

# 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 Only** 

# For the eligible employees of D'ARBONNE WOODS CHARTER SCHOOL

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 Only This benefit provides an accelerated death benefit if an insured becomes chronically ill as defined in the rider. (Form ICC15-ULABR-CI-15). See details on next page.

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

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited 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 employee only

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.

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### **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	ESS ISSUE AMOUNTS OF COVERAGE	Available on Spouse
Spouse's	Minimum	Maximum
lssue 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

$\text{Issue Age} \longrightarrow$	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
$\text{Issue Age} \longrightarrow$	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	٩.			-							-
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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						

# TEXASLIFE INSURANCE EMPLOYEE MONTHLY PREMIUMS

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

										GUARANTEED
		Monthly	y Premiu	ms for Li	ife Insura	ance Face	Amount	s Shown		PERIOD
				Includ	les Added (	Cost for				Age to Which
Issue			A	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is
Age		ar	nd Accelera	ted Death	Benefit for	Chronic Illr	ness (All Ag	ges)		Guaranteed at
(ALB)	\$10.000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
15D-1	. ,	. ,	. ,			. ,			. ,	81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	$\begin{array}{c} 68.70 \\ 70.35 \end{array}$	90.85	113.00	135.15	74
23 24-25		$13.60 \\ 13.88$	$24.95 \\ 25.50$	$36.30 \\ 37.13$	$47.65 \\ 48.75$	70.35 72.00	93.05 95.25	$115.75 \\ 118.50$	$138.45 \\ 141.75$	$\frac{75}{74}$
24-25		14.43	26.60	38.78	50.95	75.30	99.65	113.30	141.75	74 75
27-28		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
30-31		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
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 39		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25 240.75	77 79
39 40	10.75	22.13 23.50	42.00 44.75	61.88 66.00	81.75 87.25	121.50 129.75	161.25 172.25	201.00 214.75	240.75 257.25	78 79
40	10.75 11.52	25.43	48.60	00.00 71.78	94.95	123.75 141.30	187.65	234.00	237.25 280.35	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	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
$49 \\ 50$	$     18.12 \\     19.22 $	41.93	$\begin{array}{c} 81.60\\ 87.10\end{array}$	$121.28 \\ 129.53$	160.95 171.05	240.30	319.65	399.00	478.35	85
$\frac{50}{51}$	19.22 20.54	$44.68 \\ 47.98$	93.70	129.55 139.43	$171.95 \\ 185.15$					86 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 60	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61 62	$32.61 \\ 34.37$	78.15 82.55	$154.05 \\ 162.85$	229.95 243.15	$305.85 \\ 323.45$					90 90
62 63	34.37 36.13	$\frac{82.55}{86.95}$	162.85	243.15 256.35	323.45 341.05					90 90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	91.05 96.85	191.45	286.05	380.65					90 90
66	42.40	20.00								90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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		Monthly	y Premiu			nce Face	Amount	s Shown		PERIOD
					les Added C					Age to Which
ssue			Ac	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is
Age		ar	nd Accelera	ted Death	Benefit for	Chronic Illr	iess (All Ag	ges)		Guaranteed at
ALB)	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premiun
5D-1										81
2-4										80
5-8										79
)-10										79
1-16		10 55	94.05	F1 1F	67.45	100.05	120.65	165.05	107.95	77
7-20 1-22		18.55 19.38	34.85 36.50	51.15 53.63	67.45 70.75	100.05 105.00	132.65 139.25	165.25 173.50	197.85 207.75	71 71
23		20.20	30.50 38.15	55.05 56.10	70.75	105.00 109.95	139.25 145.85	173.30 181.75	207.75 217.65	71 72
4-25		20.20 20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	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	120.25	179.25	238.25	297.25	356.25	73
39	10.14	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	349.50 274.25	418.95	76 77
41 42	$17.13 \\ 18.34$	$39.45 \\ 42.48$	$76.65 \\ 82.70$	$113.85 \\ 122.93$	$\begin{array}{c}151.05\\163.15\end{array}$	225.45 243.60	$299.85 \\ 324.05$	$374.25 \\ 404.50$	448.65 484.95	77 78
42	19.88	46.33	90.40	134.48	178.55	266.70	354.85	404.30	531.15	80
40	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	20.00 21.75	51.00	99 <u>.</u> 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	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	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 56	34.84	83.73	165.20	246.68	328.15					85
$56 \\ 57$	36.60 28.26	88.13 92.53	$174.00 \\ 182.80$	259.88 273.08	345.75 363.35					85 86
57 58	38.36 40.23	92.53	182.80	273.08	363.35 382.05					86
58 59	40.23 42.10	97.20 101.88	192.15 201.50	287.10 301.13	382.05 400.75					80 86
60	43.28	101.88	201.30 207.40	309.98	400.75 412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
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	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	68.25									88
70	71.88									89

