



aPriority® Whole Life

Agent Underwriting and Product Guide



The Baltimore Life®
COMPANIES

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aPriority® Whole Life is underwritten and issued by The Baltimore Life Insurance Company in Owings Mills, Maryland.

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aPriority® Whole Life

A participating whole life policy with simplified underwriting, a fully guaranteed level death benefit, guaranteed level premium payment options, and no maturity or endowment age.

It also features:

- Guaranteed cash value and non-forfeiture values.
- Non-guaranteed dividends with payment options.
- Unearned premiums are returned at death.

Issue Ages

	Minimum:	Maximum:
Standard:	Non-tobacco: 0 Tobacco: 18	Age 80
Special:	Non-tobacco: 18 Tobacco: 18	Age 80

Issue ages 0-17 are automatically treated as non-tobacco users for the life of the policy.

Face Amounts

	Minimum:	Maximum:
Ages 50 - 80	\$15,000 \$25,000	\$150,000 \$150,000

The applied-for face amount and eligibility for simplified underwriting through \$150,000 could also be impacted by existing coverage (standard and substandard), as well as prior declines and disability status. For ages 61-80, face amounts of \$75,001 - \$150,000, the agent must order a paramedical exam and urine specimen.

Health Questions

Based on face amounts of up through \$150,000 and on issue ages as follows:

- Option A – ages 0-17
- Option B – ages 18-49
- Option C – ages 50-80

For ages 61-80, face amounts of \$75,001 - \$150,000, the agent must order a paramedical exam and urine specimen.

Death Benefits

- Death benefits are guaranteed level all policy years at \$1,000 per unit.
- The death benefit payable may be reduced by any outstanding policy loans or accelerated death benefit liens.

Applications

Generic: **ICC17-8684**

State-Specific: **8684** (in states where applicable)

Policy Forms

Generic: **ICC17-8723**

State-Specific: **8723** (in states where applicable)

State Approval and Forms List

Form **8806**

Maturity Age

- There is no specified maturity age.
- Premiums end at the anniversary following the insured's 100th birthday.
- The policy will continue without further increases in cash values and dividend payments.

Illustration

Product is illustrated and will require a signed illustration or Baltimore Life's "In Lieu of an Illustration" Form 4906.

Underwriting Classes

Premiums differ by gender, tobacco use, face amount band, and have only two underwriting classes:

(1) Standard: Standard-Table 4

(2) Special: Tables 5-8

Premium Methods

- Direct Bill: annual, semi-annual and quarterly
- Bank Draft (EFT): annual, semi-annual and monthly*

*Specified week and day of the month functionality applies.

Premium Calculation

- Multiply the annual per unit factor by the number of 1,000s of face amount.
- Add any annual rider premium.
- Multiply the sum of the annual base plan and rider premium(s) by the modal premium factor.
- Round to the nearest cent.

Modal Premium Factors:

Annual	1.00
Semiannual	0.53
Quarterly	0.27
Monthly EFT	0.0875

Premium Options by Paper and INSpeed® NOW

- Effective date and billing date are limited to "1" to "28" of a month.
- Initial premiums may be paid by personal check, bank draft or credit/debit card.

Credit/Debit Card

- Visa, Mastercard and Discover cards accepted.
- Credit Card Authorization Form 5122 must be submitted in paper with wet signatures for initial credit card/debit card payment.
- Recurring credit/debit cards **are not permitted**.

Initial and Future Premium Options by Bank Draft (EFT)

- Allowable EFT dates are 1-28. The selected draft date will become the issue date.
- If a draft date is not selected, the default draft date will be the issue date.
- **Option 1:** Draft initial premium immediately. All future premiums drafted on the same date.
- **Option 2:** Draft initial premium immediately; but choose a different future draft date.
- **Option 3:** Draft initial premium in the future up to 30 days in advance. Date selected becomes the issue date and ongoing future draft date (No temporary coverage).
- **Option 4:** If the applicant does not select a draft date, the issue date becomes the future draft date by default.

Save Age/Backdating

- To save age, an effective date up to six (6) months before the date of application may be requested on ***paper applications only***.
- The current age is used for the medical question set.
- A request for backdating can be made on a paper applications and handled manually by New Business.
- Backdating is not permitted to enable eligibility for a selected plan.
- Policies may be dated up to 60 days into the future on ***paper applications only***.

1035 Exchanges

- 1035 exchange forms must be submitted in paper with wet signatures.
- May accompany paper applications or an INSpeed® NOW application with a notation that a 1035 exchange form is to be expected and processed as a New Business requirement.
- Will be applied to the *Single Premium Additional Insurance Rider* as premium but may not be used as an initial premium.

Policy Fee

None

Loan Interest Rate (Automatic Premium Loan (APL) and Policy Loan

- Not to exceed 8%

Nonforfeiture Options

For either ETI or RPU, the following applies:

- The policy's net cash value (cash value minus loan, lien and debt) can be used as a single premium to pay for ETI or RPU.
- Any riders and/or term insurance rider on the insured will be terminated and not included in the ETI or RPU amount, nor used for purposes of calculating the RPU or ETI.
- The cash value of RPU (within 30 days after a policy anniversary), will not be less than the cash value on that anniversary.

Extended Term Insurance (ETI)

- Available to standard underwriting classes only.
- ETI is ineligible for dividends and the owner cannot borrow against the cash value of the ETI.

Reduced Paid-Up (RPU)

- Available to all underwriting classes.
- RPU will continue to have a cash value and will be eligible for dividends.
- The RPU cash value will be the net single premium for the amount of RPU insurance provided.
- The owner may borrow against the cash value of the RPU insurance.

Dividends

aPriority® Whole Life is a participating policy that pays dividends, although dividends are not guaranteed. Regular dividends are zero (0) for each of the first three policy years.

Riders

Please see Form 8806 State Approval and Forms List for rider and state availability.

Children's Insurance Benefit (CIBR)

Form ICC17-8747 or 8747

- Available on Life Pay product only
- Named Insured Child
- Issue Ages
 - 18-60 of the base policy insured
 - 0-14 of the child insured
- Expiry
 - Age 70 of the base insured
 - Age 25 of the child insured

If insured dies before the rider expiry date the child receives paid-up term insurance until age 25 with no cash value.
- Face: \$5,000 to \$20,000 but not more than 50% of the base
- Conversion: Can be converted for up to five times the rider face (maximum \$50,000) at any one of the several specified times laid out in the rider form but must meet new plan minimum face requirements.
- Guaranteed temporary coverage:
 - While the rider is in force, any newborn child will automatically receive \$2,000 death benefit beginning at 7 days old for a 90-day period.
 - After 90 days, temporary coverage will expire. To continue coverage, an application to become a named child under the rider must be submitted and approved. A child rider application may be submitted anytime from 7 days old through age 14.
- No substandard ratings, and not available on special class.

Accidental Death Benefit (ADB)

Form 7922

- For 20-Pay product, ADB only available at issue
- Level Premiums
- Issue Ages 0-65
- Expiry Age 70
- Face \$25,000 to \$300,000 but not more than 150% of the base
- Supplemental simplified underwriting questions apply to this rider
- No substandard ratings, and not available on special class.

Disability Benefit Rider for Waiver of Premium (PW)

Form 7924

- For 20-Pay product, ADB only available at issue
- Level Premiums
- Issues Ages 16-55
- Expiry Age 60
- If the insured is totally disabled before age 60, benefit continues until total disability ends.
- Supplemental simplified underwriting questions apply to this rider
- No substandard ratings, and not available on special class.

Non-Occupational Disability Income (Non-Occ DI)

Form 8196

- Available on Life Pay product only
- One unit equal \$100 monthly benefit
- Will pay a benefit for up to two years during the insured's total disability.
- Available on primary insured only.
- Premiums are guaranteed in the first year and may increase thereafter.
- Issue Ages 18-55
- Termination Age 60
- Minimum monthly benefit: \$100
- Maximum monthly benefit:
 - The lesser of \$2,000 or 5% of the base coverage, and
 - 60% of the insured monthly gross income

Other existing disability income coverage is considered in determining the 60% of income maximum.
- Elimination Period: 90 days
- Maximum benefit period: 2 years
- Supplemental simplified underwriting questions apply to this rider.
- No substandard ratings, and not available on special class.

Guaranteed Insurability Option (GIO)

Form 8071

- For 20-Pay product, GIO only available at issue.
- Payable to
 - Attained age 40 on life pay, or
 - Shorter of attained age 40 or 20 on 20-pay
- Issue Ages 0-37
- Option Amount is chosen at issue:
 - Ranges from \$15,000 to the face amount of base policy, not exceeding \$50,000.
- Maximum face amount purchased at each option date is equal to the Option Amount.
- Minimum face amount purchased at each option date is the lesser of the minimum face amount of the plan applied for and the Option Amount.
- Face amount that can be purchased on any option date cannot exceed \$200,000 less the sum of the face amounts of the insurance on all policies and riders in force with the company on the life of the insured.
- 20-pay version is available at issue only.
- No substandard ratings, and not available on special class.

Single Premium Additional Insurance Rider (SPAIR)

Form 8079

- \$100 per unit
- Issue Ages 0-70
- Minimum: \$100 single premium
- Maximum: SPAIR insurance amount plus base face amount cannot exceed \$150,000
- Level death benefit
- **SPAIR premiums:**
 - **Standard:** Premiums will be set at the standard rate and are available to all simplified standard underwriting (standard through Table 4).
 - **Special:** SPAIR is not available.
- Nonparticipating
- For non-forfeiture purposes, it uses the same mortality table and annual interest rate as the base policy.
- **INSspeed® NOW applications:**
 - The premium for SPAIR may be submitted by personal check or through a 1035 Exchange.
 - *With a personal check,* the **INSspeed® NOW** application will note that a personal check is to be expected and will be processed as a NB requirement.
 - *For 1035 Exchanges,* a paper 1035 exchange form must be submitted with a wet signature, and the **INSspeed® NOW** application will note that a 1035 Exchange form is to be expected and will be processed as a New Business requirement.
- No substandard ratings, and not available on special class.

Accelerated Death Benefit Rider (ADBR)

Form 8216 (Form 8245 CA, CT, FL)

Does not require additional premium payments.

- Rider is not underwritten and is available to all insureds at issue only, all underwriting classes and ages, provided that the Accelerated Benefit Rider Disclosure Statement (Form 8217 or 8246 in CA, CT, FL) is also submitted.
- The insured may choose not to include the rider at the time of application.
- Only available at issue, and only one rider of this type can be attached to any given policy.
- Irrevocable beneficiary or assignee must provide written approval of the acceleration if applicable.
- **Triggers:**
 - Terminal Illness, or
 - Qualified Nursing Facility (*Not applicable for Form 8245*)
- **Issue Ages 18-75**
- **Minimum Rider Claim: \$5,000**
- **Maximum Rider Claim is the lesser of:**
 - (a) 75% (for the terminal illness claim trigger) or 50% (for the qualified nursing facility claim trigger) of total life insurance death benefit of base policy and all attached life insurance riders (not including any accidental death benefit) on the life of the base policy insured, or

- (b) \$250,000 - the result being reduced by the amount of current policy debt, which is paid off. However, the initial lien amount is based on the claim amount before the payoff of any policy debt.

