



Symetra **ProTerm** Life Insurance
Symetra **ProTerm 360** Life Insurance
with Return of Premium

Agent Guide

FULL UNDERWRITING

- Not a bank or credit union deposit or obligation
- Not FDIC or NCUA/NCUSIF insured
- Not insured by any federal government agency
- Not guaranteed by any bank or credit union

SYMETRA[®]
FINANCIAL

TABLE OF CONTENTS

- Product Details 2**
- ProTerm 2**
- ProTerm 360 with Return of Premium. 3**
- Benefits and Riders 4**
- New Business 6**
- Underwriting. 8**
 - Underwriting Requirements Chart9
 - Underwriting Classes10
 - Preferred Underwriting Guidelines10
 - Height and Weight Chart10
 - Medical Impairment Guide11
 - Disability Income Rider Occupational Guidelines15
- Rates**
- ProTerm 17**
 - Sample Monthly Premium Calculation17
 - Base Insured Rates18
 - Riders and Additional Benefits30
 - Additional Term Rider30
 - Supplemental Benefits42
- ProTerm 360 45**
 - Sample Monthly Premium Calculation45
 - Base Insured Rates46
 - Riders and Additional Benefits50
 - Additional Term Rider50
 - Supplemental Benefits54

PRODUCT DETAILS

ProTerm

Provides level death benefit protection for 15, 20 or 30 years with premiums expected to remain level during the initial term period. In addition, there are a variety of optional features that your clients can choose from to best meet their needs.

Riders Included at No Additional Cost*

Safety Benefit

Transportation Benefit

Common Carrier Accidental Death Benefit

Accelerated Benefit Rider

Riders Available For An Additional Premium*

Additional Term Rider

Disability Income Rider for Accidental Injury

Insured Children's Benefit

Waiver of Premium Benefit for Total Disability

Accidental Death Benefit

** Rider and Benefit availability may vary by state.*

Premium Guarantees

- Full Premium Guarantee – Level premiums are guaranteed for the full initial term period.
- Partial Premium Guarantee – Level premiums are guaranteed for the first 10 years of the initial level term period. After the guarantee period we may only increase the premium by class based on any changes to future expectations of mortality, lapse or expenses.

Issue Ages (Age Last Birthday)

- Minimum Issue Age: 16 (Standard), 20 (Preferred)
- Maximum Issue Age:

Initial Term Period	Full Premium Guarantee	Partial Premium Guarantee
15 yrs	Age 60	Age 70
20 yrs	Age 55	Age 65
30 yrs	Age 45	Age 55

Minimum Face Amount

Ages 16-50 – \$150,000

Ages 51-60 – \$100,000

Ages 61-70 – \$75,000

Premium Bands

• \$75,000-\$299,999

• \$300,000 +

Policy Fee

• \$65 – fully commissionable

Modal Factors – to determine the modal premium, multiply the annual premium by the factor below.

- Annual: 1.00
- Semi-annual: 0.515
- Quarterly: 0.265
- EFT - Monthly: 0.0875

Renewable to age 95

After the end of the initial term period, coverage may be continued at annually increasing premium rates to age 95. Annually increasing renewal premiums are set and guaranteed at the time of policy issue.

Conversion

Policyholders can convert their term policy to a Symetra Life permanent policy that is available for conversion through age 75 or prior to the end of the initial term period, whichever happens first. The conversion policy will be issued at the insured's attained age for the same face amount. No new evidence of insurability will be required as long as the conversion request is for an equivalent rate class.

ProTerm 360

Provides level death benefit protection to age 95. Premiums are level during the initial term period of 20 or 30 years. In addition, there are a variety of optional features that your clients can choose from to best meet their needs.

Return of Premium

Automatically included, this feature provides for a return of the total base policy premiums paid by the client at the end of the initial term period.

Riders Included at No Additional Cost*

Safety Benefit

Transportation Benefit

Common Carrier Accidental Death Benefit

Accelerated Benefit Rider

Riders Available For An Additional Premium*

Additional Term Rider

Disability Income Rider for Accidental Injury

Insured Children's Benefit

Waiver of Premium Benefit for Total Disability

Accidental Death Benefit

** Rider and Benefit availability may vary by state.*

Premium Guarantee

Premiums are guaranteed to remain level for the full initial term period.

Minimum Face Amount by Issue Age

20 to 50 \$150,000 and up

51 to 55 \$100,000 and up

Please refer to the rate section at the back of this guide for specific rate details by age.

Premium Bands

- \$100,000–\$299,000
- \$300,000 +

Policy Fee

There is no policy fee.

Modal Factors – to determine the modal premium, multiply the annual premium by the factor below.

- Annual: 1.00
- Semi-annual: 0.50
- Quarterly: 0.25
- EFT – Monthly: 0.08333

Renewable to age 95

After the end of the initial term period, coverage may be continued at annually increasing premium rates to age 95. Annually increasing renewal premiums are set and guaranteed at the time of policy issue.

Conversion

Policyholders can convert their term policy to a Symetra Life permanent policy that is available for conversion through age 75 or prior to the end of the initial term period, whichever happens first. The conversion policy will be issued at the insured's attained age for the same face amount. No new evidence of insurability will be required as long as the conversion request is for an equivalent rate class.

BENEFITS AND RIDERS

ProTerm and ProTerm 360

RIDERS INCLUDED AT NO COST

Automatically included in all states where available and apply to both primary and rider insured, if any.

Safety Benefit

Provides the beneficiary an additional \$10,000 in death benefit if the insured dies in an automobile accident and is wearing a seatbelt at the time of the accident.

Transportation Benefit

Provides the beneficiary with an additional \$5,000 of death benefit to help cover the cost of transporting the insured if death occurs more than 100 miles from their principal residence.

Common Carrier Accidental Death Benefit

Provides the beneficiary with an additional death benefit equal to the policy's face amount or \$250,000, whichever is less, in the event the insured dies within 90 days after injury on a common carrier traveling within the United States or Canada. A common carrier is an entity licensed to transport fare paying passengers such as an airplane, train, taxi or bus.

Accelerated Benefit Rider*

Living benefit that pays up to 50 percent of the policy's death benefit (\$250,000 maximum) in advance if the insured is diagnosed by a physician as terminally ill and has less than 12 months to live.

- Minimum accelerated amount is \$25,000.
- Maximum advanced amount is \$250,000 or 50% of the death benefit which ever is less.

** Terminal illness period and benefit percentage available for acceleration may vary by state.*

RIDERS INCLUDED FOR AN ADDITIONAL PREMIUM

May not be available in all states.

Additional Term Rider

A level term rider is available for one family member or business associate and the coverage is added to primary insured's policy. The level premium period on the rider will be the same as the primary insured's level period.

Minimum Face Amount by Issue Age

16 to 50	\$150,000 and up
51 to 60	\$100,000 and up
61 to 70	\$75,000 and up

Disability Income Rider for Accidental Injury

Provides benefits for disability caused by an accident.

Disability is defined as the inability to perform the material duties of the insured's own occupation.

Accident is defined as a bodily injury resulting from a sudden, unforeseen event that occurs in a definite time and place and is independent of all other causes. Rider is available at issue only.

- Issue ages: 20-55 (or the maximum issue age of the base policy if lower).
- Coverage Period: rider expires on the anniversary following insured's 65th birthday.
- For a list of the most common conditions or occupations typically resulting in a decline of the rider at time of issue, refer to the Underwriting Section in this guide.
- Benefits:
 - Minimum Monthly Benefit Amount: \$50.00
 - Maximum Benefit Limit is the lesser of:
 - \$3,000 monthly benefit, or
 - 1.5% of the face amount monthly
 - 90-day elimination period
 - 2-year (24 month) total benefit period per occurrence
 - Available for primary and rider insured

Insured Children's Benefit (ICB)

This rider provides up to \$10,000 of term life insurance for each child in the primary insured's family through age 25.

- Issue ages for child: 15 days through 17 years
- Each unit provides \$1,000 of death benefit for each insured child
 - Minimum: 1 unit
 - Maximum: 10 units
- Conversion for each insured child to a selected permanent plan is available without evidence of insurability. The face amount of the plan converted to may not be less than the minimum face amount for the permanent plan, and cannot exceed five times the amount of the rider. Conversions are available through the earlier of the termination of the base policy or when the insured child turns 25.

Accidental Death Benefit (ADB)

Provides an additional death benefit up to the lesser of three times the policy face amount or \$250,000, if death is accidental.

- Issue Ages: 20-55 (or the maximum issue age of the base policy, if lower).
- Coverage Period: Through insured's age 65 or termination of the policy, whichever happens first.
- Available for both primary and rider insured.

Waiver of Premium Rider

This rider waives all premiums while the primary insured is totally disabled due to injury or illness from their own occupation for longer than six months and is under the care of a physician.

- Issue Ages: 20-55 (or the maximum issue age of the base policy if lower).
- Elimination period: 6 months (after which time premiums paid during the elimination period will be refunded).
- Coverage Period: Disability must commence before policy anniversary following the insured's 60th birthday or the rider will expire.
- Available for primary insured only.

NEW BUSINESS

ProTerm and ProTerm 360

Submitting the Application

1. Answer all questions on the application. Provide details to any “yes” answers (including doctors’ names, date of last visit and results/treatment) in the remarks section.

Commonly missed questions that delay processing include:

- Health details
 - Product choice
 - Signature line including date, year and place signed
 - Date of trust when owner or beneficiary is a trust
 - Other insurance/Replacement questions
 - Bank information for Electronic Funds Transfer (EFT)
2. Complete and obtain signatures on the following:
- HIPAA
 - All state required forms included in the application package
 - The replacement form, if required
3. If applying for Insured Children's Benefit, complete ICB application and obtain signatures.
4. Provide the applicant with the Notice of Insurance Information Practices, the Symetra Privacy Notice and any state required disclosures included in the application package.
5. Complete the Application/Fax cover sheet and fax the application, all other forms and a copy of the premium check, if collected, to Symetra’s New Business team.
- Write the policy owner’s name in the memo section of the check, if collected, and mail it to Symetra.

Cash With App (CWA)

- We do not accept COD applications except when:
 - Proposed insured has been rated or declined in the past
 - Proposed insured has significant medical problems
 - Either of the Temporary Life Insurance Agreement questions on the Part I Application are answered “yes”
 - The total amount applied for on all current applications to Symetra exceeds \$1,000,000

In the cases listed above, do not collect premium or EFT information. For COD applications, no Temporary Insurance coverage will be available.

- If EFT is selected, please provide bank information in the Payment Options section of the Part I Application. Remind your client to deduct the initial payment from the checking or savings account register immediately. The initial payment will be drafted as soon as the policy is put in force. EFT authorization is considered by the home office to be the same as CWA.

PLEASE NOTE:

- Do not send partial premiums. A full modal premium is required. Make check payable to Symetra Life.
- We cannot accept checks that are postdated.
- Agency checks must be written on the agency trust account.
- We cannot accept cash or money orders.

Exam Requirements

It is the agent's responsibility to schedule exam requirements for fully underwritten applications using a Symetra-appointed paramed company. For a list of paramed companies, please refer to the Symetra Contact Information sheet that can be found in the inside-front pocket of this Agent Guide.

To make the exam process go smoothly, we suggest preparing the client for the exam by explaining the following at time of application:

- Within a few days they will receive a call from the examiner to schedule the exam. The exam can usually be completed at their home or place of business.
- To speed the issuance of the policy the exam should be completed as soon as possible.
- The exam will typically consist of height and weight measurements, pulse and blood pressure readings and collection of laboratory samples for testing (if required).
- For the exam, it is helpful to have the following information available:
 - Drivers license
 - All doctor names and addresses
 - Current medications
 - Family medical history (parents, brothers, sisters)
 - Dates of hospital stays
 - Details of any hazardous hobbies like scuba diving, mountain climbing, private aviation
- As an added benefit, Symetra will include a summary of the test results when the policy is delivered.

Policy Dating

Once approved, policies will be given a current effective date. If a specific EFT draft date is requested, the effective date of the policy will be 3 days after that date. If it is requested that we preserve a younger age, the policy will be effective the day prior to the insured's birthday.

Please note special requests, such as date to save age or issue family member or partners together, in the remarks section of the application.

Policy Delivery

The policy should be delivered promptly to the applicant. We provide instructions on all delivery requirements in the delivery letter sent with the policy. We will hold our file open for 35 days for delivery requirements. If delivery requirements have not been received after 35 days we will close the case and notify the applicant.

Under the following circumstances, call your underwriter and **do not deliver the policy**:

- If there has been a change in health
- If full payment of the first premium has not been made
- If all papers required to put the policy in force have not been fully completed and signed by the applicant
- If the delivery deadline has passed

Release of Commissions

Commissions will be released by Symetra once any delivery requirements have been met and the policy has reached its effective date.

UNDERWRITING

ProTerm and ProTerm 360

Underwriting Requirements

If the insured has other Symetra life insurance in force, issued within the last five years, add that coverage to the face amount applied for to determine underwriting requirements.

Test Results

Whenever lab tests are completed, we'll include a copy of the test results in the policy packet along with a brochure explaining the results. If we receive a significantly abnormal result from a completed test, we send the results directly to the proposed insured to share with their physician.

Underwriting Requirements Chart Terminology (Chart on next page)

Paramed Part II – Paramedical examiner will ask the Part II medical questions.

PM – Physical Measurements – A brief exam completed by a paramedical examiner that includes measurements such as height, weight, pulse and blood pressure.

M.D. – Exam completed by a medical doctor and includes a medical history interview, physical measurements and a medical assessment.

OFT – Oral Fluid Test – A swab is briefly placed between the cheek and gum to test for nicotine, HIV and other findings of significance.

Full Blood – Blood sample drawn from a vein in the arm and tested for a variety of body system functions – kidney, liver, lipids, sugars, as well as HIV.

Urinalysis – Urine sample tested for protein, sugar, nicotine, and drugs of abuse, and may include HIV.

EKG – Should be ordered as 12-lead, resting and uninterpreted.

Financial Statements are required for \$2,000,000 face amounts and above. This may include a balance sheet, income statement, or tax return from the applicant or the applicant's business.

Underwriting Requirements Chart

(Please refer to PRODUCT DETAILS pages for face amounts available by product.)

Amount	Ages 16-49	Ages 50-59	Ages 60-70
\$75,000– \$100,000	*See NOTE below	Paramed Part II PM Urinalysis	Paramed Part II PM Urinalysis EKG
\$100,001– \$199,999	Paramed Part II PM OFT	Paramed Part II PM Urinalysis	Paramed Part II PM Urinalysis EKG
\$200,000– \$499,999	Paramed Part II PM Urinalysis Full Blood	Paramed Part II PM Urinalysis Full Blood	Paramed Part II PM Urinalysis Full Blood EKG
\$500,000– \$1,000,000	Paramed Part II PM Urinalysis Full Blood	Paramed Part II PM Urinalysis Full Blood EKG	M.D. Exam Urinalysis Full Blood EKG
\$1,000,001– \$2,000,000	M.D. Exam Urinalysis Full Blood EKG (ages 40-49 only)	M.D. Exam Urinalysis Full Blood EKG	M.D. Exam Urinalysis Full Blood Exercise EKG
Over \$2,000,000	M.D. Exam Urinalysis Full Blood Financial Statements Exercise EKG (ages 40-49 only)	M.D. Exam Urinalysis Full Blood Exercise EKG Financial Statements	M.D. Exam Urinalysis Full Blood Exercise EKG Financial Statements

NOTE: All CA, ME and VT applications under \$200,000 need a paramed-administered oral fluid test.

Underwriting Classes

Rated policies are not available.

- **Standard Nicotine** – A user of nicotine products who does not qualify for Preferred Nicotine rates.
- **Standard Non-Nicotine** – No use of nicotine products in any form within the past 12 months and does not qualify for Preferred.
- **Preferred Nicotine** – A user of nicotine within the past 12 months that meets all the other Preferred criteria.
- **Preferred Non-Nicotine** – No use of nicotine products in any form in the past 36 months and meets preferred underwriting guidelines, below.

Preferred Underwriting Guidelines

	Preferred
Nicotine Use	No use of nicotine products of any kind for the past 36 months
Medical History	Standard insurance risk and no history of diabetes, cancer or cardiovascular disease
Family History – Heart Disease or Coronary Artery Disease	No death of parent or sibling prior to age 60
Cholesterol Ratio	Cholesterol/HDL ratio no greater than 6.0.
Blood Pressure	140 / 90 or less
Pulse	Less than 100
Aviation	None, except commercial
Hobbies/Activities	No ratable hazardous avocation
Driving	No DWI in the past 5 yrs and no more than 2 moving violations in 3 yrs
Alcohol and/or Drug Use	No counseling or treatment in the past 10 yrs
Criminal Record	None for 10 years

Maximum Height/Weight for Preferred and Standard

Height	Preferred Male	Preferred Female	Standard Male & Female
4' 8"	138	134	168
4' 9"	142	139	174
4' 10"	147	144	180
4' 11"	152	149	186
5' 0"	158	154	193
5' 1"	163	159	199
5' 2"	169	164	206
5' 3"	175	169	212
5' 4"	181	174	219
5' 5"	187	179	226
5' 6"	194	184	233
5' 7"	200	189	240
5' 8"	206	194	247
5' 9"	213	200	254
5' 10"	219	205	262
5' 11"	224	209	269
6' 0"	230	215	277
6' 1"	237	221	285
6' 2"	244	226	293
6' 3"	251	232	301
6' 4"	258	237	309
6' 5"	265	241	317
6' 6"	273	248	325
6' 7"	280	264	333

Medical Impairment Guide

Please provide detailed information on the application if any medical impairments exist. The following list of medical impairments can be used by producers to anticipate impairments that will not qualify for this product. **NOTE:** This list of medical impairments is not comprehensive and other situations or conditions may also result in a decline.

