TEXASLIFE INSURANCE CASE OVERVIEW

Overview for SOUTH TEXAS ISD April 16, 2021

EMPLOYEE AND SPOUSE EXPRESS ISSUE

Lifetin	Lifetime Maximum Amounts for Issue Ages Shown ⁽¹⁾⁽²⁾										
Proposed			$\mathbf{Express}^{(2)}$								
Insured	Ages	Minimum	Maximum								
	17 to 34	\$25,000	\$300,000								
	35 to 39	15,000	300,000								
Employee	40 to 49	10,000	300,000								
	50 to 65	10,000	100,000								
	66 to 70 ⁽⁵⁾	10,000	10,000								
	17 to 34	25,000	50,000								
	35 to 39	15,000	50,000								
Spouse	40 to 49	10,000	50,000								
	50 to 60	10,000	25,000								
	61 to 70 ⁽⁵⁾	N/A	N/A								
Child Policy	15 days - 26 ⁽⁴⁾	25,000	50,000								
Grandchild(ren)	15 days - 18 ⁽⁴⁾	25,000	50,000								

- 1. One policy and one risk classification available per insured at each enrollment.
- 2. At the insured's current issue age, Maximum shown is the cumulative maximum available, inclusive of all in-force plus currently applied for face amounts.
- 3. Minimum Employee participation for Express Issue is the greater of five lives or 10% of eligible Employees.
- 4. The Dependent's signature is required for 19 and older in some states. Coverage is not available on children in Washington or on grandchildren in Washington or Maryland. In Maryland, child must reside with the applicant to be eligible for coverage.
- 5. In the state of Washington, no coverage available for employees & spouses over age of 65.

RIDERS

Proposed Insured	Accidental Death (Ages 17-59)	Disability Waiver Prem (Ages 17-59)	Chronic Illness (All Ages)
Employee	Yes	No	Yes
Spouse	Yes	No	N/A
Child(ren)	Yes — Ages 17 & Up	No	N/A
Grandchild(ren)	Yes — Ages 17 & Up	No	N/A

IMPLEMENTATION AND ENROLLMENT TARGET DATES

Enrollment Start Date:	May 1, 2021	End of Enrollment Date	e: May 28, 2021
First Deduction Date:	September 1, 2021	Policy Issue Date:	October 1, 2021
Payroll Frequency: \square V	Veekly 🔲 Bi-weekly	☐ Semi-monthly	X Monthly □ Othe

Form: 18Mo65 PureLifePlus2018-B4AKC5ND9KM

TEXASLIFE INSURANCE SOLICITATION MEMO

April 16, 2021

To: Nicholas Sullenger

From: Ashley Niswanger — hmkarm@texaslife.com Phone: 1-800-283-9233 Fax: 254-745-6355

Re: Franchise Number: 0000107227

SOUTH TEXAS ISD

Number of Eligible Employees — 658

We have approved the above case for Express Issue voluntary payroll deduction enrollment (using our PureLife-plus Policy form). Minimum Employee participation for Express Issue is the greater of five lives or 10% of eligible Employees.

ELIGIBLE EMPLOYEES

Any employee eligibility is coordinated with the eligibility period required by the employer's benefit package available to employees. Eligible employees ages 17 - 70 may apply.

GENERAL REQUIREMENTS

See the Table on the Case Overview page for minimum and maximum face amounts.

EXPRESS ISSUE

Any proposed insured who cannot respond to the Express Issue questions "Yes", "No", "No", when applying for Express Issue limits is not eligible to apply. It is not necessary that the employee also apply for coverage on his or her own life in order to apply for insurance on the spouse and dependents.

PREVIOUSLY RATED OR DECLINED

To qualify for Express, the proposed insured (including spouse or child) must not have had an application with Texas Life previously rated or declined.

SPOUSE'S SIGNATURE

When applying for coverage on the spouse, the spouse's signature is required on the application in the states of Florida, Massachusetts, Michigan, Minnesota, Pennsylvania and South Carolina. In California, Nevada, and Mississippi, a notification will be mailed to the spouse that an application for a policy on his or her life has been received. In California only, this only applies to those face amounts that exceed \$50,000. Coverage is only available to those who are married or in a legally recognized civil union or domestic partnership.

OPTIONAL COVERAGE ON CHILDREN AND GRANDCHILDREN — EXPRESS *

A flat \$25,000 of coverage (individual life policies) is available on children ages 15 Days - 26 and/or grandchildren ages 15 Days - 18. The Dependent's signature is required for 19 and older in the states of Florida, Illinois, Louisiana, Michigan, Minnesota, Mississippi and Pennsylvania.

STEP-CHILDREN

Applications on step-children require the signature of the natural parent or legally appointed guardian (include a copy of guardianship papers), unless the child resides with the employee.

* Coverage is not available on children in Washington or on grandchildren in Washington or Maryland. In Maryland, child must reside with the applicant to be eligible for coverage.

ACCIDENTAL DEATH BENEFITS AND ACCELERATED DEATH BENEFIT RIDER FOR CHRONIC ILLNESS INCLUDED

ACCIDENTAL DEATH BENEFITS INCLUDED

Accidental Death Benefit is included on all employees, spouse, children and grandchildren, issue ages 17-59. The Accidental Death Benefit to age 65 is equal to the base plan face amount issued (subject to a maximum ADB in-force limit of \$350,000). All standard issue insureds who qualify by reason of age will be issued this benefit.

