

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 Gainesville ISD

Marketed by



Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN Texas

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	Ш	\$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
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						

										GUARANTEEI
		Monthly	y Premiu	ms for Li	ife Insura	nce Face	Amount	s Shown		PERIOD
		-		Includ	les Added (Cost for				Age to Which
ssue			A	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is
Age		ar		ted Death I		. –		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	+=0,000	+=0,000	+00,000	+,	+=====	+-00,000			+000,000	81
2-4										80
5-8										79
9-10										79
1-16										77
7-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
1-22		13.33	24.40 24.05	35.48	46.55	68.70	90.85	113.00	135.15	74 75
23 4-25		$13.60 \\ 13.88$	$24.95 \\ 25.50$	$36.30 \\ 37.13$	$47.65 \\ 48.75$	70.35 72.00	93.05 95.25	$115.75 \\ 118.50$	$138.45 \\ 141.75$	75 74
26		13.33	25.50	38.78	40.75 50.95	75.30	99.65	113.50	141.75	74 75
7-28		14.70	27.15	39.60	52.05	76.95	101.85	124.00 126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
0-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	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 76
36		19.10	35.95	52.80	69.65 72.05	103.35	137.05	170.75	204.45	76
37 38		$19.93 \\ 20.75$	$37.60 \\ 39.25$	$55.28 \\ 57.75$	72.95 76.25	$108.30 \\ 113.25$	$143.65 \\ 150.25$	179.00 187.25	214.35 224.25	77 77
39		20.73 22.13	42.00	61.88	70.25 81.75	113.23 121.50	150.25 161.25	201.00	224.25 240.75	78
40	10.75	23.50	44.75	66.00	87.25	121.50	172.25	214.75	240.15	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	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47 48	$16.36 \\ 17.13$	$37.53 \\ 39.45$	$72.80 \\ 76.65$	$108.08 \\ 113.85$	$143.35 \\ 151.05$	$213.90 \\ 225.45$	284.45 299.85	$355.00 \\ 374.25$	$425.55 \\ 448.65$	84 85
49	18.12	41.93	81.60	113.83	160.95	240.30	319.65	399.00	448.05	85
50	19.22	44.68	87.10	121.20	171.95	240.00	010.00	000.00	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 27.80	62.83	123.40	183.98	244.55					89
57 58	27.80 29.01	$\begin{array}{r} 66.13 \\ \hline 69.15 \end{array}$	130.00 136.05	193.88 202.95	257.75 269.85					89 89
58 59	30.33	69.15 72.45	136.05 142.65	202.95 212.85	269.85 283.05					89 89
60	31.18	72.43 74.58	142.03 146.90	212.83	203.05					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68 60	47.68									91 01
69 70	50.43									91
70	53.29 plus is perma									91

Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

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

			•							GUARANTEED
		Monthly	y Premiu	ms for Li	ife Insura	nce Face	Amount	s Shown		PERIOD
					les Added (Age to Which
Issue			A			t (Ages 17-	59)			Coverage is
Age		ar				Chronic Illr	,	res)		Guaranteed at
(ALB)	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
(ALB) 15D-1	\$10,000	\$25,000	\$30,000	\$15,000	\$100,000	\$130,000	\$200,000	\$230,000	\$300,000	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		21.00 22.13	41.43	61.88	81.75	115.00 121.50	161.25	201.00	237.45 240.75	71 71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	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 07.25	120.25	179.25	238.25	297.25	356.25	73
39 40	16.14	33.95 36.98	65.65 71.70	97.35 106.43	129.05 141.15	192.45 210.60	255.85 280.05	319.25 349.50	382.65 418.95	74 76
40 41	10.14	30.98 39.45	76.65	113.85	141.15	210.00 225.45	280.05 299.85	349.50 374.25	418.95 448.65	70
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	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
$49 \\ 50$	$26.15 \\ 27.36$	$62.00 \\ 65.03$	$121.75 \\ 127.80$	181.50 190.58	241.25 253.35	360.75	480.25	599.75	719.25	83 83
$50 \\ 51$	27.50 28.57	68.05	127.80 133.85	190.58 199.65	253.35 265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	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 50	40.23	97.20	192.15	287.10 201.12	382.05					86 86
$\frac{59}{60}$	$42.10 \\ 43.28$	101.88	201.50 207.40	$301.13 \\ 309.98$	400.75 412.55					86 86
60 61	43.28 45.81	104.83 111.15	207.40	309.98 328.95	412.55 437.85					86
61 62	45.81 48.23	$111.15 \\ 117.20$	220.05 232.15	328.95 347.10	457.85 462.05					80 87
63	40.25 50.65	123.25	232.10 244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69 70	68.25			ļ						88
70	71.88									89
				-			-			premiums. After the
Guarante	eed Period, th	ne premiums	can be lowe	r, the same,	or higher tha	n the Table I	remium. Se	e the brochu	e under "Per	rmanent Coverage".