MEDICAL IMPAIRMENT GUIDE			
Impairment	Criteria	Life	DI Rider
Abscess	Present	Decline	Decline
Abscess	Removed, with full recovery and confirmed to be benign	Standard	Standard
Addison's Disease	Acute Single Episode	Standard	Standard
Addison's Disease	Others	Decline	Decline
AIDS		Decline	Decline
Alcoholism	Post Treatment, More than 10 years of abstinence	Standard	Decline
Alcoholism	Otherwise	Decline	Decline
Alzheimer's		Decline	Decline
Amputation	Resulting from trauma	Standard	Standard
Amputation	Resulting from disease	Decline	Decline
Anemia	Iron Deficiency on vitamins only	Standard	Standard
Anemia	Others	Decline	Decline
Aneurysm		Decline	Decline
Angina		Decline	Decline
Angioplasty		Decline	Decline
Ankylosis		Standard	Decline
Anxiety/Depression	Mild-Moderate (one medication only)	Standard	Decline
Anxiety/Depression	Severe	Decline	Decline
Anxiety/Depression	Bipolar Disorder, Schizophrenia, Major Depression, PTSD	Decline	Decline
Aortic Insufficiency		Decline	Decline
Aortic Stenosis		Decline	Decline
Appendectomy		Standard	Standard
Arteriosclerosis		Decline	Decline
Arthritis	Osteoarthritis	Standard	Standard
Arthritis	Rheumatoid — Mild	Standard	Decline
Arthritis	Rheumatoid — Severe or w/ use of steroid	Decline	Decline
Asthma	Mild, Seasonal, Allergic, or Exercise Induced with no limitations or hospitalizations	Standard	Standard
Asthma	Severe. Hospitalizations or prolonged steroid use.	Decline	Decline
Blindness	Related to Diabetes	Decline	Decline
Blindness	Other causes	Individual Consideration	Decline
Blood Pressure	See Hypertension		
Bronchitis	Acute — Recovered	Standard	Standard
Bronchitis	Chronic	Decline	Decline

Impairment	Criteria	Life	DI Rider
Buerger's Disease		Decline	Decline
By-Pass Sugery (CABG or Stent)	See Heart Disease		
Cancer	Basal Cell	Standard	Standard
Cancer	Others, within 10 years of treatment	Decline	Decline
Cancer	Others, more than 10 years since treatment; no recurrence	Standard	Standard
Cerebral Palsy		Decline	Decline
Chronic Obstructive Lung Disease		Decline	Decline
Chronic Pain		Decline	Decline
Cirrhosis of Liver		Decline	Decline
Colitis – Ulcerative	Last flare up within 4 years	Decline	Decline
Colitis – Ulcerative	Last flare up more than 4 years	Individual Consideration	Decline
Concussion – Cerebral	Full recovery with no residual effects	Standard	Standard
Congestive Heart Failure		Decline	Decline
Crohns Disease	Last flare up within 4 years	Decline	Decline
Crohns Disease	Last flare up more than 4 years	Individual Consideration	Decline
CVA – Stroke		Decline	Decline
Cystic Fibrosis		Decline	Decline
Dementia		Decline	Decline
Depression/Anxiety	Mild-Moderate (one medication only)	Standard	Decline
Depression/Anxiety	Severe	Decline	Decline
Depression/Anxiety	Bipolar Disorder, Schizophrenia, Major Depression, PTSD	Decline	Decline
Diabetes	Oral Medication or Diet Control with no complications (also see height/weight chart)	Individual Consideration	Individual Consideration
Diabetes	Insulin Dependent	Decline	Decline
Diverticulitis/ Diverticulosis	Acute, with full recovery	Standard	Standard
Down's Syndrome		Decline	Decline
Drug Use	Current, or within 10 years	Decline	Decline
Drug Use	Last use more than 10 years ago	Standard	Decline
Duodenitis		Standard	Standard
Edema	Refer to cause		
Emphysema		Decline	Decline
Epilepsy	Petit Mal	Individual Consideration	Decline
Epilepsy	Grand Mal	Decline	Decline
Fibrillation		Decline	Decline
Fibromyalgia	Mild	Standard	Decline
Fibromyalgia	Severe	Decline	Decline
Gallbladder disorder		Standard	Standard

Impairment	Criteria	Life	DI Rider
Gastric Bypass	Procedure in the last 12 months	Decline	Decline
Gastric Bypass	Procedure more than 12 months ago, no complications	Individual Consideration	Decline
Gastritis		Standard	Standard
Glomerulosclerosis	Acute — after one year	Standard	Standard
Gout		Standard	Standard
Heart Disease	Heart attack, Myocardial Infarction, Coronary Artery Disease (CAD), Angina Pectoris	Decline	Decline
Heart Murmur	Asymptomatic, functional	Standard	Standard
Heart Murmur	Others, or with current or past medication or surgery recommended	Decline	Decline
Hemophilia		Decline	Decline
Hepatitis	Hep A	Standard	Standard
Hepatitis	Hep B or C	Decline	Decline
Hepatomegaly		Decline	Decline
HIV		Decline	Decline
Hodgkin's Disease		Decline	Decline
Hypertension (High Blood Pressure)	Controlled	Standard	Standard
Hysterectomy	No cancer	Standard	Standard
Kidney Disease	Stones or Infection (resolved)	Standard	Standard
Kidney Disease	Polycystic Kidney Disease	Decline	Decline
Kidney Disease	Dialysis	Decline	Decline
Kidney Disease	Failure	Decline	Decline
Kidney Disease	Nephrectomy or transplant	Decline	Decline
Leukemia		Decline	Decline
Liver Impairments		Decline	Decline
Lupus Erythematosus	Discoid	Standard	Standard
Lupus Erythematosus	Systemic	Decline	Decline
Marfan's Syndrome		Decline	Decline
Meniere's Disease		Standard	Decline
Mitral Insufficiency		Decline	Decline
Multiple Sclerosis		Decline	Decline
Muscular Dystrophy		Decline	Decline
Narcolepsy	More than 2 years from diagnosis	Standard	Decline
Nervous Disorder	See anxiety/depression		
Pacemaker		Decline	Decline
Pancreatitis	Single Attack, more than 1 year ago	Standard	Standard
Paralysis	Paraplegia and Quadriplegia	Decline	Decline
Parkinson's Disease		Decline	Decline
Peripheral Vascular Disease		Decline	Decline
Pregnancy	Current; no complications	Standard	Standard

Impairment	Criteria	Life	DI Rider
Prostate Disorder	Infection, Benign Prostatic Hypertrophy. Confirmed, with stable PSA level	Standard	Standard
Prostate Disorder	Cancer — see Cancer, above	Decline	Decline
Pulmonary Disease	Asthma — See Asthma		
Pulmonary Disease	Others	Decline	Decline
Quadriplegia		Decline	Decline
Rheumatic Fever	One attack-recovered	Standard	Standard
Sarcoidosis	Localized, non-pulmonary, in remission > 2 years	Standard	Standard
Sarcoidosis	Pulmonary	Decline	Decline
Sleep Apnea	Currently using CPAP nightly or resolved by past surgical procedure (also see height/weight chart)	Standard	Decline
Sleep Apnea	Otherwise	Decline	Standard
Spina Bifida		Decline	Decline
Spina Bifida Occulta	Asymptomatic	Standard	Standard
Splenectomy		Standard	Standard
Stroke		Decline	Decline
Suicide Attempt		Decline	Decline
Thyroid Disorder		Standard	Standard
Transient Ischemic Attack (TIA)		Decline	Decline
Tuberculosis	Within 2 years of diagnosis and in remission	Decline	Decline
Tuberculosis	After 2 years of diagnosis	Standard	Standard
Ulcer	Peptic, Duodenal, or Gastric	Standard	Standard
Ulcer	Others	Decline	Decline
Valve Replacement		Decline	Decline
Vascular Impairments		Decline	Decline

Non-Medical Declines	
Applicants over age 60 without regular physician	
Applicants who are not a US Citizen or are not a Permanent Resident (green card holder)	
Aviation	Pilots flying for pay (except major airlines)
Aviation	Student Pilot
Aviation	Private Pilot with less than 100 solo hours
Bankruptcy	Within 5 years of discharge
Criminal History	Within 10 years
Driving Record	DUI/DWI or 3 or more moving violations within 5 years
Driving Record	License currently suspended or revoked
Military Personnel	Pay Grade E-4 or lower

Disability Income Rider Occupational Guidelines

The Disability Income Rider (DI) is issued on an accept/reject basis and is not available for applicants in occupations listed below. We are unable to list every occupation — other occupations may also be declined for the DI Rider.

Profession	Comment
Acrobat	
Actor/Actress	
Armed Forces Personnel	
Athlete- Professional	
Automobile Industry	Factory or assembly work
Aviation/Aircraft Crew	Anyone flying for pay
Bail bondsman	
Bartender	
Bill Collector	Repossession
Blaster/Explosive hander	
Casino Workers	Dealers, Pit Bosses, Floor Workers
Certified Nurses Assistant	
Chemical Industry	Materials Handlers, Machine Operator, Other Workers
Circus or Carnival workers	Performers, Animal Handlers/attendants
Construction or Building worker	
Diver	
Dockworker, Stevedore, Wharf worker	
Drivers	
EMT (Emergency Medical Technician)	
Engineer	Mining only
Factory workers	
Farmer	
Fashion Model	
Firefighter	
Fisherman	
Gambler- Professional	
Garbage Collector	
Guard	Prison or Correctional facility
Guide	Mountain, River, or Adventure
Heavy Equipment Operator	
Home Health Aide	
Homemaker	
Housekeeper	
Janitor	
Jockey	
Laborer	
Landscaping	

Profession	Comment
Law Enforcement	
Long shore Worker	
Lumber Industry	Laborer/Faller/Chainsaw--all non-clerical workers
Marine Industry- Seagoing vessels	Crew
Mason	
Masseur/Masseuse	
Metal Industry	Working in furnace rooms or near hot metal
Military personnel	
Mining Industry	
Missionaries	
Mover	Packer/Mover/Laborer
Musicians	Professional
Oil Industry	All non-clerical workers
Orderly	
Paramedic	
Police Officer	
Public Utilities/Electric	Lineman, Tunnel Workers, Cable, Maintenance (non supervisor)
Quarries	Blaster
Radium Workers	
Rancher	
Restaurant worker	
Retired	
Rodeo Performer	
Roofer	
Security Guard	
Structural Steel Worker	
Stunt lady/Stunt man	
Taxicab Driver	
Tree Trimmer	
Truck Driver	
Unemployed	
Waiter/Waitress	
Window Washer	
Zoo Attendant	Wild animal handlers

RATES

ProTerm

Sample Monthly Premium Calculation

Insured: Male Age 35, Preferred Non-Nicotine

Base policy: \$150,000, 15-year term with Full Premium Guarantee

Additional Benefits: Waiver of Premium Benefit

NOTE: Rates are rounded to the nearest penny.

Coverage	Rate Per \$1,000		Units		Annual Premium
Base	0.97	x	150	=	\$145.50
Waiver Benefit	0.10	x	150	=	\$15.00
Summary of Annual Coverage Charges					\$160.50
Add Policy Fee					\$65.00
Annual Premium					\$225.50
Times Monthly Modal Factor					x 0.0875
Total Monthly Policy Premium					\$19.73

ProTerm — Full Premium Guarantee

15-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	0.97	–	2.37	–	0.91	–	2.33
17	–	0.97	–	2.37	–	0.91	–	2.33
18	–	0.97	–	2.37	–	0.91	–	2.33
19	–	0.97	–	2.37	–	0.91	–	2.33
20	0.80	0.97	1.62	2.37	0.74	0.91	1.58	2.33
21	0.80	0.97	1.62	2.37	0.74	0.91	1.58	2.33
22	0.80	0.97	1.62	2.37	0.74	0.91	1.58	2.33
23	0.80	0.97	1.62	2.37	0.74	0.91	1.58	2.33
24	0.80	0.97	1.62	2.37	0.74	0.91	1.58	2.33
25	0.80	0.97	1.62	2.37	0.74	0.91	1.58	2.33
26	0.80	0.97	1.64	2.41	0.74	0.91	1.60	2.36
27	0.80	0.97	1.67	2.44	0.74	0.91	1.63	2.40
28	0.80	0.97	1.69	2.48	0.74	0.91	1.65	2.43
29	0.80	0.97	1.71	2.51	0.74	0.91	1.67	2.47
30	0.80	0.97	1.75	2.57	0.74	0.91	1.71	2.52
31	0.83	1.02	1.78	2.63	0.77	0.97	1.74	2.57
32	0.86	1.07	1.81	2.69	0.79	1.03	1.77	2.63
33	0.89	1.11	1.85	2.75	0.82	1.08	1.81	2.68
34	0.92	1.16	1.88	2.82	0.84	1.14	1.84	2.75
35	0.97	1.16	1.94	2.89	0.88	1.14	1.90	2.82
36	1.02	1.22	2.08	3.10	0.94	1.20	2.03	3.03
37	1.07	1.28	2.23	3.32	0.99	1.26	2.18	3.24
38	1.12	1.36	2.39	3.55	1.05	1.34	2.34	3.47
39	1.18	1.43	2.57	3.80	1.12	1.41	2.51	3.71
40	1.24	1.51	2.77	4.07	1.18	1.49	2.70	3.98
41	1.35	1.63	3.10	4.52	1.28	1.60	3.04	4.42
42	1.46	1.76	3.49	5.02	1.41	1.74	3.41	4.91
43	1.58	1.90	3.92	5.58	1.54	1.87	3.82	5.46
44	1.72	2.05	4.39	6.19	1.68	2.03	4.29	6.06
45	1.87	2.23	4.93	6.85	1.85	2.20	4.82	6.71
46	2.05	2.43	5.39	7.43	2.03	2.40	5.27	7.28
47	2.24	2.66	5.90	8.07	2.21	2.63	5.77	7.91
48	2.45	2.90	6.46	8.77	2.43	2.86	6.32	8.58
49	2.69	3.16	7.06	9.53	2.65	3.12	6.91	9.34
50	2.95	3.47	7.72	10.37	2.92	3.42	7.56	10.16
51	3.21	3.80	8.39	11.21	3.17	3.74	8.22	10.99
52	3.51	4.17	9.12	12.12	3.46	4.10	8.92	11.88
53	3.83	4.57	9.92	13.12	3.78	4.50	9.71	12.85
54	4.17	5.00	10.79	14.19	4.11	4.93	10.56	13.90
55	4.55	5.49	11.75	15.35	4.49	5.41	11.51	15.04
56	5.12	6.25	12.92	16.54	5.05	6.14	12.66	16.20
57	5.77	7.10	14.21	17.82	5.67	6.98	13.92	17.46
58	6.49	8.06	15.62	19.20	6.37	7.91	15.30	18.81
59	7.29	9.14	17.18	20.69	7.15	8.97	16.82	20.28
60	8.21	10.35	18.86	22.28	8.05	10.14	18.46	21.83

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-60 is \$100,000.

ProTerm — Full Premium Guarantee
15-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	0.85	–	1.85	–	0.78	–	1.68
17	–	0.85	–	1.85	–	0.78	–	1.68
18	–	0.85	–	1.85	–	0.78	–	1.68
19	–	0.85	–	1.85	–	0.78	–	1.68
20	0.69	0.85	1.20	1.85	0.60	0.78	1.18	1.68
21	0.69	0.85	1.20	1.85	0.60	0.78	1.18	1.68
22	0.69	0.85	1.20	1.85	0.60	0.78	1.18	1.68
23	0.69	0.85	1.20	1.85	0.60	0.78	1.18	1.68
24	0.69	0.85	1.20	1.85	0.60	0.78	1.18	1.68
25	0.69	0.85	1.20	1.85	0.60	0.78	1.18	1.68
26	0.71	0.87	1.24	1.87	0.62	0.81	1.22	1.71
27	0.72	0.89	1.27	1.90	0.64	0.83	1.25	1.74
28	0.74	0.91	1.31	1.92	0.65	0.86	1.29	1.78
29	0.74	0.93	1.34	1.94	0.65	0.88	1.32	1.81
30	0.74	0.93	1.37	1.95	0.65	0.88	1.35	1.83
31	0.77	0.95	1.39	2.00	0.69	0.91	1.37	1.89
32	0.80	0.98	1.41	2.04	0.73	0.93	1.39	1.94
33	0.83	1.00	1.44	2.09	0.76	0.96	1.42	2.00
34	0.86	1.02	1.46	2.13	0.78	0.98	1.43	2.07
35	0.88	1.08	1.46	2.19	0.80	1.06	1.43	2.15
36	0.91	1.11	1.58	2.35	0.83	1.09	1.55	2.31
37	0.95	1.14	1.70	2.53	0.87	1.12	1.67	2.48
38	0.98	1.18	1.84	2.71	0.90	1.16	1.81	2.66
39	1.01	1.22	2.00	2.91	0.94	1.20	1.96	2.85
40	1.06	1.26	2.16	3.12	0.98	1.24	2.11	3.06
41	1.12	1.36	2.36	3.40	1.05	1.34	2.31	3.33
42	1.20	1.47	2.57	3.70	1.12	1.44	2.51	3.63
43	1.27	1.59	2.80	4.03	1.20	1.56	2.73	3.95
44	1.36	1.73	3.04	4.39	1.28	1.70	2.98	4.30
45	1.45	1.89	3.31	4.80	1.37	1.86	3.23	4.70
46	1.55	2.01	3.58	5.16	1.48	1.98	3.50	5.05
47	1.66	2.14	3.87	5.56	1.59	2.11	3.78	5.44
48	1.78	2.28	4.18	5.98	1.71	2.25	4.09	5.85
49	1.91	2.43	4.51	6.45	1.85	2.40	4.41	6.31
50	2.03	2.59	4.87	6.94	1.97	2.55	4.78	6.79
51	2.18	2.76	5.28	7.40	2.13	2.73	5.17	7.25
52	2.34	2.95	5.72	7.88	2.29	2.92	5.60	7.72
53	2.50	3.16	6.19	8.41	2.46	3.13	6.06	8.24
54	2.69	3.37	6.70	8.97	2.65	3.34	6.56	8.78
55	2.88	3.60	7.26	9.58	2.85	3.57	7.11	9.38
56	3.20	3.99	7.91	10.26	3.15	3.94	7.75	10.05
57	3.55	4.41	8.62	10.98	3.50	4.35	8.44	10.76
58	3.94	4.88	9.38	11.76	3.87	4.80	9.20	11.52
59	4.36	5.41	10.22	12.59	4.28	5.31	10.01	12.34
60	4.84	6.00	11.12	13.50	4.74	5.88	10.90	13.22

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-60 is \$100,000.

