

ADVANTAGE

(Ages 0 through 49)

&

ADVANTAGE — 50 PLUS

(Ages 50 through 85)

Whole Life Insurance

Underwritten by:



Plus



AGENT GUIDE

Underwriting Guidelines
Premium Rates

- **Immediate Death Benefit Plan**, *Policy Form No. 3118*
- **Return of Premium Benefit Plan**, *Policy Form No. 3119*

AGENT GUIDE FOR FIELD USE ONLY

Table of Contents

SECTION 1 - General Information

Item:	Page #:
Key Contact Information	3
Plan Descriptions	4
Policy Specifications	4
Other Required Forms/Key Administrative Guidelines.....	5
Telephone Interview Information	7
Third-Party Payor Guidelines	8
Product Software	8
Application Submission (Paper/Mobile)	8
State-Specifics	9
State Approval Chart	10
Non-USA Citizen Guidelines	11
Build Chart	12
Bank Draft Procedures.....	13
Commission/Advance Information.....	13
Rider Descriptions.....	14
Grandchild Rider	14
Children's Insurance Agreement.....	14
Terminal Illness Accelerated Death Benefit Rider	14
Accelerated Benefit Rider-Confined Care	14

SECTION 2 - Specific Information for Advantage-50 Plus

Advantage — 50 Plus Specifics	15-40
Application Workflow Chart	16
Application Completion Steps.....	17-18
Application Sample	19-20
Medical Impairment Guide	21-22
Prescription Reference Guide	23-39
Rates Per 1,000	40-41

SECTION 3 - Specific Information for Advantage (0-49)

Advantage (0-49) Specifics	42-64
Application Workflow Chart	43
Application Completion Steps	44-46
Application Sample	47-48
Medical Impairment Guide	49-50
Prescription Reference Guide	51-66
Rates Per 1,000	67-68

SECTION 1

Everest / iA American / WFG

KEY CONTACTS

New Agent Contracts- see Everest website:

- Go to www.everestfuneral.com/wfg-us.
- Select option 1- "Submit Agent Agreement Online".

Commission/Advancing Questions: Agents should contact WFG directly:

- 770-246-9889
- wfgghost@transamerica.com

Marketing Sales Materials: see Everest's website:

- Go to www.everestfuneral.com/wfg-us.
- Everest consumer brochures/flyers and Agent Sales Tool Kit are found under Step 2.
- Applications, Forms, and Agent Guides are found under Step 3.

Questions about Funeral Planning and Concierge Services:

- 800-913-8318
- www.everestfuneral.com/wfg-us

Underwriting: Agents should contact iA American directly.

- 800-736-7311 prompts 1, 1, 1
- Live Chat: New Business and Marketing Support
- underwriting@aatx.com

Client Experience: Agents/Clients should contact iA American directly:

- 800-736-7311 prompts 1, 1, 7
- Live Chat- Client Experience (In-Force Policies)
- cx@aatx.com

Submitting New Business:

- Fax directly to iA American at 254-297-2100.
- Upload scanned applications - www.insuranceapplication.com/AppDrop.
- Mobile Application - www.insuranceapplication.com/wfgmobile.

General Product Questions - iA American Agent Hotline:

- 800-736-7311 prompts 1, 1, 1
- Live Chat: New Business and Marketing Support
- underwriting@aatx.com

Agent E-File - monitor business written through iA American:

- Go to www.everestfuneral.com/wfg-us & click the "Log In" button for Agent E-file.
- For the initial login, use the password that was provided in the New Agent Welcome Email. You will be prompted to create a new password.
- On this website you can:
 - Track status of pending applications.
 - View scanned images of the applications you have submitted.
 - View any correspondence sent to your clients.
 - View reports for production, placement, persistency, etc.

Want to chat with us? Go to the Marketing Sales page of your agent portal on the Company website and click on the department you need (Agent Contracting, Claims, Client Experience (In-Force Policies), Commissions, New Business and Marketing Support, Risk Assessments, and Technical Support Helpdesk).

Hour of Operation:

Everest

- 24 Hours a Day
- 7 Days a Week

iA American

- 8:00 A.M. to 4:45 P.M. CT
- Monday through Friday

WFG - HOST

- 9:00 A.M. to 6:00 P.M. ET
- Monday through Friday

PLAN DESCRIPTIONS

Advantage-50 Plus and Advantage plans have been specifically created to cater to individuals who want a simplified approach to buying life insurance.

'Immediate Death Benefit':

- This death benefit plan is a simplified issue whole life policy with a level death benefit of 100% of the face amount paid immediately.

'Return of Premium Benefit':

- This death benefit plan is a simplified issue whole life policy which pays a return of premium (ROP) plus 10% interest for 3 years if under the age of 65, 2 years if the issue age is 65 or older. 100% paid after graded period. 100% paid for accidental death, all years.

BENEFITS

- No medical exams or blood work required.
- Affordable rates that will not increase.
- Benefits not subject to federal income tax.
- Cash value for emergencies and other needs.

POLICY SPECIFICATIONS

Product Name:	Advantage — 50 Plus	Advantage
Issue Ages (Age Last Birthday):	50 to 85	0 to 49
Premium Paying Period:	To age 100	To age 100
Minimum Death Benefit:	\$2,500	\$5,000
Maximum Immediate Death Benefit:	Ages 50 to 75: \$50,000 Ages 76 to 85: \$25,000	Ages 0 to 49: \$50,000
Maximum Return of Premium Death Benefit (ROP):	Ages 50 to 85: \$25,000	Ages 18 to 49: \$25,000
Policy Fee:	\$80 (Commissionable)	\$80 (Commissionable)
Modal Factors:		
Monthly EFT	0.088	0.088
Quarterly	0.262	0.262
Semi-Annual	0.519	0.519
No-cost Riders Included:		
Terminal Illness Accelerated Death Benefit Rider*	Yes	Yes
Accelerated Benefit Confined Care Rider* (not available on ROP Plan)	Yes	Yes
Optional Benefits and Riders:		
Grandchild Rider (also covers Great-grandchild)	Yes	Not Available
Children's Insurance Agreement (not available on ROP plan)	Yes	Yes
Application No. (with some state variations):	3121	3120

* Included at no additional premium, where available.

SIMPLIFIED UNDERWRITING

Eligibility for coverage is based on:

- A simplified 'YES/NO' application, &
- A telephone interview (if applicable), &
- Check with the Medical Information Bureau (MIB, LLC), &
- Check with a pharmaceutical related facility(s), &
- Proposed insured's build (See the build chart located on page 10.)

Practice Good Field Underwriting & Speed Up Your Turnaround Time!

Underwriters will try to evaluate the risk as quickly as possible, so the following factors are essential:

- **Good Field Underwriting** – Carefully ask all the application questions and accurately record the answers.
- **Client Honesty and Cooperation** – Underwriting relies heavily on the application; therefore, complete, and thorough answers to the questions are necessary. Please stress this and prepare the proposed insured for the telephone interview which will be brief, pleasant, professionally managed, and recorded.

BEFORE asking any health questions, stress the importance for 'truthful and complete' answers, including tobacco usage that will 'match' information already in the applicant's medical records, national prescription database, MIB, LLC.

Providing COMPLETE INFORMATION on the application REDUCES the need to order medical records and speeds up issue time!

PRACTICE GOOD FIELD UNDERWRITING OR...

An agent with a history of sending applications with non-admitted medical information will likely receive special attention when the Underwriting Department reviews their applications. The Underwriting Department will request medical records on those applicants until they feel that the agent has corrected their field underwriting problems.

Refrain from poor field underwriting contributing to unnecessary delays in both the issuing of your business and the payment of your compensation.

OTHER REQUIRED FORMS / KEY ADMINISTRATIVE GUIDELINES

- **Incomplete or unsigned applications** — Applications that are not complete in their entirety or missing required signatures will require an amendment or returned for completion. Please make sure that all blanks are filled in and the application reviewed and signed by the Owner and proposed insured. Also, remember to include your agent number.
- **Terminal Illness Accelerated Death Benefit Riders Disclosure Statement, Form No. 3136; In CA Form no. 3575-D** — The agent must present to the applicant and certify. In California, the agent must present Form No. 3575-D at point-of-sale. (The states of MA and VA require this disclosure form to be signed by the applicant and submitted with the life application.)
- **Accelerated Benefit Confined Care Rider Disclosure Statement, Form No. 3134** — The agent must present to the applicant and certify when applying for the Immediate Death Benefit plan.
- **HIPAA, Form No. 9526** — Must be sent with each application.
 - ***Juvenile Applications** — Please print the juvenile's name at the top of the HIPAA form signed by the guardian.
- **Replacement Form (if required)** — Complete all replacement requirements as per individual state insurance replacement regulations.
- **All changes must be crossed out and initialed by proposed insured** — No white outs or erasures on the application.
- **Applications for Return of Premium Plan** — While completing the health questions on the application with the proposed insured, if you encounter a 'Yes' answer in the ROP section, that is the last health question the proposed insured must answer. After that initial 'Yes' answer, the health questions following may be left unanswered. (**NOTE:** When the insured is applying for the ROP plan, a telephone interview is not required).
- **Re-Writes on Same Insured** — If a second application is written on the same individual (1) within six months of the first policy being issued or (2) which increases the face amount to the maximum allowable for that age, medical records will be ordered by the Underwriting Department.
- **Initial Premium** — Submit the first full modal premium with the application, unless the initial premium is bank draft. The first premium can be submitted in the form of applicant's personal check, eCheck, or bank draft for first premium. See page 11 in this guide for the described eCheck procedures.
- **Applications on Juveniles (Issue Ages 0-17):**
 - If the grandparent or legal guardian applies for coverage on a child, we need a copy of the guardianship papers.
 - All children within the family are required insured equally.
 - We do not insure juveniles for more than their parents or legal guardians. Parents/Legal Guardians must have life coverage in force when applying for coverage on children.
 - Juvenile questionnaires (Form No. 9825) are to be sent with the applications.
- **Contestability** — As provided for in the policy contract, iA American reserves the right to contest any death benefit claims made on the insured's life during the first two policy years (in most states) from the date of issue.

- **Applicants Re-applying for Coverage** – Underwriting will not process new applications if the proposed insured has had three policies with any of our companies which have lapsed, made not taken, surrendered, or canceled. This applies regardless of the plan(s) which have previously been written or who the writing agent may have been on the previous policies.

- **Request for Re-dates and/or Reinstatements:**

It is often easier and in your client's best interests to ask that a policy be re-dated or reinstated rather than completing a new application. Below are the Company guidelines to follow:

- **Re-date and Reinstatement Request*:**

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - A policy can be re-dated simply by sending an email request to our **Client Experience Department** at cx@aatx.com.
 - There is no other paperwork necessary.
 - * A policy re-date ONE time only.

- **Reinstatement Requests Only**:**

- If the policy lapse has occurred 60 days after the policy date & within the first policy year:
 - We require both a Statement of Health (Form No. 1110) & HIPAA (Form No. 9526) to be completed.
 - In addition, a new Bank Draft Authorization (Form No. 1963) for payments via bank draft. Or we would need the back premiums due for payments on direct bill.
 - Fax documents above to **Client Experience Department** at **(254) 297-2105**.
 - As an alternative, we will process a new application with 'Reinstatement' and the policy number wrote down at the top. Fax this request to **Client Experience Department** at **(254) 297-2105**.
- If the policy lapse occurred more than one year after the policy date:
 - We require completion of a new application and faxed to the **New Business Department** at fax # **(254) 297-2100**.
 - Make sure to send a note with the application saying this is a 'Reinstatement' & indicate the original policy number.
 - ** Upon request, we will review these case-by-case for consideration for a re-date & reinstate.

PREMIUMS REQUIREMENTS:

- UL or Non-ROP Term – Two months premium or one modal premium.
- ROP Term – all missed premiums.
- All other plans – all missed premiums.
- * We may need loan interest or payment if the policy is over-loaned.

ADVANTAGE - 50 PLUS

TELEPHONE INTERVIEW GUIDELINES

A telephone interview with the proposed insured may be required based on the Non-Med Limit Chart below. If an interview is necessary, the agent and proposed insured can complete it at point-of-sale.

After completing the application, you may call from the proposed insured's home for a personal history telephone interview. The Company has designed the interview to confirm the answers given on the application. The interview can be completed in either of two ways:

- 1) at point-of-sale, or
- 2) the interviewing company will contact the proposed insured after receipt of the application by the Home Office.

The agent and proposed insured can complete the point-of-sale telephone interviews by calling the toll-free number below. When calling the vendor, identify yourself, the Company, and the product the proposed insured is applying for, 'Advantage 50 Plus'. The proposed insured must always complete the telephone interview without assistance from the agent or another person. If agent and proposed insured completed at point-of-sale, mark the **'Telephone interview done'** question **'Yes'** in the upper right-hand corner of the application. If the agent completed the sale outside of the vendor's hours of operation or if the agent and proposed insured did not complete at point-of-sale, mark the question **'NO'**, and the interviewing company will initiate the call after receipt of the application.

Advantage 50 Plus Non-Med Limits		
Issue Ages	Immediate	Return of Premium
50-70	None*	None*
71-85	None*+	None*

1 When the payor is other than the proposed insured, spouse, significant other, or child.

2 When the proposed insured is age 71-85 and is not found in the prescription database(s).

+ NOTE: If the proposed insured is not found in the pharmaceutical database(s), a phone interview will be requested on the screen.

Mobile Application - Decision Engine Process

Our mobile application technology will give you with a point-of-sale underwriting decision on the screen within seconds of completing the application. One of the possible outcomes is that a telephone interview is required based on the above guidelines.

ExamOne

English: 833-587-0375 | Spanish: 833-587-0376

7:00 a.m. — 11:00 p.m. Monday thru Thursday CT

7:00 a.m. — 9:00 p.m. Friday CT

8:00 a.m. — 4:00 p.m. Saturday CT

Paper Applications

The Advantage 50 Plus decision engine will only work with the use of our eApplication; however, applications written on paper will also make use of our updated interview requirements.

Regardless of the application method used, if an interview is required and was not completed at point-of-sale, it will be ordered by iA American with ExamOne.

ADVANTAGE

TELEPHONE INTERVIEW GUIDELINES

If a 'Third-Party Payor' is involved (issue ages 25 to 29), there will be a telephone interview required. This interview will be initiated by iA American **ONLY** using ExamOne (cannot be completed at point-of-sale). Please see below for more on the 'Third-Party Payor' guidelines.

THIRD-PARTY PAYOR GUIDELINES

iA American has experienced problems in terms of anti-choice, adverse claims experience and persistency on applications involving 'Third-Party Payors'. This is defined as a premium payor other than the primary insured, spouse, business, or business partner (regardless of the mode of payment). Examples of 'Third-Party Payors' include brothers, sisters, in-laws, parents, grandparents, aunts, uncles, and cousins when the proposed insured is age 30 or older. As a result of the issues related to this situation, we **DO NOT** accept Advantage applications where a Third-Party Payor is involved, and the proposed insured is age 30 or older. We do accept such applications if the payor is a spouse, business, or business partner. If the proposed insured ranges from ages 0 to 29, we will allow a parent to pay the premiums, but please be advised that additional underwriting requirements, including a telephone interview, motor vehicle report, and criminal records check, will be involved for many of these applications; particularly for those applications where the proposed insured ranges from ages 25 to 29.

