



Accelerated Benefit Disclosure Facts

5Star Life's Accelerated Benefit provides a one-time advance of up to thirty percent (30%) of the policy Coverage Amount upon the occurrence of any one of the following conditions:

HEART ATTACK (Myocardial Infarction): The death of a portion of heart muscle (myocardium) resulting from a blockage of one or more coronary arteries; and requiring hospital confinement for at least three (3) consecutive days.

STROKE: Any acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 30 days and requiring hospital confinement for at least three (3) consecutive days.

CARDIAC SURGERY: The actual undergoing of bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease, or heart transplant surgery including the use of an artificial heart.

LIFE-THREATENING CANCER: Only those types of cancer manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. As used herein, Leukemia and Hodgkin's Disease (except State I Hodgkin's Disease) shall be considered life-threatening cancer.

LIFE THREATENING CANCER DOES NOT INCLUDE: Any pre-malignant tumors or polyps, cancer in situ, intraductal non-invasive carcinoma of the breast, carcinoid of the appendix, Stage I transitional carcinoma of the urinary bladder, or any skin cancers other than melanoma.

TERMINAL CONDITION: A condition that will result in a drastically limited life span of less than 12 months.

- The amount paid will reduce the Coverage Amount of the policy by the percentage of the Accelerated Benefit payout. The premium amount will be waived from that point on.
- A processing charge of \$150.00 will be deducted from the Accelerated Benefit payment.
- The benefit paid may be taxable. If so, you or your beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess the impact of this benefit.

This form was given to the applicant on _____
Date

Agent Name _____

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)