ACCELERATED DEATH BENEFIT RIDER FOR CHRONIC ILLNESS INCLUDED

Chronic Illness is an included benefit available for employees only, issue ages 17-70. This benefit provides an accelerated death benefit during the lifetime of the insured, if the insured is certified chronically ill and conditions of the Accelerated Death Benefit Rider for Chronic Illness have been met.

EFFECT OF IN-FORCE COVERAGE ON UNDERWRITING REQUIREMENTS

In-force coverage can effect the current application for insurance. Generally, this will occur during re-enrollment. Use the table below to determine the impact of existing policies on lifetime maximum limits and underwriting requirements for the current application.

IF Previous In-Force Insurance	Effect of In-Force Coverage on Lifetime Maximum Coverage And if the Current Application is
Was Issued	Express Issue
Simplified Worksite	Ignore
MBL & LeveLife	Ignore
Express Worksite	Count

EFFECT OF PRIOR APPLICATION ON EXPRESS ISSUE ELIGIBILITY

A prior application can effect whether or not the proposed insured is currently eligible for Express Issue. Generally, this will occur during re-enrollment. Use the table below to determine if the applicant is eligible to apply on an Express Issue basis.

Pre	vious Application Was	Currently Eligible for Express
	Rated or Declined	No
	Eligible for Express, but did not	Yes
	apply	165
Worksite	Eligible for Express Issue at first	
Application	enrollment & policy issued standard	Yes*
(Include MBL	and is currently in-force	
and LeveLife)	Eligible for Simplified, but did not	Yes
	apply	168
	Previously Incomplete, Not Taken,	Yes*
	Withdrawn, Postponed, or Lapsed	ies
* Previous app	may be used to determine the accuracy	of current app answers.

REPLACEMENTS

If our policy will replace an existing policy, we need a signed Replacement Form appropriate to the state in which the solicitation occurs. The application will be delayed if all of the replacement forms are not completed.

REQUIRED FORMS TO COMPLETE THE CASE

Certain forms are required to complete this case and other forms are optional. Applications cannot be processed without the required forms. Below is a list of these forms and the reasons we need them.

- Voluntary Payroll Deduction Employer Agreement This is written verification that the employer agrees to deduct and remit premiums to us. This form is required prior to processing any applications.
- Signature Card When applying for coverage on the spouse, the spouse's signature is required on the application in the states of Florida, Massachusetts, Michigan, Minnesota, Pennsylvania and South Carolina. The Dependent's signature is required for 19 and older in the states of Florida, Illinois, Louisiana, Michigan, Minnesota, Mississippi and Pennsylvania.

AGENT LICENSING/APPOINTMENT AND RISK RESIDENT STATES

Don't overlook the importance of agent licensing. Contact us immediately if any enroller is not currently appointed with Texas Life, or is not currently appointed with Texas Life in a state where an application on an employee may be taken. For help contact Case Implementation Department at 1-800-283-9233 ext 6850.

The following states are known as "risk resident states," and require the agent to be appointed in the state if the applicant lives there, regardless of where the application is taken. Be sure you are properly licensed and appointed if any applicants in this enrollment reside in any of these states.

Alaska	Florida	Georgia
Iowa	Louisiana	Michigan
Mississippi	North Carolina	New Hampshire
Oklahoma	South Dakota	West Virginia

MARKETING SUPPLIES

Please contact us if you need supplies, such as sales brochures and payroll deduction authorization forms. Any solicitation or advertising material not provided by the Home Office must be approved in writing by our Compliance Department prior to use.