ProTerm — Full Premium Guarantee

20-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.10	–	2.67	–	1.06	–	2.44
17	–	1.10	–	2.67	–	1.06	–	2.44
18	–	1.10	–	2.67	–	1.06	–	2.44
19	–	1.10	–	2.67	–	1.06	–	2.44
20	0.85	1.10	2.15	2.67	0.83	1.06	1.95	2.44
21	0.85	1.10	2.15	2.67	0.83	1.06	1.95	2.44
22	0.85	1.10	2.15	2.67	0.83	1.06	1.95	2.44
23	0.85	1.10	2.15	2.67	0.83	1.06	1.95	2.44
24	0.85	1.10	2.15	2.67	0.83	1.06	1.95	2.44
25	0.85	1.10	2.15	2.67	0.83	1.06	1.95	2.44
26	0.85	1.11	2.15	2.72	0.83	1.07	1.95	2.50
27	0.85	1.12	2.15	2.76	0.83	1.08	1.95	2.55
28	0.85	1.13	2.15	2.81	0.83	1.09	1.95	2.61
29	0.85	1.14	2.15	2.86	0.83	1.10	1.97	2.66
30	0.90	1.15	2.17	2.91	0.86	1.11	1.98	2.74
31	0.92	1.19	2.26	3.03	0.87	1.14	2.10	2.88
32	0.95	1.22	2.36	3.15	0.89	1.17	2.23	3.02
33	0.97	1.25	2.47	3.27	0.90	1.19	2.36	3.16
34	0.99	1.29	2.57	3.40	0.91	1.22	2.50	3.31
35	1.04	1.33	2.68	3.54	0.94	1.26	2.63	3.48
36	1.09	1.41	2.89	3.88	1.00	1.34	2.84	3.81
37	1.16	1.49	3.11	4.25	1.06	1.43	3.06	4.18
38	1.22	1.58	3.35	4.66	1.13	1.51	3.29	4.58
39	1.29	1.67	3.61	5.11	1.20	1.61	3.55	5.02
40	1.36	1.76	3.88	5.61	1.27	1.70	3.80	5.51
41	1.46	1.96	4.23	6.05	1.37	1.90	4.17	5.93
42	1.57	2.18	4.62	6.51	1.48	2.13	4.54	6.38
43	1.69	2.42	5.05	7.01	1.61	2.37	4.96	6.87
44	1.81	2.70	5.51	7.55	1.73	2.65	5.41	7.41
45	1.95	3.01	6.01	8.14	1.87	2.97	5.91	7.98
46	2.21	3.31	6.51	8.72	2.13	3.26	6.40	8.55
47	2.50	3.65	7.04	9.35	2.42	3.59	6.92	9.16
48	2.83	4.02	7.63	10.03	2.74	3.97	7.49	9.84
49	3.20	4.43	8.25	10.77	3.11	4.37	8.10	10.56
50	3.63	4.88	8.95	11.57	3.55	4.81	8.78	11.35
51	4.02	5.40	9.72	12.58	3.93	5.31	9.53	12.34
52	4.44	5.96	10.54	13.69	4.35	5.87	10.34	13.44
53	4.91	6.60	11.44	14.91	4.82	6.48	11.21	14.64
54	5.43	7.29	12.41	16.25	5.34	7.17	12.17	15.96
55	6.00	8.06	13.47	17.73	5.91	7.92	13.20	17.41

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-55 is \$100,000.

ProTerm — Full Premium Guarantee
20-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.00	–	1.97	–	0.84	–	1.94
17	–	1.00	–	1.97	–	0.84	–	1.94
18	–	1.00	–	1.97	–	0.84	–	1.94
19	–	1.00	–	1.97	–	0.84	–	1.94
20	0.73	1.00	1.60	1.97	0.69	0.84	1.46	1.94
21	0.73	1.00	1.60	1.97	0.69	0.84	1.46	1.94
22	0.73	1.00	1.60	1.97	0.69	0.84	1.46	1.94
23	0.73	1.00	1.60	1.97	0.69	0.84	1.46	1.94
24	0.73	1.00	1.60	1.97	0.69	0.84	1.46	1.94
25	0.73	1.00	1.60	1.97	0.69	0.84	1.46	1.94
26	0.74	1.01	1.60	1.97	0.69	0.86	1.46	1.94
27	0.75	1.03	1.60	1.97	0.69	0.87	1.46	1.94
28	0.76	1.04	1.60	1.97	0.69	0.89	1.46	1.94
29	0.77	1.05	1.60	1.97	0.69	0.90	1.46	1.94
30	0.78	1.07	1.62	2.01	0.73	0.92	1.49	1.97
31	0.81	1.11	1.70	2.20	0.73	0.97	1.59	2.13
32	0.85	1.15	1.79	2.40	0.75	1.02	1.69	2.27
33	0.88	1.19	1.87	2.62	0.78	1.06	1.80	2.45
34	0.91	1.23	1.96	2.84	0.80	1.11	1.91	2.62
35	0.94	1.27	2.04	3.07	0.86	1.16	2.00	2.81
36	0.98	1.31	2.18	3.22	0.90	1.20	2.14	2.96
37	1.03	1.36	2.33	3.37	0.95	1.25	2.29	3.12
38	1.07	1.41	2.49	3.53	0.99	1.30	2.45	3.29
39	1.12	1.46	2.67	3.71	1.04	1.35	2.61	3.48
40	1.17	1.51	2.83	3.88	1.09	1.40	2.78	3.65
41	1.25	1.62	3.08	4.23	1.17	1.51	3.02	4.03
42	1.33	1.75	3.34	4.61	1.25	1.64	3.27	4.42
43	1.43	1.88	3.64	5.03	1.34	1.77	3.56	4.86
44	1.53	2.03	3.95	5.48	1.45	1.93	3.86	5.34
45	1.63	2.20	4.30	5.98	1.55	2.10	4.21	5.86
46	1.76	2.37	4.56	6.31	1.68	2.27	4.46	6.18
47	1.90	2.55	4.84	6.66	1.82	2.45	4.74	6.53
48	2.06	2.75	5.14	7.05	1.99	2.65	5.05	6.91
49	2.23	2.95	5.47	7.46	2.16	2.86	5.37	7.32
50	2.42	3.17	5.84	7.91	2.35	3.09	5.73	7.76
51	2.65	3.44	6.25	8.47	2.59	3.36	6.14	8.32
52	2.89	3.75	6.71	9.08	2.83	3.66	6.59	8.91
53	3.16	4.08	7.20	9.75	3.10	4.01	7.09	9.58
54	3.45	4.43	7.74	10.47	3.40	4.37	7.61	10.29
55	3.77	4.83	8.32	11.28	3.72	4.77	8.19	11.09

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-55 is \$100,000.

ProTerm — Full Premium Guarantee

30-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.37	–	2.84	–	1.36	–	2.80
17	–	1.37	–	2.84	–	1.36	–	2.80
18	–	1.37	–	2.84	–	1.36	–	2.80
19	–	1.37	–	2.84	–	1.36	–	2.80
20	1.14	1.37	2.50	2.84	1.13	1.36	2.47	2.80
21	1.14	1.37	2.50	2.84	1.13	1.36	2.47	2.80
22	1.14	1.37	2.50	2.84	1.13	1.36	2.47	2.80
23	1.14	1.37	2.50	2.84	1.13	1.36	2.47	2.80
24	1.14	1.37	2.50	2.84	1.13	1.36	2.47	2.80
25	1.14	1.37	2.50	2.84	1.13	1.36	2.47	2.80
26	1.16	1.43	2.62	3.01	1.15	1.42	2.57	2.97
27	1.18	1.49	2.76	3.18	1.17	1.48	2.66	3.13
28	1.20	1.56	2.90	3.37	1.19	1.55	2.77	3.32
29	1.21	1.62	3.05	3.56	1.20	1.61	2.89	3.51
30	1.24	1.70	3.20	3.78	1.23	1.68	3.01	3.72
31	1.28	1.79	3.33	3.99	1.27	1.77	3.10	3.93
32	1.32	1.88	3.45	4.23	1.30	1.86	3.19	4.16
33	1.36	1.98	3.58	4.47	1.34	1.95	3.29	4.40
34	1.39	2.07	3.70	4.73	1.38	2.05	3.38	4.65
35	1.43	2.18	3.84	5.00	1.42	2.15	3.49	4.92
36	1.57	2.37	4.16	5.59	1.56	2.34	3.82	5.50
37	1.71	2.56	4.51	6.24	1.69	2.53	4.18	6.13
38	1.88	2.78	4.91	6.97	1.86	2.74	4.59	6.85
39	2.06	3.01	5.33	7.79	2.04	2.97	5.04	7.65
40	2.25	3.25	5.81	8.69	2.22	3.20	5.53	8.53
41	2.56	3.65	6.36	9.26	2.53	3.59	6.09	9.09
42	2.90	4.10	6.98	9.88	2.86	4.04	6.74	9.70
43	3.28	4.61	7.67	10.53	3.23	4.54	7.44	10.33
44	3.71	5.18	8.42	11.24	3.65	5.09	8.23	11.03
45	4.19	5.81	9.27	11.99	4.12	5.71	9.10	11.76

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

ProTerm — Full Premium Guarantee
30-YEAR TERM, FEMALE, ANNUAL RATES PREMIUM PER \$1,000

Issue Age	\$150,000–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.28	–	2.43	–	1.27	–	2.40
17	–	1.28	–	2.43	–	1.27	–	2.40
18	–	1.28	–	2.43	–	1.27	–	2.40
19	–	1.28	–	2.43	–	1.27	–	2.40
20	0.88	1.28	2.10	2.43	0.87	1.27	2.08	2.40
21	0.88	1.28	2.10	2.43	0.87	1.27	2.08	2.40
22	0.88	1.28	2.10	2.43	0.87	1.27	2.08	2.40
23	0.88	1.28	2.10	2.43	0.87	1.27	2.08	2.40
24	0.88	1.28	2.10	2.43	0.87	1.27	2.08	2.40
25	0.88	1.28	2.10	2.43	0.87	1.27	2.08	2.40
26	0.92	1.30	2.16	2.54	0.90	1.29	2.14	2.51
27	0.95	1.32	2.23	2.64	0.93	1.31	2.20	2.61
28	0.99	1.34	2.29	2.76	0.96	1.33	2.26	2.72
29	1.02	1.36	2.36	2.88	0.98	1.35	2.33	2.84
30	1.05	1.40	2.43	3.02	1.00	1.39	2.40	2.98
31	1.06	1.43	2.51	3.13	1.01	1.42	2.48	3.09
32	1.07	1.47	2.59	3.25	1.02	1.46	2.56	3.20
33	1.08	1.51	2.66	3.38	1.03	1.50	2.62	3.33
34	1.10	1.55	2.74	3.50	1.04	1.54	2.70	3.45
35	1.12	1.58	2.82	3.63	1.06	1.57	2.78	3.58
36	1.20	1.75	3.07	4.01	1.14	1.73	3.03	3.95
37	1.27	1.92	3.35	4.44	1.21	1.90	3.30	4.37
38	1.36	2.12	3.65	4.91	1.30	2.10	3.59	4.83
39	1.44	2.33	3.98	5.43	1.38	2.30	3.92	5.34
40	1.53	2.57	4.33	6.01	1.48	2.54	4.26	5.91
41	1.70	2.81	4.63	6.32	1.66	2.77	4.55	6.21
42	1.89	3.08	4.95	6.65	1.84	3.04	4.87	6.53
43	2.10	3.38	5.31	7.01	2.06	3.33	5.22	6.89
44	2.33	3.70	5.68	7.37	2.29	3.64	5.58	7.24
45	2.57	4.06	6.08	7.75	2.54	4.00	5.98	7.61

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
For policies issued in Montana use Male Rates

ProTerm — Partial Premium Guarantee – Initial Premium is guaranteed for 10 years

15-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	0.96	–	2.20	–	0.85	–	2.16
17	–	0.96	–	2.20	–	0.85	–	2.16
18	–	0.96	–	2.20	–	0.85	–	2.16
19	–	0.96	–	2.20	–	0.85	–	2.16
20	0.79	0.96	1.61	2.20	0.71	0.85	1.56	2.16
21	0.79	0.96	1.61	2.20	0.71	0.85	1.56	2.16
22	0.79	0.96	1.61	2.20	0.71	0.85	1.56	2.16
23	0.79	0.96	1.61	2.20	0.71	0.85	1.56	2.16
24	0.79	0.96	1.61	2.20	0.71	0.85	1.56	2.16
25	0.79	0.96	1.61	2.20	0.71	0.85	1.56	2.16
26	0.79	0.96	1.63	2.24	0.71	0.85	1.58	2.20
27	0.79	0.96	1.65	2.27	0.71	0.85	1.59	2.23
28	0.79	0.96	1.67	2.31	0.71	0.85	1.61	2.27
29	0.79	0.96	1.69	2.34	0.71	0.85	1.63	2.30
30	0.79	0.96	1.69	2.39	0.71	0.85	1.63	2.35
31	0.80	0.97	1.74	2.43	0.73	0.88	1.68	2.39
32	0.82	0.98	1.80	2.48	0.75	0.92	1.73	2.44
33	0.84	1.00	1.84	2.53	0.79	0.95	1.78	2.49
34	0.86	1.02	1.88	2.57	0.83	0.98	1.83	2.53
35	0.88	1.04	1.93	2.62	0.86	1.02	1.85	2.57
36	0.92	1.09	2.07	2.81	0.90	1.07	1.96	2.76
37	0.97	1.15	2.21	3.00	0.94	1.13	2.07	2.95
38	1.01	1.21	2.36	3.21	0.98	1.19	2.18	3.15
39	1.06	1.27	2.53	3.43	1.03	1.25	2.32	3.37
40	1.11	1.33	2.71	3.66	1.08	1.31	2.46	3.60
41	1.20	1.47	3.06	4.07	1.16	1.44	2.73	3.99
42	1.30	1.62	3.45	4.52	1.25	1.59	3.04	4.43
43	1.40	1.79	3.89	5.03	1.34	1.76	3.38	4.93
44	1.51	1.97	4.38	5.60	1.44	1.93	3.76	5.49
45	1.65	2.17	4.92	6.23	1.57	2.13	4.19	6.10
46	1.79	2.34	5.33	6.73	1.71	2.29	4.55	6.59
47	1.95	2.52	5.78	7.26	1.87	2.47	4.94	7.11
48	2.12	2.72	6.27	7.84	2.05	2.68	5.38	7.68
49	2.31	2.92	6.80	8.47	2.24	2.88	5.85	8.29
50	2.53	3.15	7.39	9.12	2.46	3.11	6.37	8.93
51	2.76	3.43	8.02	9.92	2.70	3.38	6.93	9.72
52	3.02	3.74	8.70	10.80	2.96	3.68	7.53	10.58
53	3.30	4.07	9.44	11.75	3.24	4.01	8.19	11.52
54	3.61	4.43	10.25	12.78	3.57	4.38	8.90	12.53
55	3.94	4.83	11.15	13.92	3.90	4.77	9.70	13.64
56	4.39	5.41	12.30	14.73	4.35	5.35	10.70	14.92
57	4.90	6.06	13.57	15.61	4.85	5.98	11.80	16.30
58	5.46	6.79	14.96	16.57	5.40	6.70	13.02	17.83
59	6.08	7.60	16.51	17.62	6.02	7.50	14.37	19.49
60	6.79	8.51	18.19	18.78	6.72	8.40	15.83	21.32
61	7.52	9.51	19.97	21.44	7.44	9.39	17.37	23.45
62	8.35	10.62	21.92	24.36	8.26	10.49	19.07	25.79
63	9.25	11.86	24.06	27.59	9.16	11.72	20.94	28.37
64	10.26	13.25	26.41	31.12	10.16	13.09	22.99	31.20
65	11.37	14.79	28.97	35.03	11.25	14.60	25.22	34.33
66	12.40	16.36	31.69	38.70	12.34	16.24	27.73	38.11
67	13.53	18.09	34.65	42.75	13.46	17.96	30.32	42.10
68	14.77	20.01	37.91	47.21	14.69	19.86	33.16	46.50
69	16.11	22.14	41.46	52.16	16.03	21.98	36.27	51.37
70	17.58	24.50	45.34	57.61	17.49	24.32	39.67	56.74

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

*Minimum face amount for ages 51-60 is \$100,000 and for ages 61-70 is \$75,000.

