Individual Life Insurance Application

Underwritten by **COLORADO BANKERS LIFE INSURANCE COMPANY® (CBL)**
5990 Greenwood Plaza Blvd., Greenwood Village, Colorado 80111

1. PRIMARY INSURED AND BENEFICIARY INFORMATION

Last Name	First Name	MI	Height	Weight	Phone Number for Contact
WHITESIDE	GEORGE		6' 0"	200	Day #: (281) 590-6562 Best time to

Primary Street Address (No P.O. Box)	City	State	Zip Code	U.S. Citizen	Sex	Phone Number for Contact
6715 SANDY OAKS DR	HOUSTON	TX	77050-3839	X Yes ☐ No	M	Evening #: (281) 590-6562 call: Day

Social Security Number	Date of Birth	Age	Occupation	State/Country of Birth	Length of Current Employment
454-06-4993	09/10/1955	61	UNEMPLOYED	TX United States	Years Months

Primary Beneficiary (Name) ESTATE
(Relationship) Estate (SS#)

Contingent Beneficiary (Name) _____
(Relationship) (SS#)

Email Address : GWSIDE@MSN.COM

Primary Insured's Annual Household Income: $100,000.00

Secondary Addressee Option. Provide name, complete address and telephone number. *Under this option, we will send the Secondary Addressee notice of the lapse of this insurance due to non-payment of the premium.*

2. OWNER (If Other than Primary Insured)

Last Name	First Name	MI	Sex	Tax ID# or SS#

Primary Street Address	City	State	Zip Code

Relationship to Proposed Insured	Email Address

3. POLICY DATA (Riders Not Available in All States)

☐ **Modified Whole Life Insurance (the Security Builder product)**	☐ **10 Yr. Renewable Term Life Insurance (the Financial Security Plan)**	X ☐ **10 Yr. Renewable & Convertible Term Life Insurance w/Terminal Illness Accelerated Benefit Rider (the Timber Ridge Plan)**
Initial Premium: Cost	**Initial Premium: Cost**	**Initial Premium: Cost**
Life Insurance + Riders other than FPAR $_____	Life Insurance + Riders other than FPAR $_____	Life Insurance + Riders $229.16
Annuity Rider (FPAR) $	Annuity Rider (FPAR) $	
Base Policy – Face Amount $	**Base Policy – Face Amount** $	**Base Policy – Face Amount** $50,000
Benefit Riders – Coverage Amount:	**Benefit Riders – Coverage Amount:**	**Benefit Riders – Coverage Amount:**
☐ Waiver of Premium	☐ Waiver of Premium	☐ Family Life Insurance Rider with Critical Condition Accelerated Benefits
☐ Accidental Death $_____	☐ Accidental Death $_____	☐ Additional Benefit Rider _____(Units)
☐ 10-Yr. Level Term $_____	☐ 10-Yr. Level Term $_____	
☐ Disability Income Benefit $_____	☐ Additional Benefit Rider _____(Units)	
☐ Additional Benefit Rider (Units)		
Payment with Application $	**Payment with Application** $	**Payment with Application** $

Automatic Premium Loan Provision Desired? (Modified Whole Life Only) . . . ☐ Yes ☐ No Automatic Premium Withdrawal Benefit from Annuity Rider? . . . ☐ Yes ☐ No

Premiums Payable *(All Premium Payments must be made payable to Colorado Bankers Life Insurance Company)*

Direct Billing	**Other Billing** (must complete separate payment authorization)		
☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual	**EFT** X ☐ Monthly ☐ Semi-Monthly **or**	**Payroll Deduction** ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly **or**	☐ Gov't Allotment Other _____

Persons[1] to be Covered Under an Additional Benefit or Critical Condition Family Rider

Legal Spouse[2] (Name)	Sex	Date of Birth (DOB) / /	Height	Weight	Soc. Sec. No. (SS#) – –	State of Birth	U.S. Citizen ☐ Yes ☐ No

Child 1 (Name)	Sex	DOB / /	Ht.	Wt.	**Child 2 (Name)**	Sex	DOB / /	Ht.	Wt.

[1] For additional insured children, attach separate page to application with name, sex, date of birth, height, and weight. [2] For purposes of this application, a Legal Spouse means a person who is the husband, wife or partner of another in a legally recognized marriage, civil union, or domestic partnership.

4. HEALTH INFORMATION (*IMPORTANT!* –Circle, mark or highlight any condition which applies and for any "Yes" answer, give complete details in Section 4, Part III)

Part I: Questions 1- 9 apply to all Persons to be Insured (including the Primary Insured, and any Legal Spouse and any Child to be insured).