TEXASLIFE INSURANCE EMPLOYEE/SPOUSE MONTHLY PREMIUMS

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

				-		a 7-		. ~-		GUARANTEE
		Lif	e Insurai				-	iums Sho	wn	PERIOD
	Prem					lded Cost fo				Age to Which
Issue	For			Accider	ital Death I	Benefit (Age	es 17-59)			Coverage is
Age	\$10,000		and Ac	celerated D	eath Benef	it 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
11-16										77
17-20		36,453	41,088	50,348	59,607	64,234	68,866	75,811	$87,\!385$	75
21-22		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
24-25		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
27-28		$31,\!627$	$35,\!645$	$43,\!675$	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
30-31		30,289	34,135	41,827	49,520	53,366	57,212	62,981	72,597	73
32		28,482	32,098	39,331	46,565	50,181	53,803	59,220	68,265	74
33		27,392	30,870	37,827	44,783	48,261	51,740	56,957	65,656	74
$\frac{34}{35}$		25,907	29,195	35,774	42,352	$45,642 \\ 42,563$	48,931	53,864	62,089	75 76
		24,157	27,221	33,359	39,494		45,629	50,231	57,899	76 76
36 37		23,368 22,278	26,336 25,107	32,271 30,764	38,205 36,422	41,176 39,251	44,140 42,078	48,591 46,323	56,010 53,395	76 77
37 38		22,278 21,284	23,107 23,987	30,704 29,392	30,422 34,798	39,251 37,501	42,078 40,203	40,323 44,257	55,595 51,014	77
39		19,812	23,387	25,352 27,359	32,390	34,906	37,424	44,257 41,192	47,484	78
40	10.75	18,530	22,328	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	23.07			10,447	12,368	13,326	14,290	15,731	18,132	88
54	24.17				11,747	12,660	13,570	14,940	17,221	88
55	25.38				11,133	11,997	12,863	14,161	16,321	89
56	26.48				10,628	11,453	12,279	13,517	15,579	89
57	27.80			r	10,077	10,862	11,644	12,819	14,776	89
58 50	29.01					10,370	11,118	12,239	14,107	89
59 60	30.33						10,594	11,664	13,444	89
60 61	31.18						10,284	11,321	13,049	90
61 62	$32.61 \\ 34.37$							10,788 10,106	12,435 11.753	90 90
62 63								10,196	11,753 11 143	
63 64	36.13 38.00								11,143 10,560	<u>90</u> 90
$64 \\ 65$	$38.00 \\ 40.09$		1						10,000	90 90
66 66	$40.09 \\ 42.40$									90 90
67	42.40									90
68	$44.93 \\ 47.68$									91 91
69	50.43									91 91
70	53.29									91