ProTerm — Partial Premium Guarantee – Initial Premium is guaranteed for 10 years
 15-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	0.84	–	1.80	–	0.73	–	1.65
17	–	0.84	–	1.80	–	0.73	–	1.65
18	–	0.84	–	1.80	–	0.73	–	1.65
19	–	0.84	–	1.80	–	0.73	–	1.65
20	0.67	0.84	1.19	1.80	0.58	0.73	1.17	1.65
21	0.67	0.84	1.19	1.80	0.58	0.73	1.17	1.65
22	0.67	0.84	1.19	1.80	0.58	0.73	1.17	1.65
23	0.67	0.84	1.19	1.80	0.58	0.73	1.17	1.65
24	0.67	0.84	1.19	1.80	0.58	0.73	1.17	1.65
25	0.67	0.84	1.19	1.80	0.58	0.73	1.17	1.65
26	0.67	0.84	1.21	1.80	0.59	0.73	1.18	1.65
27	0.68	0.84	1.22	1.80	0.60	0.73	1.20	1.65
28	0.68	0.84	1.24	1.80	0.60	0.73	1.21	1.65
29	0.68	0.84	1.25	1.80	0.61	0.73	1.23	1.65
30	0.68	0.84	1.25	1.80	0.61	0.73	1.23	1.65
31	0.69	0.84	1.28	1.84	0.63	0.73	1.26	1.71
32	0.70	0.84	1.31	1.88	0.65	0.73	1.29	1.76
33	0.70	0.84	1.34	1.91	0.66	0.73	1.31	1.82
34	0.71	0.84	1.37	1.95	0.68	0.73	1.34	1.88
35	0.72	0.92	1.43	2.00	0.71	0.90	1.40	1.95
36	0.75	0.97	1.51	2.14	0.74	0.95	1.47	2.08
37	0.80	1.01	1.61	2.29	0.78	0.99	1.57	2.23
38	0.85	1.06	1.70	2.45	0.82	1.04	1.66	2.39
39	0.89	1.11	1.80	2.62	0.85	1.09	1.76	2.55
40	0.94	1.15	1.90	2.81	0.89	1.13	1.86	2.74
41	1.02	1.26	2.12	3.06	0.96	1.24	2.07	2.99
42	1.11	1.37	2.35	3.34	1.04	1.35	2.31	3.26
43	1.21	1.50	2.61	3.65	1.13	1.47	2.57	3.58
44	1.33	1.64	2.91	3.99	1.23	1.61	2.85	3.90
45	1.44	1.80	3.25	4.36	1.33	1.77	3.20	4.26
46	1.52	1.92	3.51	4.67	1.40	1.89	3.40	4.57
47	1.60	2.04	3.79	5.01	1.49	2.00	3.63	4.90
48	1.69	2.17	4.07	5.37	1.57	2.13	3.85	5.26
49	1.78	2.31	4.39	5.77	1.67	2.27	4.11	5.64
50	1.89	2.45	4.71	6.20	1.76	2.41	4.36	6.06
51	2.01	2.64	5.05	6.67	1.89	2.58	4.64	6.53
52	2.13	2.83	5.42	7.18	2.02	2.78	4.93	7.03
53	2.27	3.05	5.82	7.73	2.15	3.00	5.25	7.57
54	2.42	3.28	6.25	8.32	2.29	3.22	5.59	8.15
55	2.57	3.54	6.70	8.95	2.45	3.48	5.96	8.76
56	2.84	3.90	7.33	9.67	2.70	3.83	6.52	9.46
57	3.14	4.29	8.00	10.45	3.00	4.22	7.11	10.22
58	3.47	4.73	8.75	11.30	3.31	4.65	7.77	11.05
59	3.84	5.21	9.57	12.20	3.66	5.12	8.50	11.94
60	4.24	5.74	10.45	13.19	4.05	5.64	9.29	12.90
61	4.68	6.44	11.43	14.28	4.47	6.33	10.16	13.96
62	5.16	7.21	12.51	15.46	4.92	7.09	11.11	15.12
63	5.69	8.08	13.69	16.74	5.43	7.94	12.17	16.37
64	6.28	9.05	14.98	18.12	5.99	8.89	13.32	17.73
65	6.93	10.12	16.41	19.62	6.61	9.95	14.58	19.19
66	7.49	11.07	17.93	21.22	7.18	10.94	16.02	20.87
67	8.09	12.11	19.59	22.95	7.76	11.96	17.50	22.56
68	8.74	13.25	21.41	24.82	8.38	13.08	19.13	24.40
69	9.44	14.50	23.39	26.84	9.05	14.32	20.90	26.39
70	10.20	15.86	25.58	29.02	9.78	15.66	22.85	28.54

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 for policies issued in Montana use Male Rates

*Minimum face amount for ages 51-60 is \$100,000 and for ages 61-70 is \$75,000.

ProTerm — Partial Premium Guarantee – Initial Premium is guaranteed for 10 years

20-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	0.99	–	2.44	–	0.99	–	2.38
17	–	0.99	–	2.44	–	0.99	–	2.38
18	–	0.99	–	2.44	–	0.99	–	2.38
19	–	0.99	–	2.44	–	0.99	–	2.38
20	0.79	0.99	1.94	2.44	0.79	0.99	1.91	2.38
21	0.79	0.99	1.94	2.44	0.79	0.99	1.91	2.38
22	0.79	0.99	1.94	2.44	0.79	0.99	1.91	2.38
23	0.79	0.99	1.94	2.44	0.79	0.99	1.91	2.38
24	0.79	0.99	1.94	2.44	0.79	0.99	1.91	2.38
25	0.79	0.99	1.94	2.44	0.79	0.99	1.91	2.38
26	0.79	1.02	1.95	2.45	0.79	1.01	1.91	2.39
27	0.79	1.04	1.96	2.46	0.79	1.03	1.91	2.40
28	0.79	1.07	1.98	2.47	0.79	1.05	1.92	2.41
29	0.79	1.09	1.99	2.47	0.79	1.07	1.92	2.41
30	0.86	1.12	2.00	2.47	0.84	1.09	1.94	2.41
31	0.86	1.14	2.06	2.60	0.84	1.11	1.97	2.54
32	0.86	1.18	2.12	2.74	0.84	1.14	2.02	2.67
33	0.86	1.22	2.18	2.88	0.84	1.17	2.08	2.81
34	0.86	1.25	2.24	3.03	0.84	1.19	2.17	2.96
35	1.01	1.28	2.31	3.18	0.93	1.21	2.27	3.11
36	1.06	1.35	2.48	3.42	0.98	1.28	2.44	3.34
37	1.12	1.41	2.67	3.69	1.03	1.35	2.62	3.61
38	1.18	1.48	2.88	3.98	1.09	1.42	2.83	3.89
39	1.24	1.55	3.10	4.29	1.15	1.49	3.05	4.20
40	1.31	1.63	3.34	4.62	1.21	1.57	3.28	4.52
41	1.41	1.79	3.64	5.06	1.30	1.73	3.58	4.95
42	1.52	1.96	3.96	5.53	1.40	1.91	3.89	5.41
43	1.64	2.16	4.32	6.05	1.51	2.12	4.25	5.94
44	1.77	2.38	4.70	6.62	1.64	2.34	4.62	6.49
45	1.91	2.61	5.12	7.26	1.76	2.58	5.03	7.11
46	2.10	2.84	5.53	7.81	1.96	2.80	5.42	7.65
47	2.31	3.10	5.97	8.41	2.18	3.06	5.86	8.24
48	2.54	3.37	6.44	9.07	2.42	3.32	6.33	8.88
49	2.80	3.67	6.96	9.77	2.68	3.61	6.82	9.58
50	3.10	3.99	7.49	10.53	2.99	3.94	7.34	10.31
51	3.36	4.38	8.15	11.39	3.25	4.32	7.99	11.16
52	3.64	4.81	8.87	12.34	3.54	4.74	8.70	12.10
53	3.94	5.28	9.66	13.37	3.86	5.20	9.46	13.11
54	4.28	5.78	10.52	14.50	4.20	5.69	10.31	14.20
55	4.64	6.34	11.45	15.73	4.57	6.24	11.21	15.41
56	5.10	6.84	12.58	17.15	5.02	6.73	12.31	16.79
57	5.60	7.36	13.81	18.69	5.52	7.25	13.52	18.31
58	6.15	7.93	15.16	20.38	6.06	7.81	14.85	19.96
59	6.76	8.55	16.65	22.22	6.67	8.41	16.30	21.76
60	7.42	9.21	18.29	24.20	7.32	9.06	17.90	23.71
61	8.25	10.44	20.05	26.42	8.17	10.33	19.73	26.01
62	9.16	11.84	21.99	28.84	9.08	11.71	21.65	28.40
63	10.18	13.43	24.11	31.48	10.08	13.28	23.74	30.99
64	11.30	15.24	26.45	34.35	11.20	15.07	26.03	33.82
65	12.55	17.29	29.01	37.50	12.44	17.10	28.56	36.92

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-60 is \$100,000 and for ages 61-65 is \$75,000.

ProTerm — Partial Premium Guarantee – Initial Premium is guaranteed for 10 years
 20-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	0.84	–	1.96	–	0.83	–	1.76
17	–	0.84	–	1.96	–	0.83	–	1.76
18	–	0.84	–	1.96	–	0.83	–	1.76
19	–	0.84	–	1.96	–	0.83	–	1.76
20	0.68	0.84	1.47	1.96	0.64	0.83	1.34	1.76
21	0.68	0.84	1.47	1.96	0.64	0.83	1.34	1.76
22	0.68	0.84	1.47	1.96	0.64	0.83	1.34	1.76
23	0.68	0.84	1.47	1.96	0.64	0.83	1.34	1.76
24	0.68	0.84	1.47	1.96	0.64	0.83	1.34	1.76
25	0.68	0.84	1.47	1.96	0.64	0.83	1.34	1.76
26	0.68	0.84	1.49	1.98	0.64	0.83	1.36	1.78
27	0.68	0.84	1.50	1.99	0.64	0.83	1.38	1.80
28	0.68	0.84	1.52	2.01	0.64	0.83	1.40	1.82
29	0.68	0.84	1.52	2.01	0.64	0.83	1.40	1.82
30	0.70	0.92	1.52	2.01	0.64	0.90	1.40	1.82
31	0.74	0.96	1.57	2.12	0.64	0.93	1.46	1.96
32	0.76	0.99	1.61	2.23	0.66	0.97	1.52	2.10
33	0.78	1.03	1.66	2.36	0.68	1.00	1.59	2.26
34	0.80	1.07	1.71	2.49	0.71	1.04	1.65	2.42
35	0.82	1.11	1.79	2.63	0.79	1.07	1.75	2.58
36	0.86	1.16	1.88	2.76	0.83	1.12	1.84	2.71
37	0.90	1.20	1.99	2.90	0.86	1.16	1.95	2.85
38	0.94	1.25	2.09	3.05	0.90	1.21	2.06	3.00
39	0.98	1.31	2.21	3.20	0.94	1.27	2.17	3.13
40	1.02	1.37	2.34	3.36	0.98	1.33	2.30	3.30
41	1.10	1.49	2.56	3.63	1.06	1.44	2.52	3.56
42	1.18	1.63	2.79	3.92	1.16	1.58	2.75	3.84
43	1.28	1.78	3.05	4.23	1.26	1.73	3.01	4.15
44	1.39	1.94	3.33	4.57	1.36	1.90	3.28	4.47
45	1.50	2.13	3.64	4.94	1.47	2.07	3.60	4.83
46	1.60	2.24	3.91	5.23	1.57	2.19	3.86	5.13
47	1.70	2.36	4.19	5.55	1.67	2.31	4.14	5.44
48	1.82	2.49	4.51	5.90	1.79	2.43	4.44	5.78
49	1.94	2.64	4.86	6.27	1.91	2.58	4.78	6.15
50	2.09	2.79	5.22	6.68	2.06	2.74	5.14	6.56
51	2.24	2.98	5.58	7.10	2.22	2.92	5.48	6.97
52	2.42	3.18	5.96	7.55	2.39	3.13	5.86	7.41
53	2.61	3.40	6.38	8.04	2.58	3.35	6.26	7.90
54	2.82	3.65	6.84	8.57	2.79	3.60	6.70	8.43
55	3.04	3.92	7.33	9.14	3.01	3.87	7.18	8.99
56	3.32	4.22	7.96	9.84	3.28	4.16	7.69	9.68
57	3.62	4.55	8.63	10.59	3.59	4.49	8.24	10.42
58	3.95	4.90	9.36	11.40	3.91	4.84	8.83	11.22
59	4.30	5.28	10.14	12.27	4.26	5.21	9.47	12.08
60	4.69	5.79	10.96	13.22	4.64	5.67	10.14	13.01
61	5.19	6.49	12.12	14.38	5.17	6.36	11.13	14.23
62	5.74	7.22	13.39	15.66	5.71	7.17	12.17	15.49
63	6.35	8.14	14.77	17.05	6.32	8.08	13.30	16.86
64	7.03	9.18	16.28	18.56	6.99	9.11	14.54	18.35
65	7.77	10.36	17.96	20.20	7.73	10.28	15.91	19.98

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-60 is \$100,000 and for ages 61-65 is \$75,000.

ProTerm — Partial Premium Guarantee – Initial Premium is guaranteed for 10 years

30-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.15	–	2.81	–	1.15	–	2.48
17	–	1.15	–	2.81	–	1.15	–	2.48
18	–	1.15	–	2.81	–	1.15	–	2.48
19	–	1.15	–	2.81	–	1.15	–	2.48
20	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
21	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
22	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
23	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
24	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
25	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
26	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
27	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
28	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
29	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
30	0.89	1.15	2.22	2.81	0.89	1.15	1.96	2.48
31	0.93	1.21	2.36	2.95	0.92	1.21	2.14	2.67
32	0.98	1.28	2.49	3.10	0.94	1.25	2.32	2.86
33	1.02	1.34	2.63	3.25	0.97	1.32	2.48	3.07
34	1.06	1.41	2.78	3.41	0.99	1.38	2.68	3.29
35	1.13	1.47	2.93	3.57	1.03	1.44	2.88	3.50
36	1.19	1.58	3.16	3.91	1.10	1.55	3.10	3.83
37	1.25	1.69	3.42	4.27	1.16	1.66	3.36	4.19
38	1.32	1.82	3.70	4.67	1.23	1.79	3.62	4.58
39	1.40	1.96	3.99	5.10	1.31	1.92	3.92	5.01
40	1.47	2.12	4.31	5.58	1.38	2.08	4.22	5.48
41	1.62	2.30	4.65	6.06	1.54	2.25	4.56	5.94
42	1.79	2.49	5.01	6.56	1.72	2.45	4.92	6.44
43	1.98	2.70	5.41	7.12	1.92	2.67	5.30	6.98
44	2.19	2.93	5.85	7.72	2.15	2.89	5.73	7.57
45	2.44	3.20	6.33	8.38	2.41	3.15	6.20	8.21
46	2.63	3.54	6.87	9.19	2.60	3.49	6.73	9.01
47	2.85	3.92	7.45	10.09	2.81	3.86	7.30	9.89
48	3.07	4.33	8.08	11.07	3.03	4.27	7.92	10.86
49	3.31	4.79	8.76	12.14	3.27	4.72	8.59	11.91
50	3.57	5.29	9.51	13.32	3.53	5.21	9.31	13.05
51	4.12	5.93	10.44	14.44	4.07	5.84	10.23	14.15
52	4.76	6.64	11.46	15.66	4.70	6.54	11.24	15.35
53	5.49	7.45	12.59	16.99	5.43	7.34	12.34	16.66
54	6.34	8.34	13.82	18.42	6.27	8.23	13.54	18.07
55	7.31	9.35	15.18	19.98	7.22	9.22	14.88	19.59

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-55 is \$100,000.

ProTerm — Partial Premium Guarantee – Initial Premium is guaranteed for 10 years
 30-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	0.93	–	2.02	–	0.93	–	2.00
17	–	0.93	–	2.02	–	0.93	–	2.00
18	–	0.93	–	2.02	–	0.93	–	2.00
19	–	0.93	–	2.02	–	0.93	–	2.00
20	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
21	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
22	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
23	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
24	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
25	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
26	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
27	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
28	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
29	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
30	0.71	0.93	1.70	2.02	0.71	0.93	1.43	2.00
31	0.78	0.97	1.79	2.17	0.77	0.97	1.57	2.15
32	0.84	1.01	1.88	2.35	0.83	1.00	1.71	2.33
33	0.91	1.05	1.97	2.53	0.89	1.04	1.85	2.48
34	0.91	1.09	2.08	2.70	0.89	1.08	1.98	2.65
35	0.91	1.21	2.18	2.90	0.89	1.19	2.14	2.85
36	0.96	1.31	2.39	3.09	0.94	1.29	2.35	3.04
37	1.01	1.42	2.62	3.30	0.99	1.39	2.57	3.24
38	1.07	1.55	2.86	3.53	1.05	1.52	2.81	3.47
39	1.13	1.68	3.13	3.78	1.11	1.65	3.08	3.71
40	1.20	1.81	3.43	4.06	1.18	1.78	3.37	3.98
41	1.30	1.94	3.63	4.31	1.28	1.89	3.57	4.23
42	1.42	2.07	3.84	4.59	1.39	2.02	3.77	4.50
43	1.54	2.21	4.06	4.88	1.51	2.17	3.99	4.78
44	1.67	2.37	4.29	5.20	1.64	2.32	4.22	5.10
45	1.79	2.52	4.52	5.55	1.76	2.46	4.44	5.44
46	1.95	2.74	4.89	5.92	1.91	2.68	4.81	5.80
47	2.12	2.96	5.29	6.31	2.08	2.90	5.20	6.18
48	2.32	3.21	5.72	6.73	2.28	3.14	5.62	6.60
49	2.52	3.49	6.18	7.17	2.47	3.41	6.07	7.03
50	2.76	3.79	6.69	7.64	2.71	3.70	6.57	7.49
51	3.05	4.20	7.19	8.20	2.99	4.10	7.07	8.04
52	3.38	4.67	7.72	8.81	3.32	4.56	7.59	8.63
53	3.73	5.18	8.30	9.46	3.66	5.05	8.16	9.27
54	4.12	5.74	8.92	10.16	4.04	5.60	8.77	9.96
55	4.54	6.38	9.58	10.91	4.46	6.23	9.41	10.69

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-55 is \$100,000.

