

PURELIFE-PLUS_

Flexible Premium Life Insurance to Age 121

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: PRFNG-NI-10

Product Highlights

Permanent Life Insurance to Age 121

Minimal Cash Value Premiums Dedicated Primarily to Purchase Life Insurance

Level Premium Guarantees Coverage for a Significant Period of Time

Unique Limited Right to Partial Refund of Premium if Future Premium Required to Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due to Terminal Illness Included

Convenient Premium Payments Through Payroll Deduction

> Portable When You Leave Employment

Accidental Death Benefit Included for Selected Ages

Accelerated Death Benefit Due to Chronic Illness Included **For Employee Only** For the eligible employees of GARLAND ISD

Marketed by



Application for Life Insurance Express Issue | Monthly Pay

FOR USE ONLY IN Alaska, Colorado, Hawaii, Iowa, Kentucky, Nebraska, Texas and Utah

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness Rider This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). See details on next page.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. (You may cover children ages 18 and younger under the Child Term Life Insurance Rider in lieu of individual policies). Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

Child Term Life Insurance Rider In lieu of an individual policy on

each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000 (add \$5.00 for \$10,000 of coverage). It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of the application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (Form ICC07-ULCL-CIR-07).

Optional Benefits According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

Accidental Death Benefit This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 90 days of an accident. Maximum in-force limits and exclusions apply. (Form ICC07-ULCL-ADB-07).

Accelerated Death Benefit Rider For Chronic Illness For Employee Only This benefit provides an accelerated death benefit if an insured becomes chronically ill as defined in the rider. (Form ICC15-ULABR-CI-15). See details on next page.

Interim Insurance: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date.

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited the guaranteed interest rate of 4.00% per annum. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 4.00% of premium, \$ 1.50 per month and monthly administrative loads. Two year suicide and contestable clauses apply (one year suicide clause in Colorado). The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

IMPORTANT NOTICES | PLEASE READ THE FOLLOWING NOTICES REGARDING ACCELERATED DEATH BENEFITS

Important Notices Tax laws related to the acceleration of life insurance benefits are complex. The information presented below is a general description. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's and your family's eligibility for public assistance.

An accelerated death benefit is not a long term care insurance. The following is a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and riders for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any Child Term Life Insurance Rider on the policy becomes paid-up term insurance as if the insured had died. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

Accelerated Death Benefit Due to Terminal Illness The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). If the insured has a terminal illness, you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months.

The Accelerated Death Benefit Due to Terminal Illness Rider is intended to qualify for favorable income tax treatment. The benefit will not be subject to federal income tax.

Accelerated Death Benefit Due to Chronic Illness-- FOR EMPLOYEE ONLY The policy includes an Accelerated Death Benefit Due to Chronic Illness Rider (Form ICC15-ULABR-CI-15). If the insured has a chronic illness, you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. Chronic Illness means the Insured permanently: (a) is unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity and will need services for the rest of his or her life; or (b) requires substantial supervision to protect the insured from threats to health and safety due to severe cognitive impairment and will need services for the rest of his or her life. Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe cognitive impairment means deterioration or loss in intellectual capacity that: (1) places the insured in jeopardy of harming himself or herself or others, and therefore, the insured requires substantial supervision by another person; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long term memory; (2) orientation to people places or time; and (3) deductive or abstract reasoning.

The Accelerated Death Benefit Due to Chronic Illness will be calculated and paid as a lump sum only. This lump sum is intended to serve as a per diem accelerated death benefit as described under Section 101(g) of the Internal Revenue Code ("IRC"). You may be able to exclude certain portions of this accelerated death benefit (specifically the greater of: (a) the lump sum equivalent of the per diem amount; or (b) the actual costs incurred for Services provided in the year the Accelerated Death Benefit is paid from your taxable income). Your Accelerated Death Benefit will be calculated in accordance with the rider and you may, in some circumstances, be paid more than the excludable per diem amount.

OPTIONAL BENEFITS MONTHLY COST:	
Accidental Death Benefit	\$ 0.08 per \$1,000 of Face Amount
Accelerated Death Benefit Rider For Chronic Illness	
Children's Term Life Insurance Rider	Add \$ 5.00 for \$10,000

Express Issue Amounts of Coverage Available on Spouse

Spouse's	Minimum	Maximum
Issue Age	Face Amount	Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

Monthly Administrative Loads Per \$1,000 of Face Amount for Issue Ages Shown (Non-Tobacco Class)

Issue Age \longrightarrow	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.2217	0.2225	0.2225	0.2225	0.2225	0.2217	0.2209	0.2209	0.2200	0.2200	0.2167	0.2217	0.2175	0.2084	0.1992
Lowest Load	0.0409	0.0092	0.2034	0.0009	0.0100	0.0225	0.0359	0.0525	0.0742	0.1009	0.1359	0.1309	0.1817	0.0484	0.1025
Zero After Year	6	6	5	6	6	6	6	6	6	6	6	6	6	7	7
Issue Age \longrightarrow	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.1909	0.1842	0.1809	0.1792	0.1784	0.1784	0.1867	0.1859	0.1950	0.1934	0.1900	0.1992	0.2092	0.2092	0.2184
Lowest Load	0.1484	0.0017	0.0309	0.0559	0.0784	0.1042	0.0684	0.0959	0.0534	0.0800	0.1059	0.0692	0.0267	0.0559	0.0275
Zero After Year	7	8	8	8	8	8	8	8	8	8	8	8	8	8	8
$\text{Issue Age } \longrightarrow \\$	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.2284	0.2267	0.2434	0.2592	0.2742	0.2975	0.3109	0.3242	0.3467	0.3767	0.4050	0.4434	0.4975	0.5509	0.6017
Lowest Load	0.2117	0.0509	0.1934	0.1384	0.0950	0.2500	0.2234	0.2075	0.1517	0.0642	0.3175	0.2325	0.0917	0.4225	0.3392
Zero After Year	7	8	7	7	7	6	6	6	6	6	5	5	5	4	4
$\text{Issue Age } \longrightarrow \\$	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.6609	0.7192	0.7709	0.8334	0.9017	0.9859	1.0842	1.2059	1.3234	1.4317	1.5159	1.5592	1.5750	1.6000	1.6367
Lowest Load	0.2300	0.1225	0.7292	0.6834	0.6309	0.5567	0.4625	0.3300	0.2159	0.1192	1.4200	1.4867	0.1850	0.2650	0.0884
Zero After Year	4	4	3	3	3	3	3	3	3	3	2	2	3	3	3
												_			
$\text{Issue Age } \longrightarrow \\$	60	61	62	63	64	65	66	67	68	69	70				
Highest Load	1 7100	1.8450	2.0167	2 2084	2 4000	2 6525	2 8025	2.0167	3 0325	3 1534	3 2684				

