 Pay and To Age 65

Premium Payment Period - maximum of 15 years not to exceed age 80

Minimum payment - \$50 per year

Maximum payment -The annual paid-up insurance premium cannot exceed the 7 pay MEC premium

This Rider gives your clients the flexibility to make additional payments into their policy to purchase fully paid up life insurance in addition to the coverage that already exists under the base policy. The additional PUI payments into the policy will accelerate death benefit and cash value growth over the life of the policy and is an excellent strategy to grow assets on a tax deferred basis.

The paid up insurance purchased under the PUI rider are also eligible for dividends in addition to the dividends paid on your base policy. As the PUI policy dividends and values accumulate in the policy, the tax deferred growth will maximize the financial efficiencies and tax advantages of your client's policy.

**Not available on extra-rated policies.

Refer to the POWERPitch® 5G illustration software for Rates.

Option to Purchase Additional Insurance Rider†

Issue Ages 0-39

When added to Whole Life, this benefit will allow the purchase of up to 2 1/2 times the face amount, to a maximum of \$50,000 of insurance on each of the specific option dates without evidence of insurability. The minimum amount of insurance on each of the specific option dates is \$5,000.

Issue Age	Number of Option Dates	Option Date Ages
0-24	6	25, 28, 31, 34, 37, 40
25-27	5	28, 31, 34, 37, 40
28-30	4	31, 34, 37, 40
31-33	3	34, 37, 40
34-36	2	37, 40
37-39	1	40

†This rider is not available on rated cases.

Refer to the POWERPitch® 5G illustration software for Rider Rates.

Payor Waiver of Premium

Issue Ages:

- Insured Ages 0-17
- Payor Ages 18-55

At either the death or after 6 months of continuous disability of the Payor, the Monthly Amount will be waived until the Policy anniversary following the 25th birthday of the insured.

Refer to the POWERPitch® 5G illustration software for Rider Rates.



Policy Features

ChildGUARD®* Policy, Form 619, is a non-illustrated whole life product under the NAIC Illustration Regulation. No illustration that contains any non-guaranteed values may be used with this product.

Issue Ages: (Age Last Birthday)

- Minimum Issue Age 0
- Maximum Issue Age 18

Premium Information:

- \$300 one time premium per unit of coverage
- Maximum of two units per child
- Monthly Authorized Check/EFT
Premium Mode Factor: .088

Each unit provides the following life insurance benefits:

Age	Life Insurance Protection
From 0 through 12	\$ 5,000
From 13 through 17	\$10,000
From 18 to 23	\$15,000

At age 23, the insured may continue with \$25,000 of permanent life insurance coverage for an annual premium of:

- Male Insured – \$320
- Female Insured – \$285

Future Insurability Guarantee

Each unit of ChildGUARD* contains a future insurability guarantee that allows the insured to increase life insurance coverage up to \$100,000 at age 23, if the policy is in force and the insured is living – without medical exam and regardless of future health considerations.

A new policy on the life of the Insured may be purchased on the first Policy anniversary following the Insured's 23rd birthday. The Policy must be in force to exercise this option.

Underwriting

The ChildGUARD* Policy is normally issued non-medically, but the Company may request an examination on a specific case. It is not issued on a sub-standard basis.

The application must always be signed by a parent, even if the applicant is not a parent.

Policy Application

Use Illinois Mutual Form 5446 (appropriate state version), Application for Life Insurance.

*Not available in MT and PA.

MATURE MARKET

Level/Modified Death Benefit



Policy Description

Level Death Benefit Whole Life Policy*, Form 616

Immediate full death benefit guaranteed never to decrease.

Modified Death Benefit Whole Life Policy*, Form 615

For non-accidental death, the death benefit is limited to the return of premium paid accumulated at 5% interest during the first 2 policy years. Thereafter, 100% of the amount of insurance is payable. From day one, full benefits are paid for accidental death.

Forms 616 and 615 are non-illustrated products under the NAIC Illustration Regulation. No illustration that contains any non-guaranteed values may be used with these products.

Simplified Underwriting

Level Death Benefit Whole Life

Fast, efficient underwriting - answer the health questions while completing the application.**

Issue Ages: 45 - 85 (Age Last Birthday)

Minimum Issue: \$5,000

Maximum Issue: \$35,000 (ages 45 - 65)
\$25,000 (ages 66 - 85)

Modified Death Benefit Whole Life

Fast, efficient underwriting - answer the health questions while completing the application.**

Issue Ages†: 45 - 85 (Age Last Birthday)

Minimum Issue: \$5,000

Maximum Issue: \$25,000 (ages 45 - 65)
\$20,000 (ages 66 - 70)
\$15,000 (ages 71 - 75)
\$10,000 (ages 76 - 85)

Premiums

Guaranteed never to increase. The policy can never be cancelled except for nonpayment of premiums.