TEXASLIFE INSURANCE EMPLOYEE/SPOUSE MONTHLY PREMIUMS

										GUARANTEED
		Lif	e Insura	nce Face	Amounts	for Montl	hly Premi	ums Sho	wn	PERIOD
	Prem					ded Cost for	•			Age to Which
Issue	For					Benefit (Age				Coverage is
Age	\$10,000		and Ac			t for Chroni	,	11 A res)		Guaranteed at
0	,	¢00.00						- ,		
(ALB)	Face	\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	Table Premium
15D-1 2-4										81 80
2-4 5-8										80 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 22		25,320	27,453	29,583	34,917	40,246	45,576	50,907	56,237	72 72
33		25,027	27,134	29,242	34,511	39,779	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
36		22,903 22,194	24,832 24,062	20,700 25,938	31,380 30,608	35,281	39,949	40,047 44,627	49,300	72
37		22,194	22,448	25,555	28,553	32,913	37,272	41,631	45,990	73
38		20,100 20,128	21,823	23,517	27,754	31,992	36,229	40,464	44,704	73
39		18,731	20,311	21,885	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 50	26.15 27.26		$10,775 \\ 10,255$	11,611	13,702	15,795	17,888	19,978 10.017	22,071	83
$50 \\ 51$	$27.36 \\ 28.57$		10,200	$11,053 \\ 10,544$	$13,043 \\ 12,441$	$15,034 \\ 14,342$	$17,026 \\ 16,243$	19,017 18,143	21,008 20,042	83 83
52	30.33			10,044	12,441 11,664	13,444	15,223	13,143 17,005	18,786	84
52 53	30.33 31.87				11,004 11,057	12,745	13,223 14,434	16,121	13,730 17,809	85
$53 \\ 54$	33.30				11,037 10,548	12,745 12,159	14,454 13,769	10,121 15,379	17,809 16,989	85 85
55	34.84				10,010	11,583	13,118	14,653	16,186	85
56	36.60				-,	10,990	12,444	13,902	15,357	85
57	38.36					10,453	11,839	13,224	14,609	86
58	40.23						11,256	12,572	13,890	86
59	42.10						10,728	11,983	13,238	86
60	43.28						10,419	$11,\!638$	12,856	86
61	45.81							10,962	12,109	86
62	48.23							10,385	11,472	87
63	50.65								10,898	87
64 c5	53.07								10,379	87
65 66	55.71									87
66 67	58.57									88
67 68	61.65									88
68 69	64.84 68.25									88 88
69 70	68.25 71.88									88
10	11.00						elled as long a			

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 C	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 70
5-8 9-10				9.75 10.00					17.25 17.75	79 79
9-10 11-16				10.00					17.75	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 27-28				13.50					24.75	75 74
29										74 74
30-31										73
32										74
33										74
34										75 76
$\frac{35}{36}$										76 76
30 37										70
38										77
39										78
40										79
41										80
42										81
43 44										82 83
45				~						83
46										84
47										84
48										85
49 50										85 86
50 51										87
52										88
53										88
54										88
55										89
56 57										89 89
58										89
59										89
60										90
61										90
62 62	1									90
63 64										<u>90</u> 90
$64 \\ 65$			1							90 90
66										90
67										91
68										91
69 70										91
70			surance to At							91

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".

Beneficiary (Employee is beneficiary unless otherwise stated here)

nce 1901 900 WASHINGTON POST OFFICE BOX 83C		3-0830			FOR HOME OFFICE USE ONI Plan Name: PureLife-plus					
1st Deduction Date:	Employ	ver:			Policy Numb	-				
Proposed Insured(s)	Sex	Birth Date	Age^1	Within the past has the Propos age 17 or old tobacco in a	12 months ed Insured der used	Face Amount ²	Premium			
Employee Name										
Last	M/F			🗆 Yes 🛛] No					
First	ЛІ									
Social Sec No										
Hire Date										
Beneficiary (Spouse is beneficiary u	inless otherwise	stated here)			Relatior	nship:				
Spouse Name										
Last	M/F			🗆 Yes 🛛	∃ No					
First	ЛІ									
Social Sec No										
Current Occupation										
Beneficiary (Employee is beneficiary	/ unless otherw	ise stated here)			Relatior	nship:				
Children's Names (not required i	f applying onl	y for Child Term	n Rider)							
	M/F			□ Yes [] No					
Social Sec No										
Beneficiary (Employee is beneficiary	/ unless otherw	ise stated here)			Relatior	nship:				
	M/F			□ Yes □] No					
Social Sec No										
Beneficiary (Employee is beneficiary	/ unless otherw	ise stated here)		1	Relation	nship:	I			
	M/F			🗆 Yes 🛙] No					
Social Sec No										
Beneficiary (Employee is beneficiary	/ unless otherw	ise stated here)		1	Relatior	nship:				
	M/F			□ Yes □	∃ No					
Social Sec No										