1. Has **any** Person to be Insured ever had, been told he/she had, or been treated for any of the following:
   a. Cancer, tumor, ulcer, neurological disorder (including Alzheimer's Disease) or related disease? . . . . . ☐ Yes X No
   b. Disease of, or an abnormal diagnostic test regarding, the breast or reproductive organs? . . . . . ☐ Yes X No
   c. Heart attack, angina pectoris, chest pain, stroke, high blood pressure or any other disease of the heart or blood vessels? . . . . . ☐ Yes X No
   d. Disease of the kidney, urinary bladder, stomach, intestines, liver, gall bladder, lungs or respiratory system, nervous or mental disorder? . ☐ Yes X No
   e. Diabetes, chronic hepatitis, leukemia, internal organ transplant, cirrhosis of the liver, paralysis, , deafness, or accidental loss of speech or disease of the eyes? . . . . . ☐ Yes X No
2. Has **any** Person to be Insured ever been diagnosed or treated for or been told by a member of the medical profession he/she will require treatment for a disorder of the Immune System including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition, or had a positive test for the AIDS virus Human Immunodeficiency Virus (HIV)? . . . . . ☐ Yes X No
3. Has **any** Person to be Insured ever had or been treated for alcohol or drug abuse or addiction? . . . . . ☐ Yes X No
4. Has **any** Person to be Insured been hospitalized, consulted a physician, or received treatment for any illness or injury in the past 5 years, other than as stated above? . . . . . ☐ Yes X No
5. Has **any** Person to be Insured ever been declined or rated-up for life or health insurance? (Provide dates and details in Part III.) . . . . . ☐ Yes X No
6. Has **any** Person to be Insured ever had any history of major 3rd degree burns covering more than 20% of his/her body? . . . . . ☐ Yes X No

7. Has **any** Person to be Insured ever required assistance from another person with activities of daily living (such as continence, dressing, toileting, eating, bathing, or transfer and mobility)? ☐ Yes ☒ No
8. Has **any** Person to be Insured ever had history of amputation, whether due to accident or medical condition, of any limb from above either the wrist or ankle joint? ☐ Yes ☒ No
9. Has **any** Person to be Insured ever been in a coma or state of unconsciousness, that was not medically induced by a member of the medical profession, and persisted for at least 96 hours? ☐ Yes ☒ No

Part II: Questions 10-16 apply only to persons applying to be insured under the basic accelerated benefit rider or the family accelerated benefit rider.

10. Has **any** Person to be Insured used any tobacco products in the past 12 months? ☐ Yes ☒ No
11. Has **any** Person to be Insured missed more than 5 consecutive days of work due to accident or sickness in the past 12 months? ☐ Yes ☒ No
12. Within the past 2 years, has **any** Person to be Insured been advised to have any diagnostic test, hospitalization, surgical procedure or treatment that has not been done? ☐ Yes ☒ No
13. Has **any** Person to be Insured had a parent, brother or sister who prior to age 60 suffered from cancer, diabetes, stroke, heart attack (myocardial infarction), heart disease, kidney disease, or mental illness? ☐ Yes ☒ No
14. Does **any** Person to be Insured currently have any growth, cyst or lump or any new pigmented area of skin that has not been evaluated by a physician? ☐ Yes ☒ No
15. Within the past 5 years has **any** Person to be Insured had any symptoms for which future medical assessment is planned, contemplated, or for which he/she has not yet consulted a physician? ☐ Yes ☒ No
16. Is **any** Person to be Insured currently taking or been advised to take prescription drugs? ☐ Yes ☒ No

Part III: If additional space is needed to give details for any question, please state the information on a separate page, giving all the categories of information that are requested below; the Proposed Insured (if not a minor) to whom such information relates should sign that separate page.

Q#	Person to be Insured	Nature of Condition	Date and Duration	Medication	Name of Doctor, Hospital or Facility	Address and Telephone Number

5. REPLACEMENT INFORMATION

a. Do you have any existing life insurance or annuity coverage with CBL or any other company? ☐ Yes ☒ No

b. If 5.a. is "yes", is this insurance intended to replace or change any of that existing life insurance or annuity coverage? ☐ Yes ☐ No ☒ N/A

6. GENERAL INFORMATION - About this application to Colorado Bankers Life Insurance Company ("CBL")

(A) **I (we) state** that the information given in this application, and any supplement to it, is true to the best of my (our) knowledge and belief. **I (we) agree** that this application will be the basis for and part of any insurance issued from it. No information about me (us) will be considered to have been given by me (us) to **CBL** unless it is stated in this application or any supplement to it.