PRODUCT SOFTWARE

NAIC Illustration is not required. However, presentation software is available on the iA American website and will quickly and easily present the guaranteed death benefit & guaranteed case values. Quotes can be ran based on desired face amount or premium amount to customize a solution for the proposed insured. To run quotes using your smartphone or tablet, refer to Step 3 at www.everestfuneral.com/wfg-us.

APPLICATION SUBMISSION

You can submit new applications to the Home Office by scanning, faxing, or mailing. Refer to the Company website for instructions on AppDrop. Information on AppDrop can also be found on www.insuranceapplication.com (Select the option for 'AppDrop'). If the application is scanned or faxed, send all supporting documents. If you collected a check, utilize the eCheck procedure (please refer to the **Bank Draft Procedures** section in this guide for the instructions for the eCheck policy); otherwise, you must send the check under a separate cover to the attention of policy Issue. Be sure to include the proposed insured's name on the cover sheet.

MOBILE APPLICATIONS WITH POINT-OF-SALE DECISIONS—ADVANTAGE 50 PLUS ONLY

- Complete applications electronically using a tablet or similar device.
- Go to www.insuranceapplication.com (Select option for the "Mobile Application").
- First time users will need to complete the brief self-registration process.
- There is a link to a training manual available on this website to assist you.
- Complete the application and all required forms in their entirety. Applications submitted to the Home Office in good order.
- The proposed insured can sign the application (1) directly on the tablet device using a stylus or simply their finger, (2) by email for signature or (3) by voice signature.
- Point-of-Sale Decision—Upon completion of the application, an underwriting decision will appear on the screen within seconds, some possible underwriting decisions include:
 - Approved as applied for (Firm Decision),
 - Telephone Interview Needed,
 - Refer to Home Office, or
 - Not Eligible for Coverage.

STATE-SPECIFICS

California:

- Notice of Lapse Designee Form No. 3011 must be completed and sent to iA American along with the life application.
- California Senior Notice Form No. 9555 must be completed and sent to iA American along with the application on sales to proposed insureds age 65 or older.
- California Notice Regarding Sale and Liquidation of Assets Form No. 9649 must be completed and sent to iA American along with the application on sales to proposed insureds age 65 or older.
- California Privacy Notification Form No. 3640-CA must be presented to the proposed insureds prior to the taking of any of their personal information.
- Terminal Illness Accelerated Death Benefit Disclosure Form No. 3575-D must be presented to the proposed insured at point-of-sale.
- Supplement to Application Form No. 3481 completion is required due to the no-cost Terminal Illness rider provided.

Connecticut:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3158 must be completed and sent to the Home Office along with the application.

Florida:

- If applying for Children's Insurance Agreement and/or the Grandchild Rider, the proposed insured must sign and have legal guardianship. If someone other than parent is signing the application, proof of child guardianship must be provided.
- Terminal Illness Accelerated Death Benefit Disclosure Form No. 3136-FL must be presented to the proposed insured at point-of-sale.

Idaho:

Notice of Lapse designee Form No. 3373 must be completed and sent to the Home Office along with the life application.

Kansas:

- Due to state's replacement regulations, we will **not** accept new applications in this state when a replacement sale is involved.
- Conditional Receipt Form No. 9712-KS must be completed and submitted with the application if the mode of payment is bank draft.

Kentucky:

Due to state's replacement regulations, we will not accept new applications in this state when a replacement sale is involved.

Pennsylvania:

Disclosure Statement Form No. 8644-PA must be completed and presented to the proposed insured in conjunction with each application. One copy of the form is left with the proposed insured and another copy is sent to iA American along with the life application.

Montana:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3381 must be completed and sent to the Home Office along with the application.

Rhode Island:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3297 must be completed and sent to the Home Office along with the application.

South Dakota:

Return of Premium Death Benefit Plan not available. Refer to agent guide as to what plan the proposed insured is eligible for based on health question responses.

Utah:

Right to Designate a Third-Party to Receive Notice of Cancellation Form No. 3691 must be completed and sent to the Home Office along with the application.

ALL STATE EXCEPTIONS MAY NOT BE INCLUDED ABOVE
ALL PRODUCTS NOT APPROVED IN ALL STATES

iA American State Approvals

State	Advantage & Advantage - 50 Plus		Product Riders			
	Immediate	ROP	Terminal Illness	Confined Care	Grandchild	Children's
Alabama	Yes	Yes	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	Yes	Yes	Yes
Arizona	Yes	Yes	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes	Yes	Yes	Yes
California	Yes	Yes	Yes	No	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	Yes	Yes
Connecticut	Yes	Yes	Yes	No	Yes	Yes
Delaware	Yes	Yes	Yes	Yes	Yes	Yes
DC	Yes	Yes	Yes	No	Yes	Yes
Florida	Yes	Yes	Yes	No	Yes	Yes
Georgia	Yes	Yes	Yes	Yes	Yes	Yes
Hawaii	Yes	Yes	Yes	Yes	Yes	Yes
Idaho	Yes	Yes	Yes	Yes	Yes	Yes
Illinois	Yes	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	Yes	Yes	Yes	Yes	Yes
Iowa	Yes	Yes	Yes	Yes	Yes	Yes
Kansas	Yes	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes	Yes	Yes
Maine	No	No	No	No	No	No
Maryland	Yes	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes	Yes	Yes
Michigan	Yes	Yes	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	Yes	Yes	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes	Yes	Yes
Montana	No	No	No	No	No	No
Nebraska	Yes	Yes	Yes	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	Yes	Yes	Yes
New Hampshire	No	No	No	No	No	No
New Jersey	Yes	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes	Yes
New York	NL	NL	NL	NL	NL	NL
North Carolina	Yes	Yes	Yes	Yes	Yes	Yes
North Dakota	Yes	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	Yes	Yes	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	Yes	Yes	Yes	Yes
Rhode Island	Yes	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	Yes	Yes	Yes	Yes	Yes
South Dakota	Yes	No	Yes	No	Yes	Yes
Tennessee	Yes	Yes	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Yes	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	Yes	Yes	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes	Yes
West Virginia	Yes	Yes	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	Yes	Yes	Yes	Yes
Wyoming	Yes	Yes	Yes	Yes	Yes	Yes

NON-USA CITIZEN GUIDELINES

If the proposed insured resides in the United States, but is not a U.S. Citizen, he or she must meet and provide the following documentation and resident information:

1. Provide ITIN* (Individual Tax Identification Number) and a Copy of Permanent Residence Card (Green Card) or Copy of Visa (Non-Immigrant Work Visa or Immigrant Visa)

NOTE: Not acceptable – Mexican Consular cards, Foreign Driver's License or Passport, Temporary Work Visas

2. Provide Copy of United States Driver's License**
3. Current physician that practices in the United States***
4. Lived in the United States for a minimum of 1 year
5. No current plans to move outside of the United States
6. If Non-Resident Alien (Non-USA Citizen without a Green Card) – Owner must submit W-8BEN****
7. If Resident Alien (Non-USA Citizen with a Green Card) – Owner must submit W-9****
8. If premiums paid by ACH, must be a United States bank
9. Complete Telephone Interview*****

*** If ITIN (Individual Tax Identification Number), provide:**

Occupation, Employer Name, Address, Nature of the business and How long employed.

NOTE: If not employed, provide source of income and annual income.

**** If NO Driver's License, provide:** Legal or Medical reason details.

***** Current physician, provide:**

Name, Address, Phone number, Date last seen, Reason last seen and Medications prescribed.

****** W-8BEN and W-9 Forms** are available on the United States IRS website

******* Complete the Telephone Interview with ExamOne**

English: 833-587-0375 | Spanish: 833-587-0376

6:00 a.m. — 11:00 p.m. Monday thru Thursday CT

8:00 a.m. — 4:30 p.m. Saturday CT

NOTE: Non-USA Citizens cannot be the Payor or Owner of an insured's policy even if they meet all of our Non-USA Citizen requirements. (Okay for parent/guardian to be Payor/Owner for minor children). DACA participants or individuals in the country on temporary VISAs are not accepted.

BUILD CHARTS

(Issue Ages 18-85)

(Unisex)

(Use the chart below to help determine the appropriate plan)

Ht.	Maximum Weight for Plan		Minimum Weight for Plan	
	Immediate	Return of Premium*	Immediate	Return of Premium**
4'10"	211	212 - 230	92	87 - 91
4'11"	218	219 - 238	94	89 - 93
5'	225	226 - 246	96	91 - 95
5'1"	233	234 - 254	99	94 - 98
5'2"	241	242 - 262	101	96 - 100
5'3"	248	249 - 271	105	100 - 104
5'4"	256	257 - 280	107	102 - 106
5'5"	264	265 - 288	110	105 - 109
5'6"	273	274 - 297	112	107 - 111
5'7"	281	282 - 306	116	111 - 115
5'8"	289	290 - 316	119	114 - 118
5'9"	298	299 - 325	123	118 - 122
5'10"	307	308 - 335	126	121 - 125
5'11"	315	316 - 344	131	126 - 130
6'	324	325 - 354	135	130 - 134
6'1"	334	335 - 364	139	134 - 138
6'2"	343	344 - 374	142	137 - 141
6'3"	352	353 - 384	146	141 - 145
6'4"	361	362 - 394	149	144 - 148

* Above the weight on the high end of this range is a decline

** Below the weight on low end of this range is a decline

JUVENILE BUILD CHART

(Issue Ages 0-17)

Ages 0-2			Ages 3-9			Ages 10-14		
Ht	Minimum	Maximum	Ht	Minimum	Maximum	Ht	Minimum	Maximum
24"	8	23	30"	18	40	48"	44	92
26"	10	26	34"	22	44	52"	54	108
28"	13	31	38"	26	54	56"	63	126
30"	15	36	42"	32	64	60"	74	144
32"	18	40	46"	38	78	64"	87	166
34"	21	42	50"	46	94	68"	100	186
36"	23	45	54"	56	111	72"	113	206
38"	26	48	58"	66	128	76"	126	228
Ages 15-17								
Ht	Minimum	Maximum	Ht	Minimum	Maximum	Ht	Minimum	Maximum
4' 8"	74	169	5' 3"	93	215	5' 10"	115	265
4' 9"	76	176	5' 4"	96	221	5' 11"	118	272
4' 10"	79	182	5' 5"	99	228	6'	122	280
4' 11"	82	188	5' 6"	102	235	6' 1"	125	288
5'	84	195	5' 7"	105	243	6' 2"	129	296
5' 1"	87	201	5' 8"	109	250	6' 3"	132	304
5' 2"	90	208	5' 9"	112	257	6' 4"	136	312

Proposed insured with weights below the minimum or above the maximum in this chart are not eligible for coverage. The chart above serves as a general guide relating to juvenile build. However, Underwriting reserves the right to use discretion concerning appropriate build for age as well as the height and weight limits for such proposed insured.

BANK DRAFT PROCEDURES

Draft First Premium Once Policy is Approved:

- 1) Complete the **Preauthorization Check Plan** fields found at the bottom of the back of the application. Please specify a **Requested Draft Day** if desired. If the applicant provides the **Requested Draft Day** and wants a draft on a specific day, supply that date in the Policy Date field (mm/dd/yy).
 - (a) Drafts cannot occur more than 30 days after the date the application was signed.
 - (b) Drafts cannot be on the 29th, 30th or 31st of the month.
 - (c) Drafts cannot occur more than 10 days into the grace period.
- 2) A copy of a voided check or deposit slip must accompany the application. If one is not available or if they have a bank account, but only use a debit card, then you must also submit a Bank Account Verification (the Bank Verification section of Form 9903-WFG). (If a debit card is used, locate a bank statement to obtain the actual account number and not the number of the debit card.) Green Dot Bank (and other pre-paid cards) not accepted.

Immediate Draft for Cash with Application (CWA) using eCheck:

- 1) To bind coverage **IMMEDIATELY**, you may use the eCheck option. If this option is selected, you must complete the eCheck section of Form 9903-WFG in addition to items 1 & 2 listed above.
 - (a) Form 9903-WFG authorizes iA to immediately draft for the first premium upon receipt of the application. Submit this form along with the application.
 - (b) When the application is approved, the initial premium will be applied. Future drafts will occur on the next due date and the Requested Draft Day (if provided).

OPTION FOR DRAFTS TO COINCIDE WITH RECEIPT OF SOCIAL SECURITY PAYMENTS

Most people today are receiving their Social Security payments on either the 1st or 3rd of the month, or the 2nd, 3rd, or 4th Wednesday. If the proposed insured is receiving their payments under this scenario and they would like to have their premiums drafted on these those exact, please follow the instructions below:

- On the '**Requested Draft Day**' line of the '**PREAUTHORIZATION CHECK PLAN**' on the back page of the application, you will need to list one of the indicators below:
 - '**1S**' – if payments are received on the 1st of the month.
 - '**3S**' – if payments are received on the 3rd of the month.
 - '**2W**' – if payments are received on the 2nd Wednesday of the month.
 - '**3W**' – if payments are received on the 3rd Wednesday of the month.
 - '**4W**' – if payments are received on the 4th Wednesday of the month.
- The '**Policy Date Request**' field on the front of the application should not be completed as the actual Policy Date will be assigned by the Home Office once the application is received.

When you follow the steps provided above at point-of-sale, our office will have the necessary information needed to process the premium draft to coincide with the proposed insured's Social Security payment schedule. The procedure is just that simple. Complete the rest of the application paperwork in the normal fashion. Also, you still have the choice of requesting immediate drafts for CWA; follow the routine procedures.

COMMISSIONS & ADVANCES:

- Both commissions & advances are paid directly to agents by the WFG Home Office.
- Please direct **ALL** commission/advance related questions to the WFG HOST at 770-246-9889, Option 3. (Have the iA American policy number available when you call.)
- The Company reserves all rights as set forth in the Annualization Plan Supplemental Agreement in regards to advanced commissions.

Please Note: Some commissions are paid as earned (referred to as controlled business):

- Commissions are paid as earned on applications where you are the Owner, insured, or payor on the application.
- Commissions are paid as earned if initial premium payment is by money order.
- Commissions are paid as earned if the policy premium is paid via direct monthly bill.

Rider availability varies by product and by death benefit plan. See chart below for availability.

RIDER AVAILABILITY CHART				
Rider Name	Advantage — 50 Plus		Advantage	
	Immediate	Return of Premium	Immediate	Return of Premium
Grandchild Rider	Yes	Yes	No	No
Children's Rider	Yes	No	Yes	No
Terminal Illness	Yes	Yes	Yes	Yes
Confined Care	Yes	No	Yes	No

BENEFITS AND RIDERS not available in all states

Grandchild Rider-(GCIA) — Policy Form 3131 when attached to the Immediate Death Benefit Plan. Policy Form 3132 when attached to Return of Premium Plan.