Form: 18Mo65 PureLifePlus2018-B4AKC5ND9KM

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										GUARANTEED		
		Monthl	y Premiu	ms for Li	ife Insura	nce Face	Amounts	Shown		PERIOD		
				Includ	les Added C	Cost for				Age to Which		
Issue			A	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is		
Age		and Accelerated Death Benefit for Chronic Illness (All Ages)										
Issue	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium		
15D-1										83		
2-3 4-10						1				83 79		
11-16										75		
17-20		11.40	20.55	29.70	38.85	57.15	75.45	93.75	112.05	73		
21-22		11.68	21.10	30.53	39.95	58.80	77.65	96.50	115.35	73		
23-25		11.95	21.65	31.35	41.05	60.45 62.10	79.85	99.25	118.65	71		
26 27		12.23 12.50	22.20 22.75	32.18 33.00	42.15 43.25	63.75	82.05 84.25	$102.00 \\ 104.75$	$121.95 \\ 125.25$	72 72		
28		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	71		
29		12.78	23.30	33.83	44.35	65.40	86.45	107.50	128.55	71		
30-31		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	70		
32		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	70		
33 34		14.15 14.70	26.05 27.15	37.95 39.60	49.85 52.05	73.65 76.95	97.45 101.85	$121.25 \\ 126.75$	$145.05 \\ 151.65$	$71 \\ 72$		
35		15.53	28.80	42.08	55.35	81.90	108.45	135.00	161.55	73		
36		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	73		
37		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	73		
38		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	74		
39 40	9.21	18.55 19.65	34.85 37.05	51.15 54.45	67.45 71.85	$100.05 \\ 106.65$	132.65 141.45	$165.25 \\ 176.25$	$197.85 \\ 211.05$	75 76		
41	9.76	21.03	39.80	58.58	77.35	114.90	152.45	190.00	227.55	77		
42	10.53	22.95	43.65	64.35	85.05	126.45	167.85	209.25	250.65	78		
43	11.30	24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	80		
44 45	12.07 12.95	26.80 29.00	51.35 55.75	75.90 82.50	100.45 109.25	$149.55 \\ 162.75$	$198.65 \\ 216.25$	$247.75 \\ 269.75$	296.85 323.25	81 82		
46	13.83	31.20	60.15	89.10	118.05	175.95	233.85	209.75 291.75	349.65	83		
47	14.60	33.13	64.00	94.88	125.75	187.50	249.25	311.00	372.75	83		
48	15.48	35.33	68.40	101.48	134.55	200.70	266.85	333.00	399.15	84		
49	16.47	37.80	73.35	108.90	144.45	215.55	286.65	357.75	428.85	85		
50 51	17.68 19.11	40.83 44.40	$79.40 \\ 86.55$	$117.98 \\ 128.70$	156.55					86 87		
52	20.87	48.80	80.55 95.35	141.90	170.85 188.45					88		
53	22.63	53.20	104.15	155.10	206.05					90		
54	23.84	56.23	110.20	164.18	218.15					90		
55	24.94	58.98	115.70	172.43	229.15					91		
56 57	26.04 27.25	61.73 64.75	$ \begin{array}{c} 121.20 \\ 127.25 \end{array} $	180.68 189.75	240.15 252.25					91 91		
58	28.57	68.05	133.85	199.65	265.45					91		
59	29.78	71.08	139.90	208.73	277.55					91		
60	30.63	73.20	144.15	215.10	286.05					91		
61	32.28	77.33	152.40	227.48	302.55					91		
62 63	34.04 35.91	81.73 86.40	161.20 170.55	$240.68 \\ 254.70$	320.15 338.85					92 92		
64	37.89	91.35	180.45	269.55	358.65					92		
65	39.98	96.58	190.90	285.23	379.55					92		
66	42.29									92		
67	44.82									92		
68 69	47.57 50.43									92 93		
70	53.29									93 93		
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		PureLii	ie-pius -	– Stanu	ard Risk	Table P	remium	<u> </u>	acco —	Express Issue
										GUARANTEED
		Monthl	y Premiu	ms for Li	fe Insura	nce Face	Amounts	s Shown		PERIOD
				Includ	les Added C	Cost for				Age to Which
Issue			Ad	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is
Age		a	nd Accelera	ted Death	Benefit for (Chronic Illn	ness (All Ag	ges)		Guaranteed at
Issue	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Table Premium
15D-1				-						83
2-3										83
4-10										79 75
11-16 17-20		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	75 70
21-22		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	70
23-25		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	69
26		17.73	33.20	48.68	64.15	95.10	126.05	157.00	187.95	69
27		18.00	33.75	49.50	65.25	96.75	128.25	159.75	191.25	68
28 29		18.28 18.55	34.30 34.85	50.33 51.15	66.35 67.45	$98.40 \\ 100.05$	$130.45 \\ 132.65$	$162.50 \\ 165.25$	$194.55 \\ 197.85$	68
30-31		$\frac{18.55}{20.75}$	34.85 39.25	57.75	76.25	100.05 113.25	152.65 150.25	187.25	197.85 224.25	68 69
32		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	69
33		21.58	40.90	60.23	79.55	118.20	156.85	195.50	234.15	69
34		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	68
35		23.23	44.20	65.18	86.15	128.10	170.05	212.00	253.95	69
36		24.05	45.85	67.65	89.45	133.05	176.65	220.25	263.85	69
37		25.43 26.25	48.60 50.25	71.78 74.25	94.95 98.25	141.30 146.25	187.65 194.25	234.00 242.25	280.35 290.25	70 70
39		27.90	53.55	79.20	104.85	156.15	207.45	258.75	310.05	70
40	13.50	30.38	58.50	86.63	114.75	171.00	227.25	283.50	339.75	72
41	14.27	32.30	62.35	92.40	122.45	182.55	242.65	302.75	362.85	73
42	15.26	34.78	67.30	99.83	132.35	197.40	262.45	327.50	392.55	74
43	16.80	38.63	75.00	111.38	147.75	220.50	293.25	366.00	438.75	76
44 45	17.68 18.89	40.83 43.85	79.40 85.45	$117.98 \\ 127.05$	$156.55 \\ 168.65$	$233.70 \\ 251.85$	310.85 335.05	388.00 418.25	465.15 501.45	77 78
46	19.99	46.60	90.95	135.30	179.65	268.35	357.05	445.75	534.45	79
47	21.09	49.35	96.45	143.55	190.65	284.85	379.05	473.25	567.45	79
48	22.19	52.10	101.95	151.80	201.65	301.35	401.05	500.75	600.45	80
49	23.95	56.50	110.75	165.00	219.25	327.75	436.25	544.75	653.25	82
50	25.16	59.53	116.80	174.08	231.35					82
51 52	27.03 29.34	64.20 69.98	$126.15 \\ 137.70$	188.10 205.43	$250.05 \\ 273.15$					83 85
53	31.21	74.65	147.05	219.45	291.85					87
54	32.75	78.50	154.75	231.00	307.25					87
55	34.29	82.35	162.45	242.55	322.65					87
56	36.05	86.75	171.25	255.75	340.25					87
57	37.70	90.88	179.50	268.13	356.75					87
58 59	39.68 41.33	95.83 99.95	189.40 4 197.65	282.98 295.35	376.55 393.05					87 87
60	41.55 42.51	102.90	203.55	304.20	595.05 404.85					87
61	45.37	110.05	217.85	325.65	433.45					88
62	48.01	116.65	231.05	345.45	459.85					88
63	50.54	122.98	243.70	364.43	485.15					88
64	53.07	129.30	256.35	383.40	510.45					89
65 66	55.71 58.57	135.90	269.55	403.20	536.85					89 89
67	58.57 61.65									89 89
68	64.84									89
69	68.25									89
70	71.88									90
T T 10										