Issue Age \longrightarrow	60	61	62	63	64	65	66	67	68	69	70
Highest Load	1.7100	1.8459	2.0167	2.2084	2.4900	2.6525	2.8025	2.9167	3.0325	3.1534	3.2684
Lowest Load	0.3584	0.2759	1.8684	1.8642	1.7909	1.8325	1.8967	1.9259	1.8034	1.6750	1.5534
Zero After Year	3	3	2	2	2	2	2	2	2	2	2

Monthly Administrative Loads Per \$1,000 of Face Amount for Issue Ages Shown

(TOBACCO CLASS)

Issue Age \longrightarrow	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.3267	0.3209	0.3150	0.3100	0.3250	0.3192	0.3417	0.3359	0.3292	0.3334	0.3425	0.3517	0.3600	0.4350	0.4317
Lowest Load	0.1200	0.1625	0.2017	0.2417	0.2150	0.2575	0.1967	0.2434	0.2850	0.2909	0.2875	0.2800	0.2825	0.0425	0.0917
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Issue Age \longrightarrow	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.4450	0.4484	0.4500	0.4884	0.5067	0.5434	0.5592	0.6025	0.6709	0.7175	0.7792	0.8834	0.9267	0.9984	1.0592
Lowest Load	0.0775	0.1067	0.1484	0.0500	0.4717	0.4234	0.4350	0.3784	0.2592	0.2042	0.1109	0.6542	0.6450	0.5900	0.5534
Zero After Year	5	5	5	5	4	4	4	4	4	4	4	3	3	3	3

$\text{Issue Age } \longrightarrow \\$	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.1234	1.1925	1.3125	1.3775	1.4884	1.6284	1.7200	1.8375	1.8925	1.9234	1.9317	2.0192	2.0650	2.1209	2.2300
Lowest Load	0.5142	0.4800	0.3584	0.3484	0.2617	1.5542	1.5892	1.6075	1.6875	1.7950	0.2592	0.2659	0.3650	0.4642	0.4175
Zero After Year	3	3	3	3	3	2	2	2	2	2	3	3	3	3	3

Issue Age \longrightarrow	62	63	64	65	66	67	68	69	70
Highest Load	2.3867	2.5434	2.7267	2.7975	2.8867	2.9775	3.0967	3.2059	3.3275
Lowest Load	0.1092	2.3142	2.1275	2.0525	1.9584	1.7784	1.7367	1.5367	1.4917
Zero After Year	3	2	2	2	2	2	2	2	2

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

\$10,000	-		Includ ccidental De	les Added C eath Benefi	Cost for t (Ages 17-	59)	s Shown		PERIOD Age to Which Coverage is
\$10,000	an \$25,000	Ac d Accelera	Includ ccidental Do ted Death I	les Added C eath Benefi	Cost for t (Ages 17-				-
\$10,000	\$25,000	d Accelera	ccidental Detted Death 1	eath Benefi	t (Ages 17-	59)			-
\$10,000	\$25,000	d Accelera	ted Death 1						
\$10,000	\$25,000			Бенень юг.	Chronic Ill				0
\$10,000		\$50,000	\$ (5 1 0 0 1					<u> </u>	Guaranteed at
	10.65	1	\$10,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium 75
	10.65								75 70
	±0.00	19.80	28.95	38.10	56.40	74.70	93.00	111.30	66
	10.93	20.35	29.78	39.20	58.05	76.90	95.75	114.60	66
	10.93	20.35	29.78	39.20	58.05	76.90	95.75	114.60	65
	11.20	20.90	30.60	40.30	59.70	79.10	98.50	117.90	63
	11.48	21.45	31.43	41.40	61.35	81.30	101.25	121.20	63
	11.75	22.00	32.25	42.50	63.00	83.50	104.00	124.50	63
_	11.75	22.00	32.25	42.50	63.00	83.50	104.00	124.50	62
	12.03	22.55	33.08	43.60	64.65 66.20	85.70 87.00	106.75 100.50	127.80 121.10	62 60
	$12.30 \\ 12.85$	$23.10 \\ 24.20$	$33.90 \\ 35.55$	$44.70 \\ 46.90$	$\begin{array}{c} 66.30\\ 69.60\end{array}$	87.90 92.30	$109.50 \\ 115.00$	$131.10 \\ 137.70$	$60 \\ 61$
 +	12.85 13.40	24.20 25.30	35.55 37.20	46.90 49.10	72.90	92.30 96.70	115.00	137.70	61
	13.40 13.95	25.30 26.40	38.85	51.30	76.20	101.10	126.00	150.90	62
	14.78	28.05	41.33	54.60	81.15	107.70	120.00 134.25	160.80	64
	15.33	29.15	42.98	56.80	84.45	112.10	139.75	167.40	64
	15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	64
	16.70	31.90	47.10	62.30	92.70	123.10	153.50	183.90	65
	17.80	34.10	50.40	66.70	99.30	131.90	164.50	197.10	66
8.46	18.90	36.30	53.70	71.10	105.90	140.70	175.50	210.30	67
9.01	20.28	39.05	57.83	76.60	114.15	151.70	189.25	226.80	68
9.78	22.20	42.90	63.60	84.30	125.70	167.10	208.50	249.90	70
10.55	24.13	46.75	69.38 75.15	92.00 99.70	137.25	182.50 107.00	227.75	273.00	72 72
11.32 12.20	26.05 28.25	50.60 55.00	75.15 81.75	99.70 108.50	148.80 162.00	197.90 215.50	247.00 269.00	296.10 322.50	73 74
									74 75
									76
				133.80					77
15.72	37.05	72.60	108.15	143.70	214.80	285.90	357.00	428.10	78
16.93	40.08	78.65	117.23	155.80					79
18.36	43.65	85.80	127.95	170.10					80
20.12	48.05	94.60	141.15	187.70					82
								 	83
									85
									86 85
									84
									84
									84
29.88	72.45		214.35	285.30					84
32.41	78.78	156.05	233.33	310.60					85
35.49	86.48	171.45	256.43	341.40					87
38.90	95.00	188.50	282.00	375.50					89
43.41	106.28	211.05		420.60					93
	114.25	227.00	339.75	452.50					94
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$58.37 \\ 61.67$								1	95
	16.93 18.36 20.12 21.88 23.64 25.18 26.28 27.05 27.93 29.03 29.88 32.41 35.49 38.90	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccc} 13.85 & 32.38 & 63.25 \\ \hline 14.73 & 34.58 & 67.65 \\ \hline 15.72 & 37.05 & 72.60 \\ \hline 16.93 & 40.08 & 78.65 \\ \hline 18.36 & 43.65 & 85.80 \\ \hline 20.12 & 48.05 & 94.60 \\ \hline 21.88 & 52.45 & 103.40 \\ \hline 23.64 & 56.85 & 112.20 \\ \hline 25.18 & 60.70 & 119.90 \\ \hline 26.28 & 63.45 & 125.40 \\ \hline 27.05 & 65.38 & 129.25 \\ \hline 27.93 & 67.58 & 133.65 \\ \hline 29.03 & 70.33 & 139.15 \\ \hline 29.88 & 72.45 & 143.40 \\ \hline 32.41 & 78.78 & 156.05 \\ \hline 35.49 & 86.48 & 171.45 \\ \hline 38.90 & 95.00 & 188.50 \\ \hline 43.41 & 106.28 & 211.05 \\ \hline 46.60 & 114.25 & 227.00 \\ \hline 49.68 & 52.43 \\ \hline 55.29 & 5.28 & 5.29 \\ \hline \end{array}$	13.8532.38 63.25 94.13 14.7334.58 67.65 100.73 15.72 37.05 72.60 108.15 16.93 40.08 78.65 117.23 18.36 43.65 85.80 127.95 20.12 48.05 94.60 141.15 21.88 52.45 103.40 154.35 23.64 56.85 112.20 167.55 25.18 60.70 119.90 179.10 26.28 63.45 125.40 187.35 27.05 65.38 129.25 193.13 27.93 67.58 133.65 199.73 29.03 70.33 139.15 207.98 29.88 72.45 143.40 214.35 32.41 78.78 156.05 233.33 35.49 86.48 171.45 256.43 38.90 95.00 188.50 282.00 43.41 106.28 211.05 315.83 46.60 114.25 227.00 339.75 49.68 52.43 55.29 55.29	13.8532.38 63.25 94.13 125.00 14.7334.58 67.65 100.73 133.80 15.72 37.05 72.60 108.15 143.70 16.93 40.08 78.65 117.23 155.80 18.36 43.65 85.80 127.95 170.10 20.12 48.05 94.60 141.15 187.70 21.88 52.45 103.40 154.35 205.30 23.64 56.85 112.20 167.55 222.90 25.18 60.70 119.90 179.10 238.30 26.28 63.45 125.40 187.35 249.30 27.05 65.38 129.25 193.13 257.00 27.93 67.58 133.65 199.73 265.80 29.03 70.33 139.15 207.98 276.80 29.88 72.45 143.40 214.35 285.30 32.41 78.78 156.05 233.33 310.60 35.49 86.48 171.45 256.43 341.40 38.90 95.00 188.50 282.00 375.50 43.41 106.28 211.05 315.83 420.60 46.60 114.25 227.00 339.75 452.50 49.68 52.43 55.29 58.37 56.56 56.56	13.8532.38 63.25 94.13 125.00 186.75 14.7334.58 67.65 100.73 133.80 199.95 15.72 37.05 72.60 108.15 143.70 214.80 16.93 40.08 78.65 117.23 155.80 157.9 18.36 43.65 85.80 127.95 170.10 20.12 48.05 94.60 141.15 187.70 21.88 52.45 103.40 154.35 205.30 23.64 56.85 112.20 167.55 222.90 25.18 60.70 119.90 179.10 238.30 26.28 63.45 125.40 187.35 249.30 27.05 65.38 129.25 193.13 257.00 27.93 67.58 133.65 199.73 265.80 29.03 70.33 139.15 207.98 276.80 29.88 72.45 143.40 214.35 285.30 32.41 78.78 156.05 233.33 310.60 35.49 86.48 171.45 256.43 341.40 38.90 95.00 188.50 282.00 375.50 43.41 106.28 211.05 315.83 420.60 46.60 114.25 227.00 339.75 452.50 49.68 52.43 52.9 53.7 452.50 58.37 55.29 55.29 55.29 55.29 55.29 55.29	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	13.8532.38 63.25 94.13 125.00 186.75 248.50 310.25 14.73 34.58 67.65 100.73 133.80 199.95 266.10 332.25 15.72 37.05 72.60 108.15 143.70 214.80 285.90 357.00 16.93 40.08 78.65 117.23 155.80 $$	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