Per unit selected, this rider provides \$5,000 per unit of life insurance protection on each grandchild and great-grandchild through age 20. This benefit also guarantees their future insurability up to \$25,000 (per unit) of individual protection regardless of their health.

Rider coverage is fully paid up in the event of the primary insured's death (does not apply to the ROP Plan).

Issue Ages: Primary insured: 50 - 80
Grandchildren and great-grandchildren: 180 days - 15 years

Premium: \$12.00 annually per grandchild and great-grandchild per unit

Maximum Units: Two

Grandchild Rider Calculation Example: 3 grandchildren

(\$12.00 X 3) multiplied X .088 = \$3.17 per month. Add this to the life coverage monthly premium for the total monthly premium.

Children's Insurance Agreement-(CIA) — Policy Form 3130

(Not available on ROP plan)

Provides \$3,000 per unit of level term insurance on the lives of children until the earlier of the child's age 25 or the proposed insured age 65, at which time their coverage is convertible to a whole life or endowment plan of insurance at a rate of up to five times the amount of insurance provided on the CIA.

Issue Ages: Primary insured: 15 - 60
Children: 15 days - 17 years

Premium: \$8.52 annually per unit

Maximum: Ages 15 - 49: Three units (\$9,000 face amount of coverage)
Ages 50 - 60: Two units (\$6,000 face amount of coverage)

CIA Calculation Example: 2 units of CIA

(\$8.52 X 2) multiplied X .088 = \$1.50 per month. Add this to the life coverage monthly premium for the total monthly premium.

RIDERS INCLUDED AT NO ADDITIONAL COST

Terminal Illness Accelerated Death Benefit Rider — Policy Form No. 3135; In CA Form No. 3575

With this benefit, you may receive up to 100% of the death benefit of the policy if diagnosed as terminally ill where life expectancy is 24 months or less (12 months in some states). Rider is added to every policy (where available) at no additional premium. During acceleration, the Company will add an actuarial adjustment factor and an administrative charge of \$150. *Remember to leave disclosure statement Form T1501, or 3575-D in CA, with the proposed insured at point-of-sale. For California, please refer to Form No. 3672-CA for rider details.*

Accelerated Benefits Rider-Confined Care — Policy Form No. 3133

With this benefit, if you are confined to a nursing home at least 30 days after the policy is issued you can receive a monthly benefit of up to 5.0% of the face amount per month. This rider where available is added to policies issued as the Immediate Death Benefit Plan at no additional premium. Not available on the Return of Premium Death Benefit plan. *Remember to leave the disclosure statement Form 3134 with the proposed insured when applying for the Immediate Death Benefit plan. (Rider not available in CA, CT, DC, FL, or SD.)*

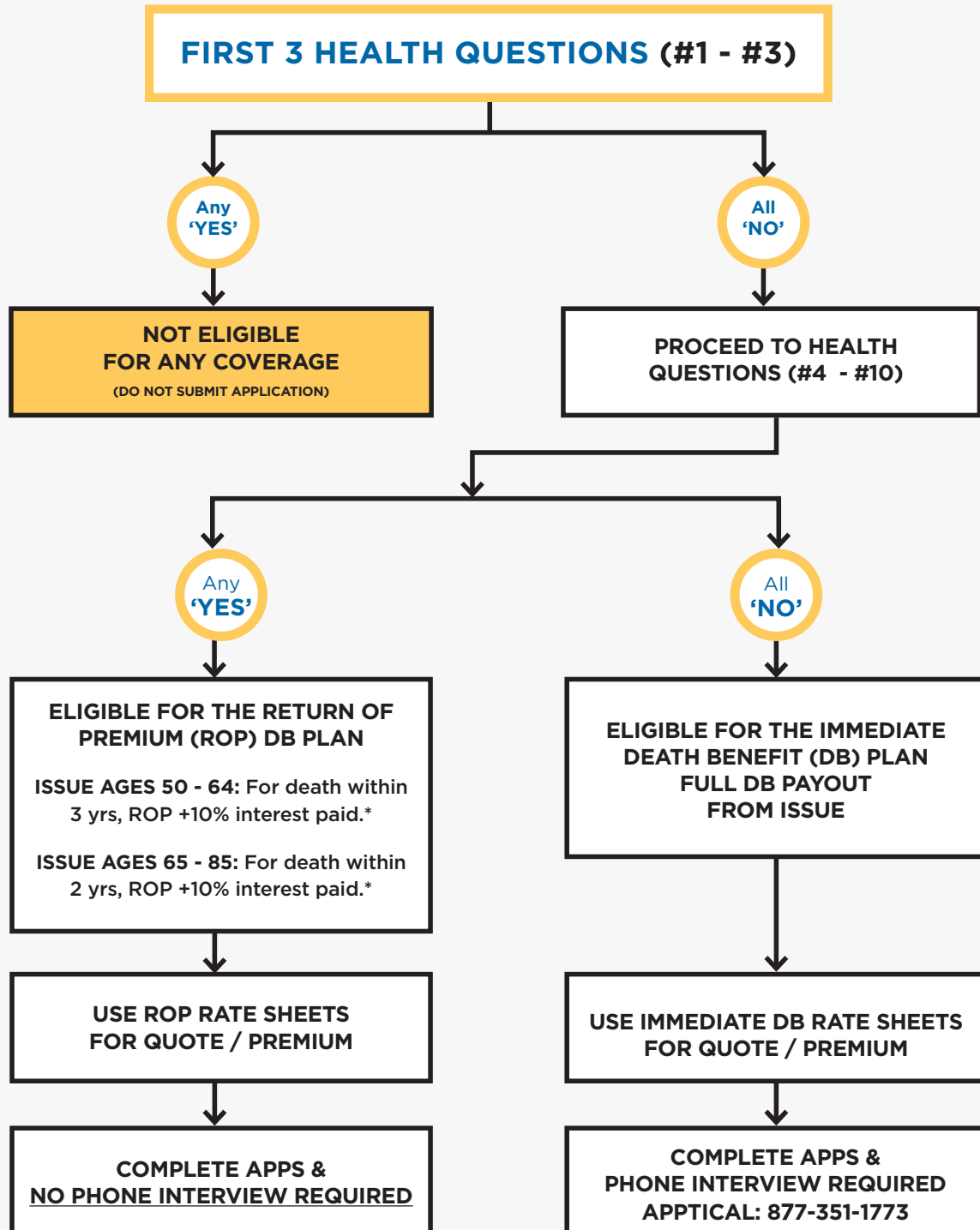
SECTION 3

Completing Applications for Advantage — 50 Plus (Issue Ages 50 to 85)

(The following pages contain information specific to this product only.)



Advantage 50 Plus (50-85 YRS OLD / AGE LAST BIRTHDAY)



* If accidental death, 100% of the face amount is paid.

DETERMINING PLAN ELIGIBILITY

The *Advantage – 50 Plus* application (Form No. 3121) features simple **'Yes'** or **'No'** questions that enable you to quickly determine which plan of insurance the proposed insured may be eligible for:

- The 'Immediate Death Benefit' plan is for those with no serious health history and who can answer **'No'** to all health questions 1 through 10 on the application.
- The 'Return of Premium Benefit' plan is for those who answer **'No'** to questions 1 through 3, but **'Yes'** to any health questions 4 through 10 on the application.
- If health questions 1, 2, or 3 are answered **'Yes'**, the proposed insured is not eligible for coverage under any plans.

APPLICATION COMPLETION (Issue Ages 50-85)

The following section is provided to assist agents with the completion of the life insurance application (Form No. 3121). It follows along, item by item, with the application used. As a reminder, the application must be completed in its entirety to prevent unnecessary processing delays. In addition, please complete (and send in along with the application) any other required forms referred to earlier in this agent guide.

Page 1 of Application:

- **Proposed insured** — Provide the proposed insured's **full legal name**.
- **Address** — Provide the proposed insured's physical address.
- **City / State / Zip Code**
- **Telephone Case Number** — Provide the case number provided to you by ExamOne (if interview completed point-of-sale).
- **Male / Female** — Select appropriate gender.
- **Date of Birth** — Please enter as MM/DD/YYYY.
- **Age** — Calculate based upon **age last birthday** as of the policy date.
- **State of Birth** — If the proposed insured was not born in the U.S., list the country of birth.
- **Social Security Number** — If proposed insured is not a US Citizen, please consult the **'Non-USA Citizen Guidelines'** located on page 11 of this guide.
- **Height and Weight** — Record the proposed insured's current height and weight. Refer to the build chart located on page 12 in this guide to assist in determining the appropriate plan to apply for based on build.
- **Owner:**
 - Name
 - Relationship to the proposed insured
 - Social Security number (If the Owner is not a U.S. Citizen, please consult the **'Non-USA Citizen Guidelines'** located on page 11 of this guide.)
 - Address
 - City/State/Zip
- **Primary and Contingent Beneficiary:**
 - Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the proposed insured. Also provide the beneficiary's Social Security number if it can be obtained.
 - A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the Insured. Examples include family members or a Trust. **NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend' do not satisfy the insurable interest requirements.**
- **Plan** — Check the box for the appropriate death benefit plan being applied for. This is based on the answers to the health questions and the proposed insured's build.
- **Face Amount of Insurance \$** — Enter the amount of coverage being applied for.
- **Tobacco Use**
 - Please check the box **'Yes'** or **'No'** to the tobacco use question.
 - The question reads "During the past 12 months have you used tobacco in any form (**excluding occasional** cigar or pipe use)?"
 - Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove or bidis cigarettes. Excludes occasional cigar or pipe use.
- **Plan Acceptance Check Box** ("Check here if you are willing to accept...") — Check this box if your client is willing to accept whichever death benefit plan they may qualify for. If checked, this will prevent the need to complete a signed endorsement due simply to a change of plan.
- **Riders** (Be sure to check the box next to each rider being applied for):
 - Grandchild Rider
 - Indicate the number of grandchildren/great-grandchildren applying for coverage.
 - Enter 1 unit (\$5,000) or 2 units (\$10,000) of coverage.
 - Children's Insurance Agreement - Enter 1 unit (\$3,000) or 2 units (\$6,000) of coverage.
- **Automatic Premium Loan (APL)** — Check **'Yes'** or **'No'** (Check **'Yes'** to ensure the proposed insured has this option if ever needed.)

- **Mode:**
 - **Bank Draft**
 - **Draft 1st Prem on Req Date** — Bank draft on which the 1st draft will occur upon the '**Requested Policy Date**' you will enter.
 - **Other**
- **Modal Premium** — Enter the desired premium based on the frequency by which the proposed insured will pay.
- **CWA** (check appropriate box, if applicable):
 - **eCheck Immediate 1st Premium** — Only select this option if iA American is to draft the proposed insured's bank account **IMMEDIATELY** upon receipt of the application. See page 11 for more details. NOTE: You must also complete the eCheck section of form 9903-WFG and submit it with the application.
 - **Collected \$** - Only select this option if actually collecting initial payment and mailing it to iA American.
- **Mail Policy To** — Check the box to indicate the preference to whom the policy contract should be mailed.
- **Requested Policy Date** — The '**Requested Policy Date**' or the initial draft, if applicable, **cannot be more than 30 days out from the date the application was signed.**
- **Replacement Section:**
 - Answer questions A & B.
 - If replacing coverage, please provide the other insurance company name, policy #, & amount of coverage.
 - **NOTE: Complete any state required Replacement forms** - For state specific replacement instructions & replacement forms, please refer to Step 3 on the Everest website.
- **Physician Name, City/State & Phone** — Provide the name and contact information of the proposed insured's doctor or medical facility
- **Health Questions:**
 - *If any answer to questions 1 through 3 is answered 'Yes', the proposed insured is not eligible for any coverage.*
 - *If any answer to questions 4 through 10 is answered 'Yes', the proposed insured should apply for the Return of Premium Death Benefit Plan.*
 - *If all questions 1 through 10 are answered 'No', the proposed insured should apply for the Immediate Death Benefit Plan.*

Page 2 of Application:

- **Child, Grandchild, and Great-Grandchild Coverage:**
 - For each child to be covered provide their name, sex, birthdate, & relationship to the proposed insured.
 - If more space is needed to list the children covered, please provide their information on a separate sheet of paper and submit along with the application.
- **Proposed Children's Health Statement:**
 - This statement applies to all of the children proposed for coverage
 - Those who do not qualify for coverage based on this health statement should be listed on the line for "Exceptions".
- **Signed at** — Provide both the city and state indicating where the proposed insured was when the application was taken.
- **Date of Application** — The application date should always be the date the proposed insured answered all the medical questions and signed the application.
- **Signature of proposed insured:**
 - The proposed insured should sign their own application.
 - Power of Attorney (POA) signatures are not acceptable.
- **Signature of Owner** — Complete only if the Owner of the policy is different than the proposed insured. If Owner is different, they **MUST** sign and date the application as well as the proposed insured.
- **Agent's Report:**
 - Replacement Questions: Check '**Yes**' or '**No**' for each question listed.
 - Agent Signature, Number, and Commission Percentage must be listed here.
- **Pre-Authorization Check Plan – Authorization To Honor Charge Drawn** — Complete the following if premiums are being paid via bank draft. A complete explanation of bank draft procedures is located on page 13 of this guide:
 - Insured: List Insured's name.
 - Account Holder: List the name of the person who holds the account.
 - Include the bank's name and address.
 - Transit/ABA Number: List the routing number here.
 - Account Number: List the account number here.
 - Check either 'Checking' or 'Savings'.
 - Requested Draft Day: Indicate the requested draft date in the space provided.
 - The Account Holder must sign and date at the bottom of the page.