The \$250,000 limit applies on a per insured basis, i.e., to all Baltimore Life policies on a given life combined.

- **Claim amount is processed as a lien on the policy.**
 - A claim filing fee of up to \$100 is assessed to policyholder and is added to the initial amount of the lien.
 - There is no claim filing fee if the claim is not approved.
 - Only one claim per rider is permitted.
- **Lien**
 - Interest will never exceed 8%.
 - Policyholder can pay down the balance of the lien at any time.
- **Termination:** Rider terminates (*as does the policy to which it is attached*) upon the death of insured or reduction of the death benefit net of lien (*including interest thereon*) to zero, whichever comes first.
 - At death claim, lien amount plus interest is offset against the net death benefit otherwise payable.
 - No rider benefit if the policy is within five (5) years of termination.
- **Automatic Premium Loan (APL)** option must be removed upon payment of accelerated benefit.
- **In states where 8216 is not approved** due to the chronic illness trigger the *Accelerated Death Benefit Rider Terminal Illness Form 8245* will be used, where approved. Its accompanying disclosure is the *Accelerated Death Benefit Terminal Illness Disclosure Form 8246*.

Underwriting

This section provides guidance on how to submit business using our simplified underwriting application and process.

This product is designed to be underwritten on a simplified underwriting basis, Standard through Table 8.

Risks will be accepted under two underwriting classes:

- Standard (Standard through Table 4), and
- Special (Tables 5-8).

Full underwriting is necessary at ages 61-80 for face amounts of \$75,001-\$150,000 and will require a routine paramedical exam and urine specimen.

Simplified underwriting screening will include:

- The applicant's height and weight
- Application medical questions.
- Pharmacy records database, electronic medical records, and Medical Information Bureau (MIB)
- Other than as stated above, there are no paramedical exams, attending physician statements (APS), nor blood or urine samples.

INSpeed® NOW Application Procedures and Options

Pre-Application Process

The Pre-App process is a very useful tool to get an early indication of whether the insured may qualify for life insurance and is eligible to apply.

This process can be completed in 3-5 minutes on the agent's mobile device, or 10 minutes with a call to our INSpeed® NOW Call Center.

The proposed insured will be asked for:

- Personal information,
- Height and weight, and
- Signature for disclosures to authorize pharmacy database and MIB checks.

The proposed insured's identity will also be verified. Color indicators (green, yellow, orange, red) are provided when complete, along with a brief explanation and how to proceed.

By Mobile Device

To access Pre-App on a mobile device:

- Enter the INSpeed® NOW Agent Portal
- Go to INSpeedNow.baltlife.com

By INSpeed® NOW Call Center

- Call (855) 467-7669
- Press 1 to complete a Pre-Application

Hours are Eastern Time:

Monday through Thursday 10 a.m. – 9 p.m.
Friday 9 a.m. – 6 p.m.

eApplication Jet Issue Process

The eApp process allows you to write an application on your own mobile or desktop device.

To access eApp on a mobile device:

- Enter the INSpeed® NOW Agent Portal
- Go to INSpeedNow.baltlife.com

Below are tips to help ensure a smooth e-application:

- You must first complete a Pre-app to be able to complete an eApp.
- eApps can be completed on any device assuming you are connected to the Internet. However, desktops, laptops and tablets are preferred over a smartphone.
- Make sure you select the correct Contract State in the Pre-app. You cannot change the contract state in the eApp.

The applicant can sign the disclosures using one of three methods:

1. DocuSign email – As the ideal method, please consider this method first.
2. DocuSign text – Consider the email method second only due to text messages delays or service issues.
3. Sign on the agent's device.
 - A Multi-Factor Authorization (MFA) process is needed to verify the applicant's identity. MFA questions will appear on the agent device. For example, a past phone number belonging to the client will be shown among a number of phone number options.
 - If using the agent device and the MFA questions cannot be answered correctly, you will be able to pivot to email or text DocuSign.

Call Center Jet Issue Process

The Jet-App process allows application using our INSpeed® NOW Call Center.

When a Pre-App is completed, the data pre-fills the Jet-App and the call representative will verify any pre-filled fields for recording purposes. We recommend using the pre-app process.

- Call (855) 467-7669
- Press 2 to complete a Full Application

Hours are Eastern Time:

Monday through Thursday 10 a.m. – 9 p.m.
Friday 9 a.m. – 6 p.m.

The applicant, owner, and premium payor must be present for the INSpeed® NOW application to provide their electronic signature using voice recording. In almost all cases, medical underwriting (including physicals, or physician's statements) will not be used with these policies.

Pre-Qualification of the Applicant is Necessary for a Smooth Transaction

As the agent, be prepared – have all necessary information gathered prior to contacting the Call Center such as social security numbers, beneficiary information, as you will be providing this information.

The Call Center will ask your client the APL question, all health questions, and bank information. Credit card information cannot be taken using the INSpeed® NOW Underwriting process.

You will be given the option to have the policy mailed to the policy owner as part of a question in the Agent Statement section of the application.

Pre-qualifying an Application for the INSpeed® NOW Process

It's imperative that the agent pre-qualifies the applicant before contacting the INSpeed® NOW Call Center.

Pre-qualification includes ensuring:

- the sale is complete,
- the applicant can qualify for aPriority Whole Life based upon the medical questions contained in Option C Questions of paper application Form ICC17-8684, or its state-specific version, and
- all necessary information is gathered beforehand that is required to underwrite and issue the application.

The following information will be needed for the Call Center Representative (CCR) and should be obtained before contacting the Call Center.

1. **Agent Identification Number.** The agent ID number will be validated against the state where the application is being taken. This number must be nine digits and begin with:
 - 015 for Independent Sales agents, and
 - 016 for Career Agency Sales Group agents.
 - For example, 015456789.
2. **Owner and Payor, if other than the insured,** must be present: If there is going to be an owner or payor other than the insured, the owner and/or payor will also need to participate in the application process with the Call Center specifically to capture the electronic voice recording signatures on the application. The agent will only provide the CCR with the owner and/or payor general information as applicable.
3. **Plan applied for, face amount, date of birth, gender, premium mode, and method of initial premium.** The CCR will verify a premium quote to the agent based on the information provided for verification purposes. When using INSpeed® NOW to enroll aPriority Whole Life applications the applicant can select from the following premium EFT modes: monthly, semi-annual, and annual. The initial and future premiums will be paid using EFT.
4. **Pennsylvania and Maine State Disclosure Statements:**
 - In Pennsylvania only, *Pennsylvania Disclosure Statement, Form 1589* is required.
 - In Maine only, *Statement of Policy Cost, Form 7060* is required.

As applicable to PA or ME, a paper copy of these forms must be reviewed and signed by the client prior to calling the Call Center. The client should retain a copy. The CCR will verify with the agent and client if this form was completed. The agent must submit the completed form via securesubmit.baltnlife.com.

6. **Client data provided by the agent:** The agent will provide the CCR with additional application data on the applicant including: name, mailing address, phone number(s), date of birth, state or county of birth, social security number, height and weight, occupation, e-mail address (required for disclosures), primary and secondary beneficiaries and their relationship to the insured.
7. **Data provided by the applicant:** The applicant will be required to provide the CCR with answers to the following application questions; Automatic Premium Loan option, medical questions, and the replacement section (including completion of the NAIC Disclosure Statement, Form 7296 NAIC, if required), bank information that includes bank name, address, routing number, and draft day.

INSpeed® NOW allows a high percentage of applications to be instantly approved for issue. Once approved, a policy number will be assigned and communicated to the agent and client by the CCR. An initial EFT premium is required to place the coverage in-force at point-of-sale and will be processed the next business day. If the initial EFT premium is requested on a future date, the coverage will go in force on that date.

In the event an application cannot be given a final decision at point-of-sale, a notice will be provided to the agent and client that further underwriting review is required. A policy number is still assigned at the Call Center and communicated to the agent. The electronic application is automatically forwarded to an underwriter for review and follow up within 48 business hours. An initial premium will still be required when an application is sent for underwriting review if the client has chosen an immediate draft.

The Call Center may also provide the underwriting decision that we are unable to offer coverage at this time. The Call Center will not be able to provide specific detail as to why coverage cannot be offered.

Coaching the Applicant

It is acceptable to assist the applicant during the INSpeed® NOW process. However, no agent is authorized to coach an applicant regarding the health, replacement or the tax withholding questions.

Electronic Signature and Recording of All Calls

INSpeed® NOW can use an electronic signature to complete the application process and provide the necessary authorization allowing Baltimore Life to underwrite and issue a policy. The entire process will be recorded by the Call Center for quality and authentication purposes.

At the onset of the call, both the agent and the client are made aware that the call is being recorded and that the client's expressed consent must be obtained in order to proceed with the call. The client will be asked at the end of the application process for their verbal consent related to all final disclosure questions. This verbal consent will serve as the client's electronic signature. This same process would be used with an owner or payor (if other than the insured).

If the client (or the owner and payor if other than the insured) decides that they are not comfortable with the call being recorded or with their signature being accepted electronically by voice recording, INSpeed® NOW should not be used. If the client changes their mind during the beginning of the call, the enrollment process will be discontinued by the Call Center. At that point, the agent will be required to submit a traditional paper application.

Policy Issue and Delivery

When an application is approved and placed in force utilizing INSpeed® NOW, the policy will be issued and mailed to the agent within 48 hours. If so desired, the policy can be mailed directly to the policyowner. If there are any outstanding requirements, the issue process will be delayed until they are received in the home office.

Other Requirements For Submission

If there is a replacement of an existing in force policy issued by Baltimore Life or any other company in the states of Arkansas, Florida, or Pennsylvania, the agent and client must complete a paper version of the applicable state replacement form and submit it with the application through securesubmit.baltlife.com.

To log in, use the same credentials you use to access Baltimore Life's secure Agent Portal.

Complete Paper Application Procedures

Reasons to complete a paper application

- If the sale occurs outside of the Call Center hours of operation or if the Call Center is temporarily unavailable due to technical difficulties.
- If the client will not agree to a voice recording as an electronic signature or agree to the call being recorded.
- If a client wants to back date the policy-issue date to conserve their age.
- If the client wants to receive a premium notice on a quarterly, semi-annual, or annual basis.

Once the application is completed, please submit completed applications and non-medical outstanding requirements, including the delivery receipt, through securesubmit.baltlife.com.

- For all paper applications, select "New Applications" from the drop-down menu.
- To log in for secure file uploads, use the same credentials you use to access Baltimore Life's secure Agent Portal.

Medical questions are based on age and face amount.

