

## PURELIFE-PLUS\_

Flexible Premium Life Insurance to Age 121

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: ICC18-PRFNG-NI-18

## **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 and Spouse Only** 

# For the eligible employees of ACADIA PARISH SCHOOL BOARD

Marketed by



Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN Louisiana

#### 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. Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

**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 180 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 and Spouse 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 inforce 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 at the guaranteed interest rate of 2.00% per year. 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 10.00% of premium, \$2.03 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

# TEXASLIFE INSURANCE

#### A Summary of the Accelerated Death Benefit Rider

#### Terminal Illness - included at no additional cost

The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. If the Insured has a terminal illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite the appropriate medical care, is reasonably expected to result in death within 12 months. This benefit is intended to qualify for favorable income tax treatment and may not be subject to federal income tax. (See Important Notices below.)

#### Chronic Illness - included with an additional premium

For an additional premium of 10% of the base policy premium, this policy may include an Accelerated Death Benefit Due to Chronic Illness Rider. If the Insured has a chronic illness, in lieu of the insurance proceeds otherwise payable at death, you may elect to claim an accelerated benefit while the Insured is still alive. The single sum benefit is 92% of the insurance proceeds less an administrative fee of the lesser of \$150 or 7% of the insurance proceeds. 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 of 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: (a) short or long term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.

This benefit 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. 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 cost incurred for Services provided in the year the Accelerated Death Benefit is paid) from your taxable income. Your benefit for Chronic Illness will be calculated in accordance with the rider and you may, in some circumstances, be paid more than the excludable per diem amount.

#### **Important Notices**

Tax laws related to the acceleration of life insurance benefits are complex. The information presented in this Summary is general in nature. 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 with 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 long term care insurance. This summary provides 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 rider 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 coverage provided under the Child Term Life Insurance Rider attached to this policy becomes a paid up term insurance policy on each covered child.

This paid up coverage on each child will terminate on each covered child's 25th birthday. 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.

18P061 PLP18 CI R03/23

#### **Representation of benefit payable - Terminal or Chronic Illness**

The following chart shows the effect of exercising an accelerated benefit on the base policy. This example is using a \$50,000 policy with a \$2,000 policy loan balance and all premiums are current. This chart is for representation purposes only. Your benefits may be higher or lower, depending on your face amount of coverage, any unpaid policy loan balance, and any overdue premiums.

		Terminal	Chronic		
		Illness		Illness	
Death Benefit		\$50,000		\$50,000	
Policy Loan Balance	-	\$2,000	-	\$2,000	
Available for Acceleration	=	\$48,000	=	\$48,000	
Acceleration Percentage	x	92%	x	92%	
Gross Benefit	=	\$44,160	=	\$44,160	
Administration Fee	-	\$150	-	\$150	
Overdue Premiums	-	\$0	-	\$0	
Accelerated Benefit Payable	=	\$44,010	Π	\$44,010	

Note: The benefit will be paid for either Terminal Illness or Chronic Illness. In no instance will benefits be paid under both riders.