	1 410	ziic pia	J Jtu	ilaala K	isk rabk			1011 1000		GUARANTEED
		Lif	e Insurai	nce Face	Amounts	for Mont	hly Prem	iums Sho	wn	PERIOD
	Prem					lded Cost fo	•			Age to Which
Issue	For					Benefit (Age				Coverage is
Age	\$10,000		and Ac			, 0	nic Illness (A	All 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	1000	410.00	Ψ=0.00	421.00	\$20.00	400.00	102.00	455.00	\$ 10.00	83
2-3										83
4-10						`				79
11-16 17-20		43,033	48,498	59,427	70,356	75,820	81,289	89,480	103,143	75 73
21-22		41,778	47,083	57,687	68,313	73,608	78,913	86,870	100,133	73
23-25		40,589	45,748	56,057	66,366	71,521	76,676	84,411	97,304	71
26		39,474	44,487	54,512	64,537	69,549	74,563	82,081	94,612	72
27 28		38,417 38,417	43,293 43,293	53,050 53,050	62,813 62,813	67,684 67,684	72,561 72,561	79,879 79,879	92,074 92,074	72 71
28 29		38,417 37,411	43,293	51,663	61,164	65,920	70,666	79,879 77,791	92,074 89,668	71
30-31		36,453	41,088	50,348	59,607	64,234	68,866	75,811	87,385	70
32		34,691	39,097	47,908	56,719	61,124	65,529	72,137	83,150	70
33		33,089	37,292	45,694	54,097	58,299	62,500	68,803	79,307	71
34 35		31,627 29,662	35,645 33,428	43,675 40,961	51,707 48,494	55,723 52,260	59,739 56,027	65,764 61,677	75,804 71,093	72 73
36		29,002	32,098	39,331	46,565	50,181	53,803	59,220	68,265	73
37		27,392	30,870	37,827	44,783	48,261	51,740	56,957	65,656	73
38		25,907	29,195	35,774	42,352	45,642	48,931	53,864	62,089	74
39	0.01	24,157	27,221	33,359	39,494	42,563	45,629	50,231	57,899	75
40	9.21 9.76	22,630 20,973	25,503 23,636	31,250 28,959	36,998 34,288	39,871 36,951	42,745 39,614	47,055 43,609	54,239 50,267	76 77
42	10.53	19,023	21,437	26,269	31,100	33,515	35,934	39,554	45,592	78
43	11.30	17,404	19,614	24,034	28,454	30,663	32,873	36,188	41,713	80
44	12.07	16,039	18,076	22,149	26,222	28,259	30,299	33,351	38,442	81
45	12.95	14,720	16,589	20,327	24,062	25,938	27,806	30,608	35,281	82
46	13.83 14.60	13,602 12,754	15,329 14,373	18,783 17,612	22,237 20,851	23,964 22,470	25,688 24,090	28,282 26,520	32,600 30,566	83 83
48	15.48	11,905	13,417	16,438	19,464	20,976	22,487	20,320 $24,755$	28,536	84
49	16.47	11,076	12,483	15,296	18,109	19,515	20,923	23,031	26,548	85
50	17.68	10,206	11,504	14,096	16,687	17,985	19,282	21,225	24,466	86
51	19.11		10,528	12,901	15,273	16,460	17,646	19,425	22,391	87
52 53	20.87 22.63			11,683 10,673	13,830 12,635	14,905 13,617	15,978 14,598	17,589 16,070	20,275 18,524	88 90
54	23.84			10,075	11,929	12,854	13,781	15,170	17,485	90
55	24.94				11,349	12,231	13,112	14,435	16,638	91
56	26.04	1			10,824	11,665	12,506	13,767	15,868	91
57 58	27.25 28.57				10,300	11,100 10,544	11,900 11,304	$13,100 \\ 12,441$	$15,100 \\ 14,342$	91 91
59	29.78	,				10,544	10,807	11,897	13,713	91
60	30.63					10,000	10,483	11,540	13,302	91
61	32.28							10,906	12,571	91
62	34.04		-					10,302	11,875	92
63 64	35.91 37.89								11,216 $10,593$	92 92
65	39.98		7						10,006	92
66	42.29								20,000	92
67	44.82									92
68	47.57									92
69 70	50.43 53.29									93 93
10	JJ.49									ყა