			-							GUARANTEED
		Monthly	y Premiu	ms for Li	ife Insura	nce Face	e Amount	s Shown		PERIOD
		-		Includ	les Added (Cost for				Age to Which
Issue			Ac	cidental D	eath Benefi	t (Ages 17-	59)			Coverage is
Age		an				Chronic Illi	/	res)		Guaranteed at
(ALB)	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
15D-10	\$10,000	\$20,000	\$50,000	\$10,000	\$100,000	\$100,000	\$200,000	\$200,000	\$500,000	75
11-16										70
17-20		15.33	29.15	42.98	56.80	84.45	112.10	139.75	167.40	66
21		15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	66 67
22 23-25		$15.88 \\ 16.70$	$30.25 \\ 31.90$	$44.63 \\ 47.10$	$59.00 \\ 62.30$	87.75 92.70	$116.50 \\ 123.10$	$145.25 \\ 153.50$	$174.00 \\ 183.90$	65 63
26		16.98	32.45	47.93	63.40	94.35	125.30	155.30	185.30	63
27		17.25	33.00	48.75	64.50	96.00	127.50	159.00	190.50	63
28		17.53	33.55	49.58	65.60	97.65	129.70	161.75	193.80	62
29		17.80	34.10	50.40	66.70	99.30	131.90	164.50	197.10	62
30-31		20.00	38.50	57.00	75.50	112.50	149.50	186.50	223.50	60
32		20.55	39.60	58.65	77.70	115.80	153.90	192.00	230.10	61
33 34		20.83 21.10	$40.15 \\ 40.70$	$59.48 \\ 60.30$	78.80 79.90	117.45 119.10	$156.10 \\ 158.30$	$194.75 \\ 197.50$	233.40 236.70	62 62
$34 \\ 35$		21.10 22.48	40.70 43.45	64.43	75.90 85.40	119.10 127.35	169.30	197.50 211.25	250.70 253.20	64
36		23.30	45.10	66.90	88.70	132.30	175.90	219.50	263.10	64
37		24.68	47.85	71.03	94.20	140.55	186.90	233.25	279.60	64
38		25.50	49.50	73.50	97.50	145.50	193.50	241.50	289.50	65
39		27.15	52.80	78.45	104.10	155.40	206.70	258.00	309.30	66
40	12.75	29.63	57.75	85.88	114.00	170.25	226.50	282.75	339.00	67 69
41 42	13.52 14.51	31.55 34.03	61.60 66.55	91.65 99.08	121.70 131.60	181.80 196.65	241.90 261.70	302.00 326.75	362.10 391.80	68 70
42 43	14.01	34.03 37.88	74.25	110.63	147.00	130.05 219.75	201.70 292.50	320.15 365.25	438.00	70 72
44	16.93	40.08	78.65	117.23	155.80	232.95	310.10	387.25	464.40	73
45	18.14	43.10	84.70	126.30	167.90	251.10	334.30	417.50	500.70	74
46	19.24	45.85	90.20	134.55	178.90	267.60	356.30	445.00	533.70	75
47	20.34	48.60	95.70	142.80	189.90	284.10	378.30	472.50	566.70	76
48 49	21.44	$51.35 \\ 55.75$	$101.20 \\ 110.00$	$151.05 \\ 164.25$	200.90	300.60 327.00	$400.30 \\ 435.50$	$500.00 \\ 544.00$	$599.70 \\ 652.50$	77 78
49 50	$23.20 \\ 24.41$	55.75 58.78	110.00 116.05	173.33	$218.50 \\ 230.60$	327.00	455.50	544.00	052.50	78 79
51	26.28	63.45	125.40	187.35	249.30					80
52	28.59	69.23	136.95	204.68	272.40					82
53	30.46	73.90		218.70	291.10					83
54	32.77	79.68	157.85	236.03	314.20					85
55 56	34.42	83.80	166.10	248.40	330.70					86 87
56 57	35.85 36.95	87.38 90.13	173.25 178.75	259.13 267.38	345.00 356.00					85 84
57 58	30.93 38.93	95.08	188.65	201.38 282.23	350.00 375.80					84 84
59	40.58	99.20	196.90	294.60	392.30					84
60	41.76	102.15	202.80	303.45	404.10					84
61	44.62	109.30	217.10	324.90	432.70					85
62	48.25	118.38	235.25	352.13	469.00					87
$63 \\ 64$	$51.99 \\ 56.06$	$127.73 \\ 137.90$	253.95 274.30	$380.18 \\ 410.70$	$506.40 \\ 547.10$					89 93
65 65	50.00 58.81	137.90 144.78	274.50 288.05	410.70 431.33	547.10 574.60					93 94
66	61.89			-51.05						95
67	64.97									96
68	68.38									96
69 50	71.90									96 97
70	75.75	-							-	95
				-			-			premiums. After the
Guarante	ed Period, th	e premiums	can be lower	, the same, o	or higher tha	n the Table I	remium. Se	e the brochui	e under "Per	manent Coverage".