#### **OPTIONAL BENEFITS MONTHLY COST:**

Expr	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

Issue Age $\longrightarrow$	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.2417	0.2425	0.2517	0.2517	0.2525	0.2617	0.2617	0.2617	0.2617	0.2700	0.2692	0.2767	0.2725	0.2659	0.2559
Lowest Load	0.1117	0.1075	0.0750	0.0825	0.0900	0.0625	0.0717	0.0825	0.0950	0.0734	0.0934	0.0825	0.1184	0.1659	0.2225
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Issue Age $\longrightarrow$	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.2459	0.2334	0.2284	0.2267	0.2275	0.2275	0.2375	0.2450	0.2584	0.2684	0.2700	0.2884	0.2984	0.2984	0.3075
Lowest Load	0.0434	0.0884	0.1200	0.1375	0.1534	0.1675	0.1392	0.1442	0.1017	0.0600	0.0625	0.2717	0.2542	0.2767	0.2675
Zero After Year	6	6	6	6	6	6	6	6	6	6	6	5	5	5	5
Issue Age $\longrightarrow$	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.3134	0.3100	0.3309	0.3409	0.3575	0.3842	0.3900	0.4084	0.4292	0.4700	0.5084	0.5650	0.6300	0.6892	0.7475
Lowest Load	0.2675	0.0175	0.2650	0.2575	0.2225	0.1492	0.1492	0.1025	0.0575	0.4134	0.3359	0.2075	0.0542	0.6325	0.5659
Zero After Year	5	6	5	5	5	5	5	5	5	4	4	4	4	3	3
Issue Age $\longrightarrow$	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.8059	0.8717	0.9275	0.9817	1.0534	1.1334	1.2250	1.3242	1.3934	1.4625	1.5400	1.6109	1.6992	1.7775	1.8592
Lowest Load	0.5009	0.4242	0.3692	0.3225	0.2434	0.1584	0.0517	1.2900	1.3067	1.3275	1.3459	1.3767	1.3959	1.4334	1.4750
Zero After Year	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2
Issue Age $\longrightarrow$	60	61	62	63	64	65	66	67	68	69	70				
Highest Load	1.9625	2.0392	2.1359	2.2250	2.3200	2.4275	2.5492	2.6817	2.8242	2.9534	3.0742				
Lowest Load	1.5034	1.5684	1.6225	1.6950	1.7725	1.8500	1.9267	2.0075	2.0142	1.8775	1.7492				
Zero After Year	2	2	2	2	2	2	2	2	2	2	2				

#### (NON-TOBACCO CLASS)

## MONTHLY ADMINISTRATIVE LOADS PER \$1,000 OF FACE AMOUNT FOR ISSUE AGES SHOWN (TOBACCO CLASS)

$\text{Issue Age} \longrightarrow$	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.4084	0.4059	0.4042	0.4025	0.4175	0.4242	0.4475	0.4650	0.4659	0.4850	0.4934	0.5017	0.5092	0.5950	0.5892
Lowest Load	0.1700	0.1967	0.2242	0.2525	0.2300	0.2359	0.1884	0.1642	0.1917	0.1642	0.1692	0.1759	0.1892	0.5725	0.0217
Zero After Year	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4
r															
Issue Age $\longrightarrow$	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.6092	0.6100	0.6092	0.6625	0.6775	0.7284	0.7400	0.7925	0.8725	0.9342	1.0142	1.1242	1.1750	1.2500	1.3034
Lowest Load	0.0025	0.0417	0.0884	0.6484	0.6600	0.6217	0.6575	0.6092	0.5092	0.4475	0.3492	0.1934	0.1659	0.0942	0.0692
Zero After Year	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3
	-	-					-						-		
Issue Age $\longrightarrow$	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.3734	1.4325	1.5242	1.5942	1.6609	1.7675	1.8542	1.9250	1.9992	2.0842	2.1617	2.2392	2.3067	2.3700	2.4659
Lowest Load	0.0159	1.4175	1.4642	1.4984	1.5425	1.5534	1.5909	1.6517	1.7184	1.7825	1.8634	1.9542	2.0659	2.1934	2.2992
Zero After Year	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Issue Age $\longrightarrow$	62	63	64	65	66	67	68	69	70						
Highest Load	2.5392	2.6009	2.6484	2.7000	2.7609	2.8300	2.8967	2.9625	3.0192						
Lowest Load	2.3167	2.2509	2.2000	2.1442	2.0800	2.0059	1.9350	1.8642	1.8034						
Zero After Year	2	2	2	2	2	2	2	2	2						