		ruielii	•					_ 1008		GUARANTEED		
		Lif	Life Insurance Face Amounts for Monthly Premiums Shown									
	Prem				Includes Ad		•			PERIOD Age to Which		
Issue	For				ntal Death I					Coverage is		
			and A			` -	ic Illness (A	11 A mag)				
Age	\$10,000	P00 00					•	- /	\$60.00	Guaranteed at		
(ALB) 15D-1	Face	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	\$60.00	Table Premium 83		
2-3										83		
4-10										79		
11-16										75		
17-20		46,565	50,181	$59,\!220$	68,265	77,313	86,348	$95,\!389$	$104,\!431$	70		
21-22		44,783	48,261	56,957	65,656	74,344	83,044	91,740	100,435	70		
23-25		42,352	45,642	53,864	62,089	70,313	78,537	86,761	94,984	69		
26 27		41,600 40,874	44,826 44,050	52,909 51,985	60,986 59,921	69,064 67,858	77,141 $75,794$	85,214 $83,729$	93,296 91,670	69 68		
28		40,874	43,292	51,985	58,893	66,693	74,493	82,294	90,094	68		
29		39,494	42,563	50,231	57,899	65,567	73,237	80,905	88,567	68		
30-31		34,798	37,501	44,257	51,014	57,771	64,528	71,284	78,042	69		
32		33,793	36,418	42,980	49,541	56,103	62,665	69,226	75,788	69		
33		33,312	35,900	42,368	48,833	55,310	61,773	68,241	74,706	69		
34		32,845	35,396	41,774	$48,\!151$	54,529	60,906	67,284	73,665	68		
35		30,688	33,076	39,037	44,995	50,949	56,913	62,873	68,832	69		
36		29,530	31,824	37,562	43,292	49,026	54,760	60,493	66,228	69		
37		27,778	29,936	35,330	40,720	46,117	51,511	56,904	62,298	70		
38 39		26,818 25,098	28,907 27,047	34,115 31,921	39,318 36,797	44,532 41,669	49,740 46,541	54,943 51,414	60,157 56,287	70 70		
40	13.50	22,890	24,669	29,110	33,556	38,001	42,445	46,890	51,331	70		
41	14.27	21,423	23,087	27,247	31,407	35,563	39,726	43,886	48,045	73		
42	15.26	19,793	21,328	$25,\!176$	29,017	32,860	36,703	40,546	44,389	74		
43	16.80	17,698	19,073	22,509	25,946	29,382	32,818	36,255	39,691	76		
44	17.68	16,687	17,985	21,225	24,466	27,706	30,943	34,187	37,428	77		
45	18.89	15,475	16,678	19,685	22,687	25,690	28,696	31,701	34,704	78		
46	19.99	14,516	15,643	18,462	21,280	24,099	26,917	29,736	32,556	79		
47	21.09	13,668	14,728	17,384	20,038	22,692	25,344	27,999	30,653	79		
48 49	22.19 23.95	12,914 11,867	13,917 12,789	16,425 $15,092$	18,934 17,397	21,439 $19,701$	$\begin{array}{c} 23,945 \\ 22,005 \end{array}$	26,455 $24,309$	28,962 $26,613$	80 82		
50	25.16	11,240	12,113	14,297	16,478	18,660	20,843	23,025	25,206	82		
51	27.03	10,392	11,199	13,217	15,235	17,252	19,270	21,288	23,306	83		
52	29.34	/	10,244	12,089	13,936	15,781	17,627	19,473	21,317	85		
53	31.21			11,309	13,036	14,762	16,489	18,215	19,941	87		
54	32.75			10,738	12,378	14,017	15,656	17,296	18,936	87		
55	34.29			10,222	11,783	13,343	14,904	16,463	18,025	87		
56	36.05	4			11,169	12,649	14,128	15,607	17,084	87		
57	37.70			7	10,650	12,060	13,470	14,880	16,291	87 87		
58 59	39.68 41.33		-		10,085	11,422 10,938	12,758 12,219	14,093 13,498	15,429 14,778	87 87		
60	42.51					10,938	11,861	13,498 $13,102$	14,778	87		
61	45.37					10,010	11,074	12,233	13,393	88		
62	48.01						10,435	11,527	12,621	88		
63	50.54						·	10,923	11,959	88		
64	53.07							10,379	11,364	89		
65	55.71								10,803	89		
66	58.57									89		
67	61.65									89		
68 69	64.84 68.25									89 89		
70	71.88									90		
	11.00				l .	l				L VV		