Administrative Office
[P.O. Box 2549, Waco, Texas 76702-2549
254-297-2774]

ADVANTAGE-50 PLUS
INDIVIDUAL LIFE INSURANCE APPLICATION
(Please print in black ink)

Telephone Case No: _____

Proposed Insured _____ (First) (Middle) (Last)				Apptical Phone #: 877-351-1773			
Address (No. & Street) _____				Telephone interview completed <input type="checkbox"/> Yes <input type="checkbox"/> No			
City _____ State _____ Zip Code _____				Phone _____ Best time to call <input type="checkbox"/> am <input type="checkbox"/> pm			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /	Age	State of Birth	Social Security Number / /	Height ft in	Weight lbs	
Owner: Name _____ Relationship _____ SS# _____ / _____ / _____				Address _____ City/State/Zip _____			
Primary Beneficiary		Relationship	Contingent Beneficiary		Relationship		
Plan: <input type="checkbox"/> Immediate Death Benefit <input type="checkbox"/> Return of Premium Death Benefit				<input type="checkbox"/> Check here if you are willing to accept any plan for which you qualify based on this application. The insurance for which you qualify may have a return of premium death benefit for the first two (2) or three (3) years, a face amount less than any indicated on this application, and riders may not be available.			
Face Amount of Insurance \$ _____				During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rider: <input type="checkbox"/> Grandchild/Great Grandchild Coverage (Indicate Number of Children Applying) _____ Units _____				Automatic Premium Loan Elected? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Children's Insurance Agreement Units <input type="checkbox"/> Other							
Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Draft 1st Prem on Req. Date		CWA: <input type="checkbox"/> E-Check Immediate 1st Prem		Mail Policy To: <input type="checkbox"/> Agent <input type="checkbox"/> Insured <input type="checkbox"/> Owner			
<input type="checkbox"/> Other Modal Prem \$ _____		<input type="checkbox"/> Collected \$ _____		Requested Policy Date: / /			
A. Do you have existing life insurance or an annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No				Company _____			
B. Will you replace an existing life insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No				Policy # _____ Amount of Coverage \$ _____			
Physician Name: _____		City/State: _____		Phone: _____			

HEALTH INFORMATION

1. Are you currently hospitalized, confined to a nursing facility, a bed, or a wheelchair due to chronic illness or disease, currently using oxygen equipment to assist in breathing, receiving Hospice Care or home health care, or had an amputation caused by disease, or do you currently have any form of cancer (excluding basal cell skin cancer) diagnosed or treated by a medical professional, or do you require assistance (from anyone) with activities of daily living such as bathing, dressing, eating or toileting? ☐ Yes ☐ No
 2. Have you had or been medically advised to have an organ transplant or kidney dialysis, or have you been medically diagnosed as having congestive heart failure (CHF), Alzheimer's, dementia, mental incapacity, Lou Gehrig's disease (ALS), liver failure, respiratory failure, or been diagnosed by a medical professional as having a terminal medical condition or end-stage disease that is expected to result in death in the next 12 months? ☐ Yes ☐ No
 3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No
- If any answer to questions 1 through 3 is answered "Yes" the Proposed Insured is not eligible for any coverage.**
4. Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50? ☐ Yes ☐ No
 5. Have you ever been medically diagnosed, treated or taken medication for renal insufficiency, kidney failure, chronic kidney disease, or more than one occurrence of cancer in your lifetime (excluding basal cell skin cancer)? ☐ Yes ☐ No
 6. Within the past 2 years have you had any diagnostic testing (excluding tests related to Human Immunodeficiency Virus (HIV)), surgery, or hospitalization advised by a medical professional which has not been completed or for which the results have not been received? ☐ Yes ☐ No
 7. Within the past 2 years have you been medically diagnosed or treated for:
 - a. angina (chest pain), stroke or TIA, cardiomyopathy, systemic lupus (SLE)? ☐ Yes ☐ No
 - b. cirrhosis, Hepatitis C, chronic hepatitis, chronic pancreatitis, liver disease, ulcerative colitis, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, or required oxygen equipment to assist in breathing? ☐ Yes ☐ No
 - c. or taken medication for any form of cancer (excluding basal cell skin cancer)? ☐ Yes ☐ No
 8. Within the past 2 years have you had a heart attack, aneurysm, or any type of heart, brain or circulatory surgery (including, but not limited to a pacemaker insertion, defibrillator placement, coronary artery bypass surgery, angioplasty, stent implant), or any procedure to improve circulation? ☐ Yes ☐ No
 9. Within the past 2 years have you used illegal drugs or abused alcohol or drugs, or had or been recommended to have treatment or counseling for alcohol or drug use, or been advised to discontinue use of alcohol or drugs? ☐ Yes ☐ No
 10. Within the past 3 years have you been medically diagnosed or treated for paralysis of two or more extremities or cerebral palsy, multiple sclerosis, seizures, Parkinson's disease or muscular dystrophy? ☐ Yes ☐ No
- If any answer to questions 4 through 10 is answered "Yes" the Proposed Insured should apply for the Return of Premium Death Benefit Plan.**
- If all questions 1 through 10 are answered "No" the Proposed Insured should apply for the Immediate Death Benefit Plan.**

CHILD, GRANDCHILD, AND GREAT GRANDCHILD COVERAGE - Children Proposed for Insurance (list additional children on a separate sheet):

Proposed Insured Name	Sex	Birthdate	Relationship	Proposed Insured Name	Sex	Birthdate	Relationship

PROPOSED CHILDREN'S HEALTH STATEMENT—To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down's Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months. List the names of children that are exceptions to PROPOSED CHILDREN'S HEALTH STATEMENT.

Children listed as an exception are excluded from the appropriate Child Rider Coverage. Exceptions are:

AGREEMENT—I agree with IA American Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded. I will notify the Company of any changes in the statements or answers given in this application between the time of application and delivery of the policy; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the [MIB, LLC (MIB)] or other organization that has knowledge or records of me and my health to give such information to: (a) IA American Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize IA American Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice, the MIB Pre-Notice, the Terminal Illness Accelerated Benefit Rider and Accelerated Benefits Rider-Confined Care Disclosure Forms, if applicable.

Signed at _____
CITY STATE

Date of Application _____
MONTH DAY YEAR

SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

AGENT'S REPORT

Does the proposed insured have any existing life insurance or annuity contract? ☐ Yes ☐ No

Is the proposed insurance intended to replace or change any existing life insurance or annuity? ☐ Yes ☐ No

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature.

I certify that the Terminal Illness Accelerated Benefit Rider and Accelerated Benefits Rider-Confined Care Disclosure Forms have been presented to the applicant, if applicable. AGENT'S REMARKS: _____

AGENT'S PRINTED NAME _____ DATE _____
Agent _____ No: _____ % _____
SIGNATURE

AGENT'S PRINTED NAME _____ DATE _____
Agent _____ No: _____ % _____
SIGNATURE

PRAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured _____ Account Holder _____

Financial Institution _____ Address _____

Transit/ABA Number _____ Account Number _____ ☐ Checking ☐ Savings Requested Draft Day (1st-28th) _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of IA American Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (AS ON FINANCIAL INSTITUTION RECORDS)

DATE

Advantage — 50 Plus Impairment Guide

The Medical Impairment Guide is to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here or how a medical condition may affect a state-specific application, don't hesitate to contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to decide based on all risk factors for a final decision.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Activities of Daily Living	Require assistance (from anyone) with bathing, dressing, eating, or toileting	No Coverage	1
AIDS / HIV	Medically treated or diagnosed by a medical professional as having	No Coverage	3
Alcoholism/ Alcohol Abuse	Within the past 2 years abused alcohol, or recommended to have treatment or counseling for alcohol use or advised to discontinue use of alcohol	Return of Premium	9
Alzheimer's disease	Medically diagnosed, treated, or taken medication for	No Coverage	2
Amputation	Had an amputation caused by disease	No Coverage	1
Amyotrophic Lateral Sclerosis (ALS) / (Lou Gehrig's Disease)	Medically diagnosed, treated, or taken medication for	No Coverage	2
Aneurysm	Within the last 2 years	Return of Premium	8
Angina (Chest Pain)	Medically diagnosed, treated, or taken medication for within the past 2 years	Return of Premium	7a
Angioplasty	Medically diagnosed, treated, or taken medication for within the past 2 years	Return of Premium	8
Bed Confinement	Currently confined to a bed	No Coverage	1
Cancer/ (excluding basal cell skin cancer)	Currently have cancer or history of metastatic cancer	No Coverage	1
	More than one occurrence in your lifetime	Return of Premium	5
	Within the past 2 years medically diagnosed, treated, or taken medication for any form of cancer	Return of Premium	7c
Cardiomyopathy	Medically diagnosed, treated, or taken medication for within the past 2 years	Return of Premium	7a
Catheterization (Heart)	Within the past 2 years	Return of Premium	8
Chronic Bronchitis	See Chronic Obstructive Pulmonary Disease (COPD)		
Chronic Hepatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7b
Chronic Pancreatitis	Medically diagnosed or treated within the past 2 years	Return of Premium	7b
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed or treated within the past 2 years	Return of Premium	7b
Circulatory Surgery	Within the past 2 years	Return of Premium	8
Cirrhosis of the Liver	Medically diagnosed or treated within the past 2 years	Return of Premium	7b
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	No Coverage	2
Coronary Artery Bypass Surgery	Within the last 2 years	Return of Premium	8
Defibrillator	Inserted within the past 2 years	Return of Premium	8
Dementia	Medically diagnosed, treated, or taken medication for	No Coverage	2
Diabetes	Combined with any medical history of any of the following: retinopathy, nephropathy, neuropathy	Return of Premium	4
	Taken insulin shots prior to age 50	Return of Premium	4
	Treated for insulin shock or diabetic coma	Return of Premium	4
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 2 years by a medical professional which has not been completed or for which the results have not been received	Return of Premium	6
Drug Abuse / Addiction	Used illegal drugs or abused drugs or had been recommended to have treatment or counseling for drug use or been advised to discontinue use of drugs within the past 2 years	Return of Premium	9

* Applies to standard life application Form No. 3121. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Emphysema	See Chronic Obstructive Pulmonary Disease (COPD)		
Heart Attack	Within the past 2 years	Return of Premium	8
Heart Surgery	Had or medically advised to have within the past 2 years	Return of Premium	8
Hepatitis C	Medically diagnosed or treated for within the past 2 years	Return of Premium	7b
Home Health Care	Currently receiving	No Coverage	1
Hospice Care	Currently receiving	No Coverage	1
Hospitalization	Currently hospitalized	No Coverage	1
Kidney Dialysis	Had or medically advised to have	No Coverage	2
Kidney Failure	Medically diagnosed, treated, or taken medication for	Return of Premium	5
Liver Disease	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	2
	Medically diagnosed, treated, or hospitalized for within the past 2 years	Return of Premium	7b
Mental Incapacity	Medically diagnosed	No Coverage	2
Multiple Sclerosis (MS)	Medically diagnosed or treated for within the past 3 years	Return of Premium	10
Muscular Dystrophy	Medically diagnosed or treated for within the past 3 years	Return of Premium	10
Nursing Facility	Currently confined	No Coverage	1
Organ Transplant	Had or medically advised to have	No Coverage	2
Oxygen Equipment	Currently used to assist in breathing	No Coverage	1
	Required to use oxygen equipment to assist in breathing within the past 2 years	Return of Premium	7b
Pacemaker	Inserted within the past 2 years	Return of Premium	8
Paralysis	Medically diagnosed or treated for paralysis of two or more extremities within the past 3 years	Return of Premium	10
Parkinson's Disease	Medically diagnosed or treated for within the past 3 years	Return of Premium	10
Renal Insufficiency	Medically diagnosed, treated, or taken medication for	Return of Premium	5
Respiratory Failure	Medically diagnosed, treated, or taken medication for	No Coverage	2
Seizures	Medically diagnosed or treated for within the past 3 years	Return of Premium	10
Stent Implant	Within the past 2 years	Return of Premium	10
Stroke	Medically diagnosed within the past 2 years	Return of Premium	7a
Systemic Lupus (SLE)	Medically diagnosed, treated for within the past 2 years	Return of Premium	7a
Terminal Medical Condition or End Stage Disease	Medically diagnosed or treated for a condition that is expected to result in death in the next 12 months	No Coverage	2
TIA (Transient Ischemic Attack)	Medically diagnosed, or treated for within the past 2 years	Return of Premium	7a
Ulcerative Colitis	Medically diagnosed or treated for within the past 2 years	Return of Premium	7b
Wheelchair Use	Currently confined to a wheelchair due to chronic illness or disease	No Coverage	1

* Applies to standard life application Form No. 3121. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Psychotic Disorder	N/A	Immediate
Accupril	Hypertension CHF	N/A N/A	Immediate No Coverage
Accuretic	Hypertension CHF	N/A N/A	Immediate No Coverage
Acebutolol HCL	Hypertension CHF	N/A N/A	Immediate No Coverage
Aceon	Hypertension CHF	N/A N/A	Immediate No Coverage
Actoplus	Diabetes *	N/A	Immediate
Actos	Diabetes *	N/A	Immediate
Advair	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Aggrenox	Stroke / TIA	2 years	Return of Premium
Albuterol	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Aldactazide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Aldactone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Amantadine HCL	Parkinson's	3 years	Return of Premium
Amaryl	Diabetes *	N/A	Immediate
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Amlodipine Besylate/Benaz	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Amyl Nitrate	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	Return of Premium
Apokyn	Parkinson's	3 years	Return of Premium