		F								Express Issu
		Monthly	v Premiu	ms for Li	fe Insura	nce Face	Amounts	s Shown		PERIOD
			,		es Added (					Age to Which
ssue			A			t (Ages 17-	59)			Coverage is
Age		ar					ness (All Ag	res)		Guaranteed at
ALB)	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
5D-1	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$500,000	81
2-4										80
5-8										79
-10										79
l-16										77
7-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
4-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26 7 28		14.43	26.60 27.15	38.78 20.60	50.95 52.05	75.30	99.65	124.00 126.75	148.35 151.65	75 74
7-28 29		$14.70 \\ 14.98$	$27.15 \\ 27.70$	$39.60 \\ 40.43$	$52.05 \\ 53.15$	76.95 78.60	$101.85 \\ 104.05$	$126.75 \\ 129.50$	$151.65 \\ 154.95$	74 74
29 )-31		14.98	27.70 28.25	40.43	54.25	80.25	104.05 106.25	129.50	154.95	74
-51 32		15.25 16.08	28.23 29.90	41.25 43.73	54.25 57.55	80.25 85.20	100.25 112.85	152.25 140.50	158.25 168.15	73 74
33		16.63	31.00	45.38	59.75	88.50	112.35	140.00 146.00	108.15 174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46 47	$15.59 \\ 16.36$	$35.60 \\ 37.53$	$68.95 \\ 72.80$	$102.30 \\ 108.08$	$135.65 \\ 143.35$	202.35 213.90	269.05 284.45	$335.75 \\ 355.00$	402.45 425.55	84 84
48	10.30 17.13	37.35 39.45	72.80 76.65	108.08 113.85	143.35 151.05	213.90 225.45	284.45 299.85	355.00 374.25	425.55 448.65	84 85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	121.20	171.95	240.00	515.05	555.00	410.00	86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59 30	30.33	72.45	142.65	212.85	283.05					89
50 31	31.18	74.58	146.90	219.23	291.55					90
51 52	$32.61 \\ 34.37$	78.15	$154.05 \\ 162.85$	229.95 243.15	$305.85 \\ 323.45$					90 90
52 53	34.3 <b>7</b> 36.13	82.55 86.95	162.85	243.15 256.35	323.45 341.05					90 90
55 54	38.00	91.63	181.00	250.35	359.75					90
35 35	40.09	91.03 96.85	181.00 191.45	270.38	359.75 380.65					90 90
36	40.05	00.00	101.10	200.00	000.00					90 90
37 37	44.93				<u> </u>				<u> </u>	91
58	47.68									91
<u>39</u>	50.43									91
70	53.29									91

		T WICEIN								GUARANTEE
		Monthly	y Premiu	ms for Li	ife Insura	nce Face	Amount	s Shown		PERIOD
		•			les Added (					Age to Which
Issue			A	ccidental D	eath Benefi	t (Ages $17-$	59)			Coverage is
Age		ar				Chronic Illr	,	ges)		Guaranteed at
ALB)	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
.5D-1	\$10,000	\$20,000	\$00,000	\$10,000	\$100,000	\$100,000	\$200,000	\$200,000	\$000,000	81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26 27-28		$21.30 \\ 21.85$	$40.35 \\ 41.45$	$59.40 \\ 61.05$	78.45 80.65	116.55 119.85	$154.65 \\ 159.05$	192.75 198.25	230.85 237.45	72 71
21-28 29		21.85 22.13	41.45 42.00	61.88	80.05 81.75	119.85 121.50	159.05 161.25	198.25 201.00	237.45 240.75	71 71
29 30-31		22.13	42.00	70.13	92.75	121.30	183.25	201.00	240.75	71 72
32		24.00 25.70	49.15	70.13	96.05	133.00 142.95	189.85	228.50 236.75	273.75 283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47 48	23.73 24.72	$55.95 \\ 58.43$	$109.65 \\ 114.60$	$\begin{array}{c} 163.35\\ 170.78\end{array}$	$217.05 \\ 226.95$	$324.45 \\ 339.30$	$431.85 \\ 451.65$	$539.25 \\ 564.00$	$646.65 \\ 676.35$	82 82
40 49	24.72 26.15	62.00	114.00	181.50	220.95	360.75	480.25	599.75	719.25	83
49 50	20.13 27.36	65.03	121.75 127.80	190.58	241.25 253.35	500.75	400.20	099.10	119.20	83
50 51	27.50 28.57	68.05	133.85	190.65	265.35 265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	212.00	205.05 298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62 62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64 65	53.07	129.30	256.35	383.40	510.45					87
$\begin{array}{c} 65 \\ 66 \end{array}$	$55.71 \\ 58.57$	135.90	269.55	403.20	536.85					87 88
67 68	$61.65 \\ 64.84$									88 88
69	64.84 68.25									88
09 70	71.88									89
• •	. 1.00									premiums. After