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

# TEXASLIFE INSURANCE EMPLOYEE MONTHLY PREMIUMS

										<b>xpress Issu</b> GUARANTEEI
		Lif	e Insurar	nce Face	Amounts	for Mont	hly Prem	iums Sho	wn	PERIOD
	Prem					ded Cost fo	•			Age to Which
Issue	For					Benefit (Age				Coverage is
Age	\$10,000		and Ac	celerated D	eath Benefi	t for Chron	ic Illness (A	ll Ages)		Guaranteed at
ALB)	Face	\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	Table Premium
15D-1		+-0.00	+=0.00	+=====	+_0.00	+00000			+ -0.00	81
2-4										80
5-8										79
9-10										79
11-16		00.450	41.000	50.040		<b>A</b> 1 <b>D</b> 1	100.000	<b>FF</b> 011	07.005	77
17-20		36,453	41,088	50,348	59,607	64,234	68,866 67,156	75,811	87,385	75
21-22 23		$35,561 \\ 34,691$	40,068 39,097	$49,098 \\ 47,908$	58,127 56,719	$62,\!642 \\ 61,\!124$	$67,156 \\ 65,529$	73,928 72,137	85,215 83,150	74 75
23		33,871	35,057 38,173	46,775	55,377	59,678	63,979	72,131 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 24,157	29,195 27,221	35,774 33,359	42,352 39,494	$45,\!642 \\ 42,\!563$	$48,931 \\ 45,629$	$53,864 \\ 50,231$	$62,089 \\ 57,899$	75 76
36		24,157 23,368	27,221 26,336	32,271	39,494 38,205	42,505 41,176	45,029 44,140	$     50,231 \\     48,591 $	57,899 56,010	76
37		22,278	25,107	30,764	36,422	39,251	42,078	46,323	53,395	77
38		21,284	23,987	29,392	34,798	37,501	40,203	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	$13.94 \\ 14.71$	$13,474 \\ 12,641$	15,187 14,246	18,606	$22,028 \\ 20,667$	23,739 22,272	25,449	28,016	32,293 30,298	83 83
45 46	14.71 15.59	12,641 11,807	14,240 13,306	17,456 16,305	19,303	22,272	23,877 22,303	26,285 24,551	28,299	83
40 47	16.36	11,307 11,163	13,500 12,580	15,415	13,303 18,250	19,667	22,505 21,085	24,001 23,210	26,235 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 56	25.38 26.48				11,133 10.628	11,997 11.452	12,863 12,270	14,161 12,517	16,321 15.570	89 80
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
58	29.01				10,011	10,370	11,044	12,819	14,107	89
59	30.33						10,594	11,664	13,444	89
60	31.18						10,284	11,321	13,049	90
61	32.61							10,788	12,435	90
62	34.37		<i>b</i>					10,196	11,753	90
63	36.13								11,143	90
64	38.00		7						10,560	90
65 66	40.09									90 90
66 67	42.40									90
67 68	$44.93 \\ 47.68$									91 91
69	47.08 50.43									91 91
70	53.29									91
	-plus is perm									