Premium mode factors

Semi-Annual	.515
Quarterly	.265
Monthly Authorized Check/EFT	.088

Level/Modified Whole Life Sales Packet, Form C5581, and Modified Whole Life Sales Packet, Form C5582, contain the Policy Application, Consumer Worksheet, HIPAA Authorization, and other required forms. It also contains underwriting information and annual rates.

Build Table for Level Death Benefit																								
Height	4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"	6'6"	6'7"
Maximum Weight (lbs.)	198	206	213	220	227	235	242	249	256	261	267	271	277	287	298	310	325	332	340	345	350	355	365	370
Minimum Weight (lbs.)	82	86	88	90	92	95	97	99	101	103	106	108	111	114	117	120	123	126	129	133	136	140	143	146

* Not available in all states

** A Medical Information Bureau (MIB, Inc.) search, Prescription Data check and Personal History Interview will be conducted. Depending upon the results, additional underwriting may be required.

† Modified Death Benefit Issue Ages are 45 - 75 in MO.

Level/Modified Death Benefit



Level Death Benefit Whole Life				
Annual Rates Per \$1,000 of Face Amount				
Issue Age	MALE		FEMALE	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
45	\$25.37	\$36.28	\$20.70	\$29.15
46	25.65	36.94	20.83	30.15
47	25.92	37.58	20.97	31.18
48	26.20	38.25	21.10	32.21
49	26.47	38.91	21.24	33.25
50	26.75	39.63	21.37	34.45
51	28.55	41.35	22.34	35.28
52	30.35	44.06	23.30	36.48
53	32.15	45.79	24.27	37.68
54	33.95	48.93	25.23	38.90
55	35.75	51.64	26.20	40.11
56	37.30	53.99	27.62	42.30
57	38.85	56.78	29.03	44.49
58	40.40	60.11	30.45	46.69
59	41.95	61.46	31.86	48.88
60	43.50	64.77	33.28	51.07
61	46.15	68.73	35.30	53.64
62	48.80	72.22	37.32	56.23
63	51.45	78.16	39.33	58.80
64	54.10	81.64	41.35	61.39
65	56.75	86.10	43.37	63.97
66	60.60	92.39	45.82	67.09
67	64.45	99.15	48.27	70.36
68	68.30	103.93	50.73	73.63
69	72.15	110.70	53.18	76.90
70	76.00	115.95	55.63	80.17
71	82.20	125.78	60.18	87.36
72	88.40	134.09	64.74	94.54
73	94.60	142.40	69.29	101.73
74	100.80	151.70	73.85	108.91
75	107.00	159.51	78.40	116.10
76	116.20	173.79	86.12	124.20
77	125.40	186.57	93.84	132.30
78	134.60	196.33	101.56	140.40
79	143.80	208.61	109.28	148.50
80	153.00	220.44	117.00	156.60
81	166.00	237.29	130.40	172.53
82	179.00	255.13	143.80	188.46
83	192.00	271.06	157.20	204.39
84	205.00	290.50	170.60	220.32
85	218.00	309.09	184.00	236.25

Add \$40 for the policy fee.

Modified Death Benefit Whole Life		
Annual Rates Per \$1,000 of Face Amount		
MALE	FEMALE	Issue Age
\$43.00	\$33.00	45
43.40	34.20	46
43.80	35.40	47
44.20	36.60	48
44.60	37.80	49
45.00	39.00	50
47.60	40.40	51
50.20	41.80	52
52.80	43.20	53
55.40	44.60	54
58.00	46.00	55
61.00	48.00	56
64.00	50.00	57
67.00	52.00	58
70.00	54.00	59
73.00	56.00	60
77.60	58.80	61
82.20	61.60	62
86.80	64.40	63
91.40	67.20	64
96.00	70.00	65
102.60	74.20	66
109.20	78.40	67
115.80	82.60	68
122.40	86.80	69
129.00	91.00	70
138.80	98.60	71
148.60	106.20	72
158.40	113.80	73
168.20	121.40	74
178.00	129.00	75
191.60	140.80	76 ▲
205.20	152.60	77 ▲
218.80	164.40	78 ▲
232.40	176.20	79 ▲
246.00	188.00	80 ▲
264.80	201.80	81 ▲
283.60	215.60	82 ▲
302.40	229.40	83 ▲
321.20	243.20	84 ▲
340.00	257.00	85 ▲

Add \$40 for the policy

▲ Modified Death Benefit Issue
Ages 76-85 not available in MO.