## TEXASLIFE INSURANCE EMPLOYEE/SPOUSE MONTHLY PREMIUMS

## PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

										GUARANTEE
		Lif	e Insurai				hly Prem	iums Sho	wn	PERIOD
	Prem			]	Includes Ad	ded Cost fo	or			Age to Which
Issue	For			Accider	ntal Death H	Benefit (Age	es 17-59)			Coverage is
Age	\$10,000		and Ac	celerated D	eath Benefi	t for Chron	ic Illness (A	all Ages)		Guaranteed a
ALB)	Face	\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	Table Premiur
.5D-1										81
2-4										80
5-8										79
9-10										79
1-16										77
7-20		36,453	41,088	50,348	59,607	64,234	68,866	75,811	87,385	75
1-22		35,561	40,068	49,098	58,127	$62,\!642$	67,156	73,928	85,215	74
23		$34,\!691$	39,097	47,908	56,719	$61,\!124$	65,529	72,137	$83,\!150$	75
4-25		33,871	38,173	46,775	55,377	59,678	63,979	70,431	81,186	74
26		32,337	36,445	44,663	52,875	56,982	61,089	67,249	77,516	75
7-28		31,627	35,645	43,675	51,707	55,723	59,739	65,764	75,804	74
29		30,937	34,873	42,730	50,590	54,519	58,448	64,342	74,167	74
0-31 22		30,289	34,135	41,827	49,520	53,366	57,212	62,981	72,597	73 74
32 33		28,482 27,392	$32,098 \\ 30,870$	$39,331 \\ 37,827$	46,565 44,783	50,181 48,261	53,803 51,740	59,220 56,957	$68,265 \\ 65,656$	74 74
33 34		27,392	29,195	35,774	44,783 42,352	45,642	48,931	53,864	62,089	74 75
$\frac{54}{35}$		25,907 24,157	29,195 27,221	33,359	42,332 39,494	45,042 42,563	46,931 45,629	55,804 50,231	57,899	75 76
36		23,368	26,336	32,271	38,205	41,176	44,140	48,591	56,010	76
37		22,278	25,107	30,764	36,422	39,251	42,078	46,323	53,395	77
38		22,210 21,284	23,987	29,392	34,798	37,501	40,203	40,920 44,257	51,014	77
39		19,812	22,328	27,359	32,390	34,906	37,424	41,192	47,484	78
40	10.75	18,530	20,883	25,589	30,295	32,648	35,001	38,530	44,412	79
41	11.52	16,991	19,150	23,461	27,778	29,936	32,093	35,330	40,720	80
42	12.40	15,518	17,488	21,430	25,370	27,340	29,312	32,267	37,193	81
43	13.17	14,424	16,255	19,919	23,581	25,413	27,244	29,991	34,570	82
44	13.94	13,474	15,187	18,606	22,028	23,739	25,449	28,016	32,293	83
45	14.71	$12,\!641$	14,246	17,456	20,667	22,272	23,877	26,285	30,298	83
46	15.59	11,807	13,306	16,305	19,303	20,803	22,303	24,551	28,299	84
47	16.36	11,163	12,580	15,415	18,250	19,667	21,085	23,210	26,755	84
48	17.13	10,585	11,929	$14,\!617$	17,306	18,650	19,994	22,010	$25,\!370$	85
49	18.12		11,187	13,704	16,226	17,485	18,747	$20,\!637$	23,788	85
50	19.22		10,459	12,817	15,174	16,353	17,531	19,299	22,246	86
51	20.54			11,892	14,078	$15,\!173$	16,266	17,906	20,640	87
52	21.97			11,030	13,058	14,072	15,087	16,607	19,144	88
53 54	23.07			10,447	12,368	13,326	14,290	15,731	18,132	88
54 55	24.17				11,747	12,660	13,570	14,940 14.161	17,221	88
55 56	25.38 26.48	/			$11,133 \\ 10,628$	11,997 11,453	12,863 12,279	14,161 13 517	16,321 15,570	89 89
56 57	26.48 27.80				10,628 10,077	11,453 10,862	12,279 11,644	$13,517 \\ 12,819$	$15,579 \\ 14,776$	89 89
57 58	27.80				10,077	10,802	11,044	12,819	14,770	89
58 59	30.33					10,010	11,118 10,594	12,239 11,664	14,107 13,444	89 89
60	31.18						10,334 10,284	11,004 11,321	13,444 13,049	90
61	32.61						10,201	10,788	12,435	90
62	34.37							10,196	12,450 11,753	90
63	36.13							,	11,143	90
64	38.00		7						10,560	90
65	40.09								,	90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