If you have any questions or need further clarification on our underwriting procedures, contact Baltimore Life's Underwriting Department:

- Email underwriting@baltlife.com, or call
- Rita Norman (443) 681-7666 or
- Dan Brown (410) 581-6636

Life Pay Standard Male Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS					
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵	PW ⁶
0	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-	-
11	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-
13	-	-	-	-	-	-	-	-	-
14	-	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	-	-
18	17.68	13.59	10.60	0.85	1.00	7.81	1.60	23.39	0.14
19	18.05	13.94	10.94	0.85	1.03	8.00	1.60	24.08	0.15
20	18.42	14.30	11.29	0.85	1.07	8.19	1.60	24.77	0.16
21	18.76	14.64	11.63	0.85	1.11	8.38	1.60	25.57	0.17
22	19.09	14.97	11.96	0.85	1.15	8.57	1.60	26.36	0.18
23	19.43	15.31	12.30	0.85	1.19	8.77	1.60	27.16	0.20
24	19.76	15.64	12.63	0.85	1.23	8.96	1.60	27.95	0.21
25	20.10	15.98	12.97	0.85	1.27	9.15	1.60	28.75	0.22
26	20.66	16.52	13.51	0.86	1.31	9.39	1.60	29.89	0.24
27	21.22	17.07	14.05	0.87	1.35	9.63	1.60	31.04	0.26
28	21.77	17.61	14.59	0.88	1.39	9.88	1.60	32.19	0.29
29	22.33	18.16	15.13	0.89	1.43	10.12	1.60	33.34	0.31
30	22.89	18.70	15.67	0.90	1.47	10.36	1.60	34.48	0.34
31	23.53	19.33	16.29	0.91	1.51	10.75	1.60	35.65	0.36
32	24.17	19.96	16.92	0.92	1.55	11.14	1.60	36.81	0.40
33	24.81	20.58	17.54	0.93	1.59	11.53	1.60	37.97	0.43
34	25.45	21.21	18.17	0.94	1.63	11.92	1.60	39.13	0.47
35	26.09	21.84	18.79	0.95	1.67	12.31	1.60	40.29	0.51
36	26.55	22.39	19.43	0.97	1.71	12.86	1.60	41.35	0.56
37	27.01	22.95	20.07	0.98	1.75	13.41	1.60	42.41	0.62
38	27.46	23.50	20.70	1.00	-	13.95	1.60	43.46	0.67
39	27.92	24.06	21.34	1.01	-	14.50	1.60	44.52	0.74

¹**Accidental Death Benefit:** Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²**Guaranteed Insurability Option Rider:** Annual Premium Rates per \$1,000 of Option Amount

³**Non-Occupational Disability Income Rider:** Annual Premium Rates per \$100 of Monthly DI Benefit

⁴**Children's Insurance Benefit:** Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵**Single Premium Additional Insured Rider:** Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶**Waiver of Premium for Disability:** Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Standard Male Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
40	28.38	24.61	21.98	1.03	-	15.05	1.60	45.58
41	29.47	25.67	23.03	1.04	-	15.91	1.60	46.98
42	30.57	26.73	24.08	1.06	-	16.77	1.60	48.38
43	31.66	27.79	25.14	1.07	-	17.64	1.60	49.78
44	32.76	28.85	26.19	1.09	-	18.50	1.60	51.18
45	33.85	29.91	27.24	1.10	-	19.36	1.60	52.58
46	34.86	30.95	28.32	1.13	-	20.70	1.60	53.81
47	35.87	31.98	29.40	1.15	-	22.04	1.60	55.05
48	36.87	33.02	30.49	1.18	-	23.38	1.60	56.29
49	37.88	34.05	31.57	1.20	-	24.72	1.60	57.53
50	-	35.09	32.65	1.23	-	26.06	1.60	58.76
51	-	36.76	34.31	1.25	-	29.27	1.60	60.34
52	-	38.44	35.98	1.28	-	32.48	1.60	61.92
53	-	40.11	37.64	1.30	-	35.68	1.60	63.49
54	-	41.79	39.31	1.33	-	38.89	1.60	65.07
55	-	43.46	40.97	1.35	-	42.10	1.60	66.65
56	-	45.44	42.95	1.38	-	-	1.60	68.07
57	-	47.41	44.93	1.41	-	-	1.60	69.48
58	-	49.39	46.92	1.44	-	-	1.60	70.90
59	-	51.36	48.90	1.47	-	-	1.60	72.32
60	-	53.34	50.88	1.50	-	-	1.60	73.74
61	-	56.19	53.16	1.53	-	-	-	75.29
62	-	59.04	55.45	1.56	-	-	-	76.84
63	-	61.88	57.73	1.59	-	-	-	78.39
64	-	64.73	60.02	1.62	-	-	-	79.94
65	-	67.58	62.30	1.65	-	-	-	81.50
66	-	71.47	65.89	-	-	-	-	82.98
67	-	75.36	69.49	-	-	-	-	84.46
68	-	79.25	73.08	-	-	-	-	85.95
69	-	83.14	76.68	-	-	-	-	87.43
70	-	87.03	80.27	-	-	-	-	88.92
71	-	92.81	85.54	-	-	-	-	-
72	-	98.59	90.80	-	-	-	-	-
73	-	104.38	96.07	-	-	-	-	-
74	-	110.16	101.33	-	-	-	-	-
75	-	115.94	106.60	-	-	-	-	-
76	-	127.01	116.62	-	-	-	-	-
77	-	138.09	126.64	-	-	-	-	-
78	-	149.16	136.65	-	-	-	-	-
79	-	160.24	146.67	-	-	-	-	-
80	-	171.31	156.69	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Standard Male Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS					
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵	PW ⁶
0	10.57	7.32	4.91	0.85	0.46	-	-	10.68	-
1	10.66	7.41	5.00	0.85	0.49	-	-	11.04	-
2	10.75	7.50	5.09	0.85	0.52	-	-	11.41	-
3	10.83	7.58	5.17	0.85	0.55	-	-	11.77	-
4	10.92	7.67	5.26	0.85	0.58	-	-	12.13	-
5	11.01	7.76	5.35	0.85	0.61	-	-	12.50	-
6	11.17	7.92	5.51	0.85	0.64	-	-	12.96	-
7	11.34	8.09	5.67	0.85	0.67	-	-	13.43	-
8	11.50	8.25	5.84	0.85	0.70	-	-	13.89	-
9	11.67	8.42	6.00	0.85	0.73	-	-	14.36	-
10	11.83	8.58	6.16	0.85	0.76	-	-	14.82	-
11	12.04	8.79	6.37	0.85	0.79	-	-	15.36	-
12	12.26	9.00	6.58	0.85	0.82	-	-	15.89	-
13	12.47	9.21	6.79	0.85	0.85	-	-	16.43	-
14	12.69	9.42	7.00	0.85	0.88	-	-	16.97	-
15	12.90	9.63	7.21	0.85	0.91	-	-	17.50	-
16	13.81	10.32	7.74	0.85	0.94	-	-	17.92	0.10
17	14.36	10.72	8.04	0.85	0.97	-	-	18.34	0.10
18	14.60	10.85	8.09	0.85	1.00	7.81	1.60	18.76	0.11
19	15.16	11.26	8.38	0.85	1.03	8.00	1.60	19.17	0.11
20	15.73	11.67	8.67	0.85	1.07	8.19	1.60	19.59	0.12
21	15.98	11.92	8.92	0.85	1.11	8.38	1.60	20.22	0.13
22	16.23	12.17	9.17	0.85	1.15	8.57	1.60	20.86	0.13
23	16.49	12.43	9.43	0.85	1.19	8.77	1.60	21.49	0.14
24	16.74	12.68	9.68	0.85	1.23	8.96	1.60	22.12	0.15
25	16.99	12.93	9.93	0.85	1.27	9.15	1.60	22.76	0.16
26	17.39	13.32	10.32	0.86	1.31	9.39	1.60	23.68	0.17
27	17.79	13.71	10.71	0.87	1.35	9.63	1.60	24.60	0.19
28	18.19	14.11	11.10	0.88	1.39	9.88	1.60	25.52	0.20
29	18.59	14.50	11.49	0.89	1.43	10.12	1.60	26.44	0.21
30	18.99	14.89	11.88	0.90	1.47	10.36	1.60	27.37	0.23
31	19.44	15.34	12.32	0.91	1.51	10.75	1.60	28.32	0.25
32	19.89	15.78	12.77	0.92	1.55	11.14	1.60	29.28	0.27
33	20.35	16.23	13.21	0.93	1.59	11.53	1.60	30.24	0.29
34	20.80	16.67	13.66	0.94	1.63	11.92	1.60	31.20	0.31
35	21.25	17.12	14.10	0.95	1.67	12.31	1.60	32.15	0.34
36	21.55	17.52	14.59	0.97	1.71	12.86	1.60	33.10	0.37
37	21.85	17.93	15.08	0.98	1.75	13.41	1.60	34.04	0.40
38	22.14	18.33	15.57	1.00	-	13.95	1.60	34.99	0.43
39	22.44	18.74	16.06	1.01	-	14.50	1.60	35.93	0.47