(B) **I (we) understand CBL** will have no liability under this application unless and until it is approved by **CBL** and the first premium is paid or an authorization for its payment has been signed by the applicant while the health and other conditions affecting the insurability of the person to be insured are as described in this application. Also, I /we understand that if the policy applied for includes a Critical Condition Benefit Rider, benefits under that Rider will take effect based on the effective date of that Rider as issued and applicable provisions within that Rider.

(C) **I (we) understand** that benefits may be denied during the first 2 years after the insurance applied for is issued if: (a) I (we) did not give true and complete information and answers in this application; or (b) the health of any person to be insured, given in this application, changes before the first premium for the insurance applied for is paid or properly authorized to be paid.

(D) **I (we) understand** that the agent is not authorized to: (a) accept risks or pass on a person to be insured's qualifications for insurance; (b) make or change insurance contracts; or (c) waive any of **CBL's** rights or requirements.

(E) **I (we) acknowledge** receipt of the Information Disclosure Notice required by the Fair Credit Reporting Act.

(F) **I (we) understand** that 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.

(G) AUTHORIZATION TO RELEASE INFORMATION. I/we (the person(s) to be insured) authorize any physician, medical practitioner, pharmacists, pharmacy benefits managers, health care clearing houses, hospital, clinic, nurses, records custodians, health maintenance organization, including Mayo, Kaiser Foundation, Veterans Administration or other medical or medically related facility, insurance company, or EMSI, or MIB, Inc., or other organization, institute, or person that has any records or knowledge of me/us or my/our family, or our health, medical or pharmacy history or physical or mental condition, to give to **CBL**, its reinsurers, agents, contractors, employees, representatives, affiliates, assigns, and EMSI, as necessary any such information including alcohol abuse treatment, drug abuse treatment, psychiatric histories, pharmacy prescriptions, HIV (AIDS virus) testing and treatment, STD testing and treatment, genetic testing, Sickle Cell testing and treatment, lab data and EKG's and to testify as to such information, for the purpose of evaluating my/our application for insurance or claim for benefits. I/we understand I/we may revoke this authorization at any time, by requesting such action of **CBL** and/or the other party to whom such revocation is to apply, in writing, unless action has already been taken in reliance upon this authorization, or during a contestability period under applicable law. I/we also authorize CBL, or its reinsurers, to make a brief report of my Protected Health Information available to MIB, Inc. A photostatic copy of this authorization will be valid as the original, and I/we, or my/our representative, can obtain a copy on request. I/we also understand that when my/our medical records are disclosed pursuant to the authorization the information contained in those records may become subject to further disclosure by **CBL**. In such case, the information may no longer be protected by the rules governing this authorization. This authorization is valid for twenty-four (24) months after the date it was signed.

GW **(Applicant's Initials) I (Applicant/Owner) authorize CBL, if I have given my email address in this application,** to send **all** present and future notices regarding the insurance applied for, to me at that email address. I may revoke this authorization at any time by sending a written notice to **CBL** to do so.

DATED AT HOUSTON (CITY) TX (STATE) THIS 20 DAY OF December, 2016

eSigned by GEORGE WHITESIDE — Applicant/Owner's Signature

GEORGE WHITESIDE — Print Proposed Insured's Name

_____ — Proposed Insured's Signature (*if different than Applicant/Owner*)

_____ — Legal Spouse's Signature (*If to be insured and signature not given above*)

_____ — Print Legal Spouse's Name (*If to be insured and not given above*)

PAYMENT AUTHORIZATION FORM

Proposed Insured's Name: GEORGE WHITESIDE **Social Security No.:** XXX-XX-4993

Payor Name:	GEORGE WHITESIDE			
Payor Address:	6715 SANDY OAKS DR	HOUSTON	TX	77050-3839
Payor Email Address:	GWSIDE@MSN.COM			

METHOD OF PAYMENT

Colorado Bankers Life Insurance Company ("CBLife") underwrites and services the products listed below in the "Product and Payment Summary."

Payment Type: (X) Checking ( ) Savings ( ) VISA ( ) MasterCard

Financial Institution Name: First Service Credit Union

Please fill in your routing & account numbers in the boxes. **NOTE: Debit or credit card numbers cannot be used as an account number.**

ROUTING NUMBER	ACCOUNT NUMBER
313090561	101000238310

Last Four Digits of Credit Card: _____

eApp ID: IP2644

Email Address: GWSIDE@MSN.COM

Billing Address: 6715 SANDY OAKS DR

HOUSTON TX 77050-3839

PRODUCT AND PAYMENT SUMMARY (PREMIUM SUMMARY)

Colorado Bankers Life Product Name	Amount
( ) Individual Term Life Insurance with a Critical Illness Rider (Timber Ridge Series)	$ $229.16
Total	$ $229.16

Deduction Date (1st – 31st): 20 (Payments will recur on this date monthly)

AUTHORIZATION

I certify that I am the authorized account holder of record and that I have full authority to make purchases on behalf of the account listed.