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue **GUARANTEED** Life Insurance Face Amounts for Monthly Premiums Shown PERIOD Includes Added Cost for Prem Age to Which Accidental Death Benefit (Ages 17-59) For Coverage is Issue \$10,000 and Accelerated Death Benefit for Chronic Illness (All Ages) Age Guaranteed at (ALB) \$18.00 \$20.00 \$24.00 \$28.00 \$30.00 \$32.00 \$35.00 \$40.00 Table Premium Face 15D-10 7511 - 1670 17 - 2045.08250,558 61,476 72,405 77.869 83,326 91,531 105,192 66 80,908 2143,767 49,072 59,686 70,292 75,597 88,860 102,123 66 75,597 22 43,767 49,072 59,686 70,292 80,908 88,860 102,123 6573,446 78,609 23 - 2542,52647,681 57,990 68,304 86,339 99,227 63 2641,354 46,366 56,39166,417 71,432 76,437 83,960 96,492 63 69.513 63 2740,244 45,12254.87964.63574,39181,708 93.903 2840,244 45,122 54,879 64,635 69,513 74,391 81,708 93,903 62 62 2939,19343,943 53,43762,946 67,693 72,437 79,564 91,449 30-31 42,825 65,97370,602 60 38,19552,078 61,343 77,547 89,121 40,749 62,780 67.188 3236.338 49.56058.37173,789 84,809 61 62 33 34,664 38,866 47,269 55,681 59,874 64.069 70.379 80,883 53,21357,229 37,149 61,245 67,270 62 34 33,133 45,18177,310 49,906 34,840 53,673 57,43963.085 72,505 64 3531,07442,37329,838 69, 62136 33,453 47.921 51,53860.579 64 40,687 55,15437 28,696 32,17439.13146.08749.56653.044 58.26166.957 64 3827.13930.428 37.007 43.58646.87550.16555.09963.322 65 39 43,712 66 25,30728,37434,51040,645 46,78051,38159,050 40 8.46 23,70526,58032,328 38,07540,949 43,822 48,13355,31367 419.01 21.97124.63429,959 35.28737.950 40.613 44,608 51,265 68 429.78 19,928 22,343 27.17432,005 34,421 36.836 40,459 46,498 70 24.862 43 10.5518.233 20,442 29,28231.492 33.699 37.017 42,542 7211.3216,803 22,913 26,98639,206 44 18,840 29,023 31,060 34,1157345 12.20 15,421 17,29021,029 24,767 26,636 28,50531,309 35,982 74 4613.0814,249 15,97419,43422,885 24,612 26,339 28,930 33,247 754713.8513,36114,980 18,21921.45823.07724,697 27.12631,177 76 48 14.7312,47213,98417,007 20.03121,54523,05425,32229,10177 49 15.7211,602 13,010 15,82318,63620,043 21.44623,56227,075 785016.9310,688 11,990 14,58217,177 18,469 19,767 21,710 24,951 7918.36 13,345 5110,973 15,71816,904 18,091 19,870 22,836 80 5220.12 12,083 14.23115.30716,381 17,992 20,677 82 5321.8811,04113.00313.98514.966 16.43718,892 83 23.64 10,16315,13117,390 85 5411,970 12,873 13,776 5525.1811,187 12,037 12,881 14,147 16,25986 5626.2810,687 11,502 12,310 13.51915,53785 57 27.0510.37211.15511,937 13,112 15,068 84 10,784 11,540 12,676 84 5827.9310,027 14,567 59 29.0311,079 12,169 13.98510.35184 60 29.88 10,043 10,748 11,804 13,566 84