RIDERS AND ADDITIONAL BENEFITS — PROTERM

Additional Term Rider with Full Premium Guarantee

15-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.19	–	2.59	–	1.00	–	2.42
17	–	1.19	–	2.59	–	1.00	–	2.42
18	–	1.19	–	2.59	–	1.00	–	2.42
19	–	1.19	–	2.59	–	1.00	–	2.42
20	1.02	1.19	1.84	2.59	0.83	1.00	1.67	2.42
21	1.02	1.19	1.84	2.59	0.83	1.00	1.67	2.42
22	1.02	1.19	1.84	2.59	0.83	1.00	1.67	2.42
23	1.02	1.19	1.84	2.59	0.83	1.00	1.67	2.42
24	1.02	1.19	1.84	2.59	0.83	1.00	1.67	2.42
25	1.02	1.19	1.84	2.59	0.83	1.00	1.67	2.42
26	1.02	1.19	1.86	2.63	0.83	1.00	1.69	2.45
27	1.02	1.19	1.89	2.66	0.83	1.00	1.72	2.49
28	1.02	1.19	1.91	2.70	0.83	1.00	1.74	2.52
29	1.02	1.19	1.93	2.73	0.83	1.00	1.76	2.56
30	1.02	1.19	1.97	2.79	0.83	1.00	1.80	2.61
31	1.05	1.24	2.00	2.85	0.86	1.06	1.83	2.66
32	1.08	1.29	2.03	2.91	0.88	1.12	1.86	2.72
33	1.11	1.33	2.07	2.97	0.91	1.17	1.90	2.77
34	1.14	1.38	2.10	3.04	0.93	1.23	1.93	2.84
35	1.19	1.38	2.16	3.11	0.97	1.23	1.99	2.91
36	1.24	1.44	2.30	3.32	1.03	1.29	2.12	3.12
37	1.29	1.50	2.45	3.54	1.08	1.35	2.27	3.33
38	1.34	1.58	2.61	3.77	1.14	1.43	2.43	3.56
39	1.40	1.65	2.79	4.02	1.21	1.50	2.60	3.80
40	1.46	1.73	2.99	4.29	1.27	1.58	2.79	4.07
41	1.57	1.85	3.32	4.74	1.37	1.69	3.13	4.51
42	1.68	1.98	3.71	5.24	1.50	1.83	3.50	5.00
43	1.80	2.12	4.14	5.80	1.63	1.96	3.91	5.55
44	1.94	2.27	4.61	6.41	1.77	2.12	4.38	6.15
45	2.09	2.45	5.15	7.07	1.94	2.29	4.91	6.80
46	2.27	2.65	5.61	7.65	2.12	2.49	5.36	7.37
47	2.46	2.88	6.12	8.29	2.30	2.72	5.86	8.00
48	2.67	3.12	6.68	8.99	2.52	2.95	6.41	8.67
49	2.91	3.38	7.28	9.75	2.74	3.21	7.00	9.43
50	3.17	3.69	7.94	10.59	3.01	3.51	7.65	10.25
51	3.43	4.02	8.61	11.43	3.26	3.83	8.31	11.08
52	3.73	4.39	9.34	12.34	3.55	4.19	9.01	11.97
53	4.05	4.79	10.14	13.34	3.87	4.59	9.80	12.94
54	4.39	5.22	11.01	14.41	4.20	5.02	10.65	13.99
55	4.77	5.71	11.97	15.57	4.58	5.50	11.60	15.13
56	5.34	6.47	13.14	16.76	5.14	6.23	12.75	16.29
57	5.99	7.32	14.43	18.04	5.76	7.07	14.01	17.55
58	6.71	8.28	15.84	19.42	6.46	8.00	15.39	18.90
59	7.51	9.36	17.40	20.91	7.24	9.06	16.91	20.37
60	8.43	10.57	19.08	22.50	8.14	10.23	18.55	21.92

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-60 is \$100,000.

Additional Term Rider with Full Premium Guarantee
 15-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.07	–	2.07	–	0.87	–	1.77
17	–	1.07	–	2.07	–	0.87	–	1.77
18	–	1.07	–	2.07	–	0.87	–	1.77
19	–	1.07	–	2.07	–	0.87	–	1.77
20	0.91	1.07	1.42	2.07	0.69	0.87	1.27	1.77
21	0.91	1.07	1.42	2.07	0.69	0.87	1.27	1.77
22	0.91	1.07	1.42	2.07	0.69	0.87	1.27	1.77
23	0.91	1.07	1.42	2.07	0.69	0.87	1.27	1.77
24	0.91	1.07	1.42	2.07	0.69	0.87	1.27	1.77
25	0.91	1.07	1.42	2.07	0.69	0.87	1.27	1.77
26	0.93	1.09	1.46	2.09	0.71	0.90	1.31	1.80
27	0.94	1.11	1.49	2.12	0.73	0.92	1.34	1.83
28	0.96	1.13	1.53	2.14	0.74	0.95	1.38	1.87
29	0.96	1.15	1.56	2.16	0.74	0.97	1.41	1.90
30	0.96	1.15	1.59	2.17	0.74	0.97	1.44	1.92
31	0.99	1.17	1.61	2.22	0.78	1.00	1.46	1.98
32	1.02	1.20	1.63	2.26	0.82	1.02	1.48	2.03
33	1.05	1.22	1.66	2.31	0.85	1.05	1.51	2.09
34	1.08	1.24	1.68	2.35	0.87	1.07	1.52	2.16
35	1.10	1.30	1.68	2.41	0.89	1.15	1.52	2.24
36	1.13	1.33	1.80	2.57	0.92	1.18	1.64	2.40
37	1.17	1.36	1.92	2.75	0.96	1.21	1.76	2.57
38	1.20	1.40	2.06	2.93	0.99	1.25	1.90	2.75
39	1.23	1.44	2.22	3.13	1.03	1.29	2.05	2.94
40	1.28	1.48	2.38	3.34	1.07	1.33	2.20	3.15
41	1.34	1.58	2.58	3.62	1.14	1.43	2.40	3.42
42	1.42	1.69	2.79	3.92	1.21	1.53	2.60	3.72
43	1.49	1.81	3.02	4.25	1.29	1.65	2.82	4.04
44	1.58	1.95	3.26	4.61	1.37	1.79	3.07	4.39
45	1.67	2.11	3.53	5.02	1.46	1.95	3.32	4.79
46	1.77	2.23	3.80	5.38	1.57	2.07	3.59	5.14
47	1.88	2.36	4.09	5.78	1.68	2.20	3.87	5.53
48	2.00	2.50	4.40	6.20	1.80	2.34	4.18	5.94
49	2.13	2.65	4.73	6.67	1.94	2.49	4.50	6.40
50	2.25	2.81	5.09	7.16	2.06	2.64	4.87	6.88
51	2.40	2.98	5.50	7.62	2.22	2.82	5.26	7.34
52	2.56	3.17	5.94	8.10	2.38	3.01	5.69	7.81
53	2.72	3.38	6.41	8.63	2.55	3.22	6.15	8.33
54	2.91	3.59	6.92	9.19	2.74	3.43	6.65	8.87
55	3.10	3.82	7.48	9.80	2.94	3.66	7.20	9.47
56	3.42	4.21	8.13	10.48	3.24	4.03	7.84	10.14
57	3.77	4.63	8.84	11.20	3.59	4.44	8.53	10.85
58	4.16	5.10	9.60	11.98	3.96	4.89	9.29	11.61
59	4.58	5.63	10.44	12.81	4.37	5.40	10.10	12.43
60	5.06	6.22	11.34	13.72	4.83	5.97	10.99	13.31

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-60 is \$100,000.

Additional Term Rider with Full Premium Guarantee

20-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.32	–	2.89	–	1.15	–	2.53
17	–	1.32	–	2.89	–	1.15	–	2.53
18	–	1.32	–	2.89	–	1.15	–	2.53
19	–	1.32	–	2.89	–	1.15	–	2.53
20	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
21	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
22	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
23	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
24	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
25	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
26	1.07	1.33	2.37	2.94	0.92	1.16	2.04	2.59
27	1.07	1.34	2.37	2.98	0.92	1.17	2.04	2.64
28	1.07	1.35	2.37	3.03	0.92	1.18	2.04	2.70
29	1.07	1.36	2.37	3.08	0.92	1.19	2.06	2.75
30	1.12	1.37	2.39	3.13	0.95	1.20	2.07	2.83
31	1.14	1.41	2.48	3.25	0.96	1.23	2.19	2.97
32	1.17	1.44	2.58	3.37	0.98	1.26	2.32	3.11
33	1.19	1.47	2.69	3.49	0.99	1.28	2.45	3.25
34	1.21	1.51	2.79	3.62	1.00	1.31	2.59	3.40
35	1.26	1.55	2.90	3.76	1.03	1.35	2.72	3.57
36	1.31	1.63	3.11	4.10	1.09	1.43	2.93	3.90
37	1.38	1.71	3.33	4.47	1.15	1.52	3.15	4.27
38	1.44	1.80	3.57	4.88	1.22	1.60	3.38	4.67
39	1.51	1.89	3.83	5.33	1.29	1.70	3.64	5.11
40	1.58	1.98	4.10	5.83	1.36	1.79	3.89	5.60
41	1.68	2.18	4.45	6.27	1.46	1.99	4.26	6.02
42	1.79	2.40	4.84	6.73	1.57	2.22	4.63	6.47
43	1.91	2.64	5.27	7.23	1.70	2.46	5.05	6.96
44	2.03	2.92	5.73	7.77	1.82	2.74	5.50	7.50
45	2.17	3.23	6.23	8.36	1.96	3.06	6.00	8.07
46	2.43	3.53	6.73	8.94	2.22	3.35	6.49	8.64
47	2.72	3.87	7.26	9.57	2.51	3.68	7.01	9.25
48	3.05	4.24	7.85	10.25	2.83	4.06	7.58	9.93
49	3.42	4.65	8.47	10.99	3.20	4.46	8.19	10.65
50	3.85	5.10	9.17	11.79	3.64	4.90	8.87	11.44
51	4.24	5.62	9.94	12.80	4.02	5.40	9.62	12.43
52	4.66	6.18	10.76	13.91	4.44	5.96	10.43	13.53
53	5.13	6.82	11.66	15.13	4.91	6.57	11.30	14.73
54	5.65	7.51	12.63	16.47	5.43	7.26	12.26	16.05
55	6.22	8.28	13.69	17.95	6.00	8.01	13.29	17.50

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-55 is \$100,000.

Additional Term Rider with Full Premium Guarantee
 20-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.22	–	2.19	–	0.93	–	2.03
17	–	1.22	–	2.19	–	0.93	–	2.03
18	–	1.22	–	2.19	–	0.93	–	2.03
19	–	1.22	–	2.19	–	0.93	–	2.03
20	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
21	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
22	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
23	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
24	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
25	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
26	0.96	1.23	1.82	2.19	0.78	0.95	1.55	2.03
27	0.97	1.25	1.82	2.19	0.78	0.96	1.55	2.03
28	0.98	1.26	1.82	2.19	0.78	0.98	1.55	2.03
29	0.99	1.27	1.82	2.19	0.78	0.99	1.55	2.03
30	1.00	1.29	1.84	2.23	0.82	1.01	1.58	2.06
31	1.03	1.33	1.92	2.42	0.82	1.06	1.68	2.22
32	1.07	1.37	2.01	2.62	0.84	1.11	1.78	2.36
33	1.10	1.41	2.09	2.84	0.87	1.15	1.89	2.54
34	1.13	1.45	2.18	3.06	0.89	1.20	2.00	2.71
35	1.16	1.49	2.26	3.29	0.95	1.25	2.09	2.90
36	1.20	1.53	2.40	3.44	0.99	1.29	2.23	3.05
37	1.25	1.58	2.55	3.59	1.04	1.34	2.38	3.21
38	1.29	1.63	2.71	3.75	1.08	1.39	2.54	3.38
39	1.34	1.68	2.89	3.93	1.13	1.44	2.70	3.57
40	1.39	1.73	3.05	4.10	1.18	1.49	2.87	3.74
41	1.47	1.84	3.30	4.45	1.26	1.60	3.11	4.12
42	1.55	1.97	3.56	4.83	1.34	1.73	3.36	4.51
43	1.65	2.10	3.86	5.25	1.43	1.86	3.65	4.95
44	1.75	2.25	4.17	5.70	1.54	2.02	3.95	5.43
45	1.85	2.42	4.52	6.20	1.64	2.19	4.30	5.95
46	1.98	2.59	4.78	6.53	1.77	2.36	4.55	6.27
47	2.12	2.77	5.06	6.88	1.91	2.54	4.83	6.62
48	2.28	2.97	5.36	7.27	2.08	2.74	5.14	7.00
49	2.45	3.17	5.69	7.68	2.25	2.95	5.46	7.41
50	2.64	3.39	6.06	8.13	2.44	3.18	5.82	7.85
51	2.87	3.66	6.47	8.69	2.68	3.45	6.23	8.41
52	3.11	3.97	6.93	9.30	2.92	3.75	6.68	9.00
53	3.38	4.30	7.42	9.97	3.19	4.10	7.18	9.67
54	3.67	4.65	7.96	10.69	3.49	4.46	7.70	10.38
55	3.99	5.05	8.54	11.50	3.81	4.86	8.28	11.18

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51-55 is \$100,000.

Additional Term Rider with Full Premium Guarantee

30-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.59	–	3.06	–	1.45	–	2.89
17	–	1.59	–	3.06	–	1.45	–	2.89
18	–	1.59	–	3.06	–	1.45	–	2.89
19	–	1.59	–	3.06	–	1.45	–	2.89
20	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
21	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
22	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
23	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
24	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
25	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
26	1.38	1.65	2.84	3.23	1.24	1.51	2.66	3.06
27	1.40	1.71	2.98	3.40	1.26	1.57	2.75	3.22
28	1.42	1.78	3.12	3.59	1.28	1.64	2.86	3.41
29	1.43	1.84	3.27	3.78	1.29	1.70	2.98	3.60
30	1.46	1.92	3.42	4.00	1.32	1.77	3.10	3.81
31	1.50	2.01	3.55	4.21	1.36	1.86	3.19	4.02
32	1.54	2.10	3.67	4.45	1.39	1.95	3.28	4.25
33	1.58	2.20	3.80	4.69	1.43	2.04	3.38	4.49
34	1.61	2.29	3.92	4.95	1.47	2.14	3.47	4.74
35	1.65	2.40	4.06	5.22	1.51	2.24	3.58	5.01
36	1.79	2.59	4.38	5.81	1.65	2.43	3.91	5.59
37	1.93	2.78	4.73	6.46	1.78	2.62	4.27	6.22
38	2.10	3.00	5.13	7.19	1.95	2.83	4.68	6.94
39	2.28	3.23	5.55	8.01	2.13	3.06	5.13	7.74
40	2.47	3.47	6.03	8.91	2.31	3.29	5.62	8.62
41	2.78	3.87	6.58	9.48	2.62	3.68	6.18	9.18
42	3.12	4.32	7.20	10.10	2.95	4.13	6.83	9.79
43	3.50	4.83	7.89	10.75	3.32	4.63	7.53	10.42
44	3.93	5.40	8.64	11.46	3.74	5.18	8.32	11.12
45	4.41	6.03	9.49	12.21	4.21	5.80	9.19	11.85

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

Additional Term Rider with Full Premium Guarantee
 30-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.50	–	2.65	–	1.36	–	2.49
17	–	1.50	–	2.65	–	1.36	–	2.49
18	–	1.50	–	2.65	–	1.36	–	2.49
19	–	1.50	–	2.65	–	1.36	–	2.49
20	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
21	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
22	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
23	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
24	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
25	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
26	1.14	1.52	2.38	2.76	0.99	1.38	2.23	2.60
27	1.17	1.54	2.45	2.86	1.02	1.40	2.29	2.70
28	1.21	1.56	2.51	2.98	1.05	1.42	2.35	2.81
29	1.24	1.58	2.58	3.10	1.07	1.44	2.42	2.93
30	1.27	1.62	2.65	3.24	1.09	1.48	2.49	3.07
31	1.28	1.65	2.73	3.35	1.10	1.51	2.57	3.18
32	1.29	1.69	2.81	3.47	1.11	1.55	2.65	3.29
33	1.30	1.73	2.88	3.60	1.12	1.59	2.71	3.42
34	1.32	1.77	2.96	3.72	1.13	1.63	2.79	3.54
35	1.34	1.80	3.04	3.85	1.15	1.66	2.87	3.67
36	1.42	1.97	3.29	4.23	1.23	1.82	3.12	4.04
37	1.49	2.14	3.57	4.66	1.30	1.99	3.39	4.46
38	1.58	2.34	3.87	5.13	1.39	2.19	3.68	4.92
39	1.66	2.55	4.20	5.65	1.47	2.39	4.01	5.43
40	1.75	2.79	4.55	6.23	1.57	2.63	4.35	6.00
41	1.92	3.03	4.85	6.54	1.75	2.86	4.64	6.30
42	2.11	3.30	5.17	6.87	1.93	3.13	4.96	6.62
43	2.32	3.60	5.53	7.23	2.15	3.42	5.31	6.98
44	2.55	3.92	5.90	7.59	2.38	3.73	5.67	7.33
45	2.79	4.28	6.30	7.97	2.63	4.09	6.07	7.70

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

Additional Term Rider with Partial Premium Guarantee – Initial Premium is guaranteed for 10 years