Social Sec No	M/F			🗆 Yes 🛛	No		
Beneficiary (Employee is beneficiary unless	otherv	vise stated here)			Relatior	nship:	
Select Riders to be added:		,	Add C	hild Term Rider prem	nium, if app	blied for: \$	
Child Term for \$10,000 added to policy of:					Total pr	emium: \$	
□ Accidental Death ³ □ Waiver Premi	um ³	🛛 Chronic III	ness				
Payroll is per: Week Bi-Week Bi-Week	(Semi-Month		I Month □ SI	kip		
Home Address							
Street/P.O. Box:			City	/:	State:	: Zip:	
Phone — Day: ()	Eve	ning: ()		Personal E-mai	Address:		
Will proposed coverage replace or change a	ny exis	sting insurance or a	nnuity	policy? (If "Yes", id	entify		
and complete replacement form.) Compa	ny:			Policy No:		🛛 Yes 🛛	∃ No
(1) Age as of Issue Date. (2) or Face Am	ount p	ourchased by premit	um shov	wn, if less. (3) For i	ssue ages 1	.7-59.	

TEXASLIFE INSURANCE Since

Relationship:

1. During the las	t six months, has the proposed insu	red:	Employee	Spouse	Children					
			Yes No	Yes No	Yes No					
a. Been actively details below.	at work on a full time basis, performin	g usual duties? If "No" furnish			N/A					
	rom work due to illness or medical trea ve working days? If "Yes" furnish detai				N/A					
home or receiv	or received tests, treatment or care of ved chemotherapy, hormonal therapy fo nent, or treatment for alcohol or drug a									
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.										
X Employee (and	1 policyowner) Signature	X Spouse Signature (or Chil	d over 18) if	to be insure	ed					
	he best of my knowledge the insurance	e applied for □ is □ is not to repla	ace existing in	surance or a	annuity.					
Enroller/Agen	t Signature Print Enrolle	er/Agent Name Agt No. Date	Cit	у	State					

TEXASLIFE INSURANCE

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

Supplement	to	Application	from	(Employee): _
Supplement	ω	Application	nom	(Linpioyee).

		Employee Social Secur	ity:`		_ Appl	ication	Date:			
1. Within	the past 5 years, has a	any person to be insured by t	the Chronic		Empl	oyee	Spo	use	Child	Iren
Illne	ss Rider:									
a. been diagnosed, treated, tested positive for, or been given medical advice by a			a	Yes	No	Yes	No	Yes	No	
member of the medical profession for a disorder of the brain or nervous system; or										
b. required or received assistance because of a cognitive impairment, or when			⊢ →	н	н	н	н			
performing any of the following activities: bathing, dressing, continence, eating,			ıg,							
	ng, or transferring? , indicate in Details belov	W.								
2. Details, including date, diagnosis, type of treatment, and current condition						Name, address and				
Ques No.	Proposed Insured		Details			phone # of physician(s)				
							1			
							4			
							4			
							4			
							1			
REPRESE	NTATIONS : I represen	t to the best of my knowledge	and belief that a	all state	ments a	nd ansv	vers in t	his Sup	plemer	it to
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 the application and this Supplement to Application remain correct and complete.										
•	n who knowingly present	s a false statement in an applic	ation for insuran	ice mav	be guil	tv of a d	riminal	offense	and	
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.										
Χ			Χ							
Employe	X									
Х										
Enroller	/ Agent signature	Print Enroller/Agent	name Agt.	No.	Date	Ci	ty		St	ate

TEXASLIFE INSURANCE COMPANY

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.