## TEXASLIFE INSURANCE EMPLOYEE/SPOUSE MONTHLY PREMIUMS

		_								GUARANTEE
		Lif	e Insurai				hly Premi	iums Sho	wn	PERIOD
	Prem			]	Includes Ad	ded Cost fo	r			Age to Which
Issue	For			Accider	ntal Death E	Benefit (Age	es 17-59)			Coverage is
Age	\$10,000		and Ac	celerated D	eath Benefi	t for Chron	ic Illness (A	ll Ages)		Guaranteed a
ALB)	Face	\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	Table Premiur
5D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		36,433	39,494	42,563	50,231	57,899	65,567	$73,\!237$	80,905	71
21-22		$34,\!672$	37,590	40,511	47,811	55,110	62,410	69,709	77,008	71
23		33,077	35,864	38,650	45,612	52,577	59,544	66,505	73,468	72
24-25		32,091	34,798	37,501	44,257	51,014	57,771	64,528	71,284	71
26		$31,\!170$	33,793	36,418	42,980	49,541	56,103	62,665	69,226	72
27-28		30,294	32,845	35,396	41,774	48,151	54,529	60,906	67,284	71
29		29,875	32,390	34,906	41,192	47,484	53,774	60,063	66,353	71
30-31		26,244	28,454	30,663	36,188	41,713	47,238	52,763	58,288	72
32		25,320	27,453	29,583	34,917	40,246	45,576	50,907	56,237	72 79
33		25,027	27,134	29,242	34,511	39,779 20,218	45,048	50,316	55,585	72
$\frac{34}{35}$		22,903	26,818 24,832	28,907 26,760	$34,115 \\ 31,580$	39,318 36,404	$44,532 \\ 41,224$	$49,740 \\ 46,047$	54,943 50,867	71 72
35 36		22,903 22,194	24,832 24,062	26,760 25,938	31,580 30,608	36,404 35,281	41,224 39,949	46,047 44,627	50,867 49,300	72 72
30 37		22,194 20,706	24,002	23,938	28,553	32,913	39,949	44,027 41,631	49,300	73
38		20,700 20,128	22,448 21,823	24,190 23,517	28,353 27,754	32,913 31,992	36,229	41,031 40,464	43,990 44,704	73 73
39		18,731	21,823	25,517	25,828	29,772	33,715	37,658	41,601	74
40	16.14	17,099	18,539	19,978	23,575	27,181	30,778	34,378	37,977	76
41	17.13	15,962	17,306	18,650	22,010	25,370	28,730	32,089	35,449	77
42	18.34	14,761	16,004	17,247	20,355	23,462	26,570	29,677	32,785	78
43	19.88	13,472	14,606	15,741	18,577	21,413	24,249	27,085	29,921	80
44	20.65	12,908	13,995	15,082	17,799	20,517	23,234	25,952	28,669	80
45	21.75	12,180	13,205	14,231	16,795	19,359	21,924	24,488	27,052	81
46	22.63	11,655	12,635	13,617	16,070	18,524	20,977	23,430	25,884	81
47	23.73	11,057	11,988	12,919	15,247	17,575	19,903	22,230	24,558	82
48	24.72	10,570	11,459	12,350	14,575	16,801	19,026	21,251	$23,\!476$	82
49	26.15		10,775	11,611	13,702	15,795	17,888	19,978	22,071	83
50	27.36		10,255	11,053	13,043	15,034	17,026	19,017	21,008	83
51	28.57			10,544	12,441	$14,\!342$	16,243	18,143	20,042	83
52	30.33				11,664	13,444	15,223	17,005	18,786	84
53	31.87				11,057	12,745	$14,\!434$	16,121	17,809	85
54	33.30				10,548	12,159	13,769	15,379	16,989	85
55 5 <i>6</i>	34.84				10,051	11,583	13,118	14,653	16,186	85 95
56 57	36.60					10,990 10,452	12,444	13,902	15,357	85 86
57 58	38.36 40.23	-				10,453	11,839 11,256	13,224 12,572	14,609 13,890	86 86
58 59	40.23 42.10						11,250 10,728	12,572 11,983	13,890 13,238	80 86
59 60	42.10 43.28						10,728 10,419	11,983 11,638	13,238 12,856	80 86
61	45.81						10,413	10,962	12,830	86
61 62	45.81							10,902 10,385	12,109 11,472	80 87
63	40.25 50.65							10,000	10,898	87
64	53.07								10,379	87
65	55.71								10,010	87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