# TEXASLIFE INSURANCE EMPLOYEE MONTHLY PREMIUMS

										GUARANTEED
		Lif	e Insurai	ice Face	Amounts	for Mont	hly Premi	iums Sho	wn	PERIOD
	Prem				Includes Ad		•			Age to Which
Issue	For				ntal Death I					Coverage is
			and Ac				ic Illness (A	11 A mon		-
Age	\$10,000	<b>\$2600</b>					(	0 /	<b><b>AFF</b> 00</b>	Guaranteed at
(ALB)	Face	\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	Table Premium
15D-1										81
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		25,320	27,453	29,583	34,917	40,246	45,576	50,907	56,237	72
33		25,027	27,134	29,242	34,511	39,779	45,048	50,316	55,585	72
34			26,818	28,907	34,115	39,318	44,532	49,740	54,943	71
35		22,903	24,832	26,760	31,580	36,404	41,224	46,047	50,867	72
36		22,194	24,062	25,938	30,608	35,281	39,949	44,627	49,300	72
37 28		20,706	22,448	24,190 22,517	28,553	32,913 21,002	37,272	41,631	45,990	73 72
38 39		20,128 18,731	21,823 20,311	23,517 21,885	27,754 25,828	$31,992 \\ 29,772$	36,229	40,464	44,704	73 74
40	16.14	18,731	18,539	19,978	23,828 23,575	29,112 27,181	33,715 30,778	37,658 34,378	41,601 37,977	74 76
40 41	10.14	17,099 15,962	17,306	19,978 18,650	23,373	27,181 25,370	28,730	34,378 32,089	37,977 35,449	70
42	18.34	14,761	16,004	17,247	20,355	23,462	26,130 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 52	30.33				11,664	13,444	15,223	17,005	18,786	84
$53 \\ 54$	31.87 22.20				11,057 10.548	12,745 12,150	14,434 12,760	16,121 15.270	17,809	85 85
54 55	33.30 34.84				10,548 10,051	12,159 11,583	13,769 13,118	15,379 14,653	$\frac{16,989}{16,186}$	85 85
55 56	34.84 36.60				10,001	11,585 10,990	13,118 12,444	14,055 13,902	10,180 15,357	85
$50 \\ 57$	30.00 38.36					10,990 10,453	12,444 11,839	13,902 13,224	13,337 14,609	86
58	40.23	-				10,100	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			1	1			10,962	12,109	86
62	48.23							10,385	11,472	87
63	50.65								10,898	87
64	53.07								10,379	87
65	55.71									87
66	58.57									88
67	61.65									88
68 60	64.84									88
69 70	68.25									88
70	71.88									89

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

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

										GUARANTEED
		Monthly	y Premiu	ms for Li	ife Insura	nce Face	Amounts	s Shown		PERIOD
				Includ	les Added (	Cost for				Age to Which
Issue			Ac	ccidental D	eath Benefi	t (Ages $17-$	59)			Coverage is
Age							, i			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	. ,	. ,		1	16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23 24-25				$12.75 \\ 13.00$	$14.85 \\ 15.15$	$\begin{array}{c} 16.95 \\ 17.30 \end{array}$	19.05 $19.45$	$21.15 \\ 21.60$	$23.25 \\ 23.75$	75 74
24-25				13.50	15.75	17.30	20.25	21.00	23.75	74 75
27-28				13.75	16.05	18.35	20.25 20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37 20		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
$\frac{38}{39}$		$12.45 \\ 13.20$	$15.85 \\ 16.85$	$19.25 \\ 20.50$	$\begin{array}{r} 22.65 \\ 24.15 \end{array}$	$26.05 \\ 27.80$	$29.45 \\ 31.45$	$32.85 \\ 35.10$	$36.25 \\ 38.75$	77 78
39 40	10.05	13.20	10.85	20.30	24.15	21.80	33.45	37.35	41.25	79
40	10.05 10.75	15.00	19.25	23.50	25.05 27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49 50	$16.75 \\ 17.75$	$24.00 \\ 25.50$	$31.25 \\ 33.25$	$\begin{array}{r} 38.50\\ 41.00 \end{array}$	45.75	53.00	60.25	67.50	74.75	85 86
50 51	18.95	25.30 27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59 60	27.85	40.65	53.45	66.25						89
60 61	28.55	41.70	54.85	68.00						<u>90</u> 90
61 62										90 90
63										90 90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