I hereby authorize CBLife to initiate debit entries, and, if necessary, credit entries and adjustments for any debit entries made in error, to my account listed above as provided in this authorization. I also authorize CBLife and my Financial Institution to deduct from or charge my account monthly the total amount listed above, such amounts as may now or later be due as premium on policy/ies purchased from CBLife and to pay such premium amounts to CBLife. Should my automatic deduction be declined for any reason, my account will be subjected to normal credit procedures and fees. If my payment is declined twice within a 12-month period, CBLife may cancel my participation in this program.

I understand that if the deduction above does not exist for that month, the deduction will occur the last calendar day of the month.

I understand this authorization is to remain in full force and effect until CBLife has received written notification from me to revoke this authorization. My written notification must be received at CBLife at such time and such manner as to afford CBLife and my Financial Institution a reasonable opportunity to act on it. I can request a revocation form by contacting Customer Service at 1-800-367-7814.

Account holder Signature: eSigned by GEORGE WHITESIDE

Date (MM/DD/YY): 12/20/2016

Note: An incomplete authorization may cause a delay in processing.

Colorado Bankers Life Insurance Company®
Administrative Office:
5990 Greenwood Plaza Blvd., Suite 325
Greenwood Village, CO 80111
303.220.8500 | 800.367.7814
CBLife.com

Understanding Your Terminal Illness Accelerated Benefit Rider

(Critical Condition Accelerated Benefit Rider)

This document provides a general summary of the Terminal Illness Rider. It is intended to help You (the covered person under the Rider) understand this valuable coverage. It is not the Rider or the Policy contract with Colorado Bankers Life Insurance Company ("We", "Us"). The Policy and Rider contracts set forth the terms and limitations applicable to the Rider. (Terms which have definitions are capitalized).

DEATH BENEFITS PAID WILL BE REDUCED IF AN ACCELERATION OF LIFE INSURANCE BENEFIT IS PAID
PLEASE READ THIS DOCUMENT CAREFULLY.

I. TAX & PUBLIC AID

The acceleration-of-life-insurance benefits offered under this rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

Receipt of acceleration-of-life-insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

II. HOW THE RIDER OPERATES

A. BASIC OPERATION OF THE RIDER

The benefits of the Terminal Illness Rider (the "Rider") are provided in addition to any other benefits provided under the Life Insurance Policy to which it is added (the "Policy"). The Policy and the Rider must be in force for the Rider to provide any benefits. If the Policy or the Rider end, the Rider provides no benefits.

If the Primary Insured under the Policy experiences a Covered Condition, is eligible for benefits under the Rider, and meets all the other terms and requirements of the Rider, We will pay the benefits described in the Rider. Those benefits are payable to the Owner ("You") under the Policy, or in the event You do not survive the date a claim is payable under the Rider by 30 days, then to the Beneficiary under the Policy, using the Policy's rules for paying the death benefit to the Beneficiary. The amount of the benefit payable to the Owner under the Rider will depend on the Covered Condition that the Primary Insured experiences.

Covered Conditions have the definitions given below. Those definitions must be satisfied for benefits to be payable under the Rider.

The amount of benefit payable for a Covered Condition is 100%, 25%, or 10% of the Face Amount of the Policy. The specific percentage of the Face Amount of the Policy payable for each Covered Condition is given below. No more than a total of 100% of the Policy Face Amount (as defined in the Rider), prior to deducting any amount payable under the Rider, will be payable under the Rider.

To be eligible for benefits under the Rider: (1) the First Ever Diagnosis or procedure involving a Covered Condition must occur, after the Waiting Period, and while the Rider is in force, and must satisfy the other rules under the Rider; and (2) a request for benefits that complies with all the rules for filing such claim must be made to Us.

B. AMOUNT PAYABLE FOR EACH COVERED CONDITION

The percentage of the Policy's Face amount (death benefit) that is payable for each Covered Condition is listed below. No administration fee will be charged in connection with the payment of this benefit.