Χ_

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 21M013-ICC EXP-K-M-3AD R07/24 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).

X _____ Enroller/Agent Signature

Date

Form: 04M006-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				🗆 R 🗆 F				
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

SINCE 1901 | 900 WASHINGTON AVENUE | P. O. BOX 830 | WACO, TX 76703-0830

Notice of Privacy Policy

At Texas Life Insurance Company ("Texas Life") we recognize that our relationships with you are based on integrity and trust. As part of that trust relationship, we want you to understand that in order to provide our products and services to you, we must collect, use and share personal information about you. This Privacy Notice describes policies and practices about how we protect, collect and share personal information related to the products and services you receive from us.

1. INFORMATION WE MAY COLLECT

The types of personal information we may collect include:

- Information that you provide to us on applications or forms, during conversations with us or our representatives, or when you visit our website (for example, your name, address, Social Security number, date of birth, income and assets, beneficiaries and medical or health information.
- Information about your transactions with us and our affiliates, including your policy coverages, premiums and payment history.
- Information from third parties such as consumer or other reporting agencies and medical or health care providers or your employer.

2. USING INFORMATION

We collect personal information to process and administer our customers' business and to ensure that we are satisfying their financial and insurance needs. We may need it to verify identities to help deter fraud, money laundering, or other crimes. For example, we may also use your information to:

- Identify and authenticate you.
- To fulfill our legitimate interest in improving our services and products.
- Underwrite and rate your policies and accounts.
- Process your claims.
- Protect against fraud and unauthorized transactions.
- Provide proper billing.
- Respond to your inquiries and requests.
- Confirm your identity and service your policies and accounts.

3. SHARING INFORMATION WITH OTHERS

We may share the personal information we collect, as described above, with:

- Agents, brokers and others who provide our products and services to you;
- Our affiliated companies;
- Nonaffiliated companies in order to perform standard business functions on our behalf including those related to processing transactions you request or authorize, or maintaining your policy or contract;
- Courts and government agencies in response to court orders or legal investigations;
- Other financial institutions with whom we may jointly market products, if permitted in your state
- MIB Group, Holdings Inc. and MIB, LLC, (MIB) a nonprofit association for life insurance companies. You may contact MIB to retrieve or correct your personal information by writing to MIB Group, Holdings Inc. and MIB, LLC at 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, calling MIB at (866) 692-6901, or emailing MIB at infoline@mib.com.

Please note that any personal information consisting of medical or health information is only shared with third parties to perform business, professional or insurance functions on our behalf or as authorized by you.

We will not share your personal information with other companies for marketing purposes. There is no need to opt out.

4. HOW WE PROTECT INFORMATION

We protect your personal information by:

- Using security measures that include physical, electronic and procedural safeguards to protect your personal information from unauthorized access or use in accordance with state and federal requirements.
- Training employees to safeguard personal information and restricting access to personal information to those employees who need it to perform their job functions.
- Contractually requiring business partners with whom we share your personal information to safeguard it and use it exclusively for the purpose for which it was shared.

5. ACCESSING YOUR INFORMATION

You have a right to review, access and seek correction of your information and we will respond to your request in accordance with applicable law. To do so please send a written request or contact one of our customer service representatives by calling our customer service line using the contact information at the bottom of this notice.

QUESTIONS

We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us.

Send privacy questions to:

Texas Life Insurance Company Attn: Privacy Officer

P. O. Box 830 Waco, TX 76703-0830 www.texaslife.com 1-800-283-9233

This Policy is provided to you in accordance with the privacy provisions in Title V of the Gramm-Leach-Bliley Act. We may revise this privacy notice. If we make any material changes, we will notify you as required by law.

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