Life Policy Service

Forms: Policy Service Request, Form 5215, can be used for simple changes on life insurance policies. For instance, it is a way to request a change of name, ownership, beneficiary, mode or a duplicate policy. With a completed application, the form can be used to increase benefits. This form and other policy forms are available from Supply. Many forms can be downloaded from the Forms/Supplies section of the Agent Forum.

Faxes: In an emergency situation, Policy Service will fax a form. When the form is returned to the Home Office, it must have original signatures.

Premium Notices: For individually billed traditional life policies, premium notices are sent approximately 30 days prior to the due date. A late payment offer is sent around the end of the grace period.

For universal life policies, premium notices are sent approximately 30 days prior to the due date. If that premium is not paid and if there is value in the policy, a modal premium notice will continue to be generated 30 days prior to the next due date until the remaining value can no longer continue the policy in force. Thirty days after the last premium notice has been generated, a pending lapse notice will be sent to the owner. On the 61st day, a final lapse notice is sent to the owner.

For annuity contracts, if applicable (or requested), premium notices are sent approximately the 20th of the month prior to the due date. If that premium is not paid, no further premium notices are sent.

When premiums are paid by monthly authorized check/EFT, unless otherwise requested, we debit the premium payor's account no sooner than the monthly due date of the policy. A different debit date can be selected. No checks are drawn on the 29th, 30th or 31st of the month.

List billings (or special billings) are mailed approximately the 18th of the month prior to the month in which the premium is due. If the current modal premium is not received prior to the billing date for the following month, we will bill for two monthly premiums or rebill for the quarterly, semi-annual or annual premium due. We send only two list billing premium notices.

Change of Name: Upon notification, change of name because of marriage is automatically processed; however, in other cases, we may request a copy of the court order legally changing the name. If the premium is paid by Monthly Authorized Check/EFT, a new EFT form must be completed.

Change of Mode: The method of premium payment can be changed upon the written or telephoned request of either the agent or the owner. Premiums can be paid annually, semi-annually, quarterly or by monthly authorized check/EFT. The regular monthly billing is not available unless more than one policy is billed on the same premium notice.

There is a modal charge when premiums are paid other than annually on traditional policies. When changing the method of premium payment on traditional policies, the new premium should be calculated by Policy Service.

Universal policies have no modal charge. To determine a modal premium, divide the annual by 12 (monthly), 4 (quarterly), or 2 (semi-annually).

Duplicate Policies: Duplicate policies will be issued upon the written or telephoned request of either the agent or the owner, or the duplicate policy can be requested on Form 5215. If a policy is lost, the Company will issue a duplicate policy or Certificate of Coverage. There is a \$10 charge for the second and subsequent duplicate policy.

Change of Beneficiary: A simple change of beneficiary can be made by using Form 5215, Policy Service Request. Form PS-95 can be used to name more than one beneficiary or to name a trustee. Special beneficiary forms are available for multiple insureds, as well as spouse and children's riders.

Ownership: A policy is owned by the insured unless ownership is otherwise noted on the application or unless ownership is changed after issue. To change ownership after issue, use Form 5215, Policy Service Request, or Form LH 2587-A, Absolute Assignment of Title to Policy. A change to multiple owners requires a special form which can be requested from Policy Service. We need the signature of the prior owner as well as the signature and social security number of the new owner.

When the owner is other than the insured, the insured has no rights under the policy. The insured relinquishes any ability to make changes. The owner has the right to cancel or surrender the policy, change benefits, change beneficiaries, assign the benefits, etc.



Unless otherwise noted on the application, a policy issued to a juvenile is owned by the applicant until the insured reaches the age of majority, usually 18. At that time, the juvenile becomes the owner. We notify the applicant and active agent a minimum of 60 days prior to the automatic change of ownership, giving the owner the opportunity to become the permanent owner prior to the insured's 18th birthday.

Collateral Assignments: Form PS-96, Assignment of Policy as Collateral Security, can be used to secure a debt owed by the owner. The policy can be assigned to a bank, a company or to another person. Benefits would be payable to the assignee only for the balance due. Proof of the debt is required before payment is sent. If the balance due the assignee is less than the proceeds of the policy, the beneficiary receives the balance. If the debt is repaid during the insured's lifetime, the assignee is asked to sign a release.

Direct Access Account: When a death claim becomes payable, the proceeds of the policy can be paid through a Direct Access Account. The Direct Access Account relieves the beneficiary of the responsibility of making a decision of where to put large amounts of money during an emotional period.

This account is similar to a money-market account. The proceeds earn interest at the same rate as a 90 Day Treasury Bill as of the first business day of each month; therefore, the interest rate changes monthly. The beneficiary is furnished with four vouchers. These vouchers can be written for any amount over \$1,000 and submitted to Illinois Mutual. As soon as the voucher is received, we immediately issue a negotiable check for the amount of the voucher and send it to the recipient. The account is debited by that amount, and we continue to pay interest on the balance.