- Covered Conditions eligible for 100% of the Policy Face Amount
  - (1) Advanced Alzheimer's Disease
  - (2) Major Burns
  - (3) Heart Attack
  - (4) Invasive Cancer
  - (5) Loss of Independent Living
  - (6) Loss of Limbs
  - (7) Major Organ Transplant
  - (8) Paralysis
  - (9) End-stage Renal Failure
  - (10) Stroke
  - (11) Terminal Illness
- Covered Conditions eligible for 25% of the Policy Face Amount
  - (1) Coronary Bypass Surgery
  - (2) Heart Valve Replacement/Repair Surgery
  - (3) Aortic Surgery
- Covered Condition eligible for 10% of the Policy Face Amount
  - (12) Angioplasty

C. PAYMENT OF BENEFIT - EFFECT ON POLICY

When 100% of the Face Amount of the Policy is paid under the Rider, the Policy will end. When a benefit of less than 100% of the Face Amount is paid under the Rider, the following will occur: (1) the Face Amount of the Policy will be reduced by the amount of benefit paid under the Rider, and

The Rider (Form Series CCR-4-2010) and the Policy contain additional limitations. This is a summary document and not part of your contract with Us. It is designed to assist you in understanding the Rider. In the event of a conflict between this summary and the Rider, the Rider will control. Please read the Policy and Rider. If you have any questions, contact your Agent or Us. The Rider is underwritten by Colorado Bankers Life Insurance Company®.

any remaining Face Amount will be paid upon the death of the Insured; (2) the premium for the Policy will be reduced to reflect that reduction; (3) these changes to the Policy will be effective as of the Eligibility Date of the Covered Condition supporting the benefit payment; and (4) the Rider will continue, but benefits for later Covered Conditions will be subject to the Rider's rules, including those for repeat occurrences of a Covered Condition stated below. The Eligibility Date is defined below.

D. GENERAL LIMITATIONS

- Requirements before benefits are payable

  Benefits will be payable under the Rider for a Covered Condition only if the Policy and rider are in force at the time that Covered Condition occurs. Otherwise, no benefits will be payable for that Covered Condition.

- Requirements of Diagnosis

  For proof of an occurrence of a Covered Condition, We must receive a Diagnosis of a Covered Condition by a Legally Qualified Physician, including documentation supported by clinical, radiological, histological and laboratory evidence of the Covered Condition. The proof of occurrence must be satisfactory to Us; and We may require, at our expense, an exam or further tests by a physician of our choice. If there is a conflict in a medical opinion between your physician's opinion and our physician's opinion, the opinion of our physician will prevail.

- Repeat Occurrences of a Covered Condition

  If less than 100% of the Face Amount of the Policy is payable for a Covered Condition, only one benefit will be payable for that Covered Condition even if there is a later occurrence of the same or a similar condition. A similar condition includes any Covered Condition eligible for the same percentage of the Policy Face Amount as a benefit.

- Major Heart Surgery Benefit Pre-conditions

  No benefit is payable under the Rider for the following Covered Conditions - Coronary Bypass Surgery, Heart Valve Replacement/Repair Surgery, or Aortic Surgery – unless the following exists:

  - A report from a consultant cardiologist, to include evidence of prior treatment using appropriate medication,
  - Evidence of significant electrocardiogram (EKG) changes,
  - Angiographic evidence of the underlying disease, and
  - An unequivocal recommendation for the surgery from a consultant cardiologist.

- Claim Rules
  - Notice of Claim and Proof of Loss

    We must be given written notice of claim for a Covered Condition within 30 days after the Eligibility Date for that Covered Condition or as soon as reasonably possible. Written proof of loss must be given to Us within 90 days after the Eligibility Date of the underlying Covered Condition, or as soon as reasonably possible, but never later than two years from the time the proof is required except as stated below or in cases of legal incapacity.

    When We receive a notice of claim, We will send forms for filing proof of loss. If We do not furnish these forms within 15 days of the notice, the person making the claim will have fulfilled the requirements of the Rider for the filing of such proof upon sending Us written proof of the Covered Condition involved, the affected person, and the extent of the loss.

- Other Rules

  (1) No benefits will be payable for a Covered Condition if it results from any of the following:

  (a) The misuse of alcohol or taking of drugs (other than under the direction of a registered medical practitioner other than the Primary Insured or a member of the Primary Insured's immediate family);

  (b) Suicide prior to the Rider being in effect for two years, or injuries intentionally self-inflicted, whether sane or insane;

  (c) Injury received during active participation in a riot, strike or civil commotion, or any act incidental thereto; or

  (d) The Primary Insured's participation or attempting to participate in any illegal activity.