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the

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10,838

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										GUARANTEE
		Lif	è Insurai	nce Face	Amounts	for Montl	hly Premi	iums Sho	wn	PERIOD
	Prem				Includes Ad	ded Cost for	r			Age to Which
ssue	For			Accider	ntal Death E	Benefit (Age	s 17-59)			Coverage is
Age	\$10,000		and Ac			t for Chroni	/	ll Ages)		Guaranteed at
ALB)	Face	\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	Table Premium
5D-10	Face	\$20.00	\$28.00	\$30.00	400.00	\$ 4 0.00	φ4 0.00	\$30.00	\$JJ.00	75
1-16										70
7-20		44,304	47,921	51,538	60,579	69,621	78,663	87,704	96,746	66
21		42,609	46,087	49,566	58,261	66,957	$75,\!656$	84,344	93,044	66
22		42,609	46,087	49,566	58,261	66,957	$75,\!656$	84,344	93,044	65
3-25		40,303	43,586	46,875	55,099	63,322	71,553	79,770	87,994	63
26		39,580	42,811	46,043	54,120	62,193	70,276	78,353	86,430	63
27 28		$38,890 \\ 38,222$	42,064 41,342	45,239 44,460	53,175 52,263	61,109 60,063	$69,050 \\ 67,863$	76,985 75,664	84,921 83,460	63 62
28 29		37,577	41,342	44,400	51,381	59,050	66,718	73,004 74,387	83,400	62
0-31		33,108	35,811	38,514	45,271	52,028	58,784	65,542	72,298	60 60
32		32,154	34,777	37,402	43,959	50,525	57,087	63,649	70,210	61
33		31,690	34,283	36,870	43,338	49,806	56,275	62,743	69,211	62
34		31,250	33,805	36,351	42,730	49,108	55,485	61,863	68,240	62
35		29,202	31,586	33,970	39,929	45,888	$51,\!847$	$57,\!807$	63,767	64
36		28,097	30,390	$32,\!688$	38,418	44,152	49,886	$55,\!620$	$61,\!354$	64
37		26,430	28,587	30,745	36,139	41,532	46,929	52,318	57,714	64 25
38		25,521	27,605	29,688	34,896	40,105	45,313	50,521	55,730	65
39 40	12.75	23,880 21,778	25,829 23,556	27,778 25,331	$32,652 \\ 29,778$	37,525 34,223	42,398 38,669	$47,271 \\ 43,110$	52,146 47,556	$\frac{66}{67}$
40 41	12.73 13.52	21,778 20,383	23,330 22,047	23,331 23,710	29,178 27,871	34,223 32,030	36,009 36,190	43,110 40,348	44,500 44,510	68
42	14.51	18,832	20,369	21,907	25,750	29,593	33,437	37,280	41,123	70
43	16.05	16,839	18,211	19,587	23,025	26,459	29,897	33,331	36,770	72
44	16.93	15,879	17,177	18,469	21,710	24,951	28,191	31,433	$34,\!673$	73
45	18.14	14,724	15,928	17,128	20,133	23,138	26,143	29,147	32,152	74
46	19.24	$13,\!811$	14,938	16,066	18,884	21,703	24,521	27,340	30,160	75
47	20.34	13,005	14,064	15,128	17,782	20,436	23,088	25,744	28,398	76
48 49	21.44 23.20	12,287	13,291 12,212	$14,293 \\ 13,134$	16,802 15,428	$19,308 \\ 17,742$	21,813 20.047	24,323	26,830	77 78
49 50	23.20 24.41	$11,291 \\ 10,687$	12,212 11,567	12,440	15,438 14,623	17,742 16,805	20,047 18,987	22,349 21,170	24,656 23,353	78 79
50 51	26.28	10,007	10.687	11,502	14,023 13,519	15,537	17.555	19,571	25,555	80
52	28.59		10,001	10,521	12,366	14,211	16,058	17,904	19,749	82
53	30.46				11,568	$13,\!295$	15,021	16,748	18,474	83
54	32.77				10,712	12,313	13,912	15,510	17,110	85
55	34.42				10,177	$11,\!695$	13,214	14,733	16,251	86
56	35.85					11,208	12,664	14,119	15,575	85
57 50	36.95	4				10,861	12,271	13,682	15,092	84
58 59	$38.93 \\ 40.58$					10,286	11,622	12,957 12,411	14,294	84 84
59 60	40.58 41.76						11,132 10,805	12,411 12,047	13,690 13,289	84 84
61	41.70 44.62						10,803 10,089	12,047 11,248	13,289 12,408	85
62	48.25						,000	10,375	11,444	87
63	51.99							,	10,597	89
64	56.06									93
65	58.81									94
66	61.89									95
67	64.97									96 96
68	68.38									96
69 70	$71.90 \\ 75.75$									96 95
		nent life ins								90

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

										GUARANTEED
		Monthly	y Premiu	ms for Li	ife Insura	nce Face	Amount	s Shown		PERIOD
		Ū			les Added (Age to Which
Issue			Ac		eath Benefi		59)			Coverage is
			110		caun Denen	0 (11gcs 11-	00)			0
Age	¢10.000	¢1٣ 000	¢00,000	005 000	¢20,000	005 000	¢ 40,000	¢45.000	¢۲0.000	Guaranteed at
(ALB) 15D-10	\$10,000	\$15,000	\$20,000	\$25,000 7.75	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000 14.00	Table Premium 75
13D-10 11-16				8.00			()		14.00 14.50	73 70
17-20				10.00	11.70	13.40	15.10	16.80	18.50	66
21				10.25	12.00	13.75	15.50	17.25	19.00	66
22				10.25	12.00	13.75	15.50	17.25	19.00	65
23-25				10.50	12.30	14.10	15.90	17.70	19.50	63
26 27				10.75	12.60	14.45	16.30	18.15	20.00	63
27 28				$11.00 \\ 11.00$	$12.90 \\ 12.90$	$14.80 \\ 14.80$	16.70 16.70	$18.60 \\ 18.60$	$20.50 \\ 20.50$	63 62
28				11.00	12.90	14.80	10.70	19.05	20.30	62
30-31				11.20	13.50	15.10	17.50	19.50	21.00 21.50	60
32				12.00	14.10	16.20	18.30	20.40	22.50	61
33				12.50	14.70	16.90	19.10	21.30	23.50	62
34				13.00	15.30	17.60	19.90	22.20	24.50	62
35		8.85	11.30	13.75	16.20	18.65	21.10	23.55	26.00	64
36 27		9.15	11.70	14.25	16.80	19.35	21.90	24.45	27.00	64 64
$\frac{37}{38}$		$9.45 \\ 9.90$	$12.10 \\ 12.70$	$14.75 \\ 15.50$	17.40 18.30	$20.05 \\ 21.10$	$22.70 \\ 23.90$	$25.35 \\ 26.70$	$28.00 \\ 29.50$	$\begin{array}{c} 64 \\ 65 \end{array}$
39		10.50	12.70	16.50	19.50	21.10	25.50	28.50	31.50	66
40	7.90	11.10	14.30	17.50	20.70	23.90	27.10	30.30	33.50	67
41	8.40	11.85	15.30	18.75	22.20	25.65	29.10	32.55	36.00	68
42	9.10	12.90	16.70	20.50	24.30	28.10	31.90	35.70	39.50	70
43	9.80	13.95	18.10	22.25	26.40	30.55	34.70	38.85	43.00	72
44	10.50	15.00	19.50	24.00	28.50	33.00	37.50	42.00	46.50	73
45	11.30	16.20	21.10	26.00	30.90	35.80	40.70	45.60	50.50	74
$\frac{46}{47}$	$12.10 \\ 12.80$	$17.40 \\ 18.45$	$22.70 \\ 24.10$	$28.00 \\ 29.75$	$33.30 \\ 35.40$	$38.60 \\ 41.05$	$43.90 \\ 46.70$	$49.20 \\ 52.35$	$54.50 \\ 58.00$	75 76
47 48	13.60	19.65	24.10	31.75	37.80	43.85	40.70	55.95	62.00	77
49	14.50	21.00	27.50	34.00	40.50	47.00	53.50	60.00	66.50	78
50	15.60	22.65	29.70	36.75						79
51	16.90	24.60	32.30	40.00						80
52	18.50	27.00	35.50	44.00						82
53	20.10	29.40	38.70	48.00						83
$54 \\ 55$	$21.70 \\ 23.10$	$31.80 \\ 33.90$	41.90 44.70	$52.00 \\ 55.50$						85 86
55 56	23.10 24.10	35.40	44.70 46.70	58.00						85
57	24.80	36.45	48.10	59.75						84
58	25.60	37.65	49.70	61.75						84
59	26.60	39.15	51.70	64.25						84
60	27.30	40.20	53.10	66.00						84
61 62										85 87
62 63										87 89
64										93
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69 70										96 05
70										95 premiums. After the

PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

										GUARANTEED
		Monthly	y Premiu	ms for Li	ife Insura	nce Face	Amounts	s Shown		PERIOD
		-		Includ	les Added (Cost for				Age to Which
Issue		Accidental Death Benefit (Ages 17-59)								Coverage is
Age						• (8•• -•	,			Guaranteed at
(ALB)	\$10,000	Table Premium								
(ALD) 15D-10	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	75
11-16										70
17-20				14.25	16.80	19.35	21.90	24.45	27.00	66
21				14.75	17.40	20.05	22.70	25.35	28.00	66 67
22 23-25				$14.75 \\ 15.50$	$17.40 \\ 18.30$	$20.05 \\ 21.10$	$22.70 \\ 23.90$	$25.35 \\ 26.70$	$28.00 \\ 29.50$	65 63
26 26				15.75	18.60	21.10	24.30	27.15	30.00	63
27				16.00	18.90	21.80	24.70	27.60	30.50	63
28				16.25	19.20	22.15	25.10	28.05	31.00	62
29				16.50	19.50	22.50	25.50	28.50	31.50	62
30-31 32				$18.50 \\ 19.00$	$21.90 \\ 22.50$	$\begin{array}{c} 25.30 \\ 26.00 \end{array}$	28.70 29.50	$32.10 \\ 33.00$	$35.50 \\ 36.50$	$60 \\ 61$
33				19.00	22.30	26.35	29.90 29.90	33.45	37.00	62
34				19.50	23.10	26.70	30.30	33.90	37.50	62
35		13.05	16.90	20.75	24.60	28.45	32.30	36.15	40.00	64
36		13.50	17.50	21.50	25.50	29.50	33.50	37.50	41.50	64
37		14.25	18.50	22.75	27.00	31.25	35.50	39.75	44.00	64
38 39		14.70 15.60	19.10 20.30	23.50 25.00	27.90	32.30 34.40	36.70 39.10	41.10 43.80	45.50 48.50	65 66
39 40	11.80	15.00 16.95	20.30 22.10	25.00 27.25	32.40	34.40 37.55	42.70	43.80 47.85	$48.00 \\ 53.00$	67
41	12.50	18.00	23.50	29.00	34.50	40.00	45.50	51.00	56.50	68
42	13.40	19.35	25.30	31.25	37.20	43.15	49.10	55.05	61.00	70
43	14.80	21.45	28.10	34.75	41.40	48.05	54.70	61.35	68.00	72
44	15.60	22.65	29.70	36.75	43.80	50.85	57.90	64.95	72.00	73
45 46	$16.70 \\ 17.70$	$24.30 \\ 25.80$	$31.90 \\ 33.90$	39.50 42.00	$47.10 \\ 50.10$	$54.70 \\ 58.20$	$62.30 \\ 66.30$	$69.90 \\ 74.40$	$77.50 \\ 82.50$	74 75
40 47	17.70	25.80 27.30	$\begin{array}{c} 35.90\\ 35.90\end{array}$	42.00	53.10	61.70	70.30	74.40 78.90	82.50 87.50	75 76
48	19.70	28.80	37.90	47.00	56.10	65.20	74.30	83.40	92.50	77
49	21.30	31.20	41.10	51.00	60.90	70.80	80.70	90.60	100.50	78
50	22.40	32.85	43.30	53.75						79
51	24.10	35.40	46.70	58.00						80
$52 \\ 53$	$26.20 \\ 27.90$	$38.55 \\ 41.10$	50.90 54.30	$\begin{array}{c} 63.25 \\ 67.50 \end{array}$						82 83
54	30.00	44.25	58.50	72.75						85
55	31.50	46.50	61.50	76.50						86
56	32.80	48.45	64.10	79.75						85
57 50	33.80	49.95	66.10 60.70	82.25						84
$\frac{58}{59}$	$35.60 \\ 37.10$	$52.65 \\ 54.90$	$69.70 \\ 72.70$	86.75 90.50						84 84
59 60	38.10	56.40	74.70	90.30						84
61	55.10	00.10		55.00						85
62										87
63										89
64 65										93 04
65 66	├ ──┤									94 95
67										96
68										96
69										96
70										95
				-			-			premiums. After the
Guarante	eed Period, th	ne premiums	can be lower	, the same, o	or higher that	n the Table F	remium. See	the brochur	e under "Per	manent Coverage".

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

										GUARANTEED
		Lif	e Insurai	nce Face	Amounts	for Mont	hly Prem	iums Sho	wn	PERIOD
	Prem					ded Cost fo	•			Age to Which
Issue	For									Coverage is
		Accidental Death Benefit (Ages 17-59)								0
Age	\$10,000 Ease	\$18.00	¢90.00	¢04.00	\$28.00	\$30.00	\$32.00	¢25.00	\$40.00	Guaranteed at
(ALB) 15D-10	Face	\$10.00	\$20.00	\$24.00	Φ20.00	\$30.00		\$35.00	\$40.00	Table Premium 75
11-16										70
17-20		48,530								66
21		47,143								66
22		47,143								65
23-25 26		45,834 44,595	50,000							63 63
$\frac{20}{27}$		43,422	48,685							63
28		43,422	48,685							62
29		42,308	47,436							62
30-31		41,250	46,250							60
32		39,286	44,048							61
$\frac{33}{34}$		$37,500 \\ 35,870$	42,046 40,218	48,914						62 62
35 - 35		33,674	37,756	45,914 45,919						64
36		32,353	36,275	44,118						64
37		31,133	34,906	42,453	50,000					64
38		29,465	33,036	40,179	47,322					65
39 40	7.00	27,500	30,834	37,500	44,167	47,500	47.057			66 67
40 41	$7.90 \\ 8.40$	25,782 23,914	28,907 26,812	35,157 32,609	41,407 38,406	$44,532 \\ 41,305$	47,657 44,203	48,551		67 68
41 42	9.10	23,514 21,711	24,343	29,606	34,869	37,501	40,132	44,079		70
43	9.80	19,880	22,290	27,109	31,928	34,338	36,747	40,362	46,386	72
44	10.50	18,334	20,556	25,000	29,445	31,667	33,889	37,223	42,778	73
45	11.30	16,837	18,878	22,960	27,041	29,082	31,123	34,184	39,286	74
46	12.10	15,566	17,453	21,227	25,001	26,887	28,774	31,604	36,321	75
47 48	12.80 13.60	14,602 13,637	16,372 15,290	19,912 18,596	23,452 21,901	25,222 23,554	26,992 25,207	29,647 27,686	34,071 31,818	76 77
48 49	13.00 14.50	13,037 12,692	13,230 14,231	17,308	21,301 20,385	23,334 21,924	23,207 23,462	27,030 25,770	29,616	78
50	15.60	11,703	13,121	15,958	18,795	20,213	21,632	23,759	- ,	79
51	16.90	10,715	12,013	14,611	17,208	18,507	19,806	21,754	25,000	80
52	18.50		10,883	$13,\!236$	$15,\!589$	16,765	17,941	19,706	$22,\!648$	82
53	20.10			12,097	14,248	15,323	16,398	18,011	20,699	83
$54 \\ 55$	$21.70 \\ 23.10$			$11,139 \\ 10,417$	$13,119 \\ 12,269$	$14,109 \\ 13,194$	$15,100 \\ 14,121$	$16,585 \\ 15,510$	$19,060 \\ 17,824$	85 86
$\frac{55}{56}$	23.10 24.10			10,417	12,203 11,726	13,194 12,611	14,121 13,496	13,310 14,823	17,024 17,036	85
57	24.80	/		7	11,374	12,232	13,091	14,378	16,524	84
58	25.60				10,996	11,826	$12,\!656$	13,901	15,976	84
59	26.60				10,558	11,355	12,152	13,347	15,339	84
60 61	27.30				10,272	11,047	11,822	12,985	14,923	84
61 62										85 87
63										89
64										93
65										94
66			4							95
67 68										96 96
68 69										96 96
09 70										90 95
		1.6			1 1 1	1	11 1 1	(1		premiums. After the