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing '**diabetes**' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as '**Yes**' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Apresoline	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No coverage
	Renal Insufficiency/Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Aricept	Alzheimer's / Dementia	N/A	No Coverage
Arimidex	Cancer	2 years	Return of Premium
Asacol	Ulcerative Colitis	2 years	Return of Premium
Atacand	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Atamet	Parkinson's	3 years	Return of Premium
Atenolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No coverage
Atripla	AIDS	N/A	No coverage
Atrovent/Atrovent HFA /Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Avalide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avandia	Diabetes *	N/A	Immediate
Avapro	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	3 years	Return of Premium
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus (SLE)	2 years	Return of Premium
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus (SLE)	2 years	Return of Premium
Azilect	Parkinson's	3 years	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Azor	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	3 years	Return of Premium
Baraclude	Liver Disorder / Hepatitis / Chronic Hepatitis	2 years	Return of Premium
Benazepril HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Benicar	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Benlysta	Systemic Lupus (SLE)	2 years	Return of Premium
Bentropine Mesylate	Parkinson's	3 years	Return of Premium
	Other Use	N/A	Immediate
Betapace	Heart Arrhythmia	N/A	Immediate
	CHF	N/A	No Coverage
Betaseron	Multiple Sclerosis	3 years	Return of Premium
Betaxolol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Bromocriptine Mesylate	Parkinson's	3 years	Return of Premium
Bumetanide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Bumex	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Buprenex	Alcohol / Drugs	2 years	Return of Premium
Bystolic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Calcium Acetate	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Campath	Cancer	2 years	Return of Premium
Campral	Alcohol / Drugs	2 years	Return of Premium
Capoten	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Capozide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Captopril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Carbamazepine	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
Carbatrol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #		Return of Premium
Carbidopa	Parkinson's	3 years	Return of Premium
Carvedilol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Casodex	Cancer	2 years	Return of Premium
Celebrex	Arthritis	N/A	Immediate
Cellcept	Organ / Tissue Transplant	N/A	No coverage
Clopidogrel	Stroke / TIA / Heart Attack	First Fill 2 years	Return of Premium
Cogentin	Parkinson's	3 years	Return of Premium
	Other Use	N/A	Immediate
Cognex	Alzheimer's / Dementia	N/A	No Coverage
Combivent	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	3 years	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	2 years	Return of Premium
Cordarone	Arrhythmia	N/A	Immediate
Coreg	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Corgard	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Corzide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Coumadin	Pulmonary Embolism	N/A	Immediate
	Thrombosis	N/A	Immediate
	Heart Valve Replacement / TIA / Stroke / Heart Attack	First Fill 2 years	Return of Premium
Cozaar	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	2 years	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytosan	Cancer	2 years	Return of Premium
Demadex	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Depacon	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
Depade	Alcohol / Drugs	2 years	Return of Premium
Depakene	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
Depakote	Seizure Disorder	3 years	Return of Premium
Diabeta	Diabetes *	N/A	Immediate
Diabinese	Diabetes *	N/A	Immediate
Digitek	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Digoxin	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Dilantin	Seizure Disorder	3 years	Return of Premium
Dilatrate SR	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Diovan	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	Return of Premium
Dolophine	Opioid Dependence	2 years	Return of Premium
Donepezil HCL	Alzheimer's / Dementia	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Duoneb	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Dyazide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Dynacirc	Hypertension	N/A	Immediate
Dyrenium	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Edecrin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	3 years	Return of Premium
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Enalaprilat	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Entresto	CHF	N/A	No Coverage
Epilex	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
Epivir	AIDS	N/A	No Coverage
Eskalith	Bipolar Disorder	N/A	Immediate
Esmolol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Exelon	Alzheimer's / Dementia	N/A	No Coverage
Exforge	Hypertension	N/A	No Coverage
	CHF	N/A	No Coverage
Femara	Cancer	2 years	Return of Premium
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Fosrenol	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Furosemide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Gabapentin	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
	Restless Leg Syndrome	N/A	Immediate
	Temporary Pain Maintenance	N/A	Immediate
Galantamine	Alzheimer's / Dementia	N/A	No Coverage
Gleevec	Cancer	2 years	Return of Premium
Glipizide	Diabetes *	N/A	Immediate
Glucophage	Diabetes *	N/A	Immediate
Glucotrol	Diabetes *	N/A	Immediate
Glyburide	Diabetes *	N/A	Immediate
Glynase	Diabetes *	N/A	Immediate
Haldol	Psychotic Disorder	N/A	Immediate
Haloperidol	Psychotic Disorder	N/A	Immediate
HCTZ	Hypertension	N/A	Immediate
HCTZ/Triamterene	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Hectoral	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Heparin	Pulmonary Embolism	N/A	Immediate
	Thrombosis	N/A	Immediate
Hepsera	Liver Disorder / Hepatitis C / Chronic Hepatitis	2 years	Return of Premium
Hizentra	Immunodeficiency	N/A	No Coverage
Humalog	Diabetes *	N/A	Immediate
Humulin	Diabetes *	N/A	Immediate
Hydralazine HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Hydroxyurea	Cancer	2 years	Return of Premium
Hydroxychloroquine	Systemic Lupus (SLE)	2 years	Return of Premium
	Rheumatoid Arthritis	N/A	Immediate
Hyzaar	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Imdur	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Imuran	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Immediate
	Systemic Lupus (SLE)	2 years	Return of Premium
Inamrinone	CHF	N/A	No Coverage
Inderal	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inderide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Innopran XL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Inspira	CHF	N/A	No Coverage
Insulin	Diabetes *	N/A	Immediate
Intron-A	Cancer	2 years	Return of Premium
	Hepatitis C	2 years	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Isordil	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Isosorbide Dinitrate / Mononitrate	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Janumet	Diabetes *	N/A	Immediate
Januvia	Diabetes *	N/A	Immediate
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's	3 years	Return of Premium
	Other Use	N/A	Immediate
Kerlone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Labetalol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
Lamotrigine	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Lanoxicaps	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lanoxin	Atrial Fibrillation	N/A	Immediate
	CHF	N/A	No Coverage
Lantus	Diabetes *	N/A	Immediate
Larodopa	Parkinson's	3 years	Return of Premium
Lasix	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Leukeran	Cancer	2 years	Return of Premium
Levatol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Levemir	Diabetes *	N/A	Immediate
Levocarnitine	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Levodopa	Parkinson's	3 years	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lexxel	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Lithium	Psychotic Disorder	N/A	Immediate
Lodosyn	Parkinson's	3 years	Return of Premium
Losartan Potassium	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Lotensin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Loxapine	Psychotic Disorder	N/A	Immediate
Loxitane	Psychotic Disorder	N/A	Immediate
Lupron	Cancer	2 years	Return of Premium
Lyrica	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
	Restless Leg Syndrome	N/A	Immediate
	Temporary Pain Maintenance	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Mavik	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Maxzide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mellaril	Psychotic Disorder	N/A	Immediate
Mepron	AIDS	N/A	No Coverage
Metformin	Diabetes *	N/A	Immediate
Methadone	Opioid Dependence	2 years	Return of Premium
Methadose	Opioid Dependence	2 years	Return of Premium
Methotrexate	Cancer	2 years	Return of Premium
	Rheumatoid Arthritis	N/A	Immediate
Metolazone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Metoprolol HCTZ	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Metoprolol Tartrate/ Succinate	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Micardis	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Micronase	Diabetes *	N/A	Immediate
Midamor	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Milrinone	Cardiomyopathy	N/A	Return of Premium
	CHF	N/A	No Coverage
Minitran	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Mirapex	Parkinson's	3 years	Return of Premium
	Other Use	N/A	Immediate
Moban	Schizophrenia	N/A	Immediate
Moduretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Moexipril HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Monoket	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Monopril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mykrok	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Mysoline	Seizures	3 years	Return of Premium
Nadolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Naloxone	Alcohol / Drugs	2 years	Return of Premium
Naltrexone	Alcohol / Drugs	2 years	Return of Premium
Namenda	Alzheimer's / Dementia	N/A	No Coverage
Narcan	Alcohol / Drugs	2 years	Return of Premium
Natrecor	CHF	N/A	No Coverage
Navane	Psychotic Disorder	N/A	Immediate
Neurontin	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
Nimodipine	Stroke / TIA / Heart Attack	First Fill 2 years	Return of Premium
Nimotop	Stroke / TIA / Heart Attack	First Fill 2 years	Return of Premium
Nitrek	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Nitro-bid	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Nitro-dur	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Nitroglycerine / Nitrotab / Nitroquick / Nitrostat	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Nitrol	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Nitromist	Angina	2 years	Return of Premium
	CHF	N/A	No Coverage
Normodyne	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Norpace	Arrhythmia	N/A	Immediate
Norvir	AIDS	N/A	No Coverage
Novolin	Diabetes *	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Novolog	Diabetes *	N/A	Immediate
Pacerone	Arrhythmia	N/A	Immediate
Pancrease	Chronic Pancreatitis	2 years	Return of Premium
Parcopa	Parkinson's	3 years	Return of Premium
Parlodel	Parkinson's	3 years	Return of Premium
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	2 years	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	2 years	Return of Premium
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	3 years	Return of Premium
Perindopril Erbumine	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Permax	Parkinson's	3 years	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium
Phoslo	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Pindolol	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Plaquenil	Systemic Lupus (SLE)	2 years	Return of Premium
	Rheumatoid Arthritis	N/A	Immediate
Plavix	Stroke / TIA / Heart Attack	First Fill 2 years	Return of Premium
Prandin	Diabetes *	N/A	Immediate
Primacor	CHF	N/A	No Coverage
Prinivil	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Prinzide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	2 years	Return of Premium
Prolixin	Psychotic Disorder	N/A	Immediate
Propranolol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Proventil	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Quinapril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Quinaretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Ramipril	Hypertension	N/A	No Coverage
	CHF	N/A	No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Razadyne	Alzheimer's / Dementia	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	2 years	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	2 years	Return of Premium
Rebif	Multiple Sclerosis	3 years	Return of Premium
Reminyl	Alzheimer's / Dementia	N/A	No Coverage
Renagel	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Renvela	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Requip	Parkinson's	3 years	Return of Premium
	Restless Leg Syndrome	N/A	Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	2 years	Return of Premium
Rilutek	ALS (Lou Gehrig's Disease)	N/A	No Coverage
Risperdal	Bipolar / Schizophrenia	N/A	Immediate
Risperidone	Bipolar / Schizophrenia	N/A	Immediate
Rituxan	Cancer	2 years	Return of Premium
	Rheumatoid Arthritis	N/A	Immediate
Rivastigmine Tartrate	Alzheimer's / Dementia	N/A	No Coverage
Ropinirole	Parkinson's	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
	Other Use	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing 'diabetes' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as 'Yes' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Rythmol	Arrhythmia	N/A	Immediate
Sectral	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Serevent	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Seroquel	Psychotic Disorder	N/A	Immediate
Sinemet/Sinemet CR	Parkinson's	3 years	Return of Premium
Sotalol Edocrin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Sotalol Hydrochloride	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Sotalol HCL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Spiriva	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Spironolactone	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Sprycel	Cancer	2 years	Return of Premium
Stalevo	Parkinson's	3 years	Return of Premium
Starlix	Diabetes *	N/A	Immediate
Suboxone	Alcohol / Drugs	2 years	Return of Premium
Subutex	Alcohol / Drugs	2 years	Return of Premium
Sulfasalazine	Ulcerative Colitis	2 years	Return of Premium
Sustiva	AIDS	N/A	No Coverage
Symbicort	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Symmetrel	Parkinson's	3 years	Return of Premium
Tambocor	Arrhythmia	N/A	Immediate
Tamoxifen	Cancer	2 years	Return of Premium
Tarka	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Tasmar	Parkinson's	3 years	Return of Premium
Tegretol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing '**diabetes**' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as '**Yes**' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Tenoretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Tenormin	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Teveten	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Theo-Dur	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Thioridazine	Psychotic Disorder	N/A	Immediate
Thiothixene	Psychotic Disorder	N/A	Immediate
Thorazine	Psychotic Disorder	N/A	Immediate
Tolazamide	Diabetes *	N/A	Immediate
Tolbutamide	Diabetes *	N/A	Immediate
Tolinase	Diabetes *	N/A	Immediate
Toprol XL	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Torsemide	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Trandate	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Trandolapril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Tresiba (Insulin)	Diabetes	N/A	No Coverage
Triamterene	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Triamterene/HCTZ	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Tribenzor	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Trihexyphenidyl HCL	Parkinson's	3 years	Return of Premium
	Other Use	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing '**diabetes**' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as '**Yes**' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Truvada	AIDS	N/A	No Coverage
Twynsta	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Tyzeka	Liver Disorder / Hepatitis / Chronic Hepatitis	2 years	Return of Premium
Uniretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Univasc	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures	3 years	Return of Premium
	Diabetic Neuropathy #	N/A	Return of Premium
Valstar	Cancer	2 years	Return of Premium
Valturna	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Vascor	Angina	2 years	Return of Premium
Vaseretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Vasotec	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	Return of Premium
Warfarin	Pulmonary Embolism	N/A	Immediate
	Thrombosis	N/A	Immediate
	Heart Valve Replacement / TIA / Stroke / Heart Attack	First Fill 2 years	Return of Premium
Xeloda	Cancer	2 years	Return of Premium

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing '**diabetes**' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as '**Yes**' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE — 50 PLUS (continued)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Xenazine	Huntington's Disease	N/A	No Coverage
Xopenex	Asthma	N/A	Immediate
	COPD / Emphysema / Chronic Bronchitis	2 years	Return of Premium
Zaroxolyn	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zebeta	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zelapar	Parkinson's	3 years	Return of Premium
Zemplar	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency / Failure	N/A	Return of Premium
	Diabetic Nephropathy #	N/A	Return of Premium
Zestoretic	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zestril	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Ziac	Hypertension	N/A	Immediate
	CHF	N/A	No Coverage
Zyprexa	Psychotic Disorder	N/A	Immediate

NOTE: Proposed insureds taking both a medication marked with an asterisk (*) representing '**diabetes**' and a number sign (#) representing "retinopathy, nephropathy, neuropathy" should answer question # 4 on the application as '**Yes**' (Return of Premium Death Benefit Plan section). Question #4 asks – "Have you ever been medically diagnosed or treated for complications of diabetes, including insulin shock, diabetic coma, retinopathy (eye), nephropathy (kidney), neuropathy (nerve damage/pain), or used insulin prior to age 50?"

Advantage — 50 Plus Immediate Death Benefit

Annual Premiums Per \$1,000

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	33.92	28.09	44.38	33.50
51	35.92	30.21	46.35	34.60
52	37.74	31.48	48.47	36.37
53	40.28	33.15	50.86	38.38
54	42.14	34.73	53.12	39.86
55	43.73	36.31	55.39	42.14
56	45.47	37.49	57.69	43.46
57	46.64	38.80	59.99	45.49
58	49.03	39.90	62.86	47.25
59	50.95	41.34	65.19	49.09
60	51.94	41.66	67.74	50.44
61	54.94	44.10	72.08	52.96
62	57.73	45.80	75.26	55.65
63	60.42	47.80	78.23	58.51
64	63.60	49.92	81.96	61.53
65	66.78	51.94	85.86	64.40
66	71.26	55.16	91.09	67.80
67	75.93	57.99	95.93	71.35
68	81.00	61.19	101.76	74.20
69	85.55	64.35	107.59	79.37
70	89.06	67.53	111.89	81.33
71	94.72	71.55	118.51	85.63
72	100.68	75.79	125.49	90.17
73	107.45	81.14	133.38	95.31
74	115.01	86.13	141.51	100.60
75	123.23	92.49	151.85	107.33
76	132.50	98.63	162.18	115.77
77	142.04	104.25	173.00	123.49
78	154.66	111.30	186.14	131.58
79	166.64	120.00	197.16	143.12
80	179.14	129.85	209.46	155.01
81	193.35	139.71	222.60	168.93
82	208.82	150.52	236.25	184.74
83	223.35	162.71	253.25	201.39
84	239.56	175.96	274.41	221.01
85	255.73	191.07	298.13	243.01

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 (\$66.78 X 10 + \$80.00) X .088 = \$65.81 per Month

- **Issue Ages** — based on age last birthday
- **Policy Fee** — \$80 annually
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

Advantage — 50 Plus Return of Premium

Annual Premiums Per \$1,000

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	47.05	37.90	69.51	43.35
51	49.28	39.96	73.08	45.87
52	51.52	42.01	76.65	48.39
53	54.05	44.34	80.70	51.26
54	56.59	46.68	84.75	54.12
55	59.10	49.03	88.78	56.98
56	62.08	51.50	92.83	60.50
57	65.22	54.10	97.09	64.20
58	68.51	56.83	101.56	68.09
59	71.97	59.69	106.25	72.16
60	74.64	61.90	109.87	75.31
61	79.20	65.67	116.05	80.67
62	84.22	69.83	122.87	86.59
63	89.41	74.12	129.90	92.69
64	94.90	78.67	137.35	99.17
65	100.70	83.48	145.22	106.00
66	106.97	88.61	153.13	112.93
67	113.80	94.21	161.75	120.47
68	121.06	100.15	170.91	128.49
69	128.88	106.57	180.79	137.14
70	132.58	109.60	185.46	141.23
71	140.26	115.89	195.16	149.72
72	148.95	123.01	206.12	159.31
73	158.91	131.17	218.69	170.32
74	168.30	138.86	230.54	180.69
75	181.53	149.73	247.25	195.31
76	194.20	158.96	261.63	210.41
77	211.63	164.81	270.75	219.99
78	229.81	176.26	288.57	238.71
79	248.68	188.62	307.81	258.92
80	268.18	201.89	328.47	280.62
81	284.92	217.11	352.16	305.51
82	303.16	234.41	379.09	333.80
83	322.63	252.62	407.45	363.58
84	351.16	273.43	439.85	397.62
85	385.05	298.13	478.33	438.05