15-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.18	–	2.42	–	0.94	–	2.25
17	–	1.18	–	2.42	–	0.94	–	2.25
18	–	1.18	–	2.42	–	0.94	–	2.25
19	–	1.18	–	2.42	–	0.94	–	2.25
20	1.01	1.18	1.83	2.42	0.80	0.94	1.65	2.25
21	1.01	1.18	1.83	2.42	0.80	0.94	1.65	2.25
22	1.01	1.18	1.83	2.42	0.80	0.94	1.65	2.25
23	1.01	1.18	1.83	2.42	0.80	0.94	1.65	2.25
24	1.01	1.18	1.83	2.42	0.80	0.94	1.65	2.25
25	1.01	1.18	1.83	2.42	0.80	0.94	1.65	2.25
26	1.01	1.18	1.85	2.46	0.80	0.94	1.67	2.29
27	1.01	1.18	1.87	2.49	0.80	0.94	1.68	2.32
28	1.01	1.18	1.89	2.53	0.80	0.94	1.70	2.36
29	1.01	1.18	1.91	2.56	0.80	0.94	1.72	2.39
30	1.01	1.18	1.91	2.61	0.80	0.94	1.72	2.44
31	1.02	1.19	1.96	2.65	0.82	0.97	1.77	2.48
32	1.04	1.20	2.02	2.70	0.84	1.01	1.82	2.53
33	1.06	1.22	2.06	2.75	0.88	1.04	1.87	2.58
34	1.08	1.24	2.10	2.79	0.92	1.07	1.92	2.62
35	1.10	1.26	2.15	2.84	0.95	1.11	1.94	2.66
36	1.14	1.31	2.29	3.03	0.99	1.16	2.05	2.85
37	1.19	1.37	2.43	3.22	1.03	1.22	2.16	3.04
38	1.23	1.43	2.58	3.43	1.07	1.28	2.27	3.24
39	1.28	1.49	2.75	3.65	1.12	1.34	2.41	3.46
40	1.33	1.55	2.93	3.88	1.17	1.40	2.55	3.69
41	1.42	1.69	3.28	4.29	1.25	1.53	2.82	4.08
42	1.52	1.84	3.67	4.74	1.34	1.68	3.13	4.52
43	1.62	2.01	4.11	5.25	1.43	1.85	3.47	5.02
44	1.73	2.19	4.60	5.82	1.53	2.02	3.85	5.58
45	1.87	2.39	5.14	6.45	1.66	2.22	4.28	6.19
46	2.01	2.56	5.55	6.95	1.80	2.38	4.64	6.68
47	2.17	2.74	6.00	7.48	1.96	2.56	5.03	7.20
48	2.34	2.94	6.49	8.06	2.14	2.77	5.47	7.77
49	2.53	3.14	7.02	8.69	2.33	2.97	5.94	8.38
50	2.75	3.37	7.61	9.34	2.55	3.20	6.46	9.02
51	2.98	3.65	8.24	10.14	2.79	3.47	7.02	9.81
52	3.24	3.96	8.92	11.02	3.05	3.77	7.62	10.67
53	3.52	4.29	9.66	11.97	3.33	4.10	8.28	11.61
54	3.83	4.65	10.47	13.00	3.66	4.47	8.99	12.62
55	4.16	5.05	11.37	14.14	3.99	4.86	9.79	13.73
56	4.61	5.63	12.52	14.95	4.44	5.44	10.79	15.01
57	5.12	6.28	13.79	15.83	4.94	6.07	11.89	16.39
58	5.68	7.01	15.18	16.79	5.49	6.79	13.11	17.92
59	6.30	7.82	16.73	17.84	6.11	7.59	14.46	19.58
60	7.01	8.73	18.41	19.00	6.81	8.49	15.92	21.41
61	7.74	9.73	20.19	21.66	7.53	9.48	17.46	23.54
62	8.57	10.84	22.14	24.58	8.35	10.58	19.16	25.88
63	9.47	12.08	24.28	27.81	9.25	11.81	21.03	28.46
64	10.48	13.47	26.63	31.34	10.25	13.18	23.08	31.29
65	11.59	15.01	29.19	35.25	11.34	14.69	25.31	34.42
66	12.62	16.58	31.91	38.92	12.43	16.33	27.82	38.20
67	13.75	18.31	34.87	42.97	13.55	18.05	30.41	42.19
68	14.99	20.23	38.13	47.43	14.78	19.95	33.25	46.59
69	16.33	22.36	41.68	52.38	16.12	22.07	36.36	51.46
70	17.80	24.72	45.56	57.83	17.58	24.41	39.76	56.83

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51 to 60 is \$100,000 and for ages 61 to 70 is \$75,000.

Additional Term Rider with Partial Premium Guarantee – Initial Premium is guaranteed for 10 years
 15-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,000				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.06	–	2.02	–	0.82	–	1.74
17	–	1.06	–	2.02	–	0.82	–	1.74
18	–	1.06	–	2.02	–	0.82	–	1.74
19	–	1.06	–	2.02	–	0.82	–	1.74
20	0.89	1.06	1.41	2.02	0.67	0.82	1.26	1.74
21	0.89	1.06	1.41	2.02	0.67	0.82	1.26	1.74
22	0.89	1.06	1.41	2.02	0.67	0.82	1.26	1.74
23	0.89	1.06	1.41	2.02	0.67	0.82	1.26	1.74
24	0.89	1.06	1.41	2.02	0.67	0.82	1.26	1.74
25	0.89	1.06	1.41	2.02	0.67	0.82	1.26	1.74
26	0.89	1.06	1.43	2.02	0.68	0.82	1.27	1.74
27	0.9	1.06	1.44	2.02	0.69	0.82	1.29	1.74
28	0.9	1.06	1.46	2.02	0.69	0.82	1.3	1.74
29	0.9	1.06	1.47	2.02	0.7	0.82	1.32	1.74
30	0.9	1.06	1.47	2.02	0.7	0.82	1.32	1.74
31	0.91	1.06	1.5	2.06	0.72	0.82	1.35	1.8
32	0.92	1.06	1.53	2.1	0.74	0.82	1.38	1.85
33	0.92	1.06	1.56	2.13	0.75	0.82	1.4	1.91
34	0.93	1.06	1.59	2.17	0.77	0.82	1.43	1.97
35	0.94	1.14	1.65	2.22	0.8	0.99	1.49	2.04
36	0.97	1.19	1.73	2.36	0.83	1.04	1.56	2.17
37	1.02	1.23	1.83	2.51	0.87	1.08	1.66	2.32
38	1.07	1.28	1.92	2.67	0.91	1.13	1.75	2.48
39	1.11	1.33	2.02	2.84	0.94	1.18	1.85	2.64
40	1.16	1.37	2.12	3.03	0.98	1.22	1.95	2.83
41	1.24	1.48	2.34	3.28	1.05	1.33	2.16	3.08
42	1.33	1.59	2.57	3.56	1.13	1.44	2.4	3.35
43	1.43	1.72	2.83	3.87	1.22	1.56	2.66	3.67
44	1.55	1.86	3.13	4.21	1.32	1.7	2.94	3.99
45	1.66	2.02	3.47	4.58	1.42	1.86	3.29	4.35
46	1.74	2.14	3.73	4.89	1.49	1.98	3.49	4.66
47	1.82	2.26	4.01	5.23	1.58	2.09	3.72	4.99
48	1.91	2.39	4.29	5.59	1.66	2.22	3.94	5.35
49	2	2.53	4.61	5.99	1.76	2.36	4.2	5.73
50	2.11	2.67	4.93	6.42	1.85	2.5	4.45	6.15
51	2.23	2.86	5.27	6.89	1.98	2.67	4.73	6.62
52	2.35	3.05	5.64	7.4	2.11	2.87	5.02	7.12
53	2.49	3.27	6.04	7.95	2.24	3.09	5.34	7.66
54	2.64	3.5	6.47	8.54	2.38	3.31	5.68	8.24
55	2.79	3.76	6.92	9.17	2.54	3.57	6.05	8.85
56	3.06	4.12	7.55	9.89	2.79	3.92	6.61	9.55
57	3.36	4.51	8.22	10.67	3.09	4.31	7.2	10.31
58	3.69	4.95	8.97	11.52	3.4	4.74	7.86	11.14
59	4.06	5.43	9.79	12.42	3.75	5.21	8.59	12.03
60	4.46	5.96	10.67	13.41	4.14	5.73	9.38	12.99
61	4.9	6.66	11.65	14.5	4.56	6.42	10.25	14.05
62	5.38	7.43	12.73	15.68	5.01	7.18	11.2	15.21
63	5.91	8.3	13.91	16.96	5.52	8.03	12.26	16.46
64	6.5	9.27	15.2	18.34	6.08	8.98	13.41	17.82
65	7.15	10.34	16.63	19.84	6.7	10.04	14.67	19.28
66	7.71	11.29	18.15	21.44	7.27	11.03	16.11	20.96
67	8.31	12.33	19.81	23.17	7.85	12.05	17.59	22.65
68	8.96	13.47	21.63	25.04	8.47	13.17	19.22	24.49
69	9.66	14.72	23.61	27.06	9.14	14.41	20.99	26.48
70	10.42	16.08	25.8	29.24	9.87	15.75	22.94	28.63

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51 to 60 is \$100,000 and for ages 61 to 70 is \$75,000.

Additional Term Rider with Partial Premium Guarantee – Initial Premium is guaranteed for 10 years

20-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.21	–	2.66	–	1.08	–	2.47
17	–	1.21	–	2.66	–	1.08	–	2.47
18	–	1.21	–	2.66	–	1.08	–	2.47
19	–	1.21	–	2.66	–	1.08	–	2.47
20	1.01	1.21	2.16	2.66	0.88	1.08	2.00	2.47
21	1.01	1.21	2.16	2.66	0.88	1.08	2.00	2.47
22	1.01	1.21	2.16	2.66	0.88	1.08	2.00	2.47
23	1.01	1.21	2.16	2.66	0.88	1.08	2.00	2.47
24	1.01	1.21	2.16	2.66	0.88	1.08	2.00	2.47
25	1.01	1.21	2.16	2.66	0.88	1.08	2.00	2.47
26	1.01	1.24	2.17	2.67	0.88	1.10	2.00	2.48
27	1.01	1.26	2.18	2.68	0.88	1.12	2.00	2.49
28	1.01	1.29	2.20	2.69	0.88	1.14	2.01	2.50
29	1.01	1.31	2.21	2.69	0.88	1.16	2.01	2.50
30	1.08	1.34	2.22	2.69	0.93	1.18	2.03	2.50
31	1.08	1.36	2.28	2.82	0.93	1.20	2.06	2.63
32	1.08	1.40	2.34	2.96	0.93	1.23	2.11	2.76
33	1.08	1.44	2.40	3.10	0.93	1.26	2.17	2.90
34	1.08	1.47	2.46	3.25	0.93	1.28	2.26	3.05
35	1.23	1.50	2.53	3.40	1.02	1.30	2.36	3.20
36	1.28	1.57	2.70	3.64	1.07	1.37	2.53	3.43
37	1.34	1.63	2.89	3.91	1.12	1.44	2.71	3.70
38	1.40	1.70	3.10	4.20	1.18	1.51	2.92	3.98
39	1.46	1.77	3.32	4.51	1.24	1.58	3.14	4.29
40	1.53	1.85	3.56	4.84	1.30	1.66	3.37	4.61
41	1.63	2.01	3.86	5.28	1.39	1.82	3.67	5.04
42	1.74	2.18	4.18	5.75	1.49	2.00	3.98	5.50
43	1.86	2.38	4.54	6.27	1.60	2.21	4.34	6.03
44	1.99	2.60	4.92	6.84	1.73	2.43	4.71	6.58
45	2.13	2.83	5.34	7.48	1.85	2.67	5.12	7.20
46	2.32	3.06	5.75	8.03	2.05	2.89	5.51	7.74
47	2.53	3.32	6.19	8.63	2.27	3.15	5.95	8.33
48	2.76	3.59	6.66	9.29	2.51	3.41	6.42	8.97
49	3.02	3.89	7.18	9.99	2.77	3.70	6.91	9.67
50	3.32	4.21	7.71	10.75	3.08	4.03	7.43	10.40
51	3.58	4.60	8.37	11.61	3.34	4.41	8.08	11.25
52	3.86	5.03	9.09	12.56	3.63	4.83	8.79	12.19
53	4.16	5.50	9.88	13.59	3.95	5.29	9.55	13.20
54	4.50	6.00	10.74	14.72	4.29	5.78	10.40	14.29
55	4.86	6.56	11.67	15.95	4.66	6.33	11.30	15.50
56	5.32	7.06	12.80	17.37	5.11	6.82	12.40	16.88
57	5.82	7.58	14.03	18.91	5.61	7.34	13.61	18.40
58	6.37	8.15	15.38	20.60	6.15	7.90	14.94	20.05
59	6.98	8.77	16.87	22.44	6.76	8.50	16.39	21.85
60	7.64	9.43	18.51	24.42	7.41	9.15	17.99	23.80
61	8.47	10.66	20.27	26.64	8.26	10.42	19.82	26.10
62	9.38	12.06	22.21	29.06	9.17	11.80	21.74	28.49
63	10.40	13.65	24.33	31.70	10.17	13.37	23.83	31.08
64	11.52	15.46	26.67	34.57	11.29	15.16	26.12	33.91
65	12.77	17.51	29.23	37.72	12.53	17.19	28.65	37.01

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51 to 60 is \$100,000 and for ages 61 to 65 is \$75,000.

Additional Term Rider with Partial Premium Guarantee – Initial Premium is guaranteed for 10 years
 20-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.06	–	2.18	–	0.92	–	1.85
17	–	1.06	–	2.18	–	0.92	–	1.85
18	–	1.06	–	2.18	–	0.92	–	1.85
19	–	1.06	–	2.18	–	0.92	–	1.85
20	0.90	1.06	1.69	2.18	0.73	0.92	1.43	1.85
21	0.90	1.06	1.69	2.18	0.73	0.92	1.43	1.85
22	0.90	1.06	1.69	2.18	0.73	0.92	1.43	1.85
23	0.90	1.06	1.69	2.18	0.73	0.92	1.43	1.85
24	0.90	1.06	1.69	2.18	0.73	0.92	1.43	1.85
25	0.90	1.06	1.69	2.18	0.73	0.92	1.43	1.85
26	0.90	1.06	1.71	2.20	0.73	0.92	1.45	1.87
27	0.90	1.06	1.72	2.21	0.73	0.92	1.47	1.89
28	0.90	1.06	1.74	2.23	0.73	0.92	1.49	1.91
29	0.90	1.06	1.74	2.23	0.73	0.92	1.49	1.91
30	0.92	1.14	1.74	2.23	0.73	0.99	1.49	1.91
31	0.96	1.18	1.79	2.34	0.73	1.02	1.55	2.05
32	0.98	1.21	1.83	2.45	0.75	1.06	1.61	2.19
33	1.00	1.25	1.88	2.58	0.77	1.09	1.68	2.35
34	1.02	1.29	1.93	2.71	0.80	1.13	1.74	2.51
35	1.04	1.33	2.01	2.85	0.88	1.16	1.84	2.67
36	1.08	1.38	2.10	2.98	0.92	1.21	1.93	2.80
37	1.12	1.42	2.21	3.12	0.95	1.25	2.04	2.94
38	1.16	1.47	2.31	3.27	0.99	1.30	2.15	3.09
39	1.20	1.53	2.43	3.42	1.03	1.36	2.26	3.22
40	1.24	1.59	2.56	3.58	1.07	1.42	2.39	3.39
41	1.32	1.71	2.78	3.85	1.15	1.53	2.61	3.65
42	1.40	1.85	3.01	4.14	1.25	1.67	2.84	3.93
43	1.50	2.00	3.27	4.45	1.35	1.82	3.10	4.24
44	1.61	2.16	3.55	4.79	1.45	1.99	3.37	4.56
45	1.72	2.35	3.86	5.16	1.56	2.16	3.69	4.92
46	1.82	2.46	4.13	5.45	1.66	2.28	3.95	5.22
47	1.92	2.58	4.41	5.77	1.76	2.40	4.23	5.53
48	2.04	2.71	4.73	6.12	1.88	2.52	4.53	5.87
49	2.16	2.86	5.08	6.49	2.00	2.67	4.87	6.24
50	2.31	3.01	5.44	6.90	2.15	2.83	5.23	6.65
51	2.46	3.20	5.80	7.32	2.31	3.01	5.57	7.06
52	2.64	3.40	6.18	7.77	2.48	3.22	5.95	7.50
53	2.83	3.62	6.60	8.26	2.67	3.44	6.35	7.99
54	3.04	3.87	7.06	8.79	2.88	3.69	6.79	8.52
55	3.26	4.14	7.55	9.36	3.10	3.96	7.27	9.08
56	3.54	4.44	8.18	10.06	3.37	4.25	7.78	9.77
57	3.84	4.77	8.85	10.81	3.68	4.58	8.33	10.51
58	4.17	5.12	9.58	11.62	4.00	4.93	8.92	11.31
59	4.52	5.50	10.36	12.49	4.35	5.30	9.56	12.17
60	4.91	6.01	11.18	13.44	4.73	5.76	10.23	13.10
61	5.41	6.71	12.34	14.60	5.26	6.45	11.22	14.32
62	5.96	7.44	13.61	15.88	5.80	7.26	12.26	15.58
63	6.57	8.36	14.99	17.27	6.41	8.17	13.39	16.95
64	7.25	9.40	16.50	18.78	7.08	9.20	14.63	18.44
65	7.99	10.58	18.18	20.42	7.82	10.37	16.00	20.07

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51 to 60 is \$100,000 and for ages 61 to 65 is \$75,000.

Additional Term Rider with Partial Premium Guarantee – Initial Premium is guaranteed for 10 years

30-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.37	–	3.03	–	1.24	–	2.57
17	–	1.37	–	3.03	–	1.24	–	2.57
18	–	1.37	–	3.03	–	1.24	–	2.57
19	–	1.37	–	3.03	–	1.24	–	2.57
20	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
21	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
22	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
23	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
24	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
25	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
26	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
27	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
28	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
29	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
30	1.11	1.37	2.44	3.03	0.98	1.24	2.05	2.57
31	1.15	1.43	2.58	3.17	1.01	1.30	2.23	2.76
32	1.20	1.50	2.71	3.32	1.03	1.34	2.41	2.95
33	1.24	1.56	2.85	3.47	1.06	1.41	2.57	3.16
34	1.28	1.63	3.00	3.63	1.08	1.47	2.77	3.38
35	1.35	1.69	3.15	3.79	1.12	1.53	2.97	3.59
36	1.41	1.80	3.38	4.13	1.19	1.64	3.19	3.92
37	1.47	1.91	3.64	4.49	1.25	1.75	3.45	4.28
38	1.54	2.04	3.92	4.89	1.32	1.88	3.71	4.67
39	1.62	2.18	4.21	5.32	1.40	2.01	4.01	5.10
40	1.69	2.34	4.53	5.80	1.47	2.17	4.31	5.57
41	1.84	2.52	4.87	6.28	1.63	2.34	4.65	6.03
42	2.01	2.71	5.23	6.78	1.81	2.54	5.01	6.53
43	2.20	2.92	5.63	7.34	2.01	2.76	5.39	7.07
44	2.41	3.15	6.07	7.94	2.24	2.98	5.82	7.66
45	2.66	3.42	6.55	8.60	2.50	3.24	6.29	8.30
46	2.85	3.76	7.09	9.41	2.69	3.58	6.82	9.10
47	3.07	4.14	7.67	10.31	2.90	3.95	7.39	9.98
48	3.29	4.55	8.30	11.29	3.12	4.36	8.01	10.95
49	3.53	5.01	8.98	12.36	3.36	4.81	8.68	12.00
50	3.79	5.51	9.73	13.54	3.62	5.30	9.40	13.14
51	4.34	6.15	10.66	14.66	4.16	5.93	10.32	14.24
52	4.98	6.86	11.68	15.88	4.79	6.63	11.33	15.44
53	5.71	7.67	12.81	17.21	5.52	7.43	12.43	16.75
54	6.56	8.56	14.04	18.64	6.36	8.32	13.63	18.16
55	7.53	9.57	15.40	20.20	7.31	9.31	14.97	19.68

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51 to 55 is \$100,000.