The minimum balance is \$2,500. Quarterly statements are produced, and a Form 1099-INT is sent in January for the interest earned in the preceding year.

Premium Deposit Rider: A Premium Deposit Rider is available in most states for life policies. An account, of not less than one annual premium, is set up for excess premium payments after the current annual premium has been applied. The account accrues interest, and annual premiums are applied on the policy anniversary. The interest rate fluctuates on the policy anniversary as determined by economic indicators. A statement and a Form 1099-INT are sent in January for the interest earned in the preceding year.

Advance Premiums Discounted: Future annual premiums can be paid in advance after the first annual premium has been applied. These future annual premiums are discounted at the interest rate then in effect. A Form 1099-INT, is sent in January for the interest earned on the premiums being held in the preceding year.

Increase of Benefits: The Child's Insurance Rider, Spouse Rider, Accidental Death Benefit, and Disability Waiver of Premium or Waiver of Monthly Deductions can be added to an existing 2001 CSO Life insurance policy after issue. A new application, with evidence of insurability for the increased benefit, must be completed and approved.

Decrease of the Face Amount of Life Insurance: To decrease the face amount of life insurance, we need a written request signed by the owner. A decrease will not become effective until we have received such signed request either in the form of a letter, a Policy Service Request Form, or an Application for Policy Amendment. The parameters of the policy and minimum issue rules apply.

Increase of Specified Amount of Life Insurance (Universal Policies Only): Application, Form APP105-L, must be fully completed. Underwriting rules are applicable. A new schedule page and a copy of the application are sent to the agent for delivery to the owner.

Change of Death Benefit Option (Universal Policies Only): We will change the option from level to increasing or from increasing to level upon receipt of a written request signed by the owner. Underwriting the change from a level to increasing benefit is not required because the specified amount is adjusted by the cash value.

Dividend Requests: If an owner wishes to withdraw dividends or change the dividend option, Form 1843, Dividend Change Request, must be completed. We will also accept a written request signed by the owner.

Policy Surrenders: Form 1195, Application for Cash Surrender, must be completed and returned when policies are surrendered for the cash value. We encourage owners to apply for a loan rather than surrender their policy. Surrender values are calculated as of the date the request is received in the Home Office.



Policy Loans: To apply for a policy loan, the owner must complete Form 5215, Policy Service Request, or Form 5156, Policy Loan Application and Loan Agreement, and submit it to the Home Office. A letter signed by the owner requesting the loan is also acceptable.

Conversions: A term policy can be converted to a policy that builds up value. Form 1893, Application for Conversion or Exchange, must be completed. The term policy can either be partially or completely converted to any permanent policy currently being issued. If the owner requests that the Accidental Death Benefit or Disability Waiver of Premium be included in the new policy, Application, Part 2, may be required for approval. Policy Service will provide the application and advise the net premium needed to complete the conversion.

Lapse and Reinstatement of Policies: Traditional policies have a 31 day grace period. Universal policies, including VersaTerm, have a 61 day grace period. If a premium is received after the expiration of the grace period, one of two actions will be taken:

- (1) We will accept the premium and reinstate the policy. Both the owner and the agent will be advised of the acceptance of the premium.
- 2) We will require that the insured and owner complete Life Application for Reinstatement, Form 5097, and submit it for approval along with the required premium. Interest on the overdue premium is charged after 180 days on traditional policies. We may also require the insured to completed Application Part 2 of the medical exam form. Contact Policy Service for the required amount and forms.

Annual Reports: The active agent and the owner will receive an annual report on the activity of the policy, as follows:

1. **Superior:** Annual Reports are generated during the first week of the month following the yearly anniversary of the effective date of the policy.
2. **Universal Life:** Annual Reports are generated during the first two weeks of the month following the yearly anniversary of the effective date of the policy.
3. **Annuities:** Annual Reports are generated in January for Annuities issued since 8/15/88 and the first week of the month following the yearly anniversary of the effective date of the contract for Annuities issued prior to 8/15/88.
4. **Traditional Life:** Annual Reports are generated one month preceding the anniversary month for dividend earning policies. If applicable, a Form 1099-INT is sent in January.

NOTE: Policy loans, assignments, decreases and other changes could materially affect the tax status of a life insurance policy.

Payroll Deduction Policy Service

Policy Service handles all service work, including terminations, cancellations, and premium processing on Universal and Traditional Life Payroll Deduction Plans. An Employer's Administrative Guide is provided by Policy Service to the administrator of each Payroll Deduction Plan.

Call Policy Service for help with any questions you may have.

(800) 380-6688
Ext. 755 - Annuities
Ext. 759 - Traditional Life
Ext. 760 - Universal Life

Or, email us at psd@illinoismutual.com



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