	PureLite-plus $-$ Standard Risk Table Premiums $-$ Non-Tobacco $-$											
										GUARANTEED		
		Monthl	y Premiu	ms for Li	ife Insura	nce Face	Amounts	Shown		PERIOD		
				Includ	les Added C	Cost for				Age to Which		
Issue			A	ccidental D	eath Benefi	t (Ages 17-	59)			Coverage is		
Age												
Issue	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	Table Premium		
15D-1				8.00					13.75	83		
2-3				8.25					14.25	83		
4-10 11-16				8.50 8.75					14.75 15.25	79 75		
17-20				10.75	12.45	14.15	15.85	17.55	19.25	73		
21-22				11.00	12.75	14.50	16.25	18.00	19.75	73		
23-25				11.25	13.05	14.85	16.65	18.45	20.25	71		
26 27				11.50	13.35	15.20	17.05	18.90	20.75	72 72		
27				11.75 11.75	13.65 13.65	15.55 15.55	17.45 17.45	19.35 19.35	21.25 21.25	72 71		
29				12.00	13.95	15.90	17.45	19.80	21.75	71		
30-31				12.25	14.25	16.25	18.25	20.25	22.25	70		
32				12.75	14.85	16.95	19.05	21.15	23.25	70		
33				13.25	15.45	17.65	19.85	22.05	24.25	71		
34		9.60	12.05	13.75 14.50	16.05 16.95	18.35 19.40	20.65 21.85	22.95 24.30	25.25 26.75	72 73		
36		9.90	12.05	15.00	17.55	20.10	22.65	25.20	27.75	73		
37		10.20	12.85	15.50	18.15	20.80	23.45	26.10	28.75	73		
38		10.65	13.45	16.25	19.05	21.85	24.65	27.45	30.25	74		
39	0.05	11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	75 76		
40	8.65 9.15	11.85 12.60	15.05 16.05	18.25 19.50	21.45 22.95	24.65 26.40	27.85 29.85	31.05 33.30	34.25 36.75	76 77		
42	9.85	13.65	17.45	21.25	25.05	28.85	32.65	36.45	40.25	78		
43	10.55	14.70	18.85	23.00	27.15	31.30	35.45	39.60	43.75	80		
44	11.25	15.75	20.25	24.75	29.25	33.75	38.25	42.75	47.25	81		
45	12.05	16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	82		
46	12.85 13.55	18.15 19.20	23.45 24.85	28.75 30.50	34.05 36.15	39.35 41.80	44.65 47.45	49.95 53.10	55.25 58.75	83 83		
48	13.35 14.35	20.40	26.45	32.50	38.55	44.60	50.65	56.70	62.75	84		
49	15.25	21.75	28.25	34.75	41.25	47.75	54.25	60.75	67.25	85		
50	16.35	23.40	30.45	37.50						86		
51	17.65	25.35	33.05	40.75						87		
52 53	19.25 20.85	27.75 30.15	36.25 39.45	44.75 48.75						88 90		
54	20.85	31.80	41.65	51.50						90		
55	22.95	33.30	43.65	54.00						91		
56	23.95	34.80	45.65	56.50						91		
57	25.05	36.45	47.85	59.25						91		
58 59	26.25 27.35	38.25	50.25 52.45	62.25 65.00						91 91		
60	28.05	40.95	53.85	66.75						91		
61										91		
62										92		
63										92		
65			7							92 92		
66										92 92		
67										92		
68										92		
69 70										93		
70										93		

		acco –	Express issue										
										GUARANTEED			
		Monthl	y Premiu	ms for Li	ife Insura	nce Face	Amounts	Shown		PERIOD			
				Includ	les Added C	lost for				Age to Which			
Issue			A	ccidental D	eath Benefi	t (Ages 17-5	59)			Coverage is			
Age													
Issue	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	Table Premium			
15D-1										83			
2-3										83			
4-10 11-16										79 75			
17-20				15.00	17.55	20.10	22.65	25.20	27.75	70			
21-22				15.50	18.15	20.80	23.45	26.10	28.75	70			
23-25				16.25	19.05	21.85	24.65	27.45	30.25	69			
26 27				16.50 16.75	19.35	22.20	25.05 25.45	27.90	30.75 31.25	69			
28				17.00	19.65 19.95	22.55 22.90	25.45	28.35 28.80	31.75	68 68			
29				17.25	20.25	23.25	26.25	29.25	32.25	68			
30-31				19.25	22.65	26.05	29.45	32.85	36.25	69			
32				19.75	23.25	26.75	30.25	33.75	37.25	69			
33				20.00	23.55	27.10	30.65	34.20	37.75	69			
34 35		13.80	17.65	20.25 21.50	23.85 25.35	27.45 29.20	31.05 33.05	34.65 36.90	38.25 40.75	68 69			
36		13.80 14.25	18.25	21.30 22.25	26.25	$\frac{29.20}{30.25}$	34.25	38.25	40.75 42.25	69			
37		15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	70			
38		15.45	19.85	24.25	28.65	33.05	37.45	41.85	46.25	70			
39		16.35	21.05	25.75	30.45	35.15	39.85	44.55	49.25	70			
40	12.55	17.70	22.85	28.00	33.15	38.30	43.45	48.60	53.75	72			
41 42	13.25 14.15	18.75 20.10	24.25 26.05	29.75 32.00	35.25 37.95	40.75 43.90	46.25 49.85	51.75 55.80	57.25 61.75	73 74			
43	15.55	22.20	28.85	35.50	42.15	48.80	55.45	62.10	68.75	76			
44	16.35	23.40	30.45	37.50	44.55	51.60	58.65	65.70	72.75	77			
45	17.45	25.05	32.65	40.25	47.85	55.45	63.05	70.65	78.25	78			
46	18.45	26.55	34.65	42.75	50.85	58.95	67.05	75.15	83.25	79			
47 48	19.45 20.45	28.05 29.55	36.65 38.65	45.25 47.75	53.85 56.85	62.45 65.95	71.05 75.05	79.65 84.15	88.25 93.25	79 80			
49	22.05	31.95	41.85	51.75	61.65	71.55	81.45	91.35	101.25	82			
50	23.15	33.60	44.05	54.50						82			
51	24.85	36.15	47.45	58.75						83			
52	26.95	39.30	51.65	64.00						85			
53 54	28.65 30.05	41.85 43.95	55.05 57.85	68.25 71.75						87 87			
55	31.45	46.05	60.65	71.75 75.25						87			
56	33.05	48.45	63.85	79.25						87			
57	34.55	50.70	66.85	83.00						87			
58	36.35	53.40	70.45	87.50						87			
59	37.85	55.65	73.45	91.25						87 87			
60 61	38.85	57.15	75.45	93.75						87 88			
62										88			
63										88			
64										89			
65 cc										89			
66 67										89 89			
68										89			
69										89			
70										90			
	_												