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Standard Male Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
40	22.74	19.14	16.55	1.03	-	15.05	1.60	36.88
41	23.55	19.93	17.34	1.04	-	15.91	1.60	38.10
42	24.36	20.72	18.13	1.06	-	16.77	1.60	39.32
43	25.17	21.52	18.91	1.07	-	17.64	1.60	40.53
44	25.98	22.31	19.70	1.09	-	18.50	1.60	41.75
45	26.79	23.10	20.49	1.10	-	19.36	1.60	42.97
46	27.56	23.91	21.35	1.13	-	20.70	1.60	44.19
47	28.33	24.72	22.21	1.15	-	22.04	1.60	45.40
48	29.09	25.54	23.06	1.18	-	23.38	1.60	46.61
49	29.86	26.35	23.92	1.20	-	24.72	1.60	47.82
50	-	27.16	24.78	1.23	-	26.06	1.60	49.04
51	-	28.47	26.08	1.25	-	29.27	1.60	50.53
52	-	29.77	27.38	1.28	-	32.48	1.60	52.03
53	-	31.08	28.67	1.30	-	35.68	1.60	53.53
54	-	32.38	29.97	1.33	-	38.89	1.60	55.03
55	-	33.69	31.27	1.35	-	42.10	1.60	56.53
56	-	35.26	32.85	1.38	-	42.10	1.60	58.03
57	-	36.82	34.43	1.41	-	42.10	1.60	59.54
58	-	38.39	36.00	1.44	-	42.10	1.60	61.04
59	-	39.95	37.58	1.47	-	42.10	1.60	62.54
60	-	41.52	39.16	1.50	-	42.10	1.60	64.05
61	-	43.62	40.97	1.53	-	42.10	1.60	65.70
62	-	45.73	42.79	1.56	-	42.10	1.60	67.36
63	-	47.83	44.60	1.59	-	42.10	1.60	69.01
64	-	49.94	46.42	1.62	-	42.10	1.60	70.67
65	-	52.04	48.23	1.65	-	42.10	1.60	72.32
66	-	55.17	51.18	-	-	-	-	74.08
67	-	58.31	54.12	-	-	-	-	75.84
68	-	61.44	57.07	-	-	-	-	77.59
69	-	64.58	60.01	-	-	-	-	79.35
70	-	67.71	62.96	-	-	-	-	81.11
71	-	72.12	67.06	-	-	-	-	-
72	-	76.53	71.17	-	-	-	-	-
73	-	80.94	75.27	-	-	-	-	-
74	-	85.35	79.38	-	-	-	-	-
75	-	89.76	83.48	-	-	-	-	-
76	-	97.86	90.93	-	-	-	-	-
77	-	105.96	98.38	-	-	-	-	-
78	-	114.06	105.84	-	-	-	-	-
79	-	122.16	113.29	-	-	-	-	-
80	-	130.26	120.74	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Special Male Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDER CIBR*	Issue Age	FACE AMOUNT BANDS			RIDER CIBR*
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000			15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	
0	-	-	-	-	40	37.93	33.77	31.07	-
1	-	-	-	-	41	39.86	35.64	32.92	-
2	-	-	-	-	42	41.80	37.50	34.77	-
3	-	-	-	-	43	43.73	39.37	36.62	-
4	-	-	-	-	44	45.67	41.23	38.47	-
5	-	-	-	-	45	47.60	43.10	40.32	-
6	-	-	-	-	46	49.62	45.12	42.38	-
7	-	-	-	-	47	51.64	47.14	44.44	-
8	-	-	-	-	48	53.65	49.15	46.50	-
9	-	-	-	-	49	55.67	51.17	48.56	-
10	-	-	-	-	50	-	53.19	50.62	-
11	-	-	-	-	51	-	56.60	54.00	-
12	-	-	-	-	52	-	60.01	57.39	-
13	-	-	-	-	53	-	63.42	60.77	-
14	-	-	-	-	54	-	66.83	64.16	-
15	-	-	-	-	55	-	70.24	67.54	-
16	-	-	-	-	56	-	74.73	72.03	-
17	-	-	-	-	57	-	79.22	76.51	-
18	21.17	16.92	13.89	-	58	-	83.70	81.00	-
19	21.62	17.35	14.32	-	59	-	88.19	85.48	-
20	22.07	17.79	14.75	-	60	-	92.68	89.97	-
21	22.44	18.16	15.12	-	61	-	99.65	95.72	-
22	22.81	18.53	15.49	-	62	-	106.62	101.47	-
23	23.19	18.91	15.86	-	63	-	113.59	107.22	-
24	23.56	19.28	16.23	-	64	-	120.56	112.97	-
25	23.93	19.65	16.60	-	65	-	127.53	118.72	-
26	24.73	20.43	17.37	-	66	-	138.06	128.51	-
27	25.53	21.21	18.14	-	67	-	148.59	138.29	-
28	26.34	21.98	18.92	-	68	-	159.13	148.08	-
29	27.14	22.76	19.69	-	69	-	169.66	157.86	-
30	27.94	23.54	20.46	-	70	-	180.19	167.65	-
31	28.94	24.51	21.42	-	71	-	198.62	184.22	-
32	29.94	25.48	22.39	-	72	-	217.05	200.80	-
33	30.94	26.45	23.35	-	73	-	235.47	217.37	-
34	31.94	27.42	24.32	-	74	-	253.90	233.95	-
35	32.94	28.39	25.28	-	75	-	272.33	250.52	-
36	33.94	29.47	26.44	-	76	-	307.99	282.05	-
37	34.94	30.54	27.60	-	77	-	343.65	313.58	-
38	35.93	31.62	28.75	-	78	-	379.32	345.11	-
39	36.93	32.69	29.91	-	79	-	414.98	376.64	-
					80	-	450.64	408.17	-

*Children's Insurance Benefit: Not available on Special Class

Life Pay Special Male Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDER CIBR*	Issue Age	FACE AMOUNT BANDS			RIDER CIBR*
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000			15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	
0	-	-	-	-	40	27.82	24.02	21.39	-
1	-	-	-	-	41	29.05	25.22	22.58	-
2	-	-	-	-	42	30.28	26.41	23.77	-
3	-	-	-	-	43	31.52	27.61	24.95	-
4	-	-	-	-	44	32.75	28.80	26.14	-
5	-	-	-	-	45	33.98	30.00	27.33	-
6	-	-	-	-	46	35.29	31.33	28.71	-
7	-	-	-	-	47	36.60	32.67	30.09	-
8	-	-	-	-	48	37.90	34.00	31.46	-
9	-	-	-	-	49	39.21	35.34	32.84	-
10	-	-	-	-	50	-	36.67	34.22	-
11	-	-	-	-	51	-	38.83	36.37	-
12	-	-	-	-	52	-	40.99	38.52	-
13	-	-	-	-	53	-	43.16	40.66	-
14	-	-	-	-	54	-	45.32	42.81	-
15	-	-	-	-	55	-	47.48	44.96	-
16	-	-	-	-	56	-	50.24	47.73	-
17	-	-	-	-	57	-	53.00	50.49	-
18	17.07	13.12	10.23	-	58	-	55.77	53.26	-
19	17.52	13.45	10.52	-	59	-	58.53	56.02	-
20	18.03	13.87	10.86	-	60	-	61.29	58.79	-
21	18.26	14.10	11.09	-	61	-	65.24	62.16	-
22	18.49	14.33	11.32	-	62	-	69.20	65.53	-
23	18.71	14.57	11.56	-	63	-	73.15	68.89	-
24	18.94	14.80	11.79	-	64	-	77.11	72.26	-
25	19.17	15.03	12.02	-	65	-	81.06	75.63	-
26	19.69	15.54	12.52	-	66	-	87.66	81.85	-
27	20.21	16.05	13.03	-	67	-	94.27	88.07	-
28	20.74	16.56	13.53	-	68	-	100.87	94.30	-
29	21.26	17.07	14.04	-	69	-	107.48	100.52	-
30	21.78	17.58	14.54	-	70	-	114.08	106.74	-
31	22.41	18.20	15.16	-	71	-	125.17	117.06	-
32	23.05	18.82	15.77	-	72	-	136.26	127.37	-
33	23.68	19.44	16.39	-	73	-	147.36	137.69	-
34	24.32	20.06	17.00	-	74	-	158.45	148.00	-
35	24.95	20.68	17.62	-	75	-	169.54	158.32	-
36	25.52	21.35	18.37	-	76	-	192.04	179	-
37	26.10	22.02	19.13	-	77	-	214.54	199.68	-
38	26.67	22.68	19.88	-	78	-	237.04	220.36	-
39	27.25	23.35	20.64	-	79	-	259.54	241.04	-
					80	-	282.04	261.72	-

*Children's Insurance Benefit: Not available on Special Class

Life Pay Standard Female Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS					
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵	PW ⁶
0	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-	-
11	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-
13	-	-	-	-	-	-	-	-	-
14	-	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	-	-
18	16.13	12.11	9.16	0.85	1.00	11.81	1.60	20.81	0.13
19	16.52	12.48	9.52	0.85	1.03	12.15	1.60	21.52	0.13
20	16.92	12.86	9.87	0.85	1.07	12.50	1.60	22.08	0.14
21	17.29	13.23	10.23	0.85	1.11	12.85	1.60	22.88	0.15
22	17.66	13.59	10.60	0.85	1.15	13.19	1.60	23.68	0.16
23	18.02	13.96	10.96	0.85	1.19	13.54	1.60	24.47	0.17
24	18.39	14.32	11.33	0.85	1.23	13.88	1.60	25.27	0.18
25	18.76	14.69	11.69	0.85	1.27	14.23	1.60	26.07	0.20
26	19.25	15.17	12.16	0.86	1.31	14.72	1.60	27.16	0.21
27	19.74	15.64	12.63	0.87	1.35	15.21	1.60	28.24	0.23
28	20.22	16.12	13.11	0.88	1.39	15.69	1.60	29.33	0.25
29	20.71	16.59	13.58	0.89	1.43	16.18	1.60	30.41	0.27
30	21.20	17.07	14.05	0.90	1.47	16.67	1.60	31.50	0.29
31	21.79	17.65	14.62	0.91	1.51	17.32	1.60	32.62	0.31
32	22.38	18.23	15.20	0.92	1.55	17.97	1.60	33.74	0.34
33	22.97	18.80	15.77	0.93	1.59	18.61	1.60	34.85	0.37
34	23.56	19.38	16.35	0.94	1.63	19.26	1.60	35.97	0.40
35	24.15	19.96	16.92	0.95	1.67	19.91	1.60	37.09	0.44
36	24.55	20.46	17.51	0.97	1.71	20.47	1.60	38.13	0.47
37	24.96	20.96	18.10	0.98	1.75	21.03	1.60	39.17	0.52
38	25.36	21.47	18.68	1.00	-	21.59	1.60	40.20	0.56
39	25.77	21.97	19.27	1.01	-	22.15	1.60	41.24	0.62