				Diana		Table Pi	ciniani	100		GUARANTEED
		Monthly	y Premiu	ms for Li	fe Insura	nce Face	Amounts	s Shown		PERIOD
		-		Includ	es Added C	Cost for				Age to Which
Issue			Ac	cidental D	eath Benefi	t (Ages 17-5	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	\$10,000	\$10,000	\$20,000	+=0,000	\$00,000	\$00,000	\$ 10,000	¢ 10,000	\$00,000	81
2-4										80
5-8										79
9-10										79
11-16						22.25				77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22 23				$18.00 \\ 18.75$	21.15 22.05	$24.30 \\ 25.35$	$27.45 \\ 28.65$	$30.60 \\ 31.95$	$33.75 \\ 35.25$	71 72
23 24-25				19.25	22.05 22.65	25.35 26.05	28.05 29.45	31.95 32.85	36.25	72 71
24 20				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34 25		16 50	01.05	24.25	28.65	33.05	37.45 40.25	41.85	46.25 40.75	71 72
$\frac{35}{36}$		$16.50 \\ 16.95$	$21.25 \\ 21.85$	$26.00 \\ 26.75$	$30.75 \\ 31.65$	$35.50 \\ 36.55$	$40.25 \\ 41.45$	$45.00 \\ 46.35$	$49.75 \\ 51.25$	72 72
30 37		18.00	23.25	28.50	33.75	39.00	41.45	40.55	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	49.90 50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45 46	20.05 20.85	28.95 30.15	37.85 39.45	46.75 48.75	55.65 58.05	64.55 67.35	73.45 76.65	82.35 85.95	91.25 95.25	81 81
40 47	20.85 21.85	30.15 31.65	41.45	48.75 51.25	61.05	70.85	70.05 80.65	90.45	100.25	82
48	21.05 22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53 54	29.25	42.75	56.25	69.75						85
54 55	30.55 31.95	$\frac{44.70}{46.80}$	58.85 61.65	73.00						85 85
55 56	31.95 33.55	$40.80 \\ 49.20$	64.85	80.50						85
50 57	35.05 35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61	T						Т			86
62 62										87
63 64										87 87
$64 \\ 65$										87 87
66										88
67										88
68										88
69										88
70										89