Premium Calculation Example:

Male Non-Tobacco Age 65, Monthly, \$10,000 $(\$100.70 \times 10 + \$80.00) \times .088 = \$95.66$ per Month

- **Issue Ages** — based on age last birthday
- **Policy Fee** — \$80 annually
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

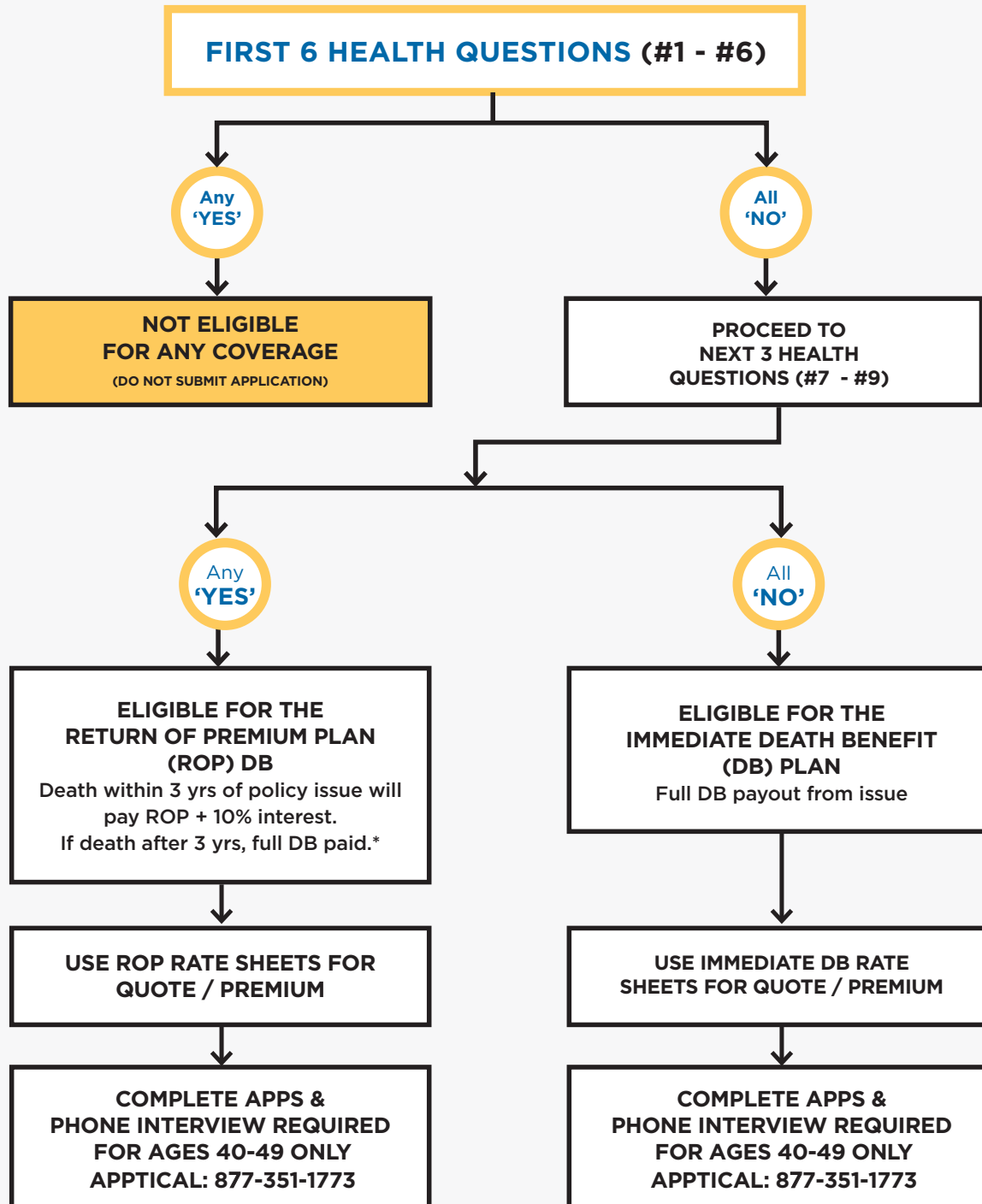
SECTION 3

Completing Applications for Advantage (Issue Ages 0 to 49)

(The following pages contain information specific to this product only.)



Advantage (0-49 YRS OLD / AGE LAST BIRTHDAY)



* If accidental death, 100% of the face amount is paid.

DETERMINING PLAN ELIGIBILITY

The *Advantage application* (Form No. 3120) features simple **'Yes'** or **'No'** questions that enable you to quickly determine which plan of insurance the proposed insured may be eligible for:

- The 'Immediate Death Benefit' plan is for those with no serious health history and who can answer **'No'** to all health questions 1 through 9 on the application.
- The 'Return of Premium Benefit' plan is for those who answer **'No'** to questions 1 through 6, but **'Yes'** to any health questions 7 through 9 on the application.
- If health questions 1 through 6 are answered **'Yes'**, the proposed insured is not eligible for coverage under the plans.

APPLICATION COMPLETION (Issue Ages 0-49)

The following section is provided to assist agents with the completion of the life insurance application (Form No. 3120). It follows along, item by item, with the application used. As a reminder, the application must be completed in its entirety to prevent unnecessary processing delays. In addition, please complete (and send in along with the application) any other required forms referred to earlier in this agent guide.

Page 1 of Application:

- **Proposed Insured** — Provide the proposed insured's **full legal name**.
- **Address** — Provide the proposed insured's physical address.
- **City / State / Zip Code**
- **Telephone Case Number** — Provide the case number provided to you by the vendor (if interview completed point-of-sale).
- **Male / Female** — Select appropriate gender.
- **Date of Birth** — Please enter as MM/DD/YYYY.
- **Age** — Calculate based upon age last birthday as of the policy date.
- **State of Birth** — If the applicant was not born in the U.S., list the country of birth.
- **Social Security Number** — If the proposed insured is not a US Citizen, please consult the **'Non-USA Citizen Guidelines'** found on page 11 of this guide.
- **DL# (e-App):**
 - If you have a driver's license, select **'Yes'**. Then provide your driver's license number and the state of issue.
 - If you do not have a driver's license, select **'No'**. Then select the option that applies to your reason for not having a DL (Medical, Legal, Other). If medical or legal, provide details in the 'Reason' section. Use 'Other' for any additional reason(s) and for underage applicants.
- **Height and Weight** — Record the proposed insured's current height and weight. Refer to the build tables in this guide to assist in determining the appropriate plan to apply for based on build.
- **Occupation** — Provide a job title or duties performed.
- **Owner:**
 - Name
 - Social Security number
 - Address
- **Payor:**
 - Name
 - Social Security number
 - Address
- **Primary and Contingent Beneficiary:**
 - Full names of Primary and Contingent beneficiaries (if applicable) must be listed on the application including the beneficiary's relationship to the proposed insured. Also provide the beneficiary's Social Security number if it can be obtained.
 - A beneficiary must have a legitimate insurable interest defined as a current interest in the life of the insured. Examples include family members or a Trust.
NOTE: Funeral homes are not acceptable beneficiary designations. Also 'friend', 'boyfriend', or 'girlfriend', do not satisfy the insurable interest requirements.
- **Plan** — Check the box for the appropriate death benefit plan being applied for. This is based on the answers to the health questions and the proposed insured's build.
- **Automatic Premium Loan (APL)** — Check **'Yes'** or **'No'**. (Check **'Yes'** to ensure the proposed insured has this option if ever needed.)

- **Tobacco Use** — Please check the box 'Yes' or 'No' to the tobacco use question. The question reads "During the past 12 months have you used tobacco in any form (excluding occasional cigar or pipe use)?" Tobacco in any form includes cigarettes, electronic cigarettes (e-cigs), chewing tobacco, cigars, pipes, snuff, nicotine patch, nicotine gum/aerosol/inhaler, Hookah pipe, clove, or bidis cigarettes.
- **Face Amt \$** — Enter the amount of coverage being applied for.
- **Mail Policy To** — Check the box to show the preference to whom the policy contract should be mailed.
- **Rider** (Be sure to check the box next to the rider being applied for.):
 - **Children's Insurance Agreement**
 - Indicate the number of children applying for coverage.
 - Enter 1 unit (\$3,000), 2 units (\$6,000), or 3 units (\$9,000) of coverage.
 - **Accidental Death Benefit Agreement**
 - Check the box for ADB.
 - Indicate the amount of coverage.
- **Mode:**
 - **Bank Draft** — Monthly bank draft.
 - **Quarterly** — Quarterly bank draft.
 - **Semi-Annual** — Semi-annual bank draft.
 - **Annual** — Annual bank draft.
 - **Draft 1st Premium on Requested Date** — Monthly bank draft for which the 1st draft will occur upon the 'Policy Date Request' you will enter.
- **Modal Premium** — Enter the desired premium based on the frequency by which the client will pay.
- **CWA** (Check appropriate box, if applicable):
 - **eCheck Immediate 1st Premium** — Only select this option if the Company is to draft the proposed insured's bank account **IMMEDIATELY** upon receipt of the application. NOTE: You must also complete the eCheck section of form 9903 and send it with the application.
 - **Collected \$** — Only select this choice if actually collecting initial payment and mailing it to the Home Office.
- **Policy Date Request** — The '**Requested Policy Date**' or the first draft, if applicable, **cannot be more than 30 days out from the date the application was signed.**
- **Replacement Section:**
 - Answer questions A & B.
 - If replacing coverage, please provide the other insurance company name, policy #, & amount of coverage.
 - **NOTE: Complete any state required Replacement forms** - For state specific replacement instructions & replacement forms, please refer to Step 3 on the Everest website.
- **Physician Name, City/State, & Phone** — Provide the name and contact information of the proposed insured's doctor (or medical facility).
- **Health Questions:**
 - **If any answer to questions 1 through 6 is answered 'Yes', the proposed insured is not eligible for any coverage.**
 - **If any answer to questions 7 through 9 is answered 'Yes', the proposed insured is eligible for the Return of Premium Death Benefit Plan.**
 - **If all questions 1 through 9 are answered 'No', the proposed insured is eligible for the Immediate Death Benefit Plan.**

Page 2 of Application:

- **List children for coverage under the Children's Insurance Agreement:**
 - For each child to be covered provide their name, height & weight, sex, & birthdate.
 - If more space is needed to list the children covered, please provide their information on a separate sheet of paper and submit along with the application.
- **Proposed Children's Health Statement:**
 - This statement applies to all of the children proposed for coverage.
 - Those who do not qualify for coverage based on this health statement should be listed on the line for "Exceptions".
- **Signature of Proposed Insured:**
 - The proposed insured should sign their own application.
 - Power of Attorney (POA) signatures are not acceptable.
- **Date Signed** — The date signed should always be the date the proposed insured answered all the medical questions and signed the application.
- **Signed at** — Provide both the city and state indicating where the proposed insured was when the application was taken.
- **Signature of Owner** — Complete only if the Owner of the policy is different than the proposed insured. If Owner is different, they MUST sign and date the application as well as the proposed insured.
- **Agent's Report** — Complete all of the following:
 - Answer both replacement questions.
 - Agent's Remark – Provide any special instructions or notes for iA American.
 - Agent's Signature
 - Agent Number
 - Percentage (If splitting the commission with another agent, indicate the appropriate percentage for each agent.)
- **Bank Draft Authorization** — Complete the following if premiums are being paid via bank draft. A complete explanation of acceptable draft dates is found later in this guide:
 - Insured name
 - Account Holder name
 - Name of the bank or financial institution.
 - Address of the bank
 - Transit/ABA Number (a.k.a. Routing Number)
 - Account Number
 - Check if the account is either a 'Checking' or 'Savings' account.
 - Requested Draft Day – Day of the month for recurring drafts.
 - Signature of the account holder
 - Date



Administrative Office
[P.O. Box 2549, Waco, Texas 76702-2549
254-297-2774]

INDIVIDUAL LIFE INSURANCE APPLICATION
(Please print in black ink)

Telephone Case No: _____

Proposed Insured _____ (First) (Middle) (Last)					Phone interview completed (Age 40-49) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (No. & Street) _____					Phone _____ Best time to call <input type="checkbox"/> am <input type="checkbox"/> pm		
City _____ State _____ Zip Code _____					E-mail Address _____		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Mo. Day Yr / /	Age	State of Birth	SS# _____ DL# _____	Height ft in	Weight lbs	Occupation
Owner: Name _____ SS# _____ Address: _____				Payor: Name _____ SS# _____ Address: _____			
Primary Beneficiary			Relationship	Contingent Beneficiary		Relationship	
Plan: <input type="checkbox"/> Immediate Plan (Issue Age 0-49) <input type="checkbox"/> Return of Premium (Issue Age 18-49) Automatic Prem. Loan Elected <input type="checkbox"/> Yes <input type="checkbox"/> No During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? <input type="checkbox"/> Yes <input type="checkbox"/> No Face Amt \$ _____ Mail Policy To: <input type="checkbox"/> Insured <input type="checkbox"/> Agent <input type="checkbox"/> Owner							
Rider: <input type="checkbox"/> Children's Insurance Agreement \$ _____ <input type="checkbox"/> Other _____							
Mode: <input type="checkbox"/> Bank Draft <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Draft 1st premium on Requested Date Modal Premium \$ _____				CWA: <input type="checkbox"/> E-Check Immediate 1st Prem <input type="checkbox"/> Collected \$ _____		Policy Date Request: / /	
Do you have any existing life or disability insurance or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No					Company _____		
Will you replace an existing life or disability insurance policy or an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No					Policy # _____ Amount of Coverage \$ _____		
Physician: Name _____			City/State _____		Phone: _____		

HEALTH INFORMATION - Answer Questions for Proposed Insured.

	YES	NO
1. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 24 months , have you been convicted of any felony, or had your driver's license suspended or revoked, or been convicted of driving under the influence of alcohol or drugs, or used illegal drugs or abused alcohol or drugs, or had or been recommended to have treatment or counseling for alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past 12 months , have you been on probation, parole, or been prohibited from actively working full time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem, or currently disabled?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past 5 years have you been medically diagnosed or treated, or taken medication for internal cancer, melanoma, Hodgkin's disease, or lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been medically diagnosed, treated, or taken medication for diabetes prior to age 21, or do you currently take insulin shots, or been medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been medically diagnosed, treated, or taken medication for: a. heart or circulatory disease or disorder, stroke, congestive heart failure, cardiomyopathy, heart valve disease, sickle cell anemia, leukemia, hemophilia, Marfan's syndrome, cystic fibrosis, muscular dystrophy, Huntington's disease, motor neuron disease, systemic lupus (SLE), connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>
b. mental retardation, bi-polar or schizophrenia, Down's syndrome, liver or kidney failure or renal insufficiency (including dialysis), had an amputation caused by disease or had or been advised to have an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
If any answer to questions 1 through 6 is answered "Yes" the Proposed Insured is not eligible for any coverage.		
7. Have you been medically diagnosed, treated, or taken medication for: a. high blood pressure prior to age 30, diabetes prior to age 39 or taking 3 or more medications for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
b. rheumatoid arthritis, paralysis of two or more extremities or any neuro-muscular disease (including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease), liver disease, Hepatitis C, chronic hepatitis or chronic pancreatitis, Crohn's disease or ulcerative colitis?	<input type="checkbox"/>	<input type="checkbox"/>
8. Within the past 12 months have you had surgical treatment for morbid obesity, or been declined for life insurance coverage or had any diagnostic testing (excluding AIDS/HIV tests), surgery or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received?	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the past 3 years have you been medically diagnosed or treated, or taken medication for chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), irregular heart beat, seizures, blood clot, aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>

If any answer to questions 7 through 9 is answered "Yes" the Proposed Insured is eligible for the Return of Premium Death Benefit Plan.