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Standard Female Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
40	26.17	22.47	19.86	1.03	-	22.71	1.60	42.28
41	27.18	23.45	20.83	1.04	-	23.49	1.60	43.65
42	28.19	24.43	21.81	1.06	-	24.27	1.60	45.02
43	29.21	25.42	22.78	1.07	-	25.06	1.60	46.39
44	30.22	26.40	23.76	1.09	-	25.84	1.60	47.76
45	31.23	27.38	24.73	1.10	-	26.62	1.60	49.13
46	32.11	28.29	25.69	1.13	-	27.91	1.60	50.37
47	32.99	29.20	26.65	1.15	-	29.20	1.60	51.61
48	33.86	30.12	27.61	1.18	-	30.50	1.60	52.85
49	34.74	31.03	28.57	1.20	-	31.79	1.60	54.09
50	-	31.94	29.53	1.23	-	33.08	1.60	55.33
51	-	33.22	30.80	1.25	-	36.15	1.60	56.79
52	-	34.50	32.07	1.28	-	39.22	1.60	58.26
53	-	35.78	33.35	1.30	-	42.30	1.60	59.72
54	-	37.06	34.62	1.33	-	45.37	1.60	61.19
55	-	38.34	35.89	1.35	-	48.44	1.60	62.65
56	-	39.73	37.30	1.38	-	-	1.60	63.96
57	-	41.13	38.70	1.41	-	-	1.60	65.26
58	-	42.52	40.11	1.44	-	-	1.60	66.57
59	-	43.92	41.51	1.47	-	-	1.60	67.87
60	-	45.31	42.92	1.50	-	-	1.60	69.18
61	-	47.27	44.51	1.53	-	-	-	70.64
62	-	49.22	46.10	1.56	-	-	-	72.09
63	-	51.18	47.68	1.59	-	-	-	73.55
64	-	53.13	49.27	1.62	-	-	-	75.00
65	-	55.09	50.86	1.65	-	-	-	76.46
66	-	57.57	53.20	-	-	-	-	77.86
67	-	60.05	55.54	-	-	-	-	79.26
68	-	62.52	57.87	-	-	-	-	80.66
69	-	65.00	60.21	-	-	-	-	82.06
70	-	67.48	62.55	-	-	-	-	83.46
71	-	71.20	66.02	-	-	-	-	-
72	-	74.92	69.48	-	-	-	-	-
73	-	78.63	72.95	-	-	-	-	-
74	-	82.35	76.41	-	-	-	-	-
75	-	86.07	79.88	-	-	-	-	-
76	-	93.15	86.37	-	-	-	-	-
77	-	100.22	92.86	-	-	-	-	-
78	-	107.30	99.36	-	-	-	-	-
79	-	114.37	105.85	-	-	-	-	-
80	-	121.45	112.34	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Standard Female Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS					
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵	PW ⁶
0	9.92	6.68	4.27	0.85	0.46	-	-	9.14	-
1	10.02	6.78	4.37	0.85	0.49	-	-	9.46	-
2	10.11	6.88	4.47	0.85	0.52	-	-	9.78	-
3	10.21	6.97	4.56	0.85	0.55	-	-	10.11	-
4	10.30	7.07	4.66	0.85	0.58	-	-	10.43	-
5	10.40	7.17	4.76	0.85	0.61	-	-	10.75	-
6	10.54	7.31	4.90	0.85	0.64	-	-	11.15	-
7	10.68	7.45	5.04	0.85	0.67	-	-	11.54	-
8	10.82	7.58	5.17	0.85	0.70	-	-	11.94	-
9	10.96	7.72	5.31	0.85	0.73	-	-	12.34	-
10	11.10	7.86	5.45	0.85	0.76	-	-	12.73	-
11	11.27	8.03	5.62	0.85	0.79	-	-	13.19	-
12	11.44	8.20	5.79	0.85	0.82	-	-	13.66	-
13	11.61	8.36	5.95	0.85	0.85	-	-	14.12	-
14	11.78	8.53	6.12	0.85	0.88	-	-	14.58	-
15	11.95	8.70	6.29	0.85	0.91	-	-	15.04	-
16	12.76	9.30	6.74	0.85	0.94	-	-	15.46	0.10
17	13.28	9.68	7.01	0.85	0.97	-	-	15.87	0.10
18	13.54	9.83	7.06	0.85	1.00	11.81	1.60	16.29	0.10
19	14.07	10.20	7.32	0.85	1.03	12.15	1.60	16.71	0.11
20	14.60	10.58	7.58	0.85	1.07	12.50	1.60	17.13	0.11
21	14.86	10.83	7.83	0.85	1.11	12.85	1.60	17.75	0.12
22	15.11	11.08	8.09	0.85	1.15	13.19	1.60	18.37	0.13
23	15.37	11.34	8.34	0.85	1.19	13.54	1.60	18.98	0.14
24	15.62	11.59	8.60	0.85	1.23	13.88	1.60	19.60	0.14
25	15.88	11.84	8.85	0.85	1.27	14.23	1.60	20.22	0.15
26	16.23	12.18	9.19	0.86	1.31	14.72	1.60	21.06	0.16
27	16.58	12.52	9.53	0.87	1.35	15.21	1.60	21.90	0.18
28	16.92	12.87	9.86	0.88	1.39	15.69	1.60	22.74	0.19
29	17.27	13.21	10.20	0.89	1.43	16.18	1.60	23.58	0.20
30	17.62	13.55	10.54	0.90	1.47	16.67	1.60	24.42	0.22
31	18.05	13.97	10.96	0.91	1.51	17.32	1.60	25.30	0.23
32	18.47	14.39	11.38	0.92	1.55	17.97	1.60	26.18	0.25
33	18.90	14.81	11.79	0.93	1.59	18.61	1.60	27.06	0.27
34	19.32	15.23	12.21	0.94	1.63	19.26	1.60	27.94	0.29
35	19.75	15.65	12.63	0.95	1.67	19.91	1.60	28.82	0.31
36	20.01	16.02	13.09	0.97	1.71	20.47	1.60	29.74	0.34
37	20.28	16.39	13.55	0.98	1.75	21.03	1.60	30.65	0.37
38	20.54	16.76	14.00	1.00	-	21.59	1.60	31.57	0.40
39	20.81	17.13	14.46	1.01	-	22.15	1.60	32.48	0.43

¹**Accidental Death Benefit:** Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²**Guaranteed Insurability Option Rider:** Annual Premium Rates per \$1,000 of Option Amount

³**Non-Occupational Disability Income Rider:** Annual Premium Rates per \$100 of Monthly DI Benefit

⁴**Children's Insurance Benefit:** Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵**Single Premium Additional Insured Rider:** Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶**Waiver of Premium for Disability:** Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Standard Female Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS					
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵	
40	21.07	17.50	14.92	1.03	-	22.71	1.60	33.40	0.47
41	21.81	18.22	15.64	1.04	-	23.49	1.60	34.55	0.51
42	22.54	18.94	16.35	1.06	-	24.27	1.60	35.70	0.55
43	23.28	19.67	17.07	1.07	-	25.06	1.60	36.86	0.59
44	24.01	20.39	17.78	1.09	-	25.84	1.60	38.01	0.64
45	24.75	21.11	18.50	1.10	-	26.62	1.60	39.16	0.70
46	25.38	21.78	19.22	1.13	-	27.91	1.60	40.34	0.75
47	26.00	22.46	19.94	1.15	-	29.20	1.60	41.51	0.82
48	26.63	23.13	20.67	1.18	-	30.50	1.60	42.69	0.89
49	27.25	23.81	21.39	1.20	-	31.79	1.60	43.87	0.96
50	-	24.48	22.11	1.23	-	33.08	1.60	45.04	1.05
51	-	25.48	23.11	1.25	-	36.15	1.60	46.42	1.13
52	-	26.48	24.10	1.28	-	39.22	1.60	47.80	1.23
53	-	27.48	25.10	1.30	-	42.30	1.60	49.17	1.33
54	-	28.48	26.09	1.33	-	45.37	1.60	50.55	1.44
55	-	29.48	27.09	1.35	-	48.44	1.60	51.92	1.56
56	-	30.70	28.32	1.38	-	-	1.60	53.34	-
57	-	31.92	29.56	1.41	-	-	1.60	54.75	-
58	-	33.14	30.79	1.44	-	-	1.60	56.17	-
59	-	34.36	32.03	1.47	-	-	1.60	57.59	-
60	-	35.58	33.26	1.50	-	-	1.60	59.00	-
61	-	37.29	34.78	1.53	-	-	-	60.61	-
62	-	39.00	36.29	1.56	-	-	-	62.21	-
63	-	40.72	37.81	1.59	-	-	-	63.82	-
64	-	42.43	39.32	1.62	-	-	-	65.43	-
65	-	44.14	40.84	1.65	-	-	-	67.04	-
66	-	46.49	43.07	-	-	-	-	68.75	-
67	-	48.84	45.29	-	-	-	-	70.46	-
68	-	51.18	47.52	-	-	-	-	72.17	-
69	-	53.53	49.74	-	-	-	-	73.88	-
70	-	55.88	51.97	-	-	-	-	75.59	-
71	-	59.61	55.48	-	-	-	-	-	-
72	-	63.34	58.98	-	-	-	-	-	-
73	-	67.08	62.49	-	-	-	-	-	-
74	-	70.81	65.99	-	-	-	-	-	-
75	-	74.54	69.50	-	-	-	-	-	-
76	-	80.64	75.17	-	-	-	-	-	-
77	-	86.74	80.84	-	-	-	-	-	-
78	-	92.83	86.52	-	-	-	-	-	-
79	-	98.93	92.19	-	-	-	-	-	-
80	-	105.03	97.86	-	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

Life Pay Special Female Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDER CIBR*	Issue Age	FACE AMOUNT BANDS			RIDER CIBR*
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000			15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	
0	-	-	-	-	40	33.65	29.66	26.99	-
1	-	-	-	-	41	35.44	31.38	28.70	-
2	-	-	-	-	42	37.23	33.10	30.41	-
3	-	-	-	-	43	39.01	34.83	32.11	-
4	-	-	-	-	44	40.80	36.55	33.82	-
5	-	-	-	-	45	42.59	38.27	35.53	-
6	-	-	-	-	46	44.37	40.06	37.36	-
7	-	-	-	-	47	46.16	41.85	39.19	-
8	-	-	-	-	48	47.94	43.64	41.03	-
9	-	-	-	-	49	49.73	45.43	42.86	-
10	-	-	-	-	50	-	47.22	44.69	-
11	-	-	-	-	51	-	49.75	47.20	-
12	-	-	-	-	52	-	52.27	49.71	-
13	-	-	-	-	53	-	54.80	52.22	-
14	-	-	-	-	54	-	57.32	54.73	-
15	-	-	-	-	55	-	59.85	57.24	-
16	-	-	-	-	56	-	62.84	60.24	-
17	-	-	-	-	57	-	65.83	63.23	-
18	17.96	13.87	10.90	-	58	-	68.82	66.23	-
19	18.44	14.32	11.34	-	59	-	71.81	69.22	-
20	18.91	14.78	11.77	-	60	-	74.80	72.22	-
21	19.40	15.26	12.25	-	61	-	79.20	75.85	-
22	19.89	15.74	12.72	-	62	-	83.60	79.48	-
23	20.37	16.21	13.20	-	63	-	88.00	83.10	-
24	20.86	16.69	13.67	-	64	-	92.40	86.73	-
25	21.35	17.17	14.15	-	65	-	96.80	90.36	-
26	22.04	17.84	14.81	-	66	-	102.73	96.00	-
27	22.73	18.51	15.47	-	67	-	108.65	101.64	-
28	23.41	19.17	16.14	-	68	-	114.58	107.27	-
29	24.10	19.84	16.80	-	69	-	120.50	112.91	-
30	24.79	20.51	17.46	-	70	-	126.43	118.55	-
31	25.70	21.40	18.34	-	71	-	136.83	128.29	-
32	26.61	22.28	19.22	-	72	-	147.23	138.03	-
33	27.52	23.17	20.09	-	73	-	157.62	147.77	-
34	28.43	24.05	20.97	-	74	-	168.02	157.51	-
35	29.34	24.94	21.85	-	75	-	178.42	167.25	-
36	30.20	25.88	22.88	-	76	-	201.24	188.14	-
37	31.06	26.83	23.91	-	77	-	224.06	209.03	-
38	31.93	27.77	24.93	-	78	-	246.87	229.91	-
39	32.79	28.72	25.96	-	79	-	269.69	250.80	-
					80	-	292.51	271.69	-