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

		T • 4	· T		<b>A</b>	С ЪЛ ·	L L D			GUARANTEEI
		Lif	e Insurai			for Mont	-	iums Sho	own	PERIOD
	Prem					lded Cost fo				Age to Which
Issue	For			Accider	ital Death I	Benefit (Age	es 17-59)			Coverage is
Age	\$10,000									Guaranteed at
(ALB)	Face	\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16		20.275	44.977							77
17-20 21-22		39,375 38,415	44,375 43,293							75 74
21-22		37,500	43,293 42,262							74 75
24-25		36,628	41,280							74
24 20		35,000	39,445	48,334						75
27-28		34,240	38,587	47,283						74
29		33,511	37,766	46,277						74
30-31		32,813	36,980	45,313						73
32		30,883	34,804	42,648						74
33		29,717	33,491	41,038	48,585					74
34		28,125	31,697	38,840	45,983	49,554				75
35		26,250	29,584	36,250	42,917	46,250	49,584			76
36		25,404	28,630	35,081	41,533	44,759	47,984			76
37		24,231	27,308	33,462	39,616	42,692	45,770	10,100		77
38		23,162	26,103	31,986	37,868	40,809	43,751	48,162		77
39	10.05	21,576	24,315	29,795	35,274	38,014	40,754	44,864	40.200	78
40 41	$10.05 \\ 10.75$	$20,192 \\ 18,530$	22,757 20,883	27,885 25,589	33,013 30,295	35,577 32,648	$38,142 \\ 35,000$	41,988 38,530	48,398 44,412	79 80
41 42	10.75 11.55	16,936	19,083	23,389	27,688	29,839	31,990	35,330 35,216	44,412 40,592	80 81
43	12.25	15,750	17,750	21,750	25,750	27,750	29,750	32,750	40,052 37,750	82
44	12.25	10,700 14,720	16,589	20,328	24,065	25,935	25,100 27,804	30,608	35,281	83
45	13.65	13,816	15,570	19,079	22,588	24,343	26,097	28,729	33,115	83
46	14.45	12,910	14,550	17,828	21,107	22,746	24,386	26,845	30,942	84
47	15.15	12,210	13,760	16,861	19,962	21,512	23,062	25,388	29,264	84
48	15.85	$11,\!581$	13,052	15,993	18,934	20,405	21,875	24,081	27,758	85
49	16.75	10,863	12,242	15,001	17,759	19,138	20,518	22,587	26,035	85
50	17.75	10,162	11,452	14,033	$16,\!613$	17,904	19,193	21,130	24,355	86
51	18.95		10,629	13,024	15,420	16,617	17,814	19,611	$22,\!605$	87
52 52	20.25			12,084	14,306	15,417	16,528	18,194	20,973	88
53 54	21.25 22.25			11,447 10.875	13,553	14,606	15,658	17,237 16.275	19,869	88
54 55	22.25 23.35			10,875 10,309	12,875 12,204	13,875 13,152	14,875 14,100	16,375 15,522	$\frac{18,875}{17,891}$	88 89
55 56	23.35 24.35			10,309	12,204 11,652	13,152 12,557	14,100 13,462	15,522 14,819	17,891 17,082	89 89
50 57	24.55 25.55				11,052 11,052	12,557	13,402 12,769	14,019 14,056	16,202	89
58	26.65			L	10,554	11,373	12,100	13,423	15,472	89
59	27.85				10,059	10,840	11,622	12,793	14,747	89
60	28.55					10,552	11,312	12,453	$14,\!354$	90
61										90
62										90
63										90
64			7							90
65 66										90
66										90
67 68										91 01
$\frac{68}{69}$										91 91
69 70										91
			surance to At							

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

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

										GUARANTEE
		Lif	fe Insura	ice Face	Amounts	for Month	hly Premi	iums Sho	wn	PERIOD
	Prem				Includes Ad	ded Cost for	r			Age to Which
Issue	For			Accider	ntal Death I	Benefit (Age	s 17-59)			Coverage is
Age	\$10,000						,			Guaranteed at
ALB)	Face	\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	Table Premiun
.5D-1										81
2-4										80
5-8										79
9-10										79
1-16										77
7-20		39,584	42,917	46,250						71
1-22		37,699	40,874	44,048	40,000					71
23 4-25		35,985 34,927	$39,016 \\ 37,868$	$42,046 \\ 40,809$	49,622 48,162					72 71
26		33,929	36,786	40,809 39,643	48,162 46,786					71 72
20 7-28		33,929 32,987	35,764	33,043 38,542	40,780 45,487					72 71
29		32,535	35,274	38,014	44,864					71
0-31		28,615	31,025	33,434	39,458	45,482				72
32		27,617	29,942	32,268	38,082	43,896	49,710			72
33		27,299	29,598	$31,\!897$	37,644	43,391	49,138			72
34		26,989	29,262	31,535	37,216	42,898	48,580			71
35		25,000	27,106	29,211	34,474	39,737	45,000			72
36		24,235	26,276	28,316	33,419	38,521	43,623	48,725		72
37		22,620	24,524	26,429	31,190	35,953	40,715	45,477	40.049	73
38 39		21,991 20,475	23,843 22,199	25,694 23,923	30,324 28,233	34,954 32,544	$39,584 \\ 36,854$	44,213	48,843 45,475	73 74
40	14.95	20,475	22,199	25,925 21,851	28,233	29,725	33,662	41,164 37,599	45,475 41,536	74 76
40	14.55	13,701 17,464	18,934	21,001 20,405	23,188	25,725 27,758	31,434	35,111	38,787	77
42	16.95	16,157	17,518	18,878	22,279	25,681	29,082	32,483	35,885	78
43	18.35	14,752	15,994	17,237	20,342	23,447	26,553	29,659	32,764	80
44	19.05	14,137	15,328	16,518	19,495	22,471	25,446	28,423	31,399	80
45	20.05	13,343	14,467	15,590	18,399	21,208	24,017	26,826	$29,\!635$	81
46	20.85	12,769	13,845	14,920	17,608	20,296	22,984	25,673	28,361	81
47	21.85	12,118	13,138	14,159	16,710 15,070	19,261	21,812	24,363	26,914	82
48	22.75	11,586	12,561	13,537	15,976	18,415	20,854	23,293	25,732	82
49 50	$24.05 \\ 25.15$	10,895 10,372	$11,812 \\ 11,245$	$12,730 \\ 12,118$	$15,023 \\ 14,302$	$17,316 \\ 16,485$	$19,611 \\ 18,669$	21,904 20,852	24,197 23,035	83 83
50 51	25.15 26.25	10,572	11,240 10,730	12,110 11,563	14,502 13,646	10,435 15,730	17,813	19,896	23,035 21,980	83
52	27.85		10,059	10,840	12,793	14,747	16,699	18,653	20,606	84
53	29.25			10,278	12,130	13,982	15,833	17,686	19,538	85
54	30.55				11,572	13,339	15,107	16,873	18,640	85
55	31.95				11,027	12,711	14,394	16,077	17,761	85
56	33.55				10,463	12,061	$13,\!659$	15,256	$16,\!854$	85
57	35.15					11,475	12,994	14,514	16,034	86
58 50	36.85		4			10,911	12,356	13,801	15,246	86 86
59 60	38.55 20.55					10,400	11,777	13,155	14,532	86 86
60 61	39.55					10,121	11,462	12,802	14,143	86 86
61 62										80 87
63										87
64			1							87
65										87
66										88
67										88
68										88
69										88
70										89