Additional Term Rider with Partial Premium Guarantee – Initial Premium is guaranteed for 10 years
 30-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.15	–	2.24	–	1.02	–	2.09
17	–	1.15	–	2.24	–	1.02	–	2.09
18	–	1.15	–	2.24	–	1.02	–	2.09
19	–	1.15	–	2.24	–	1.02	–	2.09
20	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
21	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
22	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
23	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
24	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
25	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
26	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
27	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
28	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
29	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
30	0.93	1.15	1.92	2.24	0.80	1.02	1.52	2.09
31	1.00	1.19	2.01	2.39	0.86	1.06	1.66	2.24
32	1.06	1.23	2.10	2.57	0.92	1.09	1.80	2.42
33	1.13	1.27	2.19	2.75	0.98	1.13	1.94	2.57
34	1.13	1.31	2.30	2.92	0.98	1.17	2.07	2.74
35	1.13	1.43	2.40	3.12	0.98	1.28	2.23	2.94
36	1.18	1.53	2.61	3.31	1.03	1.38	2.44	3.13
37	1.23	1.64	2.84	3.52	1.08	1.48	2.66	3.33
38	1.29	1.77	3.08	3.75	1.14	1.61	2.90	3.56
39	1.35	1.90	3.35	4.00	1.20	1.74	3.17	3.80
40	1.42	2.03	3.65	4.28	1.27	1.87	3.46	4.07
41	1.52	2.16	3.85	4.53	1.37	1.98	3.66	4.32
42	1.64	2.29	4.06	4.81	1.48	2.11	3.86	4.59
43	1.76	2.43	4.28	5.10	1.60	2.26	4.08	4.87
44	1.89	2.59	4.51	5.42	1.73	2.41	4.31	5.19
45	2.01	2.74	4.74	5.77	1.85	2.55	4.53	5.53
46	2.17	2.96	5.11	6.14	2.00	2.77	4.90	5.89
47	2.34	3.18	5.51	6.53	2.17	2.99	5.29	6.27
48	2.54	3.43	5.94	6.95	2.37	3.23	5.71	6.69
49	2.74	3.71	6.40	7.39	2.56	3.50	6.16	7.12
50	2.98	4.01	6.91	7.86	2.80	3.79	6.66	7.58
51	3.27	4.42	7.41	8.42	3.08	4.19	7.16	8.13
52	3.60	4.89	7.94	9.03	3.41	4.65	7.68	8.72
53	3.95	5.40	8.52	9.68	3.75	5.14	8.25	9.36
54	4.34	5.96	9.14	10.38	4.13	5.69	8.86	10.05
55	4.76	6.60	9.80	11.13	4.55	6.32	9.50	10.78

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates

* Minimum face amount for ages 51 to 55 is \$100,000.

Disability Income Rider for Accidental Injury

ANNUAL PREMIUM RATES PER \$100 OF MONTHLY INCOME

Accidental Disability Income Rider	
Issue Age	Rate
16	9.00
17	9.00
18	9.00
19	9.00
20	9.00
21	9.00
22	9.00
23	9.00
24	9.00
25	9.00
26	9.00
27	9.00
28	9.00
29	9.00
30	9.00
31	9.00
32	9.00
33	10.00
34	10.00
35	10.00
36	10.00
37	10.00
38	10.00
39	10.00
40	10.00
41	10.00
42	10.00
43	10.00
44	10.00
45	10.00
46	10.00
47	11.00
48	11.00
49	12.00
50	12.00
51	12.00
52	12.00
53	13.00
54	13.00
55	13.00

- Minimum Monthly Benefit Amount: \$50.00
- Maximum Monthly Benefit Amount is the lesser of:
\$3,000 monthly benefit, or
1.5% of the face amount monthly

*Rate for Rider Insured only.

Insured Children's Benefit

ANNUAL PREMIUMS PER \$1,000 OF COVERAGE

Ages	Premium Per \$1,000
All Ages	\$4.20

- Minimum: 1 unit (\$1,000 for each child)
- Maximum: 10 units (\$10,000 for each child)
- Children Issue Ages: 15 days through age 17
- Premium is \$4.20 annually for each \$1,000 of coverage, regardless of the number of children

Waiver of Premium Benefit

ANNUAL PREMIUM RATES PER \$1,000

To calculate premiums for Primary Insured only: Multiply the amount shown in the chart by the face amount per \$1,000 of coverage.

*To calculate premiums for Primary Insured and Additional Term Rider Insured: Multiply the amount shown in the chart by the face amount per \$1,000 of coverage for **each** individual separately and then combine the two (see example).*

Example
 Primary Insured:
 Age 35, 20-year Term, applying for \$150,000 in coverage.

0.15 X 150 = \$22.50

Additional Term Rider Insured:
 Age 34, 20-year Term, also applying for \$150,000 in coverage.

0.13 X 150 = \$19.50

\$22.50 + \$19.50 = \$42.00 Total Annual Premium for Waiver Benefit

Issue Age	Waiver of Premium Benefit	
	15-Year	20- & 30-Year
15	0.05	0.05
16	0.05	0.05
17	0.05	0.05
18	0.05	0.05
19	0.05	0.05
20	0.05	0.05
21	0.06	0.06
22	0.06	0.06
23	0.06	0.06
24	0.07	0.07
25	0.07	0.07
26	0.08	0.08
27	0.07	0.08
28	0.08	0.09
29	0.08	0.09
30	0.08	0.09
31	0.08	0.10
32	0.09	0.11
33	0.09	0.12
34	0.09	0.13
35	0.10	0.15
36	0.12	0.19
37	0.15	0.24
38	0.16	0.26
39	0.19	0.29
40	0.24	0.35
41	0.31	0.41
42	0.40	0.49
43	0.50	0.56
44	0.61	0.65
45	0.74	0.74
46	0.86	0.86
47	1.00	1.00
48	1.21	1.21
49	1.44	1.44
50	1.75	1.75
51	1.88	1.88
52	2.01	2.01
53	2.15	2.15
54	2.30	2.30
55	2.45	2.45

Accidental Death Benefit (ADB)

ANNUAL PREMIUM RATES PER \$1,000

Issue Age	ADB	
	Male	Female
16	1.20	0.96
17	1.20	0.96
18	1.20	0.72
19	1.20	0.72
20	1.20	0.72
21	1.08	0.60
22	1.08	0.60
23	1.08	0.60
24	1.08	0.60
25	0.96	0.60
26	0.96	0.60
27	0.96	0.60
28	0.96	0.60
29	0.96	0.60
30	0.96	0.60
31	0.96	0.60
32	0.96	0.60
33	0.96	0.60
34	0.96	0.60
35	0.96	0.60
36	0.96	0.60
37	0.96	0.60
38	0.96	0.60
39	0.96	0.60
40	0.96	0.60
41	0.96	0.60
42	0.96	0.60
43	0.96	0.60
44	0.96	0.60
45	0.96	0.60
46	0.96	0.60
47	0.96	0.60
48	0.96	0.60
49	0.96	0.60
50	0.96	0.60
51	0.96	0.60
52	0.96	0.60
53	0.96	0.60
54	0.96	0.60
55	0.96	0.60

For policies issued in Montana use Male Rates

RATES

ProTerm 360 with Return of Premium

Sample Calculations

Insured: Male Age 35, Standard Non-Nicotine

Base Policy: \$150,000, 30-year Term with Return of Premium

Additional Benefit: Waiver of Premium Benefit

NOTE: Modal rates are rounded down to the lower penny

Monthly Premium Calculation

Coverage	Rate Per \$1,000		Units		Annual Premium
Base with Return of Premium	\$4.39	x	150	=	\$658.50
Waiver Benefit	\$0.25	x	150	=	\$37.50
Summary of Annual Coverage Charges					\$696.00
Times Monthly Modal Factor					x 0.08333
Total Monthly Policy Premium					\$57.99

Return of Premium Calculation (After initial term period)

Base Policy Annual Premium		\$658.50
Times Length of Initial Term Period	x	30 years
<hr/>		
Return of Premium Amount	=	\$19,755.00

ProTerm 360 with Return of Premium

20-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000-\$299,000				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
20	3.39	3.93	7.52	8.66	2.92	3.71	6.65	7.69
21	3.39	3.93	7.52	8.66	2.92	3.71	6.65	7.69
22	3.39	3.93	7.52	8.66	2.92	3.71	6.65	7.69
23	3.39	3.93	7.52	8.66	2.92	3.71	6.65	7.69
24	3.39	3.93	7.52	8.66	2.92	3.71	6.65	7.69
25	3.39	3.93	7.52	8.66	2.92	3.71	6.65	7.69
26	3.45	4.04	7.60	8.86	2.96	3.78	6.75	7.90
27	3.51	4.14	7.69	9.03	3.00	3.85	6.86	8.13
28	3.57	4.27	7.78	9.23	3.04	3.92	6.97	8.35
29	3.63	4.38	7.86	9.41	3.08	3.99	7.08	8.56
30	3.69	4.50	7.95	9.64	3.14	4.06	7.18	8.85
31	3.75	4.68	8.04	10.12	3.24	4.28	7.29	9.40
32	3.81	4.88	8.25	10.59	3.35	4.51	7.58	9.94
33	3.87	5.07	8.61	11.10	3.46	4.65	8.03	10.49
34	3.89	5.25	8.94	11.62	3.56	4.87	8.47	11.10
35	4.05	5.50	9.34	12.19	3.78	5.15	8.92	11.76
36	4.27	5.75	10.01	13.44	4.00	5.40	9.59	12.95
37	4.53	6.04	10.70	14.79	4.25	5.71	10.29	14.31
38	4.78	6.34	11.49	16.26	4.51	5.99	11.04	15.76
39	5.07	6.66	12.30	17.91	4.81	6.31	11.83	17.37
40	5.37	6.97	13.14	19.72	5.06	6.59	12.64	19.15
41	5.76	7.65	14.28	21.26	5.47	7.27	13.78	20.65
42	6.20	8.38	15.50	22.91	5.91	8.02	14.96	22.25
43	6.67	9.23	16.85	24.69	6.38	8.83	16.28	24.02
44	7.19	10.16	18.31	26.62	6.84	9.75	17.71	25.89
45	7.72	11.22	19.87	28.68	7.40	10.81	19.26	27.93
46	8.50	12.14	21.48	29.93	8.18	11.69	20.84	29.74
47	9.37	13.16	23.21	30.56	9.01	12.70	22.54	30.38
48	10.34	14.29	25.08	31.19	9.96	13.82	24.37	31.01
49	11.46	15.54	27.11	31.82	11.05	15.04	26.37	31.66
50	12.76	16.89	27.77	32.46	12.35	16.37	27.28	32.30
51*	13.91	18.45	28.44	33.10	13.48	17.91	27.97	32.95
52*	15.17	20.16	29.10	33.74	14.72	19.59	28.65	33.58
53*	16.57	22.08	29.74	34.37	16.09	21.46	29.32	34.21
54*	18.13	24.16	30.36	35.00	17.63	23.53	29.96	34.81
55*	19.83	26.50	30.98	35.62	19.30	25.81	30.60	35.41

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
For policies issued in Montana use Male rates.

*Minimum face amount for ages 51 – 55 is \$100,000.

ProTerm 360 with Return of Premium
 20-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000-\$299,000				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
20	2.98	3.54	5.70	6.93	2.47	2.96	4.99	6.63
21	2.98	3.54	5.70	6.93	2.47	2.96	4.99	6.63
22	2.98	3.54	5.70	6.93	2.47	2.96	4.99	6.63
23	2.98	3.54	5.70	6.93	2.47	2.96	4.99	6.63
24	2.98	3.54	5.70	6.93	2.47	2.96	4.99	6.63
25	2.98	3.54	5.70	6.93	2.47	2.96	4.99	6.63
26	3.02	3.59	5.76	7.00	2.52	3.03	5.07	6.76
27	3.06	3.64	5.83	7.07	2.57	3.10	5.16	6.90
28	3.10	3.70	5.90	7.14	2.62	3.17	5.25	7.03
29	3.14	3.73	5.97	7.21	2.67	3.22	5.33	7.17
30	3.18	3.79	6.04	7.34	2.74	3.35	5.42	7.31
31	3.27	3.95	6.11	7.71	2.79	3.51	5.44	7.40
32	3.36	4.09	6.30	8.37	2.89	3.71	5.78	8.01
33	3.47	4.25	6.57	9.11	3.01	3.92	6.12	8.72
34	3.55	4.39	6.87	9.84	3.15	4.12	6.51	9.44
35	3.84	4.55	7.14	10.62	3.55	4.33	6.81	10.20
36	4.01	4.74	7.58	11.09	3.71	4.51	7.26	10.64
37	4.16	4.95	8.06	11.56	3.88	4.73	7.73	11.10
38	4.32	5.17	8.59	12.07	4.03	4.90	8.24	11.62
39	4.52	5.39	9.13	12.60	4.23	5.11	8.76	12.15
40	4.70	5.60	9.65	13.13	4.43	5.32	9.26	12.66
41	5.01	6.08	10.41	14.23	4.71	5.80	10.03	13.76
42	5.32	6.63	11.25	15.45	5.01	6.34	10.84	14.93
43	5.67	7.21	12.16	16.76	5.37	6.88	11.74	16.21
44	6.08	7.88	13.15	18.17	5.77	7.52	12.68	17.64
45	6.46	8.61	14.24	19.73	6.15	8.24	13.77	19.16
46	6.86	9.09	15.26	20.87	6.49	8.70	14.76	20.27
47	7.27	9.59	16.38	22.10	6.91	9.21	15.85	21.45
48	7.74	10.15	17.61	23.45	7.38	9.75	17.08	22.75
49	8.22	10.74	18.93	24.89	7.83	10.34	18.36	24.13
50	8.73	11.36	20.39	26.43	8.38	10.96	19.78	25.62
51*	9.38	12.12	22.03	28.37	9.04	11.71	21.39	27.51
52*	10.10	12.99	23.85	30.50	9.72	12.54	23.18	29.54
53*	10.84	13.92	25.84	31.51	10.48	13.49	25.12	30.75
54*	11.69	14.93	27.97	32.01	11.29	14.48	27.22	31.46
55*	12.61	16.06	30.30	32.48	12.19	15.59	29.49	32.13

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male rates.

*Minimum face amount for ages 51 – 55 is \$100,000.

ProTerm 360 with Return of Premium

30-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000-\$299,000				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
20	2.41	2.83	5.42	6.10	2.19	2.61	5.12	5.79
21	2.41	2.83	5.42	6.10	2.19	2.61	5.12	5.79
22	2.41	2.83	5.42	6.10	2.19	2.61	5.12	5.79
23	2.41	2.83	5.42	6.10	2.19	2.61	5.12	5.79
24	2.41	2.83	5.42	6.10	2.19	2.61	5.12	5.79
25	2.41	2.83	5.42	6.10	2.19	2.61	5.12	5.79
26	2.45	2.96	5.57	6.40	2.23	2.73	5.26	6.10
27	2.48	3.07	5.73	6.70	2.27	2.85	5.41	6.37
28	2.52	3.22	5.88	7.02	2.30	2.99	5.57	6.70
29	2.55	3.34	6.06	7.35	2.33	3.13	5.73	7.03
30	2.61	3.51	6.21	7.71	2.40	3.25	5.89	7.36
31	2.70	3.67	6.32	8.05	2.47	3.42	6.00	7.71
32	2.79	3.84	6.43	8.42	2.53	3.59	6.08	8.05
33	2.87	4.02	6.52	8.79	2.61	3.77	6.18	8.43
34	2.95	4.20	6.61	9.16	2.69	3.94	6.28	8.77
35	3.02	4.39	6.72	9.56	2.77	4.10	6.38	9.17
36	3.23	4.64	7.34	10.50	2.97	4.35	7.00	10.11
37	3.43	4.90	8.05	11.57	3.16	4.61	7.68	11.14
38	3.67	5.20	8.82	12.75	3.40	4.90	8.44	12.30
39	3.93	5.51	9.65	14.06	3.66	5.21	9.27	13.58
40	4.21	5.85	10.59	15.52	3.93	5.53	10.18	15.00
41	4.65	6.39	11.68	16.45	4.36	6.07	11.24	15.91
42	5.14	7.00	12.90	17.45	4.85	6.68	12.44	16.89
43	5.69	7.69	14.24	18.50	5.39	7.37	13.75	17.91
44	6.31	8.46	15.72	19.64	5.99	8.11	15.22	19.04
45	7.01	9.32	17.39	20.86	6.67	8.96	16.85	20.22
46	7.79	10.27	19.05	22.16	7.43	9.92	18.46	21.36
47	8.65	11.31	20.67	23.54	8.27	10.99	20.03	22.43
48	9.59	12.44	22.22	24.93	9.18	12.17	21.54	23.40
49	10.61	13.66	23.67	25.24	10.19	13.46	22.97	24.24
50	11.71	14.97	24.99	25.52	11.27	14.86	24.31	24.92

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male rates.