*Children's Insurance Benefit: Not available on Special Class

Life Pay Special Female Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDER CIBR*	Issue Age	FACE AMOUNT BANDS			RIDER CIBR*
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000			15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	
0	-	-	-	-	40	25.06	21.34	18.72	-
1	-	-	-	-	41	26.17	22.41	19.79	-
2	-	-	-	-	42	27.28	23.49	20.86	-
3	-	-	-	-	43	28.38	24.56	21.92	-
4	-	-	-	-	44	29.49	25.64	22.99	-
5	-	-	-	-	45	30.60	26.71	24.06	-
6	-	-	-	-	46	31.66	27.80	25.20	-
7	-	-	-	-	47	32.72	28.89	26.34	-
8	-	-	-	-	48	33.77	29.99	27.47	-
9	-	-	-	-	49	34.83	31.08	28.61	-
10	-	-	-	-	50	-	32.17	29.75	-
11	-	-	-	-	51	-	33.73	31.30	-
12	-	-	-	-	52	-	35.29	32.85	-
13	-	-	-	-	53	-	36.85	34.40	-
14	-	-	-	-	54	-	38.41	35.95	-
15	-	-	-	-	55	-	39.97	37.50	-
16	-	-	-	-	56	-	42.01	39.55	-
17	-	-	-	-	57	-	44.05	41.60	-
18	14.59	11.17	8.29	-	58	-	46.08	43.64	-
19	15.28	11.53	8.59	-	59	-	48.12	45.69	-
20	15.90	11.83	8.83	-	60	-	50.16	47.74	-
21	16.21	12.13	9.13	-	61	-	53.16	50.32	-
22	16.52	12.44	9.44	-	62	-	56.16	52.91	-
23	16.83	12.74	9.74	-	63	-	59.17	55.49	-
24	17.14	13.05	10.05	-	64	-	62.17	58.08	-
25	17.45	13.35	10.35	-	65	-	65.17	60.66	-
26	17.90	13.79	10.79	-	66	-	69.67	64.92	-
27	18.35	14.23	11.22	-	67	-	74.16	69.18	-
28	18.80	14.67	11.66	-	68	-	78.66	73.45	-
29	19.25	15.11	12.09	-	69	-	83.15	77.71	-
30	19.70	15.55	12.53	-	70	-	87.65	81.97	-
31	20.28	16.12	13.09	-	71	-	95.83	89.65	-
32	20.86	16.69	13.66	-	72	-	104.02	97.33	-
33	21.44	17.25	14.22	-	73	-	112.20	105.02	-
34	22.02	17.82	14.79	-	74	-	120.39	112.70	-
35	22.60	18.39	15.35	-	75	-	128.57	120.38	-
36	23.09	18.98	16.02	-	76	-	144.25	134.86	-
37	23.58	19.57	16.70	-	77	-	159.93	149.34	-
38	24.08	20.16	17.37	-	78	-	175.60	163.82	-
39	24.57	20.75	18.05	-	79	-	191.28	178.30	-
					80	-	206.96	192.78	-

*Children's Insurance Benefit: Not available on Special Class

20-Pay Standard Male Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS					
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵	PW ⁶
0	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-	-
11	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-
13	-	-	-	-	-	-	-	-	-
14	-	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	-	-
18	26.53	22.03	18.73	1.09	1.01	-	-	23.39	0.25
19	27.11	22.59	19.29	1.09	1.04	-	-	24.08	0.27
20	27.68	23.15	19.84	1.09	1.07	-	-	24.77	0.30
21	28.18	23.65	20.34	1.09	1.11	-	-	25.57	0.30
22	28.68	24.15	20.84	1.09	1.15	-	-	26.36	0.32
23	29.17	24.65	21.34	1.09	1.19	-	-	27.16	0.37
24	29.67	25.15	21.84	1.09	1.23	-	-	27.95	0.39
25	30.17	25.65	22.34	1.09	1.27	-	-	28.75	0.39
26	30.92	26.39	23.08	1.09	1.31	-	-	29.89	0.44
27	31.67	27.13	23.81	1.09	1.35	-	-	31.04	0.46
28	32.43	27.87	24.55	1.10	1.39	-	-	32.19	0.53
29	33.18	28.61	25.28	1.10	1.43	-	-	33.34	0.58
30	33.93	29.35	26.02	1.11	1.47	-	-	34.48	0.62
31	34.73	30.14	26.81	1.12	1.51	-	-	35.65	0.64
32	35.52	30.92	27.59	1.13	1.55	-	-	36.81	0.68
33	36.32	31.71	28.38	1.13	1.59	-	-	37.97	0.71
34	37.11	32.49	29.16	1.14	1.63	-	-	39.13	0.76
35	37.91	33.28	29.95	1.15	1.67	-	-	40.29	0.80
36	38.35	33.82	30.58	1.16	1.71	-	-	41.35	0.85
37	38.78	34.37	31.22	1.17	1.75	-	-	42.41	0.92
38	39.22	34.91	31.85	1.18	-	-	-	43.46	0.97
39	39.65	35.46	32.49	1.18	-	-	-	44.52	1.04

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Standard Male Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
40	40.09	36.00	33.12	1.19	-	-	-	45.58
41	41.21	37.10	34.21	1.19	-	-	-	46.98
42	42.33	38.19	35.30	1.20	-	-	-	48.38
43	43.46	39.29	36.40	1.20	-	-	-	49.78
44	44.58	40.38	37.49	1.21	-	-	-	51.18
45	45.70	41.48	38.58	1.21	-	-	-	52.58
46	46.52	42.36	39.51	1.22	-	-	-	53.81
47	47.35	43.23	40.44	1.22	-	-	-	55.05
48	48.17	44.11	41.38	1.23	-	-	-	56.29
49	49.00	44.98	42.31	1.23	-	-	-	57.53
50	-	45.86	43.24	1.23	-	-	-	58.76
51	-	47.37	44.74	1.25	-	-	-	60.34
52	-	48.87	46.24	1.28	-	-	-	61.92
53	-	50.38	47.74	1.30	-	-	-	63.49
54	-	51.88	49.24	1.33	-	-	-	65.07
55	-	53.39	50.74	1.35	-	-	-	66.65
56	-	55.04	52.41	1.38	-	-	-	68.07
57	-	56.69	54.08	1.41	-	-	-	69.48
58	-	58.34	55.74	1.44	-	-	-	70.90
59	-	59.99	57.41	1.47	-	-	-	72.32
60	-	61.64	59.08	1.50	-	-	-	73.74
61	-	64.06	61.01	1.53	-	-	-	75.29
62	-	66.49	62.94	1.56	-	-	-	76.84
63	-	68.91	64.88	1.59	-	-	-	78.39
64	-	71.34	66.81	1.62	-	-	-	79.94
65	-	73.76	68.74	1.65	-	-	-	81.50
66	-	77.15	71.84	-	-	-	-	82.98
67	-	80.54	74.94	-	-	-	-	84.46
68	-	83.94	78.03	-	-	-	-	85.95
69	-	87.33	81.13	-	-	-	-	87.43
70	-	90.72	84.23	-	-	-	-	88.92
71	-	96.11	89.08	-	-	-	-	-
72	-	101.49	93.94	-	-	-	-	-
73	-	106.88	98.79	-	-	-	-	-
74	-	112.26	103.65	-	-	-	-	-
75	-	117.65	108.50	-	-	-	-	-
76	-	128.38	118.14	-	-	-	-	-
77	-	139.11	127.78	-	-	-	-	-
78	-	149.85	137.41	-	-	-	-	-
79	-	160.58	147.05	-	-	-	-	-
80	-	171.31	156.69	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Standard Male Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
0	14.24	10.92	8.45	1.09	0.59	-	-	10.68
1	14.44	11.12	8.65	1.09	0.62	-	-	11.04
2	14.64	11.32	8.85	1.09	0.64	-	-	11.41
3	14.84	11.52	9.05	1.09	0.66	-	-	11.77
4	15.04	11.72	9.25	1.09	0.69	-	-	12.13
5	15.24	11.92	9.45	1.09	0.71	-	-	12.50
6	15.53	12.21	9.74	1.09	0.73	-	-	12.96
7	15.82	12.49	10.02	1.09	0.76	-	-	13.43
8	16.10	12.78	10.31	1.09	0.78	-	-	13.89
9	16.39	13.06	10.59	1.09	0.80	-	-	14.36
10	16.68	13.35	10.88	1.09	0.83	-	-	14.82
11	17.02	13.69	11.22	1.09	0.85	-	-	15.36
12	17.37	14.03	11.56	1.09	0.87	-	-	15.89
13	17.71	14.37	11.90	1.09	0.90	-	-	16.43
14	18.06	14.71	12.24	1.09	0.92	-	-	16.97
15	18.40	15.05	12.58	1.09	0.94	-	-	17.50
16	20.06	16.39	13.69	1.09	0.97	-	-	17.92
17	21.07	17.20	14.35	1.09	0.99	-	-	18.34
18	21.59	17.57	14.60	1.09	1.01	-	-	18.76
19	22.66	18.41	15.27	1.09	1.04	-	-	19.17
20	23.72	19.25	15.94	1.09	1.07	-	-	19.59
21	24.13	19.66	16.35	1.09	1.11	-	-	20.22
22	24.54	20.07	16.76	1.09	1.15	-	-	20.86
23	24.95	20.49	17.18	1.09	1.19	-	-	21.49
24	25.36	20.90	17.59	1.09	1.23	-	-	22.12
25	25.77	21.31	18.00	1.09	1.27	-	-	22.76
26	26.36	21.90	18.58	1.09	1.31	-	-	23.68
27	26.96	22.48	19.17	1.09	1.35	-	-	24.60
28	27.55	23.07	19.75	1.10	1.39	-	-	25.52
29	28.15	23.65	20.34	1.10	1.43	-	-	26.44
30	28.74	24.24	20.92	1.11	1.47	-	-	27.37
31	29.37	24.87	21.55	1.12	1.51	-	-	28.32
32	30.00	25.49	22.17	1.13	1.55	-	-	29.28
33	30.64	26.12	22.80	1.13	1.59	-	-	30.24
34	31.27	26.74	23.42	1.14	1.63	-	-	31.20
35	31.90	27.37	24.05	1.15	1.67	-	-	32.15
36	32.24	27.83	24.60	1.16	1.71	-	-	33.10
37	32.58	28.28	25.14	1.17	1.75	-	-	34.04
38	32.93	28.74	25.69	1.18	-	-	-	34.99
39	33.27	29.19	26.23	1.18	-	-	-	35.93