										GUARANTEED
		Life Insurance Face Amounts for Monthly Premiums Shown						PERIOD		
	Prem		Includes Added Cost for						Age to Which	
Issue	For		Accidental Death Benefit (Ages 17-59)						Coverage is	
Age	\$10,000		Trondonion Donoito (11805 1199)							Guaranteed at
(ALB)	Face	\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	Table Premium
15D-1	1000	410.00	¥20.00	421.00	\$20.00	430.00	102.00	433.00	\$10.00	83
2-3										83
4-10						\ \				79
11-16 17-20		46,324								75 73
21-22		45,000								73
23-25		43,750	49,306							71
26		42,568	47,973							72 7 2
27		41,448 41,448	46,711 46,711							72 71
29		40,385	45,513							71
30-31		39,375	44,375							70
32		37,500	42,262							70
33 34		35,796 $34,240$	40,341 $38,587$	49,432 47,283						71 72
35		32,143	36,225	44,388						73
36		30,883	34,804	42,648						73
37		29,717	33,491	41,038	48,585					73
38		28,125	31,697	38,840	45,983	49,554	40.504			74
39 40	8.65	26,250 $24,610$	29,584 $27,735$	36,250 $33,985$	42,917 $40,235$	46,250 43,360	49,584 $46,485$			75 76
41	9.15	22,827	25,725	31,522	37,319	40,218	43,116	47,464		77
42	9.85	20,724	23,356	28,619	33,882	36,514	39,145	43,093	49,672	78
43	10.55	18,976	21,386	26,205	31,025	33,434	35,844	39,458	45,482	80
44 45	11.25 12.05	$17,500 \\ 16,072$	19,723 18,113	24,167 22,194	28,612 $26,276$	30,834 28,316	33,056 $30,358$	36,389 $33,419$	41,945 $38,521$	81 82
46	12.85	14,859	16,746	20,519	24,293	26,180	28,066	30,897	35,614	83
47	13.55	13,938	15,708	19,248	22,788	24,558	26,328	28,983	33,408	83
48	14.35	13,017	14,670	17 ,976	21,281	22,934	24,587	27,066	31,199	84
49 50	15.25 16.35	12,116 11,171	13,654 12,589	16,731 15,426	19,808	21,347 19,681	22,885	25,192 23,227	29,039	85 86
50 51	17.65	10,228	12,589 $11,526$	13,426 $14,124$	18,263 16,721	18,020	21,100 $19,318$	23,227 21,267	24,513	87
52	19.25	,	10,438	12,795	15,148	16,324	17,500	19,265	22,206	88
53	20.85			11,693	13,845	14,920	15,995	17,608	20,296	90
54 55	21.95			11,041 10,508	13,071	14,087	15,102	16,625	19,163	90
55 56	22.95 23.95			10,508	12,439 11,867	13,406 12,789	14,372 13,710	15,821 15,093	18,237 17,397	91 91
57	25.05			10,021	11,294	12,172	13,049	14,365	16,558	91
58	26.25				10,730	11,563	12,396	13,646	15,730	91
59	27.35				10,259	11,056	11,853	13,048	15,040	91
60 61	28.05					10,756	11,532	12,694	14,632	91 91
62										92
63										92
64										92
65 66			*							92 92
67										92 92
68										92
69										93
70										93

										GUARANTEED
		Lif	e Insurai	nce Face	Amounts	for Mont	hlv Prem	iums Sho	wn	PERIOD
	Prem		Life Insurance Face Amounts for Monthly Premiums Shown Includes Added Cost for						Age to Which	
Issue	For		Accidental Death Benefit (Ages 17-59)						Coverage is	
Age	\$10,000			11001401	1001 15 00011 1	Jonette (1180	35 11 50)			Guaranteed at
(ALB)	Face	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	\$60.00	Table Premium
15D-1	racc	Ψ20.00	Ψ30.00	ψ39.00	Ψ40.00	Ψ40.00	Ψ90.00	Ψ00.00	Ψ00.00	83
2-3										83
4-10										79
11-16										75 70
17-20 21-22		48,585								70 70
23-25		45,983	49,554							69
26		45,176	48,685							69
27		44,397	47,845							68
28		43,645	47,034							68
29		42,917	46,250	40 169						68
30-31		37,868 36,786	40,809 39,643	48,162 46,786						69 69
33		36,268	39,085	46,127						69
34		35,764	38,542	45,487						68
35		33,442	36,039	42,533	49,026					69
36		32,188	34,688	40,938	47,188					69 70
37 38		30,295 29,262	32,648 31,535	38,530 37,216	44,412	48,580				70 70
39		27,394	29,522	34,841	40,160	45,479				70
40	12.55	25,001	26,942	31,797	36,651	41,505	46,360			72
41	13.25	23,410	25,228	29,773	34,318	38,864	43,410	47,955		73
42	14.15	21,639	23,319	27,522	31,723	35,925	40,127	44,328	48,530	74
43	15.55	19,361	20,865	24,625	28,384	32,143	35,903	39,662	43,422	76
44 45	16.35 17.45	18,263 16,940	19,681 18,257	23,227 $21,547$	26,774 $24,836$	30,319 $28,125$	33,866 $31,415$	37,412 $34,704$	40,958 $37,994$	77 78
46	18.45	15,896	17,130	20,217	23,303	26,389	29,476	32,562	35,649	79
47	19.45	14,971	16,134	19,041	21,948	24,855	27,762	30,669	33,576	79
48	20.45	14,149	15,248	17,995	20,742	23,490	26,237	28,984	31,731	80
49	22.05	13,006	14,016	16,541	19,065	21,591	24,117	26,642	29,167	82
50 51	23.15 24.85	12,320 11,394	$13,278 \\ 12,279$	15,670 $14,492$	18,063 16,704	20,455 $18,916$	22,847 $21,129$	23,341		82 83
52	26.95	10,426	11,235	13,260	15,284	17,308	19,332	25,341 $21,357$	23,381	85
53	28.65	20,120	10,512	12,406	14,300	16,193	18,087	19,982	21,875	87
54	30.05			11,781	13,579	15,378	17,177	18,975	20,774	87
55	31.45			11,216	12,929	14,641	16,353	18,065	19,778	87
56 57	33.05	4		10,634	12,257	13,880	15,504	17,127	18,750	87 97
57 58	34.55 36.35			10,140	11,688 11,070	$13,236 \\ 12,537$	14,784 14,003	16,331 $15,469$	17,880 $16,936$	87 87
59	37.85				10,604	12,009	13,413	14,817	16,222	87
60	38.85				10,315	11,681	13,047	14,413	15,779	87
61										88
62										88
63 64										88 89
65										89 89
66										89
67										89
68										89
69 70										89
70	<u> </u>	<u> </u>								90