  (2) Also, no benefits will be payable if:

  (a) The Policy has been assigned, unless the person to whom the Policy has been assigned consents to the payment; or

  (b) An irrevocable beneficiary has been named under the Policy, unless all such irrevocable beneficiaries consent to the payment; or

  (c) The person entitled to benefit is married and resides in a community property State or State with similar rules, unless the spouse of the person entitled to the benefit consents to the payment.

III. DEFINITIONS

A. ELIGIBILITY DATE

The Eligibility Date for a Covered Condition will be:

(1) For Advanced Alzheimer's Disease, Major Burns, Invasive Cancer, Heart Attack, Loss of Independent Living, Loss of Limbs, Paralysis, or Stroke, the Date of Diagnosis (as defined below) of the qualifying Covered Condition;

(2) For Major Organ Transplant, the date the transplant surgery of a qualifying major organ takes place;

(3) For End-stage Renal Failure, the earlier of the date regular dialysis begins or the date renal transplantation takes place;

(4) For Terminal Illness, the Date of Diagnosis of the qualifying terminal illness; and

(5) For Coronary Bypass Surgery, Heart Valve Replacement/Repair Surgery, Aortic Surgery or Angioplasty, the date qualifying surgery takes place.

B. COVERED CONDITIONS

(1) Advanced Alzheimer's Disease. The Diagnosis, by a Legally Qualified Physician board-certified as a neurologist, that the Primary Insured has Advanced Alzheimer's Disease. The Primary Insured must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing. It must result in significant reduction in mental and social functioning such that the Primary Insured requires Substantial Assistance in performing at least 3 of the 6 Activities of Daily Living (as defined below). No other dementing organic brain disorders or

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psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Covered Condition.

(2) Major Burns. The Diagnosis, by a Legally Qualified Physician board-certified as a plastic surgeon, that the Primary Insured has sustained third degree burns covering at least 20% of the surface area of the Primary Insured's body

(3) Heart Attack. An acute myocardial infarction resulting in the death of a portion of the Primary Insured's heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist and based on both:

- New clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
- Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.
- An established (old) myocardial infarction does not qualify under this Covered Condition.

(4) Invasive Cancer. A malignant neoplasm experienced by the Primary Insured, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically otherwise excluded. Leukemias and lymphomas are included. The following are not considered Invasive Cancer:

- Pre-malignant lesions (such as intraepithelial neoplasia); or
- Benign tumors or polyps; or
- Early prostate cancer diagnosed as T1N0M0 or equivalent staging; or
- Cancer in Situ; or
- Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic); or
- Any cancer which is non-life threatening.

Invasive Cancer must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

(5) Loss of Independent Living. The Diagnosis, by a Legally Qualified Physician board-certified in a specialty which is medically appropriate for the related condition, that the Primary Insured has been unable for at least 180 consecutive days to perform by him or herself without Substantial Assistance from another person at least 3 of the 6 Activities of Daily Living defined below. This inability must be expected to be permanent.

(6) Loss of Limbs. The Diagnosis, by a Legally Qualified Physician board-certified as medically appropriate for this condition, of a total and irreversible severance of two or more of the Primary Insured's limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.

(7) Major Organ Transplant. The clinical evidence of the Primary Insured's major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Primary Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Primary Insured) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow. In order for a Major Organ Transplant to be a Covered Condition under the Rider, the Primary Insured must be registered by the United Network of Organ Sharing (UNOS).

(8) Paralysis. The Primary Insured's complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days, confirmed by a Legally Qualified Physician board-certified as a neurologist.

(9) End-stage Renal Failure. The chronic and irreversible failure of both of the Primary Insured's kidneys which requires him or her to undergo periodic and ongoing dialysis. The Diagnosis must be made by a Legally Qualified Physician board-certified in nephrology.

(10) Stroke. Any acute cerebrovascular accident experienced by the Primary Insured, producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Legally Qualified Physician board-certified as a neurologist.

(11) Terminal Illness. An advanced or rapidly progressing incurable disabling terminal illness where, based on our investigation, the Primary Insured's life expectancy is no greater than 12 months.

(12) Coronary Bypass Surgery. The Primary Insured's actual undergoing of coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Legally Qualified Physician board-certified as a cardiologist. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition.

(13) Heart Valve Replacement/Repair Surgery. The Primary Insured's actual undergoing of open heart surgery to replace or repair one or more valves. The surgery must be deemed medically necessary and performed by a Legally Qualified Physician board-certified as a cardiologist or cardio-vascular surgeon.

(14) Aortic Surgery. The Primary Insured's actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The surgery must be deemed medically necessary and performed by a Legally Qualified Physician board-certified as a cardiologist, cardio-vascular thoracic surgeon or vascular surgeon. For this

definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta causing aortic surgery does not qualify under this Covered Condition.