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Standard Male Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
40	33.61	29.65	26.78	1.19	-	-	-	36.88
41	34.51	30.54	27.67	1.19	-	-	-	38.10
42	35.42	31.43	28.56	1.20	-	-	-	39.32
43	36.32	32.33	29.45	1.20	-	-	-	40.53
44	37.23	33.22	30.34	1.21	-	-	-	41.75
45	38.13	34.11	31.23	1.21	-	-	-	42.97
46	38.80	34.85	32.02	1.22	-	-	-	44.19
47	39.48	35.58	32.81	1.22	-	-	-	45.40
48	40.15	36.32	33.61	1.23	-	-	-	46.61
49	40.83	37.05	34.40	1.23	-	-	-	47.82
50	-	37.79	35.19	1.23	-	-	-	49.04
51	-	39.00	36.40	1.25	-	-	-	50.53
52	-	40.20	37.60	1.28	-	-	-	52.03
53	-	41.41	38.81	1.30	-	-	-	53.53
54	-	42.61	40.01	1.33	-	-	-	55.03
55	-	43.82	41.22	1.35	-	-	-	56.53
56	-	45.10	42.52	1.38	-	-	-	58.03
57	-	46.38	43.83	1.41	-	-	-	59.54
58	-	47.67	45.13	1.44	-	-	-	61.04
59	-	48.95	46.44	1.47	-	-	-	62.54
60	-	50.23	47.74	1.50	-	-	-	64.05
61	-	51.94	49.22	1.53	-	-	-	65.70
62	-	53.66	50.71	1.56	-	-	-	67.36
63	-	55.37	52.19	1.59	-	-	-	69.01
64	-	57.09	53.68	1.62	-	-	-	70.67
65	-	58.80	55.16	1.65	-	-	-	72.32
66	-	61.45	57.63	-	-	-	-	74.08
67	-	64.10	60.10	-	-	-	-	75.84
68	-	66.74	62.56	-	-	-	-	77.59
69	-	69.39	65.03	-	-	-	-	79.35
70	-	72.04	67.50	-	-	-	-	81.11
71	-	75.98	71.13	-	-	-	-	-
72	-	79.93	74.77	-	-	-	-	-
73	-	83.87	78.40	-	-	-	-	-
74	-	87.82	82.04	-	-	-	-	-
75	-	91.76	85.67	-	-	-	-	-
76	-	99.46	92.68	-	-	-	-	-
77	-	107.16	99.70	-	-	-	-	-
78	-	114.86	106.71	-	-	-	-	-
79	-	122.56	113.73	-	-	-	-	-
80	-	130.26	120.74	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Special Male Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			Issue Age	FACE AMOUNT BANDS		
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000		15,000 – 24,999	25,000 – 74,999	75,000 – 150,000
0	-	-	-	40	48.84	44.46	41.54
1	-	-	-	41	50.65	46.22	43.29
2	-	-	-	42	52.46	47.97	45.04
3	-	-	-	43	54.27	49.73	46.78
4	-	-	-	44	56.08	51.48	48.53
5	-	-	-	45	57.89	53.24	50.28
6	-	-	-	46	59.53	54.91	52.00
7	-	-	-	47	61.17	56.57	53.72
8	-	-	-	48	62.82	58.24	55.45
9	-	-	-	49	64.46	59.90	57.17
10	-	-	-	50	-	61.57	58.89
11	-	-	-	51	-	64.59	61.90
12	-	-	-	52	-	67.62	64.90
13	-	-	-	53	-	70.64	67.91
14	-	-	-	54	-	73.67	70.91
15	-	-	-	55	-	76.69	73.92
16	-	-	-	56	-	80.69	77.92
17	-	-	-	57	-	84.68	81.92
18	30.40	25.61	22.38	58	-	88.68	85.92
19	30.62	26.29	23.00	59	-	92.67	89.92
20	31.73	27.06	23.72	60	-	96.67	93.92
21	32.23	27.56	24.22	61	-	103.20	99.27
22	32.73	28.06	24.73	62	-	109.74	104.63
23	33.23	28.57	25.23	63	-	116.27	109.98
24	33.73	29.07	25.74	64	-	122.81	115.34
25	34.23	29.57	26.24	65	-	129.34	120.69
26	35.19	30.51	27.17	66	-	139.62	130.20
27	36.15	31.45	28.11	67	-	149.90	139.71
28	37.10	32.38	29.04	68	-	160.17	149.21
29	38.06	33.32	29.98	69	-	170.45	158.72
30	39.02	34.26	30.91	70	-	180.73	168.23
31	40.11	35.33	31.98	71	-	199.09	184.72
32	41.20	36.40	33.05	72	-	217.44	201.21
33	42.30	37.48	34.11	73	-	235.80	217.71
34	43.39	38.55	35.18	74	-	254.15	234.20
35	44.48	39.62	36.25	75	-	272.51	250.69
36	45.35	40.59	37.31	76	-	308.14	282.18
37	46.22	41.56	38.37	77	-	343.76	313.68
38	47.10	42.52	39.42	78	-	379.39	345.17
39	47.97	43.49	40.48	79	-	415.01	376.67
				80	-	450.64	408.16

20-Pay Special Male Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			Issue Age	FACE AMOUNT BANDS		
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000		15,000 – 24,999	25,000 – 74,999	75,000 – 150,000
0	-	-	-	40	38.54	34.43	31.55
1	-	-	-	41	39.78	35.64	32.76
2	-	-	-	42	41.02	36.86	33.97
3	-	-	-	43	42.25	38.07	35.18
4	-	-	-	44	43.49	39.29	36.39
5	-	-	-	45	44.73	40.50	37.60
6	-	-	-	46	45.82	41.63	38.79
7	-	-	-	47	46.90	42.77	39.98
8	-	-	-	48	47.99	43.90	41.18
9	-	-	-	49	49.07	45.04	42.37
10	-	-	-	50	-	46.17	43.56
11	-	-	-	51	-	48.07	45.45
12	-	-	-	52	-	49.97	47.34
13	-	-	-	53	-	51.86	49.24
14	-	-	-	54	-	53.76	51.13
15	-	-	-	55	-	55.66	53.02
16	-	-	-	56	-	57.96	55.34
17	-	-	-	57	-	60.27	57.66
18	24.70	20.71	17.51	58	-	62.57	59.97
19	25.53	21.26	18.00	59	-	64.88	62.29
20	26.45	21.88	18.56	60	-	67.18	64.61
21	26.81	22.25	18.93	61	-	70.62	67.52
22	27.18	22.62	19.30	62	-	74.07	70.43
23	27.54	22.98	19.67	63	-	77.51	73.34
24	27.91	23.35	20.04	64	-	80.96	76.25
25	28.27	23.72	20.41	65	-	84.40	79.16
26	28.97	24.41	21.10	66	-	90.58	84.94
27	29.67	25.10	21.78	67	-	96.76	90.72
28	30.38	25.80	22.47	68	-	102.94	96.49
29	31.08	26.49	23.15	69	-	109.12	102.27
30	31.78	27.18	23.84	70	-	115.30	108.05
31	32.56	27.95	24.62	71	-	126.19	118.15
32	33.35	28.73	25.39	72	-	137.09	128.25
33	34.13	29.50	26.17	73	-	147.98	138.35
34	34.92	30.28	26.94	74	-	158.88	148.45
35	35.70	31.05	27.72	75	-	169.77	158.55
36	36.27	31.73	28.49	76	-	192.22	179.18
37	36.84	32.40	29.25	77	-	214.68	199.82
38	37.40	33.08	30.02	78	-	237.13	220.45
39	37.97	33.75	30.78	79	-	259.59	241.09
				80	-	282.04	261.72

20-Pay Standard Female Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS					
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵	PW ⁶
0	-	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-
3	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-
7	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-	-
11	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-
13	-	-	-	-	-	-	-	-	-
14	-	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	-	-
18	24.21	19.79	16.53	1.09	1.01	-	-	20.81	0.22
19	24.84	20.41	17.12	1.09	1.04	-	-	21.52	0.22
20	25.47	21.01	17.71	1.09	1.07	-	-	22.08	0.24
21	26.02	21.56	18.26	1.09	1.11	-	-	22.88	0.27
22	26.57	22.10	18.80	1.09	1.15	-	-	23.68	0.27
23	27.12	22.65	19.35	1.09	1.19	-	-	24.47	0.29
24	27.67	23.19	19.89	1.09	1.23	-	-	25.27	0.31
25	28.22	23.74	20.44	1.09	1.27	-	-	26.07	0.35
26	28.91	24.42	21.12	1.09	1.31	-	-	27.16	0.36
27	29.60	25.11	21.80	1.09	1.35	-	-	28.24	0.40
28	30.30	25.79	22.48	1.10	1.39	-	-	29.33	0.42
29	30.99	26.48	23.16	1.10	1.43	-	-	30.41	0.47
30	31.68	27.16	23.84	1.11	1.47	-	-	31.50	0.49
31	32.44	27.91	24.59	1.12	1.51	-	-	32.62	0.50
32	33.20	28.66	25.34	1.13	1.55	-	-	33.74	0.56
33	33.96	29.41	26.08	1.13	1.59	-	-	34.85	0.59
34	34.72	30.16	26.83	1.14	1.63	-	-	35.97	0.65
35	35.48	30.91	27.58	1.15	1.67	-	-	37.09	0.69
36	35.90	31.44	28.20	1.16	1.71	-	-	38.13	0.71
37	36.32	31.97	28.82	1.17	1.75	-	-	39.17	0.80
38	36.74	32.50	29.44	1.18	-	-	-	40.20	0.84
39	37.16	33.03	30.06	1.18	-	-	-	41.24	0.90