<u>PureLife-plus</u> — Standard Risk Table Premiums — Tobacco — Express Issue

			•							GUARANTEE
		Life	e Insurar	nce Face	Amounts	for Montl	hly Premi	iums Sho	wn	PERIOD
	Prem					ded Cost for	•			Age to Which
Issue	For									Coverage is
		Accidental Death Benefit (Ages 17-59)								0
Age	\$10,000									Guaranteed at
(ALB)	Face	\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	Table Premium
5D-10 11-16										75 70
17-20		48,040								66
21		46,227	50,000							66
22		46,227	50,000							65
23-25		43,750	47,322							63
26		42,983	46,492	50,000						63
27		42,242	45,689	49,138						63
28		41,526	44,916	48,306						62
29		40,834	44,167	47,500	40.965					62 60
30-31 32		$36,030 \\ 35,001$	$38,971 \\ 37,858$	$41,912 \\ 40,715$	$49,265 \\ 47,858$					60 61
32 33	┝──┤	34,508	37,324	40,713	47,838					62
34		34,008 34,028	36,806	39,584	41,104 46.528					62
35		31,818	34,416	37,013	43,507					64
36		30,625	33,125	35,625	41,875	48,125				64
37		28,824	$31,\!177$	33,530	39,412	45,295				64
38		27,841	$30,\!114$	$32,\!387$	38,068	43,750	49,432			65
39		26,063	28,191	30,319	35,639	40,958	46,277			66
40	11.80	23,787	25,729	$27,\!670$	32,525	37,379	42,234	47,088		67
41	12.50	22,273	24,091	25,910	30,455	35,000	39,546	44,091	48,637	68
42	13.40	20,589	22,269	23,950	28,152	32,353	36,555	40,757	44,958	70
43	$14.80 \\ 15.60$	18,422	19,925 18,705	$21,429 \\ 20,213$	25,188 23,759	28,947 27.205	32,707	36,467	40,226	72 73
44 45	15.00	17,376 16,119	18,795 17,435	18,750	23,739 22,040	27,305 25,329	30,852 28,619	34,398 31,908	37,943 35,197	73
46	17.70	15,124	16,359	17,593	22,640	23,325 23,766	26,852	29,938	33,025	75
47	18.70	14,245	15,407	16,570	19,477	22,384	25,291	28,198	31,105	76
48	19.70	13,462	14,561	15,660	18,407	21,154	23,902	26,649	29,396	77
49	21.30	12,374	13,384	14,394	16,920	19,444	21,970	24,495	27,021	78
50	22.40	11,723	$12,\!680$	13,637	16,029	18,422	20,813	23,206		79
51	24.10	10,841	11,726	12,611	14,823	17,036	19,248	21,461	$23,\!673$	80
52	26.20		10,729	11,539	13,563	15,587	$17,\!612$	19,636	21,660	82
53	27.90		10,038	10,796	12,689	14,583	16,478	18,372	20,266	83
54 55	30.00 21.50			10,000	11,755 11.167	13,509	15,264 14,501	17,018 16,167	18,772	85
55 56	$31.50 \\ 32.80$				$11,167 \\ 10,703$	12,833 12,301	$14,501 \\ 13,898$	$16,167 \\ 15,496$	17,833 17,093	86 85
50 57	32.80				10,703	12,301	13,468	15,490	16,563	84
58	35.60				10,012	11,320 11,291	13,400 12,757	14,223	15,689	84
59	37.10	-		T		10,813	12,219	13,624	15,029	84
60	38.10					10,520	11,886	13,252	14,618	84
61										85
62										87
63	I T					T	Т	T		89
64 cī										93
65 66	└───┤									94
66 67										95 96
67 68										96 96
69										96
70										95

TEXASLII	E INSURA	NCE A N Y
Since 1901 900 WASHINGTON	POST OFFICE BOX 830	WACO, TEXAS 76703-0830

INDIVIDUAL LIFE INSURANCE APPLICATION

FOR HOME OFFICE USE ONLY

Plan Name: PureLife-plus

Proposed Insured(s) Sex Birth Date Age ¹ Within the past 12 months has the Proposed Insured age 17 or older used tobacco in any form? Face Amount ² Employee Name Image: Age ¹ M/F Image: Age ¹ Image: Age ¹ Image: Age ¹ Last M/F Image: Age ¹ Image: Age ¹ Image: Age ¹ Image: Age ¹ First MI Image: Age ¹ Image: Age ¹ Image: Age ¹ Image: Age ¹ Hire Date MI Image: Age ¹ Image: Age ¹ Image: Age ¹ Image: Age ¹						
Proposed Insured(s) Sex Birth Date Age ¹ age 17 or older used tobacco in any form? Face Amount ² Premi Employee Name Image: Age 1 M/F Image: Age 1 Image:						
Proposed Insured(s) Sex Birth Date Age ¹ tobacco in any form? Amount ² Premi Employee Name Image: Comparison of the second s						
Employee Name M/F I Yes No Last M/F Social Sec No MI						
Last M/F □ Yes No First MI Social Sec No Image: Social Sec No	um					
First MI Social Sec No						
First MI Social Sec No						
Social Sec No						
Social Sec No						
Spouse Name						
Last M/F 🛛 Yes 🗆 No						
First MI						
Social Sec No						
Current Occupation						
Beneficiary (Employee is beneficiary unless otherwise stated here) Relationship:						
Children's Names (not required if applying only for Child Term Rider)						
M/F 🛛 Yes 🗆 No						
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here) Relationship:						
M/F Difference No						
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here) Relationship:						
M/F Difference No						
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here) Relationship:						
M/F □ Yes □ No						
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here) Relationship:						
M/F □ Yes □ No						
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here) Relationship:						
Select Riders to be added: Add Child Term Rider premium, if applied for: \$						
Child Term for \$10,000 added to policy of: Employee Spouse Total premium: \$						
□ Accidental Death ³ □ Waiver Premium ³ □ Chronic Illness						
Payroll is per: □ Week □ Bi-Week □ Semi-Month □ Month □ Skip						
Home Address						
Street/P.O. Box: City: State: Zip:						
Phone — Day: () Evening: () Personal E-mail Address:						
Will proposed coverage replace or change any existing insurance or annuity policy? (If "Yes", identify						
	٧o					
and complete replacement form.) Company: Policy No: Yes I No (1) Age as of Issue Date. (2) or Face Amount purchased by premium shown, if less. (3) For issue ages 17-59.						