## TEXASLIFE INSURANCE CHILD MONTHLY PREMIUMS

## 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
				Includ	les Added (	Cost for				Age to Which
Issue			Ac	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is
Age										Guaranteed at
(ALB)	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	Table Premium
15D-1				9.25					16.25	81
2-4				9.50			( )		16.75	80
5-8 9-10				9.75 10.00					17.25 17.75	79 79
9-10 11-16				10.00 10.25				r	17.75 18.25	79 77
17-20				12.25					22.25	75
21-22				12.50					22.75	74
23				12.75					23.25	75
24-25				13.00					23.75	74
26				13.50					24.75	75
27-28 29										74 74
30-31										73
32										74
33										74
34										75
35										76 76
36 37										76 77
37 38										77
39										78
40										79
41										80
42										81
43 44										82 83
44 45					X					83
46										84
47										84
48										85
49										85
$50 \\ 51$										86 87
52										88
53										88
54										88
55										89
56										89
57 58										89
$\frac{58}{59}$										89 89
59 60										90
61										90
62										90
63										90
64 65			7							90
65 66										90 90
67										90
68										91
69										91
70										91
										premiums. After the
Guarante	eed Period, tl	he premiums	can be lower	r, the same,	or higher tha	n the Table I	Premium. Se	e the brochur	e under "Per	manent Coverage".

## TEXASLIFE INSURANCE CHILD MONTHLY PREMIUMS

#### PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue **GUARANTEED** Monthly Premiums for Life Insurance Face Amounts Shown PERIOD Includes Added Cost for Age to Which Accidental Death Benefit (Ages 17-59) Coverage is Issue Guaranteed at Age (ALB) \$10,000 \$15,000 \$20,000 \$25,000 \$30,000 \$35,000 \$40,000 \$45,000 \$50,000 Table Premium 15D-1 2-45-89-10 11 - 1617-2017.2532.2521 - 2218.0033.7518.7535.2524 - 2519.2536.2537.25 19.75 27 - 2830-31 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 Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