If all questions 1 through 9 are answered "No" the Proposed Insured is eligible for Immediate Coverage.

CHILDREN COVERAGE ONLY Children Proposed for Insurance (any additional children should be listed on a separate sheet):

Proposed Insured Name	Ht.	Wt.	Sex	Birthdate	Proposed Insured Name	Ht.	Wt.	Sex	Birthdate

CHILDREN HEALTH STATEMENT—To the best of my knowledge and belief, none of the children listed above for coverage have been treated for or told by a physician that they have or had any of the following medical conditions: Hypertension, heart or circulatory disorder, malignancy in any form, diabetes, sickle cell anemia, seizures, Down Syndrome, cystic fibrosis, cerebral palsy, hydrocephalus, paralysis, or hospitalized for asthma or any respiratory disorder in past 12 months.

List the names of the children that are exceptions to the CHILDREN HEALTH STATEMENT. **Children listed as an exception are excluded from the Children's Insurance Agreement Rider. Exceptions are:** _____

AGREEMENT—I agree with IA American Life Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the [MIB, LLC (MIB)] or other organization that has knowledge or records of me and my health to give such information to: (a) IA American Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize IA American Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Act Notice, MIB Pre-Notice, Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms, if applicable.

Proposed Insured Signature: _____ Date Signed: ____/____/____

Signed at _____ CITY _____ STATE _____ SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED) _____

AGENT'S REPORT

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Terminal Illness and Confined Care Accelerated Benefit Rider Disclosure Forms has been presented to the applicant, if applicable.

Does the proposed insured have any existing life or disability insurance or annuity contract? ☐ Yes ☐ No

Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity? ☐ Yes ☐ No

Agent's remarks: _____

Agent (SIGNATURE) _____ No: _____ % _____ Agent (SIGNATURE) _____ No: _____ % _____

PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured _____ Account Holder _____

Financial Institution (name/address) _____

Transit / ABA Number _____ Account Number _____ ☐ Checking ☐ Savings Requested Draft Day (1st-28th) _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of IA American Life Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (As on Financial Institution Records) _____ DATE _____

ADVANTAGE MEDICAL IMPAIRMENT GUIDE

The Medical Impairment Guide is to assist you in determining a proposed insured's insurability. This guide is not all-inclusive, and state-specific applications may differ from the information provided. If you have any questions about medical conditions not listed here or how a medical condition may affect a state-specific application, don't hesitate to contact the Home Office for a risk assessment via our online chat or at riskassess@aatx.com. Underwriting reserves the right to decide based on all risk factors for a final decision.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
AIDS / ARC	Medically treated or diagnosed by a medical professional as having	No Coverage	1
Alcoholism/Alcohol Abuse	Within the past 24 months abused alcohol or had, or been recommended to have, treatment or counseling for alcohol use	No Coverage	2
Amputation	Have ever had an amputation caused by disease	No Coverage	6b
Aneurysm	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Bi-Polar Disorder	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Blood Clot	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Cancer	Medically diagnosed, treated, or taken medication for internal cancer, lymphoma, melanoma or Hodgkin's Disease within the past 5 years	No Coverage	4
Cardiomyopathy	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Cerebral Palsy	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Bronchitis	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Chronic Hepatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Pancreatitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Chronic Obstructive Pulmonary Disease (COPD)	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Circulatory Disease (Disorder)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Congestive Heart Failure (CHF)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Connective Tissue Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Criminal Background	Convicted of any felony within the past 24 months	No Coverage	2
	Probation or parole within the past 12 months	No Coverage	3
Crohn's Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Cystic Fibrosis	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Decline for Insurance	Declined for life insurance coverage within the past 12 months	Return of Premium	8
Diabetes	Medically diagnosed, treated, or taken medication for prior to age 21	No Coverage	5
	Currently taking insulin shots	No Coverage	5
	Medically diagnosed with diabetes combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma	No Coverage	5
	Medically diagnosed, treated, or taken medication for prior to age 39	Return of Premium	7a
Diagnostic Testing, Surgery, or Hospitalization	Recommended within the past 12 months by a medical professional which has not been completed or for which the results have not been received	Return of Premium	8
Disability	Prohibited from actively working full-time (30 hours or more per week) at your regular occupation due to any illness, injury, or health related problem within the past 12 months	No Coverage	3
	Currently disabled	No Coverage	3
Down Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6b

* Applies to standard life application Form No. 3120. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.

Condition/ Concern	Criteria	Plan to Apply For	Question on App*
Driving Record	Had driver's license suspended or revoked, or convicted of an alcohol/drug related infraction within the past 24 months	No Coverage	2
Drug Abuse / Addiction	Used illegal drugs or abused drugs or recommended to have treatment or counseling for drug abuse within the past 24 months	No Coverage	2
Emphysema	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Heart Disease/Disorder	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Heart Valve Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hemophilia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Hepatitis C	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
High Blood Pressure	Medically diagnosed, treated, or taken medication for prior to age 30	Return of Premium	7a
	Taking 3 or more medications for	Return of Premium	7a
HIV	Have tested positive for	No Coverage	1
Huntington's Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Immune Deficiency Related Disorder	Medically diagnosed, treated, or taken medication for by a medical professional as having	No Coverage	1
Irregular Heartbeat	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Kidney Dialysis	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Kidney Failure	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Leukemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Liver Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Liver Failure	Medically diagnosed, treated, or taken medication for liver failure	No Coverage	6b
Marfan Syndrome	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Mental Retardation	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Motor Neuron Disease	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Multiple Sclerosis (MS)	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Muscular Dystrophy	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Neuro-Muscular Disease	Medically diagnosed, treated, or taken medication for (including, but not limited to cerebral palsy, multiple sclerosis, or Parkinson's disease)	Return of Premium	7b
Obesity	Had surgical treatment for morbid obesity within the past 12 months	Return of Premium	8
Organ Transplant	Have ever had or medically advised to have	No Coverage	6b
Paralysis	Medically diagnosed, treated, or taken medication for paralysis of two or more extremities	Return of Premium	7b
Parkinson's Disease	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Renal Insufficiency	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Rheumatoid Arthritis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
Schizophrenia	Medically diagnosed, treated, or taken medication for	No Coverage	6b
Seizures	Medically diagnosed, treated, or taken medication for within the past 3 years	Return of Premium	9
Sickle Cell Anemia	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Stroke	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Systemic Lupus (SLE)	Medically diagnosed, treated, or taken medication for	No Coverage	6a
Ulcerative Colitis	Medically diagnosed, treated, or taken medication for	Return of Premium	7b
* Applies to standard life application Form No. 3120. The question numbers on some state-specific applications may vary. Refer to the state-specific section of this agent guide for plan availability. If you have any questions about medical conditions not listed here, you can do a risk assessment using our live chat option (click on Risk Assessment) or email riskassess@aatx.com.			

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Abilify	Bi-Polar / Schizophrenia	N/A	No Coverage
Accupril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Accuretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Acebutolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aceon	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Actoplus	Diabetes	N/A	See '#' Below
Actos	Diabetes	N/A	See '#' Below
Advair	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aggrenox	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Albuterol	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Aldactazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aldactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Allopurinol	Gout	N/A	Immediate
Altace	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amantadine HCL	Parkinson's	N/A	Return of Premium
Amaryl	Diabetes	N/A	See '#' Below
Ambisome	AIDS	N/A	No Coverage
Amiloride HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amlodipine Besylate/Benaz	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Amyl Nitrate	Angina / CHF	N/A	No Coverage
Antabuse	Alcohol / Drugs	2 years	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Apokyn	Parkinson's	N/A	Return of Premium
Apresoline	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Aptivus	AIDS	N/A	No Coverage
Aranesp	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Aricept	Alzheimer's / Dementia	N/A	No Coverage
Arimidex	Cancer	5 years > 5 years	No Coverage Immediate
Atacand	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atamet	Parkinson's	N/A	Return of Premium
Atenolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Atgam	Organ / Tissue Transplant	N/A	No Coverage
Atripla	AIDS	N/A	No Coverage
Atrovent/Atrovent HFA Atrovent (Nasal)	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Avalide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avandia	Diabetes	N/A	See '#' Below
Avapro	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Avonex	Multiple Sclerosis	N/A	Return of Premium
Azasan	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azathioprine	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Azilect	Parkinson's	N/A	Return of Premium
Azmacort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Azor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Baclofen	Multiple Sclerosis	N/A	Return of Premium
Baraclude	Liver Disorder / Hepatitis	N/A	Return of Premium
	Liver Failure	N/A	No Coverage
Benazepril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Benicar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Benlysta	Systemic Lupus (SLE)	N/A	No Coverage
Benztropine Mesylate	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Betapace	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Betaseron	Multiple Sclerosis	N/A	Return of Premium
Betaxolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
BiDil	CHF	N/A	No Coverage
Bisoprolol Fumarate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Bromocriptine Mesylate	Parkinson's	N/A	Return of Premium
Bumetanide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Bumex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Buprenex	Alcohol / Drugs	2 years	No Coverage
Bystolic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Calan	High Blood Pressure (HTN)	N/A	See '*' Below
Calcium Acetate	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Campath	Cancer	5 years > 5 years	No Coverage Immediate
Campral	Alcohol / Drugs	2 years	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Capoten	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Capozide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Captopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Carbamazepine	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Carbatrol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Carbidopa	Parkinson's	N/A	Return of Premium
Cardizem	High Blood Pressure (HTN)	N/A	See '*' Below
Cardura	High Blood Pressure (HTN)	N/A	See '*' Below
Cartia	High Blood Pressure (HTN)	N/A	See '*' Below
Carvedilol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Casodex	Cancer	5 years > 5 years	No Coverage Immediate
Catapress	High Blood Pressure (HTN)	N/A	See '*' Below
Cellcept	Organ / Tissue Transplant	N/A	No Coverage
Chlorpromazine	Schizophrenia	N/A	No Coverage
Clopidogrel	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cogentin	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Combivent	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Combivir	AIDS	N/A	No Coverage
Complera	AIDS	N/A	No Coverage
Copaxone	Multiple Sclerosis	N/A	Return of Premium
Copegus	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Cordarone	Irregular Heartbeat	3 years	Return of Premium
Coreg	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Corgard	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Corzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Coumadin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Cozaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Creon	Chronic Pancreatitis	N/A	Return of Premium
Cyclosporine	Organ / Tissue Transplant	N/A	No Coverage
Cyclosporine Modified	Organ / Tissue Transplant	N/A	No Coverage
Cytosan	Cancer	5 years > 5 years	No Coverage Immediate
Daliresp	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Demadex	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Depacon	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depade	Alcohol / Drugs	2 years	No Coverage
Depakene	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Depakote	Seizures	3 years	Return of Premium
Diabeta	Diabetes	N/A	See '#' Below
Diabinese	Diabetes	N/A	See '#' Below
Digitek	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Digoxin	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Dilacor	High Blood Pressure (HTN)	N/A	See '*' Below
Dilantin	Seizures	3 years	Return of Premium
Dilatrate SR	Angina / CHF	N/A	No Coverage
Dilor	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Diovan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Disulfiram	Alcohol / Drugs	2 years	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Dolophine	Opioid Dependence	2 years	No Coverage
Duoneb	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Dyazide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Dynacirc	High Blood Pressure (HTN)	N/A	See '*' Below
Dyrenium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Edurant	AIDS	N/A	No Coverage
Eldepryl	Parkinson's	N/A	Return of Premium
Emtriva	AIDS	N/A	No Coverage
Enalapril Maleate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Enalaprilat	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Entresto	CHF	N/A	No Coverage
Epitol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Epivir	AIDS	N/A	No Coverage
Eplerenone	CHF	N/A	No Coverage
Eskalith	Bi-Polar / Schizophrenia	N/A	No Coverage
Esmolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Exforge	High Blood Pressure (HTN)	N/A	No Coverage
	CHF	N/A	No Coverage
Felodipine	High Blood Pressure (HTN)	N/A	See '*' Below
Femara	Cancer	5 years > 5 years	No Coverage Immediate
Foscavir	AIDS	N/A	No Coverage
Fosinopril Sodium	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Fosrenol	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Furosemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Gabapentin	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
	Restless Leg Syndrome	N/A	Immediate
	Temporary Pain Maintenance	N/A	Immediate
Gleevec	Cancer	5 years > 5 years	No Coverage Immediate
Glipizide	Diabetes	N/A	See '#' Below
Glucophage	Diabetes	N/A	See '#' Below
Glucotrol	Diabetes	N/A	See '#' Below
Glyburide	Diabetes	N/A	See '#' Below
Glynase	Diabetes	N/A	See '#' Below
Haldol	Schizophrenia	N/A	No Coverage
Haloperidol	Schizophrenia	N/A	No Coverage
HCTZ/Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Hectoral	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Heparin	Blood Clot	3 years	Return of Premium
Hepsera	Liver Disorder / Hepatitis	N/A	Return of Premium
Hizentra	Immunodeficiency	N/A	No Coverage
Humalog (Insulin)	Diabetes	N/A	No Coverage
Humulin (Insulin)	Diabetes	N/A	No Coverage
Hydralazine HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Hydroxyurea	Cancer	2 years	Return of Premium
Hydroxychloroquine	Systemic Lupus (SLE)	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
Hytrin	High Blood Pressure (HTN)	N/A	See '*' Below
Hyzaar	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Imdur	Angina / CHF	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Imuran	Organ / Tissue Transplant	N/A	No Coverage
	Rheumatoid Arthritis	N/A	Return of Premium
	Systemic Lupus (SLE)	N/A	No Coverage
Inamrinone	CHF	N/A	No Coverage
Inderide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Inspra	CHF	N/A	No Coverage
Insulin	Diabetes	N/A	No Coverage
Intron-A	Cancer	5 years > 5 years	No Coverage Immediate
	Hepatitis C	N/A	Return of Premium
Invirase	AIDS	N/A	No Coverage
Ipratropium Bromide	Allergies	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Isoptin	High Blood Pressure (HTN)	N/A	See '*' Below
Isordil	Angina / CHF	N/A	No Coverage
Isosorbide Dinitrate/ Mononitrate	Angina / CHF	N/A	No Coverage
Janumet	Diabetes	N/A	See '#' Below
Januvia	Diabetes	N/A	See '#' Below
Kaletra	AIDS	N/A	No Coverage
Kemadrin	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Kerlone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Labetalol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lamictal	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lamotrogine	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Lanoxicaps	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage
Lanoxin	Irregular Heartbeat	3 years	Return of Premium
	CHF	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Lantus (Insulin)	Diabetes	N/A	No Coverage
Larodopa	Parkinson's	N/A	Return of Premium
Leukeran	Cancer	5 years > 5 years	No Coverage Immediate
Levatol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Levemir (Insulin)	Diabetes	N/A	No Coverage
Levocarnitine	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Levodopa	Parkinson's	N/A	Return of Premium
Lexiva	AIDS	N/A	No Coverage
Lipitor	Cholesterol	N/A	Immediate
Lisinopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lithium	Bi-Polar / Schizophrenia	N/A	No Coverage
Lodosyn	Parkinson's	N/A	Return of Premium
Lopressor	High Blood Pressure (HTN)	N/A	See '*' Below
Losartan	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Lotensin	CHF	N/A	No Coverage
Loxapine	Schizophrenia	N/A	No Coverage
Lotensin	High Blood Pressure (HTN)	N/A	See '*' Below
Loxitane	Schizophrenia	N/A	No Coverage
Lozol	High Blood Pressure (HTN)	N/A	See '*' Below
Lupron	Cancer	5 years > 5 years	No Coverage Immediate
Lyrica	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
	Restless Leg Syndrome	N/A	
Mavik	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Maxzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Mellaril	Schizophrenia	N/A	No Coverage
Metformin	Diabetes	N/A	See '#' Below