(15) Angioplasty. The Primary Insured's actual undergoing of a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. A Legally Qualified Physician board-certified as a cardiologist must perform the procedure. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition.

C. ACTIVITIES OF DAILY LIVING (ADLs)

Activities of Daily Living (ADLs) refer to certain basic daily tasks necessary to maintain a person's health and safety. For the Rider, ADLs are defined as the activities described below:

(1) Transferring. Sufficient mobility to move into or out of a bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair or other means.

(2) Continence. The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

(3) Dressing. Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

(4) Toileting. Getting to and from the toilet, transferring on and off the toilet and performing associated personal hygiene.

(5) Eating. Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

(6) Bathing. Washing oneself by sponge bath; or in either a tub or a shower, including the task of getting into or out of the tub or shower.

D. SUBSTANTIAL ASSISTANCE

Substantial Assistance means either Hands-on Assistance or Stand-by Assistance.

Hands-on Assistance means the physical assistance of another person without which the Primary Insured would be unable to perform the ADL.

Stand-by Assistance means the presence of another person within the Primary Insured's arm's reach, to prevent, by physical intervention, injury to the Primary Insured while he or she performs an ADL (such as being ready to catch the Primary Insured if he or she falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the Primary Insured's throat if he or she chokes while eating).

E. OTHER IMPORTANT DEFINITIONS

(1) Legally Qualified Physician. A person - other than: You, or the Primary Insured, or a member of their immediate family(s), or a business associate of You or the Primary Insured - who is duly licensed and practicing medicine in the United States, and who is legally qualified to diagnose and treat sickness and injuries. The physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under the Rider.

(2) Diagnosis. The definitive establishment of a Covered Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is a board certified specialist where required under the Rider.

(3) Face Amount. This means either the Face Amount of the Policy or the Basic Death Benefit Amount covering the Primary Insured under the Policy, whichever is applicable.

(4) First Ever Diagnosis or Procedure. This means a Diagnosis or procedure that is the first time ever in a Primary Insured's lifetime that he or she has undergone that specific procedure, or been diagnosed with that specific condition.

(5) Date of Diagnosis. The date the Diagnosis is established by a Legally Qualified Physician, who is a board certified specialist where required under the Rider, through the use of clinical and/or laboratory findings as supported by the Primary Insured's medical records. For a procedure, it is the date the Primary Insured undergoes the procedure.

(6) Clinical Diagnosis. A Diagnosis of Invasive Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if the following conditions are met:

(a) A Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
(b) There is medical evidence to support the Diagnosis; and
(c) A Legally Qualified Physician is treating the Primary Insured for Invasive Cancer.

(7) Pathological Diagnosis. A Diagnosis of Invasive Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is a board certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

IV. OTHER MATTERS

(1) There are no administrative expense charges required at any time under the Rider.
(2) The Rider ends if the Policy ends.

V. GENERIC ILLUSTRATION

Here is an example showing the effect of the payment of a 25% benefit for Aortic Surgery on the Policy's Death Benefit and Policy's premium:

$50,000 Face Amount Policy

$12,500 - equal to 25% of the Face amount - is paid under Rider

- The Death Benefit under Policy is reduced to $37,500
- The Policy's current annual premium of $520 reduces to $395

Note: The premium reduction is not pro-rata because the Policy premium includes a $20 policy fee which does not vary with the Face Amount and is not reduced.

Colorado Bankers Life Insurance Company®
Administrative Office:
5990 Greenwood Plaza Blvd., Suite 325
Greenwood Village, CO 80111
303.220.8500 | 800.367.7814
CBLife.com

IF YOU HAVE ANY QUESTIONS, CALL US AT 800.367.7814, OR CONTACT YOUR AGENT.
(If this Summary is provided at the time of the application for the Terminal Illness Rider product – please complete the acknowledgments below)

Applicant Statement:
I acknowledge that the disclosure form titled "Understanding Your Terminal Illness Accelerated Benefit Rider", form number DIS-CCR-4-2010 TX REV 08-15, pages 1-4, has been read to me, or that I have read that document, and I understand the information contained in that document.

eSigned by GEORGE WHITESIDE
Applicant's Signature

12/20/2016
Date

Agent Statement:
By signing, I certify that: (1) I have reviewed the disclosure form titled "Understanding Your Terminal Illness Accelerated Benefit Rider", form number DIS-CCR-4-2010 TX REV 08-15, pages 1-4, with the applicant; (2) I have provided a copy of that document to the applicant; and (3) I have made no statements that differ in any significant manner from that document.

eSigned by LISA JACKSON
Agent Signature

12/20/2016
Date

LISA JACKSON
Print Name of Agent

The Rider (Form Series CCR-4-2010) and the Policy contain additional limitations. This is a summary document and not part of your contract with Us. It is designed to assist you in understanding the Rider. In the event of a conflict between this summary and the Rider, the Rider will control. Please read the Policy and Rider. If you have any questions, contact your Agent or Us. The Rider is underwritten by Colorado Bankers Life Insurance Company®.