TEXASLIFE INSURANCE

VOLUNTARY LIFE INSURANCE EMPLOYER AGREEMENT

Texas Life Insurance Company ("Texas Life") and the employer identified below ("Employer"), are discussing the possibility of, or have already agreed for Texas Life to provide certain insurance benefits for the Employer's eligible employees and dependents via a payroll deduction program for payment of premiums for Texas Life's voluntary life insurance contracts selected by each such employee (the "Program"). Employer will deduct from the salary or wages of all participating Employees the premiums for their contracts and remit the amount deducted to Texas Life at its home office in Waco, Texas, on the Common Due Date, as indicated below.

Employer may designate other third parties to assist Employer with the Program, including a broker, a plan administrator, a payroll processor or other service provider. Employer will inform Texas Life of the name and scope of services to be provided by each such third party (each, an "Employer Service Provider"). Employer, and not Texas Life, is responsible for ensuring that each Employer Service Provider has been appropriately selected and obligated to protect Employer information (including sensitive information about Employer's employees and their dependents) from unauthorized access and use. Employer authorizes Texas Life to share with each Employer Service Provider the appropriate information reasonably necessary to assist that Employer Service Provider in its performance of activities relating to the Program for Employer. Employer authorizes Texas Life to receive from each Employer Service Provider and to rely on the information provided by each Employer Service Provider relating to the Program.

Employer will hold Texas Life harmless relating to the actions or other malfeasance of its Employer Service Providers. Employer will give prompt notice to Texas Life's home office or Employer Service Provider for all participating Employee's eligibility, demographic changes, and/or payroll deduction changes.

Eligible employees will be those who have been employed for the minimum time required for the payroll deduction program selected at enrollment date or as defined in the Employer master policy issued by Texas Life, as applicable.

Texas Life will provide You or your Employer Service Provider the first Common Due Date before the end of the enrollment and furnish a detailed statement showing the individuals and total amounts due and any current changes.

To assist Texas Life in complying with customer identification requirements of the USA Patriot Act, the Employer states that: (1) any Employee census information provided to Texas Life was accurate, to the best of the Employer's knowledge, when given, and (2) the Employer has confirmed the identity of each Employee at hiring, or otherwise, by viewing a government-issued photographic identification document.

This agreement may be terminated at any time by the Employer or by Texas Life upon furnishing the agreed upon time frame as defined in the employer master policy or 90 days written notice, whichever is first. If this agreement is terminated, Employer shall remit to Texas Life all full premiums deducted prior to the termination date. In the event deductions for any particular contract are to be discontinued on other than a Common Due Date, the amounts already withheld from pay, if any are to be refunded to the Employee, and Texas Life is to be notified as provided above.

Common Due Date: First day each calendar month

EMPLOYER

Printed Employer Name:		
Ву:		
Printed Name:		
Title:	_	
Date		

Texas Life enters into arrangements with entities (Intermediaries) that may participate in the sale of its products. Texas Life may pay the Intermediary base commission for the sale and renewal of the products and may pay additional compensation such as payments, fees, commissions, awards, overrides, bonuses, contingent commissions, loans, gifts, prizes or other valuable consideration. If you would like further information, ask your Intermediary or Texas Life for details.

TEXASLIFE INSURANCE COMPANY

SIGNATURE CARD

Policy No.

Please complete and return quickly to allow processing of the insurance application.

I understand that an application on my life has been submitted to Texas Life Insurance Company and I consent to having a policy issued.

Employer Name	
Employee's Name	
Dependent's/Spouse's Name	
D 1 1/10 1 0 1 1 0 1 1 1 1	
Dependent's/Spouse's Social Security Number	r
Dependent's/Spouse's Date of Birth:	
X	
Signature of Dependent/Spouse	Date

Form No. 16N051 R12/18