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Methadone	Opioid Dependence	2 years	No Coverage
Methadose	Opioid Dependence	2 years	No Coverage
Methotrexate	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Metoprolol HCTZ	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Metoprolol Tartrate/ Succinate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micardis	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Micronase	Diabetes	N/A	See '#' Below
Milrinone	CHF / Cardiomyopathy	N/A	No Coverage
Minipress	High Blood Pressure (HTN)	N/A	See '*' Below
Minitran	Angina / CHF	N/A	No Coverage
Mirapex	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Moban	Schizophrenia	N/A	No Coverage
Moduretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Moexipril HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Monoket	Angina / CHF	N/A	No Coverage
Monopril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Mysoline	Seizures	3 years	Return of Premium
Nadolol	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Naloxone	Alcohol / Drugs	2 years	No Coverage
Naltrexone	Alcohol / Drugs	2 years	No Coverage
Narcan	Alcohol / Drugs	2 years	No Coverage
Natrecor	CHF	N/A	No Coverage
Navane	Schizophrenia	N/A	No Coverage
Neurontin	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Nifedipine	High Blood Pressure (HTN)	N/A	See '*' Below

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX Fill Within' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Nimodipine	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nimotop	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Nitrek	Angina / CHF	N/A	No Coverage
Nitro-bid	Angina / CHF	N/A	No Coverage
Nitro-dur	Angina / CHF	N/A	No Coverage
Nitroglycerine/Nitrostat/ Nitroquick	Angina / CHF	N/A	No Coverage
Nitrol	Angina / CHF	N/A	No Coverage
Normodyne	High Blood Pressure (HTN)	N/A	See '*' Below
Norpace	Irregular Heartbeat	3 years	Return of Premium
Norvir	AIDS	N/A	No Coverage
Novolin (Insulin)	Diabetes	N/A	No Coverage
Novolog (Insulin)	Diabetes	N/A	No Coverage
Pacerone	Irregular Heartbeat	3 years	Return of Premium
Pancrease	Chronic Pancreatitis	N/A	Return of Premium
Parcopa	Parkinson's	N/A	Return of Premium
Parlodel	Parkinson's	N/A	Return of Premium
Pegasys	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Peg-Intron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Pentam 300	AIDS	N/A	No Coverage
Pentamidine Isethionate	AIDS	N/A	No Coverage
Pergolide Mesylate	Parkinson's	N/A	Return of Premium
Permax	Parkinson's	N/A	Return of Premium
Phenobarbital	Seizures	3 years	Return of Premium
Phoslo	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Plaquenil	Systemic Lupus (SLE)	N/A	No Coverage
	Malaria	N/A	Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Plavix	Stroke / Heart or Circulatory Disease or Disorder	N/A	No Coverage
Plendil	High Blood Pressure (HTN)	N/A	See '*' Below

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Prandin	Diabetes	N/A	See '#' Below
Prazosin	High Blood Pressure (HTN)	N/A	See '*' Below
Primacor	CHF/Cardiomyopathy	N/A	No Coverage
Prinivil	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Prinzide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Procardia	High Blood Pressure (HTN)	N/A	See '*' Below
Prograf	Organ / Tissue Transplant	N/A	No Coverage
Proleukin	Cancer	5 years > 5 years	No Coverage Immediate
Prolixin	Schizophrenia	N/A	No Coverage
Propranolol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Proventil	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Prozac	Depressive Disorder	N/A	Immediate
Quinapril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
	CHF	N/A	No Coverage
Ramipril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ranexa	Angina / CHF	N/A	No Coverage
Rapamune	Organ / Tissue Transplant	N/A	No Coverage
Rebetol	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebetron	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rebif	Multiple Sclerosis	N/A	Return of Premium
Renagel	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Renvela	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the 'RX FILL WITHIN' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Requip	Parkinson's	N/A	Return of Premium
	Restless Leg Syndrome	N/A	Immediate
Ribavirin	Liver Disorder / Hepatitis C / Chronic Hepatitis	N/A	Return of Premium
Rilutek	ALS / Motor Neuron Disease	N/A	No Coverage
Risperdal	Bi-Polar / Schizophrenia	N/A	No Coverage
Risperidone	Bi-Polar / Schizophrenia	N/A	No Coverage
Rituxan	Cancer	5 years > 5 years	No Coverage Immediate
	Rheumatoid Arthritis	N/A	Return of Premium
Ropinirole	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Rythmol	Irregular Heartbeat	3 years	Return of Premium
Serevent	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Seroquel	Bi-Polar / Schizophrenia	N/A	No Coverage
Sinemet/Sinemet CR	Parkinson's	N/A	Return of Premium
Sodium Edecrin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Soltalol Hydrochloride	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sotalol HCL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Spiriva	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Spironolactone	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Sprycel	Cancer	5 years > 5 years	No Coverage Immediate
Stalevo	Parkinson's	N/A	Return of Premium
Starlix	Diabetes	N/A	See '#' Below
Suboxone	Alcohol / Drugs	2 years	No Coverage
Subutex	Alcohol / Drugs	2 years	No Coverage
Sustiva	AIDS	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Symbicort	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Symmetrel	Parkinson's	N/A	Return of Premium
Tambocor	Irregular Heartbeat	3 years	Return of Premium
Tamoxifen	Cancer	5 years > 5 years	No Coverage Immediate
Tarka	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tasmar	Parkinson's	N/A	Return of Premium
Tegretol	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Tenex	High Blood Pressure (HTN)	N/A	See '*' Below
Tenoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tenormin	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Theo-Dur	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Theophylline	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Thioridazine	Schizophrenia	N/A	No Coverage
Thiothixene	Schizophrenia	N/A	No Coverage
Thorazine	Schizophrenia	N/A	No Coverage
Tiazac	High Blood Pressure (HTN)	N/A	See '*' Below
Tolazamide	Diabetes	N/A	See '#' Below
Tolbutamide	Diabetes	N/A	See '#' Below
Tolinase	Diabetes	N/A	See '#' Below
Toprol XL	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Torsemide	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Trandate	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Tresiba (Insulin)	Diabetes	N/A	No Coverage
Triamterene	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Tribenzor	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Trihexyphenidyl HCL	Parkinson's	N/A	Return of Premium
	Other Use	N/A	Immediate
Truvada	AIDS	N/A	No Coverage
Tyzeka	Liver Disorder / Chronic Hepatitis	N/A	Return of Premium
Uniretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Univasc	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Valcyte	AIDS	N/A	No Coverage
Valproic Acid	Seizures	3 years	Return of Premium
	Diabetic Neuropathy	N/A	No Coverage
Valstar	Cancer	5 years	No Coverage
		> 5 years	Immediate
Valturna	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vascor	Angina	N/A	No Coverage
Vaseretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vasotec	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ventolin	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Verapamil	High Blood Pressure (HTN)	N/A	See '*' Below
Viaspan	Organ / Tissue Transplant	N/A	No Coverage
Viracept	AIDS	N/A	No Coverage
Viramune	AIDS	N/A	No Coverage
Viread	AIDS	N/A	No Coverage
Visken	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Vivitrol	Alcohol / Drugs	2 years	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

PRESCRIPTION REFERENCE GUIDE FOR ADVANTAGE (CONTINUED)

Where medications used for more than one condition exist, alternate uses and appropriate levels of coverage are listed below.

Suppose the insured had a medication prescribed within a time frame in the '**RX FILL WITHIN**' column. For those conditions, the time frame impacts the Underwriting decision. If 'N/A' appears in this column, then the Underwriting decision will be the same regardless of when the insured filled the prescription.

Medication	Common Uses	RX Fill Within	Plan Eligibility
Warfarin	Blood Clot	3 years	Return of Premium
	Stroke / Heart or Circulatory Disease or Disorder / Heart Valve Disease	N/A	No Coverage
Xeloda	Cancer	5 years > 5 years	No Coverage Immediate
Xopenex	Asthma	N/A	Immediate
	COPD / Chronic Bronchitis / Emphysema	3 years	Return of Premium
Zelapar	Parkinson's	N/A	Return of Premium
Zemplar	Kidney Dialysis	N/A	No Coverage
	Renal Insufficiency/Failure	N/A	No Coverage
	Diabetic Nephropathy	N/A	No Coverage
Zestoretic	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Zestril	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Ziac	High Blood Pressure (HTN)	N/A	See '*' Below
	CHF	N/A	No Coverage
Zyprexa	Bi-Polar / Schizophrenia	N/A	No Coverage

* High Blood Pressure - If diagnosed, treated, or taken medication for prior to age 30 or if taking 3 or more medications for the condition, client should apply for the Return of Premium Death Benefit Plan. Otherwise, client should apply for the Immediate Death Benefit Plan.

Diabetes - If diagnosed, treated, or taken medication for prior to age 39, client should apply for the Return of Premium Death Benefit Plan. If diagnosed, treated, or taken medication for prior to age 21, currently taking insulin shots, or combined with a medical history of any of the following: retinopathy, nephropathy, neuropathy, insulin shock, or diabetic coma; the client is not eligible for coverage.

ADVANTAGE IMMEDIATE DEATH BENEFIT

Annual Premiums Per \$1,000 of Insurance
(Add \$80 Annual Policy Fee)

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
0-10	11.66	10.60	N/A	N/A
11	11.92	10.82	N/A	N/A
12	12.16	11.04	N/A	N/A
13	12.41	11.25	N/A	N/A
14	12.63	11.46	N/A	N/A
15	12.85	11.68	N/A	N/A
16	13.06	11.89	N/A	N/A
17	13.25	12.10	N/A	N/A
18	13.46	12.31	16.05	12.68
19	13.65	12.51	16.68	13.21
20	13.85	12.72	17.33	13.76
21	14.23	12.99	17.92	14.21
22	14.63	13.27	18.54	14.66
23	15.06	13.54	19.19	15.14
24	15.49	13.83	19.86	15.63
25	15.94	14.10	20.56	16.14
26	16.40	14.39	21.28	16.67
27	16.88	14.69	22.03	17.22
28	17.39	14.97	22.83	17.78
29	17.92	15.26	23.67	18.36
30	18.47	15.56	24.57	18.98
31	19.07	16.07	25.63	19.86
32	19.70	16.60	26.76	20.77
33	20.37	17.17	27.95	21.75
34	21.06	17.74	29.21	22.76
35	21.77	18.34	30.53	23.82
36	22.52	18.96	31.94	24.95
37	23.30	19.60	33.43	26.13
38	24.11	20.27	34.98	27.38
39	24.97	20.97	36.64	28.71
40	25.85	21.70	38.38	30.11
41	26.57	22.29	39.08	30.56
42	27.31	22.88	39.75	31.01
43	28.06	23.48	40.41	31.44
44	28.84	24.11	41.05	31.85
45	29.62	24.75	41.65	32.23
46	30.43	25.39	42.24	32.58
47	31.25	26.06	42.79	32.89
48	32.11	26.73	43.34	33.15
49	33.00	27.41	43.87	33.35

Premium Calculation Example:

Male Non-Tobacco Age 35, Monthly, \$10,000: $(\$21.77 \times 10 + \$80.00) \times .088 = \$26.20$ per Month

- **Issue Ages** — based on age last birthday
- **Policy Fee** — \$80 annually
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519

ADVANTAGE RETURN OF PREMIUM

Annual Premiums Per \$1,000 of Insurance
(Does Not Include \$80 Policy Fee)

ISSUE AGE	NON-TOBACCO		TOBACCO	
	MALE	FEMALE	MALE	FEMALE
18	17.01	13.81	23.41	17.83
19	17.41	14.25	23.98	18.89
20	17.92	14.76	24.81	20.99
21	18.58	15.48	25.78	22.22
22	19.34	16.01	26.72	23.22
23	20.06	16.50	27.82	23.75
24	20.82	16.99	29.09	24.64
25	21.45	17.55	29.90	25.51
26	22.99	18.74	32.30	26.08
27	24.62	19.85	34.62	26.87
28	26.21	20.89	36.91	27.69
29	27.50	21.97	39.45	28.54
30	28.69	22.94	41.15	29.48
31	29.39	23.75	42.19	30.36
32	30.00	24.41	43.19	30.87
33	30.53	25.08	44.12	31.53
34	30.93	25.57	45.05	31.95
35	31.16	25.94	46.04	32.29
36	31.99	26.61	46.98	32.57
37	32.61	27.06	47.81	32.82
38	33.20	27.46	48.60	33.03
39	33.78	27.82	49.32	33.23
40	34.24	28.09	50.04	33.42
41	34.77	28.43	50.69	33.54
42	35.43	28.77	51.48	33.67
43	35.92	29.18	52.37	33.78
44	36.04	29.68	53.00	33.84
45	38.69	30.21	56.18	33.92
46	40.34	31.73	58.80	35.78
47	42.13	33.37	61.65	37.80
48	44.07	35.15	64.75	39.99
49	46.01	36.94	67.84	42.17

Premium Calculation Example:

Male Non-Tobacco Age 35, Monthly, \$14,000 $(\$31.16 \times 14 + \$80.00) \times .088 = \$45.43$ per Month

- **Issue Ages** — based on age last birthday
- **Policy Fee** — \$80 annually
- **Modal Factors** — Monthly: .088 / Quarterly: .262 / Semi-Annual: .519