WHITE – APPLICANT YELLOW – HOME OFFICE

INFORMATION DISCLOSURE NOTICE

Information regarding the insurability of any person to be insured ("you", "your") will be treated as confidential. Colorado Bankers Life Insurance Company ("CBL") or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, (referred to here as "MIB") a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

CBL or its reinsurers may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

As a part of our normal procedure for processing your application for insurance, an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. This information will be obtained through personal interviews with your friends, neighbors and associates. You are entitled to receive a copy of the investigative report, if any. You may request to be interviewed in connection with the preparation of an investigative consumer report. You are entitled to receive a copy of the investigative consumer report.

Upon written request to the Underwriting Department of CBL, you may: (1) receive further information on the nature and scope of any investigative consumer report, and/or (2) find out what information the Company has obtained, how to get copies and how to request changes and corrections of that information.

Colorado Bankers Life Insurance Company
5990 Greenwood Plaza Blvd.
Greenwood Village, Colorado 80111
303-220-8500

This pre-written notice must be detached and given to the Applicant. DISCL-LIFE 2012

CBLife
COLORADO BANKERS LIFE INSURANCE COMPANY

5990 Greenwood Plaza
Boulevard Greenwood Village,
CO 80111
800.367.7814

CRITICAL ILLNESS INSURANCE POLICY

PURCHASE DISCLOSURE STATEMENT

I acknowledge and understand that:

(1) I am applying for a Critical Illness Life Insurance policy from Colorado Bankers Life Insurance Company ("CBL");
(2) this insurance is a life insurance policy with a critical illness benefit;
(3) this insurance is not Health Insurance;
(4) in addition to this Critical Illness policy, I may be applying for other types of insurance at this time; and
(5) if CBL approves the issuance of the Critical Illness Insurance policy to me, I will receive policy documents within approximately 30 days either mailed to my address given in the application for this policy or delivered to me by the CBL agent.

I also acknowledge and confirm that:

(1) I have authorized Colorado Bankers Life Insurance Company to debit my financial account to pay the premium due for the Critical Illness policy; and
(2) I am aware that in order to stop such payments from my financial account for the Critical Illness Insurance policy I must notify Colorado Bankers Life Insurance Company directly, not its agent.

GEORGE WHITESIDE

Print Name of Applicant/Owner

eSigned by GEORGE WHITESIDE

Signature of Applicant/Owner

12/20/2016

Date

AGENT REPORT (This must be fully completed, signed and returned with the Application)

I certify that to the best of my knowledge:

1. All the information and answers given in this application are true and complete;
2. A. ☒ Yes ☐ No I personally saw the Applicant at the time this application was signed;
   B. ☐ Yes ☐ No I personally saw the person to be insured (if other than the Applicant) at the time this application was signed;
   C. ☐ Yes ☐ No I personally saw the Insured's Legal Spouse at the time this application was signed (if she/he is other than the Applicant and if a rider that provides legal spouse coverage is applied for);
3. I correctly asked all the questions in this application and correctly recorded all the answers and other information given;
4. I know of no factor affecting the insurability of the person(s) to be insured, except as stated in this application;
5. The signature of the Applicant/Owner and/or the person(s) to be insured (if applicable) are what they are represented to be;
6. A. If applying for accident or health insurance, the Applicant: ☐ **DOES** ☐ **DOES NOT** have any existing accident or health insurance;
   B. If applying for life insurance or an annuity, the Applicant: ☐ **DOES** ☒ **DOES NOT** have any existing life insurance or annuities;
7. The insurance or annuity applied for in this application ☐ **WILL** ☒ **WILL NOT** change or replace any existing insurance or annuity; and
8. If the insurance or annuity applied for will replace any insurance or annuity, I used only company approved sales materials and gave the applicant a copy of all sales materials used in the sale of the insurance or annuity applied for, as required by applicable law.

eSigned by LISA JACKSON	12/20/2016	LISA JACKSON
Agent Signature	Date	Agent Name Printed

GEORGE WHITESIDE	12/20/2016
Print Proposed Insured's Name	Date Application Signed by Proposed Insured