Beneficiary (Employee is beneficiary unless otherwise stated here)

nce 1901   900 WASHINGTON   POST OFFICE BOX 83C		FOR HOME OFFICE USE ONLY Plan Name: PureLife-plus						
1st Deduction Date:	Employ	_ Employer:				Policy Number:		
Proposed Insured(s)	Sex	Birth Date	$Age^1$	Within the past has the Propos age 17 or old tobacco in ar	12 months ed Insured ler used	Face Amount <sup>2</sup>	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)		Relationship:				
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)		I	Relatior	nship:	1	
	M/F			🗆 Yes 🗆	I 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	Relatior	nship:		
	M/F			□ Yes □	I 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 pr	emium, if app	lied for: \$		
Child Term for \$10,000 added to policy of:				Total pr	emium: \$			
□ Accidental Death <sup>3</sup> □ Waiver Premi	$\Box$ Accidental Death <sup>3</sup> $\Box$ Waiver Premium <sup>3</sup> $\Box$ Chronic IIIness							
Payroll is per:  Week Bi-Week	(	Semi-Month		I Month 🛛 🗆	Skip			
Home Address								
Street/P.O. Box:			City	/:	State:	Zip:		
Phone — Day: ( )	Eve	ning: ( )		Personal E-m	ail Address:			
Will proposed coverage replace or change any existing insurance or annuity policy? (If "Yes", identify								
and complete replacement form.) Compa	ny:			Policy No:_		🛛 Yes 🗆	No	
(1) Age as of Issue Date. (2) or Face Amount purchased by premium shown, if less. (3) For issue ages 17-59.								

# TEXASLIFE INSURANCE Since

Relationship:

1. During the las	Employee	Spouse	Children					
			Yes No	Yes No	Yes No			
a. Been actively details below.			N/A					
	rom work due to illness or medical trea ve working days? If "Yes" furnish detai				N/A			
c. Been disabled home or receir dialysis treatn								
QUES NO.	PROPOSED INSURED	DET	AILS					
<b>REPRESENTATIONS</b> : 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 K X 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.								
Enroller/Agen	t Signature Print Enrolle	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 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 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				🗆 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

### 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.

Form: 09P012 R 04/20

#### 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. This page intentionally left blank

Form: 21M013-ICC EXP-K-M-3AD

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Form: 21M013-ICC EXP-K-M-3AD

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Form: 21M013-ICC EXP-K-M-3AD