ProTerm 360 with Return of Premium
 30-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000-\$299,000				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
20	2.02	2.78	4.60	5.27	1.77	2.51	4.33	4.98
21	2.02	2.78	4.60	5.27	1.77	2.51	4.33	4.98
22	2.02	2.78	4.60	5.27	1.77	2.51	4.33	4.98
23	2.02	2.78	4.60	5.27	1.77	2.51	4.33	4.98
24	2.02	2.78	4.60	5.27	1.77	2.51	4.33	4.98
25	2.02	2.78	4.60	5.27	1.77	2.51	4.33	4.98
26	2.10	2.83	4.73	5.49	1.85	2.57	4.45	5.21
27	2.18	2.88	4.87	5.72	1.94	2.62	4.57	5.43
28	2.27	2.91	5.00	5.97	2.03	2.65	4.70	5.64
29	2.35	2.96	5.15	6.20	2.12	2.70	4.85	5.88
30	2.40	3.08	5.29	6.48	2.17	2.82	4.97	6.16
31	2.41	3.18	5.44	6.71	2.18	2.92	5.12	6.39
32	2.43	3.29	5.60	6.94	2.19	3.03	5.28	6.59
33	2.44	3.38	5.74	7.18	2.21	3.13	5.40	6.84
34	2.45	3.49	5.89	7.43	2.22	3.23	5.56	7.08
35	2.50	3.56	6.03	7.66	2.27	3.30	5.70	7.31
36	2.64	3.83	6.49	8.35	2.41	3.55	6.15	7.99
37	2.78	4.09	6.98	9.13	2.53	3.83	6.62	8.74
38	2.93	4.41	7.51	9.97	2.68	4.13	7.14	9.56
39	3.08	4.74	8.07	10.89	2.83	4.45	7.71	10.47
40	3.24	5.10	8.68	11.90	3.00	4.81	8.30	11.46
41	3.55	5.47	9.18	12.40	3.31	5.17	8.78	11.94
42	3.89	5.88	9.70	12.92	3.63	5.58	9.33	12.45
43	4.26	6.32	10.28	13.46	4.00	6.00	9.88	13.00
44	4.66	6.80	10.88	14.02	4.39	6.45	10.47	13.53
45	5.09	7.33	11.52	14.60	4.82	6.98	11.11	14.09
46	5.58	7.96	12.29	15.33	5.32	7.61	11.89	14.82
47	6.10	8.64	13.09	16.09	5.85	8.29	12.72	15.60
48	6.65	9.37	13.92	16.88	6.41	9.02	13.60	16.43
49	7.23	10.15	14.78	17.70	7.00	9.80	14.53	17.31
50	7.84	10.98	15.67	18.55	7.62	10.63	15.51	18.24

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male rates.

Additional Term Rider

20-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.32	–	2.89	–	1.15	–	2.53
17	–	1.32	–	2.89	–	1.15	–	2.53
18	–	1.32	–	2.89	–	1.15	–	2.53
19	–	1.32	–	2.89	–	1.15	–	2.53
20	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
21	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
22	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
23	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
24	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
25	1.07	1.32	2.37	2.89	0.92	1.15	2.04	2.53
26	1.07	1.33	2.37	2.94	0.92	1.16	2.04	2.59
27	1.07	1.34	2.37	2.98	0.92	1.17	2.04	2.64
28	1.07	1.35	2.37	3.03	0.92	1.18	2.04	2.70
29	1.07	1.36	2.37	3.08	0.92	1.19	2.06	2.75
30	1.12	1.37	2.39	3.13	0.95	1.20	2.07	2.83
31	1.14	1.41	2.48	3.25	0.96	1.23	2.19	2.97
32	1.17	1.44	2.58	3.37	0.98	1.26	2.32	3.11
33	1.19	1.47	2.69	3.49	0.99	1.28	2.45	3.25
34	1.21	1.51	2.79	3.62	1.00	1.31	2.59	3.40
35	1.26	1.55	2.90	3.76	1.03	1.35	2.72	3.57
36	1.31	1.63	3.11	4.10	1.09	1.43	2.93	3.90
37	1.38	1.71	3.33	4.47	1.15	1.52	3.15	4.27
38	1.44	1.80	3.57	4.88	1.22	1.60	3.38	4.67
39	1.51	1.89	3.83	5.33	1.29	1.70	3.64	5.11
40	1.58	1.98	4.10	5.83	1.36	1.79	3.89	5.60
41	1.68	2.18	4.45	6.27	1.46	1.99	4.26	6.02
42	1.79	2.40	4.84	6.73	1.57	2.22	4.63	6.47
43	1.91	2.64	5.27	7.23	1.70	2.46	5.05	6.96
44	2.03	2.92	5.73	7.77	1.82	2.74	5.50	7.50
45	2.17	3.23	6.23	8.36	1.96	3.06	6.00	8.07
46	2.43	3.53	6.73	8.94	2.22	3.35	6.49	8.64
47	2.72	3.87	7.26	9.57	2.51	3.68	7.01	9.25
48	3.05	4.24	7.85	10.25	2.83	4.06	7.58	9.93
49	3.42	4.65	8.47	10.99	3.20	4.46	8.19	10.65
50	3.85	5.10	9.17	11.79	3.64	4.90	8.87	11.44
51	4.24	5.62	9.94	12.80	4.02	5.40	9.62	12.43
52	4.66	6.18	10.76	13.91	4.44	5.96	10.43	13.53
53	5.13	6.82	11.66	15.13	4.91	6.57	11.30	14.73
54	5.65	7.51	12.63	16.47	5.43	7.26	12.26	16.05
55	6.22	8.28	13.69	17.95	6.00	8.01	13.29	17.50

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
For policies issued in Montana use Male Rates.

* Minimum face amount for ages 51-55 is \$100,000.

Additional Term Rider
20-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000*-\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.22	–	2.19	–	0.93	–	2.03
17	–	1.22	–	2.19	–	0.93	–	2.03
18	–	1.22	–	2.19	–	0.93	–	2.03
19	–	1.22	–	2.19	–	0.93	–	2.03
20	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
21	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
22	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
23	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
24	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
25	0.95	1.22	1.82	2.19	0.78	0.93	1.55	2.03
26	0.96	1.23	1.82	2.19	0.78	0.95	1.55	2.03
27	0.97	1.25	1.82	2.19	0.78	0.96	1.55	2.03
28	0.98	1.26	1.82	2.19	0.78	0.98	1.55	2.03
29	0.99	1.27	1.82	2.19	0.78	0.99	1.55	2.03
30	1.00	1.29	1.84	2.23	0.82	1.01	1.58	2.06
31	1.03	1.33	1.92	2.42	0.82	1.06	1.68	2.22
32	1.07	1.37	2.01	2.62	0.84	1.11	1.78	2.36
33	1.10	1.41	2.09	2.84	0.87	1.15	1.89	2.54
34	1.13	1.45	2.18	3.06	0.89	1.20	2.00	2.71
35	1.16	1.49	2.26	3.29	0.95	1.25	2.09	2.90
36	1.20	1.53	2.40	3.44	0.99	1.29	2.23	3.05
37	1.25	1.58	2.55	3.59	1.04	1.34	2.38	3.21
38	1.29	1.63	2.71	3.75	1.08	1.39	2.54	3.38
39	1.34	1.68	2.89	3.93	1.13	1.44	2.70	3.57
40	1.39	1.73	3.05	4.10	1.18	1.49	2.87	3.74
41	1.47	1.84	3.30	4.45	1.26	1.60	3.11	4.12
42	1.55	1.97	3.56	4.83	1.34	1.73	3.36	4.51
43	1.65	2.10	3.86	5.25	1.43	1.86	3.65	4.95
44	1.75	2.25	4.17	5.70	1.54	2.02	3.95	5.43
45	1.85	2.42	4.52	6.20	1.64	2.19	4.30	5.95
46	1.98	2.59	4.78	6.53	1.77	2.36	4.55	6.27
47	2.12	2.77	5.06	6.88	1.91	2.54	4.83	6.62
48	2.28	2.97	5.36	7.27	2.08	2.74	5.14	7.00
49	2.45	3.17	5.69	7.68	2.25	2.95	5.46	7.41
50	2.64	3.39	6.06	8.13	2.44	3.18	5.82	7.85
51	2.87	3.66	6.47	8.69	2.68	3.45	6.23	8.41
52	3.11	3.97	6.93	9.30	2.92	3.75	6.68	9.00
53	3.38	4.30	7.42	9.97	3.19	4.10	7.18	9.67
54	3.67	4.65	7.96	10.69	3.49	4.46	7.70	10.38
55	3.99	5.05	8.54	11.50	3.81	4.86	8.28	11.18

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
For policies issued in Montana use Male Rates.

* Minimum face amount for ages 51-55 is \$100,000.

Additional Term Rider

30-YEAR TERM, MALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000 – \$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.59	–	3.06	–	1.45	–	2.89
17	–	1.59	–	3.06	–	1.45	–	2.89
18	–	1.59	–	3.06	–	1.45	–	2.89
19	–	1.59	–	3.06	–	1.45	–	2.89
20	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
21	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
22	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
23	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
24	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
25	1.36	1.59	2.72	3.06	1.22	1.45	2.56	2.89
26	1.38	1.65	2.84	3.23	1.24	1.51	2.66	3.06
27	1.40	1.71	2.98	3.40	1.26	1.57	2.75	3.22
28	1.42	1.78	3.12	3.59	1.28	1.64	2.86	3.41
29	1.43	1.84	3.27	3.78	1.29	1.70	2.98	3.60
30	1.46	1.92	3.42	4.00	1.32	1.77	3.10	3.81
31	1.50	2.01	3.55	4.21	1.36	1.86	3.19	4.02
32	1.54	2.10	3.67	4.45	1.39	1.95	3.28	4.25
33	1.58	2.20	3.80	4.69	1.43	2.04	3.38	4.49
34	1.61	2.29	3.92	4.95	1.47	2.14	3.47	4.74
35	1.65	2.40	4.06	5.22	1.51	2.24	3.58	5.01
36	1.79	2.59	4.38	5.81	1.65	2.43	3.91	5.59
37	1.93	2.78	4.73	6.46	1.78	2.62	4.27	6.22
38	2.10	3.00	5.13	7.19	1.95	2.83	4.68	6.94
39	2.28	3.23	5.55	8.01	2.13	3.06	5.13	7.74
40	2.47	3.47	6.03	8.91	2.31	3.29	5.62	8.62
41	2.78	3.87	6.58	9.48	2.62	3.68	6.18	9.18
42	3.12	4.32	7.20	10.10	2.95	4.13	6.83	9.79
43	3.50	4.83	7.89	10.75	3.32	4.63	7.53	10.42
44	3.93	5.40	8.64	11.46	3.74	5.18	8.32	11.12
45	4.41	6.03	9.49	12.21	4.21	5.80	9.19	11.85

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates.

Additional Term Rider

30-YEAR TERM, FEMALE, ANNUAL PREMIUM RATES PER \$1,000

Issue Age	\$150,000–\$299,999				\$300,000 +			
	PNN	SNN	PN	SN	PNN	SNN	PN	SN
16	–	1.50	–	2.65	–	1.36	–	2.49
17	–	1.50	–	2.65	–	1.36	–	2.49
18	–	1.50	–	2.65	–	1.36	–	2.49
19	–	1.50	–	2.65	–	1.36	–	2.49
20	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
21	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
22	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
23	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
24	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
25	1.10	1.50	2.32	2.65	0.96	1.36	2.17	2.49
26	1.14	1.52	2.38	2.76	0.99	1.38	2.23	2.60
27	1.17	1.54	2.45	2.86	1.02	1.40	2.29	2.70
28	1.21	1.56	2.51	2.98	1.05	1.42	2.35	2.81
29	1.24	1.58	2.58	3.10	1.07	1.44	2.42	2.93
30	1.27	1.62	2.65	3.24	1.09	1.48	2.49	3.07
31	1.28	1.65	2.73	3.35	1.10	1.51	2.57	3.18
32	1.29	1.69	2.81	3.47	1.11	1.55	2.65	3.29
33	1.30	1.73	2.88	3.60	1.12	1.59	2.71	3.42
34	1.32	1.77	2.96	3.72	1.13	1.63	2.79	3.54
35	1.34	1.80	3.04	3.85	1.15	1.66	2.87	3.67
36	1.42	1.97	3.29	4.23	1.23	1.82	3.12	4.04
37	1.49	2.14	3.57	4.66	1.30	1.99	3.39	4.46
38	1.58	2.34	3.87	5.13	1.39	2.19	3.68	4.92
39	1.66	2.55	4.20	5.65	1.47	2.39	4.01	5.43
40	1.75	2.79	4.55	6.23	1.57	2.63	4.35	6.00
41	1.92	3.03	4.85	6.54	1.75	2.86	4.64	6.30
42	2.11	3.30	5.17	6.87	1.93	3.13	4.96	6.62
43	2.32	3.60	5.53	7.23	2.15	3.42	5.31	6.98
44	2.55	3.92	5.90	7.59	2.38	3.73	5.67	7.33
45	2.79	4.28	6.30	7.97	2.63	4.09	6.07	7.70

Underwriting Classes: PNN = Preferred Non-Nicotine; SNN = Standard Non-Nicotine; PN = Preferred Nicotine; SN = Standard Nicotine
 For policies issued in Montana use Male Rates.

Disability Income Rider for Accidental Injury

ANNUAL PREMIUM RATES PER \$100 OF MONTHLY INCOME

Accidental Disability Income Rider	
Issue Age	Rate
16*	9.00
17*	9.00
18*	9.00
19*	9.00
20	9.00
21	9.00
22	9.00
23	9.00
24	9.00
25	9.00
26	9.00
27	9.00
28	9.00
29	9.00
30	9.00
31	9.00
32	9.00
33	10.00
34	10.00
35	10.00
36	10.00
37	10.00
38	10.00
39	10.00
40	10.00
41	10.00
42	10.00
43	10.00
44	10.00
45	10.00
46	10.00
47	11.00
48	11.00
49	12.00
50	12.00
51	12.00
52	12.00
53	13.00
54	13.00
55	13.00

Insured Children's Benefit

ANNUAL PREMIUM PER \$1,000 OF COVERAGE

Ages	Insured Children's Benefit
All Ages	\$4.20

- Minimum: 1 unit (\$1,000 for each child)
- Maximum: 10 units (\$10,000 for each child)
- Children Issue Ages: 15 days through age 17
- Premium is \$4.20 annually for each \$1,000 of coverage, regardless of the number of children

- Minimum Monthly Benefit Amount: \$50.00
 - Maximum Monthly Benefit Amount is the lesser of:
 \$3,000 monthly benefit, or
 1.5% of the face amount monthly
- *Rate for Rider Insured only.

Waiver of Premium Benefit

ANNUAL PREMIUM RATES PER \$1,000

To calculate premiums for Primary Insured only: Multiply the amount shown in the chart by the face amount per \$1,000 of coverage.

*To calculate premiums for Primary Insured and Additional Term Rider Insured: Multiply the amount shown in the chart by the face amount per \$1,000 of coverage for **each** individual separately and then combine the two (see example).*

Example
 Primary Insured:
 Age 35, 20-year Term, applying for \$150,000 in coverage.

0.50 X 150 = \$75

Additional Term Rider Insured:
 Age 34, 20-year Term, also applying for \$150,000 in coverage.

0.13 X 150 = \$19.50

(Rates found on page 43)

\$75 + \$19.50 = \$94.50 Total Annual Premium for Waiver Benefit

Waiver of Premium Benefit		
Issue Age	20-Year	30-Year
16*	0.09	0.07
17*	0.09	0.07
18*	0.09	0.07
19*	0.09	0.07
20	0.16	0.08
21	0.18	0.09
22	0.19	0.10
23	0.20	0.10
24	0.21	0.11
25	0.22	0.12
26	0.24	0.13
27	0.26	0.13
28	0.28	0.14
29	0.29	0.15
30	0.31	0.16
31	0.33	0.17
32	0.36	0.18
33	0.40	0.20
34	0.43	0.22
35	0.50	0.25
36	0.64	0.32
37	0.81	0.41
38	0.87	0.44
39	0.97	0.49
40	1.18	0.59
41	1.37	0.70
42	1.64	0.83
43	1.87	0.95
44	2.16	1.09
45	2.47	1.24
46	2.85	1.37
47	3.29	1.58
48	3.96	1.92
49	4.69	2.27
50	5.66	2.74
51	6.02	—
52	6.38	—
53	6.78	—
54	7.21	—
55	7.63	—

*Rate for Rider Insured only.

Accidental Death Benefit (ADB)

ANNUAL PREMIUM RATES PER \$1,000

Issue Age	ADB	
	Male	Female
16*	1.20	0.96
17*	1.20	0.96
18*	1.20	0.72
19*	1.20	0.72
20	1.20	0.72
21	1.08	0.60
22	1.08	0.60
23	1.08	0.60
24	1.08	0.60
25	0.96	0.60
26	0.96	0.60
27	0.96	0.60
28	0.96	0.60
29	0.96	0.60
30	0.96	0.60
31	0.96	0.60
32	0.96	0.60
33	0.96	0.60
34	0.96	0.60
35	0.96	0.60
36	0.96	0.60
37	0.96	0.60
38	0.96	0.60
39	0.96	0.60
40	0.96	0.60
41	0.96	0.60
42	0.96	0.60
43	0.96	0.60
44	0.96	0.60
45	0.96	0.60
46	0.96	0.60
47	0.96	0.60
48	0.96	0.60
49	0.96	0.60
50	0.96	0.60
51	0.96	0.60
52	0.96	0.60
53	0.96	0.60
54	0.96	0.60
55	0.96	0.60

For policies issued in Montana use Male Rates

*Rate for Rider Insured only.

SYMETRA[®]
FINANCIAL

Symetra Life Insurance Company
777 108th Avenue NE, Suite 1200
Bellevue, WA 98004
www.symetra.com

Symetra[®] and the Symetra Financial logo are registered service marks of Symetra Life Insurance Company.

Life Insurance is issued by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA, 98004 and is not available in all U.S. states or any U.S. territory.

The policy form number for Symetra ProTerm Life insurance is L-10000 4/08. The policy form number for Symetra ProTerm 360 Life Insurance is L-10010 5/09.

Guarantees and benefits are subject to the claims-paying ability of Symetra Life Insurance Company.



Mixed Sources
Product group from well-managed
forests and other controlled sources

Cert no. SCS-COC-001214
www.fsc.org
© 1996 Forest Stewardship Council