TEXASLIFE INSURANCE
Since 1901   900 WASHINGTON   POST OFFICE BOX 830   WACO, TEXAS 76703-0830

INDIVIDUAL LIFE INSURANCI	E APPLICATION
---------------------------	---------------

FOR HOME OFFICE USE ONLY

Plan Name: PureLife-plus

1st Deduction Date:		Emplo	yer:			Policy Number:				
					Within the past					
					has the Propos		_			
		6		• 1	age 17 or ol		Face	<b>D</b> .		
Proposed Insured(s)		Sex	Birth Date	<b>Age</b> <sup>1</sup>	tobacco in a	ny form?	<b>Amount</b> <sup>2</sup>	Premium		
Employee Name										
						<b>→</b>				
Last	1	M/F			☐ Yes □	⊥ No				
First	MI	-								
Social Sec No										
Hire Date						_				
Beneficiary (Spouse is beneficiary	unless of	therwis	e stated here)	1	1	Relatior	iship:			
Spouse Name										
Last	1	M/F			□ Yes □	⊥No				
<b>F</b>										
First	MI	-								
Social Sec No										
Current Occupation										
Beneficiary (Employee is beneficia	ary unless	otherv	vise stated here)			Relatior	iship:			
Children's Names (not required	d if apply	ing on	ly for Child Term	Rider)						
		M/F			∐ Yes □	] No				
Social Sec No		, í								
Beneficiary (Employee is beneficia	arv unless	otherv	vise stated here)	1		Relatior	ship:			
		M/F			□ Yes □	] No				
Social Sec No		1, .								
Beneficiary (Employee is beneficiary	any unless	otheru	vise stated here)			Relation	shin:			
	ary uniess		vise stated here			Relation	isilip.			
		M/F			□ Yes □					
Social Sec No						D L .:	1.			
Beneficiary (Employee is benefici	ary unless	otherv	vise stated here)	1		Relatior	iship:			
		M/F			□ Yes □	⊥ No				
Social Sec No										
Beneficiary (Employee is beneficia	ary unless	otherv	vise stated here)	-		Relation	iship:			
		M/F			□ Yes □	] No				
Social Sec No										
Beneficiary (Employee is beneficia	ary unless	otherv	vise stated here)	•	•	Relatior	iship:			
Select Riders to be added:				Add C	hild Term Rider pr	emium, if app	lied for: \$			
Child Term for \$10,000 added to	policy of:	Er	nployee 🛛 Spouse				emium: \$			
	ver Premi		Chronic III			•				
	Bi-Wee		□ Semi-Month		I Month 🛛	Skip				
Home Address		r.		L		<u> 5kiþ</u>				
				C:+		Ctat	7:			
				City			Zip:_			
Phone — Day: ( )			ning: ( )		Personal E-m		1			
Will proposed coverage replace of										
and complete replacement form. (1) Age as of Issue Date. (2) o	) Compa	ny:			Policy No:_		🗆 \	∕es □ No		
(1) Age as of Issue Date. (2) o	r Face An	nount p	ourchased by premine	um shov	wn, if less. (3) Fo	or issue ages 1	7-59.			

1. During the last six months, has the proposed insured:			Employee	Spouse	Children				
			Yes No	Yes No	Yes No				
<ul> <li>Been actively at work on a full time basis, performing usual duties? If "No" furnish details below.</li> </ul>					N/A				
b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days? If "Yes" furnish details below.					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 INSURED	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.									
Employee (and policyowner) Signature       Spouse Signature (or Child over 18) if to be insured         Agent only: To the best of my knowledge the insurance applied for $\Box$ is $\Box$ is not to replace existing insurance or annuity.         X									
Enroller/Agen	t Signature Print Enroll	er/Agent Name Agt No. Date	Cit	у	State				

## TEXASLIFE INSURANCE

### Applicant and Agent Statement on Existing Insurance

Does any Proposed Insured have existing insurance or annuities (*including coverage with Texas Life*)?  $\Box$  Yes  $\Box$  No If "Yes", complete the Existing Insurance Form <u>even if replacement is not</u> <u>contemplated</u>. "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.

X Applicant Signature	Date	
X Enroller/Agent Signature	Print Enroller/Agent Name	Agt No.

### **Employee Accelerated Death Benefit Disclosure Acknowledgement**

I hereby acknowledge receipt of sales brochure form 21M013-ICC EXP-K-M-3AD R03/23 and the Privacy Notice; which includes a summary description of the Accelerated Death Benefit Rider and related Important Notices regarding payment of accelerated death benefits.

Χ\_\_\_\_\_

**Employee Signature** 

Date

## **Agent Certification**

#### AGENT STATEMENT

I certify that I have: (a) delivered to the Applicant the Sales Brochure Series form 21M013-ICC EXP-K-M-3AD R03/23 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-abr-rplt R08-11

## 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					
2				🗆 R 🗆 F	
3					

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:

Х\_\_\_\_\_

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

**Continued Next Page** 

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 contract you applied for. It tells how we treat that information. If anyone else is to be insured under the contract 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 not-for-profit 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 or contact MIB at www.mib.com.

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#### 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 contract

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.