1. During the las	t six months, has the p		Employee	Spouse	Children				
					Yes No	Yes No	Yes No		
a. Been actively details below.	at work on a full time bas			N/A					
b. Been absent f five consecutiv	of more than			N/A					
c. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse? If "Yes" furnish details below.									
QUES NO.	PROPOSED INS	URED		DET	AILS				
REPRESENTATIONS : I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.									
X	d policyowner) Signature		X	Signature (or Chil	d				
Agent only: To t	he best of my knowledge	the insurance	applied for 🛛 is		·				
Enroller/Agen	t Signature	Print Enrolle	er/Agent Name	Agt No. Date	Cit	у	State		

TEXASLIFE INSURANCE COMPANY

Applicant and Agent Statement on Existing Insurance

Does any Proposed Insured have existing insurance or annuities (including coverage with Texas *Life*)? Types No If "Yes", complete the Existing Insurance Form even if replacement is not contemplated. "Existing Insurance" does not include group term policies paid entirely by the employer or any non-renewable term policy due to expire within 5 years.

Х_

Date

Х__

Enroller/Agent Signature

Applicant Signature

Print Enroller/Agent Name Agt No.

Agent Certification

AGENT STATEMENT

I certify that I have: (a) delivered to the Applicant the Sales Brochure Series form 10M014rpltic EXP-K-M-3AD R 06-01-17 and the Privacy Notice; and, (b) presented only guaranteed policy benefits and costs. Below list any other sales material used, if any (include form no).

Х Enroller/Agent Signature

Date

FORM: 04M006-RPLT R08-11

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TEXASLIFE INSURANCE EXISTING INSURANCE FORM

I do not want this notice read aloud to me. (Applicants must initial only if they do not want the notice read aloud.)

Note: The law requires we give you the option to have this notice read to you aloud. If an agent is not present, but you would like the notice read aloud, call your agent, or call the Home Office at 1-800-283-9233, extension 6814.

Section I. Existing Insurance or Annuities

Replacement of Life Insurance or Annuities Important Notice -- Four pages This document must be signed by the applicant and the producer and a copy left with the applicant

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

□ Yes □ No Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
 □ Yes □ No Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contracts?

If you answered "No" to BOTH questions, skip Section II and complete Section III.

Form: 10M042

Section II. Replacing Existing Insurance or Annuities

If you answered YES to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

	Insurer Name	Policy Number	Insured/Annuitant	Replaced (R) or Financed (F)
1				🗆 R 🗆 F
2				🗆 R 🗆 F
3				🗆 R 🗆 F

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. [If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.] Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision. The existing policy or contract is being replaced because:

Section III. Signatures

I certify that the responses herein are, to the best of my knowledge, accurate:

Χ_____

Applicant Signature and Printed Name

Agent Statement. I certify that in this solicitation of insurance I used only company-approved sales materials and, pursuant to Company policy and law, left with the applicant an original or copy of all sales material used in the solicitation.

Χ_

Agent Signature and Printed Name

Date

Date

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS

Are they affordable?

Could they change?

You're older-are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid, you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charge will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL REPLACEMENTS

What are the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor.)

Is there a benefit from favorable grandfathered treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare to the present company?

TEXASLIFE INSURANCE COMPANY

Privacy Notice - Two pages

Thank you for your interest in our products and services. We will review what you told us and may get further information if needed.

READ THIS NOTICE CAREFULLY

It describes in broad terms how we learn about you and anyone else who is to be insured under the policy you applied for. It tells how we treat that information. If anyone else is to be insured under the policy you applied for, what we say here also applies to information about him or her. We are required by law to give you this notice.

WHY WE NEED INFORMATION

We need to know about you (and anyone else to be insured) to provide the insurance and other products and services you've asked for. We may also need it to administer your business with us, evaluate claims, process transactions and run our business. And we need information from you and others to help us verify identities in order to prevent money laundering and terrorism.

We need to know your address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, or with other companies.

HOW WE GET INFORMATION

What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from others in order to make sure that what we know is correct and complete. This personal information may be collected from persons other than you, and may be disclosed in certain circumstances to third parties without your authorization. Other sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some sources may give us reports and may disclose what they know to others. We may ask for medical information about you. The Authorization you signed when you applied for insurance permits these sources to tell us about you. So we may, for instance, at our expense:

- Ask for a medical exam Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

This will help us decide eligibility for insurance from us and what we should charge for it. We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, like:

- Work and work history - Mode of living - Finances - Reputation - Dangerous sports activity - Driving record

If we ask an agency for an "investigative" report about you - which means that they will ask others about you - we will ask them to contact you as well. The information may be kept by the consumer reporting agency and given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us, we will tell you if we have asked for a consumer report about you, and give you the name, address and phone number of the consumer reporting agency.

MIB, Inc. ("MIB") is a commonly used source of information. It is a nonprofit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from a member of MIB, or claim benefits from a member company, MIB may give that company any information it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may write to MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, call MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired) or contact MIB at www.mib.com.

Form: 09P012 R 08/14

HOW WE PROTECT WHAT WE KNOW

Because you entrust us with your personal information, we treat what we know about you confidentially. We tell our employees to carefully handle your information. They may get your information only with a good reason. We take steps to secure our computer databases and safeguard the information we have.

HOW WE USE AND DISCLOSE WHAT WE KNOW ABOUT YOU

We may use what we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law; for example, to:

- Help us evaluate your request for a product Process information for us Perform research for us
- Help us run our business Help us comply with the law Audit our business
- Confirm or correct what we know about you Help us prevent fraud and other crimes
- Help us process claims and other transactions

When we disclose information to others to perform business services for us, they must take appropriate steps to protect this information. And they may use the information only for the purposes of performing those business services.

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company
- Giving information to the government so that it can decide whether you may get government-paid benefits
- Telling your health care provider about a medical problem that you have but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your policy

Generally, we will disclose only the information we consider reasonably necessary to disclose and no more. We may use what we know about you in order to offer you our other products and services.

YOU CAN SEE AND CORRECT YOUR INFORMATION

Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) Also, if the law allows us to do so, we may decide to disclose what we know about your health only through your health care provider. If you

tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside our company or affiliate.

YOU CAN GET OTHER MATERIAL FROM US

In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.texaslife.com, or write to us, c/o Texas Life Privacy Officer, PO Box 830, Waco, Texas 76703. This page intentionally left blank

Form: 10M014-rpltic EXP-K-M-3AD R 06-01-17