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Standard Female Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
40	37.58	33.56	30.68	1.19	-	-	-	42.28
41	38.68	34.63	31.75	1.19	-	-	-	43.65
42	39.77	35.70	32.82	1.20	-	-	-	45.02
43	40.87	36.77	33.88	1.20	-	-	-	46.39
44	41.96	37.84	34.95	1.21	-	-	-	47.76
45	43.06	38.91	36.02	1.21	-	-	-	49.13
46	43.82	39.73	36.89	1.22	-	-	-	50.37
47	44.59	40.54	37.76	1.22	-	-	-	51.61
48	45.35	41.36	38.64	1.23	-	-	-	52.85
49	46.12	42.17	39.51	1.23	-	-	-	54.09
50	-	42.99	40.38	1.23	-	-	-	55.33
51	-	44.17	41.56	1.25	-	-	-	56.79
52	-	45.36	42.74	1.28	-	-	-	58.26
53	-	46.54	43.92	1.30	-	-	-	59.72
54	-	47.73	45.10	1.33	-	-	-	61.19
55	-	48.91	46.28	1.35	-	-	-	62.65
56	-	50.02	47.41	1.38	-	-	-	63.96
57	-	51.13	48.54	1.41	-	-	-	65.26
58	-	52.23	49.67	1.44	-	-	-	66.57
59	-	53.34	50.80	1.47	-	-	-	67.87
60	-	54.45	51.93	1.50	-	-	-	69.18
61	-	56.05	53.23	1.53	-	-	-	70.64
62	-	57.65	54.53	1.56	-	-	-	72.09
63	-	59.26	55.82	1.59	-	-	-	73.55
64	-	60.86	57.12	1.62	-	-	-	75.00
65	-	62.46	58.42	1.65	-	-	-	76.46
66	-	64.47	60.30	-	-	-	-	77.86
67	-	66.49	62.18	-	-	-	-	79.26
68	-	68.50	64.07	-	-	-	-	80.66
69	-	70.52	65.95	-	-	-	-	82.06
70	-	72.53	67.83	-	-	-	-	83.46
71	-	75.80	70.84	-	-	-	-	-
72	-	79.07	73.85	-	-	-	-	-
73	-	82.34	76.87	-	-	-	-	-
74	-	85.61	79.88	-	-	-	-	-
75	-	88.88	82.89	-	-	-	-	-
76	-	95.39	88.78	-	-	-	-	-
77	-	101.91	94.67	-	-	-	-	-
78	-	108.42	100.56	-	-	-	-	-
79	-	114.94	106.45	-	-	-	-	-
80	-	121.45	112.34	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Standard Female Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
0	13.19	9.88	7.42	1.09	0.59	-	-	9.14
1	13.38	10.07	7.61	1.09	0.62	-	-	9.46
2	13.58	10.27	7.81	1.09	0.64	-	-	9.78
3	13.77	10.46	8.00	1.09	0.66	-	-	10.11
4	13.97	10.66	8.20	1.09	0.69	-	-	10.43
5	14.16	10.85	8.39	1.09	0.71	-	-	10.75
6	14.41	11.10	8.64	1.09	0.73	-	-	11.15
7	14.66	11.35	8.88	1.09	0.76	-	-	11.54
8	14.90	11.59	9.13	1.09	0.78	-	-	11.94
9	15.15	11.84	9.37	1.09	0.80	-	-	12.34
10	15.40	12.09	9.62	1.09	0.83	-	-	12.73
11	15.69	12.38	9.91	1.09	0.85	-	-	13.19
12	15.98	12.67	10.20	1.09	0.87	-	-	13.66
13	16.28	12.96	10.49	1.09	0.90	-	-	14.12
14	16.57	13.25	10.78	1.09	0.92	-	-	14.58
15	16.86	13.54	11.07	1.09	0.94	-	-	15.04
16	18.38	14.75	12.06	1.09	0.97	-	-	15.46
17	19.35	15.52	12.67	1.09	0.99	-	-	15.87
18	19.88	15.89	12.92	1.09	1.01	-	-	16.29
19	20.89	16.68	13.54	1.09	1.04	-	-	16.71
20	21.90	17.46	14.16	1.09	1.07	-	-	17.13
21	22.32	17.88	14.58	1.09	1.11	-	-	17.75
22	22.74	18.30	15.00	1.09	1.15	-	-	18.37
23	23.17	18.73	15.43	1.09	1.19	-	-	18.98
24	23.59	19.15	15.85	1.09	1.23	-	-	19.60
25	24.01	19.57	16.27	1.09	1.27	-	-	20.22
26	24.55	20.10	16.80	1.09	1.31	-	-	21.06
27	25.09	20.63	17.33	1.09	1.35	-	-	21.90
28	25.63	21.17	17.86	1.10	1.39	-	-	22.74
29	26.17	21.70	18.39	1.10	1.43	-	-	23.58
30	26.71	22.23	18.92	1.11	1.47	-	-	24.42
31	27.31	22.83	19.52	1.12	1.51	-	-	25.30
32	27.91	23.43	20.11	1.13	1.55	-	-	26.18
33	28.52	24.02	20.71	1.13	1.59	-	-	27.06
34	29.12	24.62	21.30	1.14	1.63	-	-	27.94
35	29.72	25.22	21.90	1.15	1.67	-	-	28.82
36	30.05	25.67	22.44	1.16	1.71	-	-	29.74
37	30.39	26.12	22.98	1.17	1.75	-	-	30.65
38	30.72	26.56	23.52	1.18	-	-	-	31.57
39	31.06	27.01	24.06	1.18	-	-	-	32.48

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Standard Female Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			RIDERS				
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	ADB ¹	GIO ²	DI ³	CIBR ⁴	SPAIR ⁵
40	31.39	27.46	24.60	1.19	-	-	-	33.40
41	32.26	28.32	25.46	1.19	-	-	-	34.55
42	33.13	29.18	26.31	1.20	-	-	-	35.70
43	34.00	30.03	27.17	1.20	-	-	-	36.86
44	34.87	30.89	28.02	1.21	-	-	-	38.01
45	35.74	31.75	28.88	1.21	-	-	-	39.16
46	36.34	32.41	29.60	1.22	-	-	-	40.34
47	36.94	33.08	30.32	1.22	-	-	-	41.51
48	37.53	33.74	31.03	1.23	-	-	-	42.69
49	38.13	34.41	31.75	1.23	-	-	-	43.87
50	-	35.07	32.47	1.23	-	-	-	45.04
51	-	36.06	33.46	1.25	-	-	-	46.42
52	-	37.04	34.44	1.28	-	-	-	47.80
53	-	38.03	35.43	1.30	-	-	-	49.17
54	-	39.01	36.41	1.33	-	-	-	50.55
55	-	40.00	37.40	1.35	-	-	-	51.92
56	-	41.04	38.46	1.38	-	-	-	53.34
57	-	42.07	39.52	1.41	-	-	-	54.75
58	-	43.11	40.58	1.44	-	-	-	56.17
59	-	44.14	41.64	1.47	-	-	-	57.59
60	-	45.18	42.70	1.50	-	-	-	59.00
61	-	46.61	43.98	1.53	-	-	-	60.61
62	-	48.03	45.26	1.56	-	-	-	62.21
63	-	49.46	46.53	1.59	-	-	-	63.82
64	-	50.88	47.81	1.62	-	-	-	65.43
65	-	52.31	49.09	1.65	-	-	-	67.04
66	-	54.23	50.91	-	-	-	-	68.75
67	-	56.15	52.72	-	-	-	-	70.46
68	-	58.08	54.54	-	-	-	-	72.17
69	-	60.00	56.35	-	-	-	-	73.88
70	-	61.92	58.17	-	-	-	-	75.59
71	-	65.10	61.12	-	-	-	-	-
72	-	68.27	64.07	-	-	-	-	-
73	-	71.45	67.02	-	-	-	-	-
74	-	74.62	69.97	-	-	-	-	-
75	-	77.80	72.92	-	-	-	-	-
76	-	83.25	77.91	-	-	-	-	-
77	-	88.69	82.90	-	-	-	-	-
78	-	94.14	87.88	-	-	-	-	-
79	-	99.58	92.87	-	-	-	-	-
80	-	105.03	97.86	-	-	-	-	-

¹Accidental Death Benefit: Male and Female, Standard, All Bands, Annual Premium Rates per \$1,000 of ADB Face Amount

²Guaranteed Insurability Option Rider: Annual Premium Rates per \$1,000 of Option Amount

³Non-Occupational Disability Income Rider: Annual Premium Rates per \$100 of Monthly DI Benefit

⁴Children's Insurance Benefit: Male and Female, Standard, Annual Premium Rates per \$1,000 of CIBR Benefit

⁵Single Premium Additional Insured Rider: Male and Female, Standard, Single Premium per \$100 of SPAIR Face Amount

⁶Waiver of Premium for Disability: Male and Female, Standard, Annual Premium Rates per \$1,000 of Base Policy Face Amount

20-Pay Special Female Tobacco

Annual Premium Rates per \$1,000 of Face Amount

	FACE AMOUNT BANDS				FACE AMOUNT BANDS		
Issue Age	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000	Issue Age	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000
0	-	-	-	40	44.48	40.23	37.34
1	-	-	-	41	46.24	41.94	39.04
2	-	-	-	42	48.00	43.64	40.73
3	-	-	-	43	49.75	45.35	42.43
4	-	-	-	44	51.51	47.05	44.12
5	-	-	-	45	53.27	48.76	45.82
6	-	-	-	46	54.78	50.30	47.42
7	-	-	-	47	56.30	51.84	49.01
8	-	-	-	48	57.81	53.39	50.61
9	-	-	-	49	59.33	54.93	52.20
10	-	-	-	50	-	56.47	53.80
11	-	-	-	51	-	58.71	56.03
12	-	-	-	52	-	60.95	58.26
13	-	-	-	53	-	63.19	60.49
14	-	-	-	54	-	65.43	62.72
15	-	-	-	55	-	67.67	64.95
16	-	-	-	56	-	70.18	67.48
17	-	-	-	57	-	72.69	70.00
18	26.30	21.98	18.78	58	-	75.20	72.53
19	26.78	22.56	19.31	59	-	77.71	75.05
20	27.75	23.22	19.91	60	-	80.22	77.58
21	28.40	23.87	20.55	61	-	84.14	80.78
22	29.05	24.51	21.20	62	-	88.06	83.99
23	29.71	25.16	21.84	63	-	91.99	87.19
24	30.36	25.80	22.49	64	-	95.91	90.40
25	31.01	26.45	23.13	65	-	99.83	93.60
26	31.88	27.30	23.98	66	-	105.37	98.83
27	32.75	28.15	24.83	67	-	110.91	104.06
28	33.61	29.01	25.68	68	-	116.44	109.30
29	34.48	29.86	26.53	69	-	121.98	114.53
30	35.35	30.71	27.38	70	-	127.52	119.76
31	36.38	31.72	28.39	71	-	137.75	129.31
32	37.41	32.73	29.39	72	-	147.97	138.86
33	38.43	33.74	30.40	73	-	158.20	148.42
34	39.46	34.75	31.40	74	-	168.42	157.97
35	40.49	35.76	32.41	75	-	178.65	167.52
36	41.29	36.65	33.40	76	-	201.42	188.35
37	42.09	37.55	34.38	77	-	224.19	209.19
38	42.88	38.44	35.37	78	-	246.97	230.02
39	43.68	39.34	36.35	79	-	269.74	250.86
				80	-	292.51	271.69

20-Pay Special Female Non-Tobacco

Annual Premium Rates per \$1,000 of Face Amount

Issue Age	FACE AMOUNT BANDS			Issue Age	FACE AMOUNT BANDS		
	15,000 – 24,999	25,000 – 74,999	75,000 – 150,000		15,000 – 24,999	25,000 – 74,999	75,000 – 150,000
0	-	-	-	40	35.33	31.28	28.40
1	-	-	-	41	36.51	32.44	29.56
2	-	-	-	42	37.70	33.60	30.71
3	-	-	-	43	38.88	34.75	31.87
4	-	-	-	44	40.07	35.91	33.02
5	-	-	-	45	41.25	37.07	34.18
6	-	-	-	46	42.19	38.07	35.23
7	-	-	-	47	43.13	39.06	36.28
8	-	-	-	48	44.08	40.06	37.34
9	-	-	-	49	45.02	41.05	38.39
10	-	-	-	50	-	42.05	39.44
11	-	-	-	51	-	43.47	40.86
12	-	-	-	52	-	44.89	42.27
13	-	-	-	53	-	46.31	43.69
14	-	-	-	54	-	47.73	45.10
15	-	-	-	55	-	49.15	46.52
16	-	-	-	56	-	50.84	48.23
17	-	-	-	57	-	52.53	49.95
18	21.54	17.98	14.81	58	-	54.23	51.66
19	22.67	18.46	15.23	59	-	55.92	53.38
20	23.49	19.00	15.70	60	-	57.61	55.09
21	23.96	19.47	16.17	61	-	60.16	57.27
22	24.43	19.94	16.64	62	-	62.70	59.46
23	24.90	20.41	17.10	63	-	65.25	61.64
24	25.37	20.88	17.57	64	-	67.79	63.83
25	25.84	21.35	18.04	65	-	70.34	66.01
26	26.48	21.98	18.66	66	-	74.33	69.77
27	27.12	22.60	19.29	67	-	78.32	73.52
28	27.75	23.23	19.91	68	-	82.31	77.28
29	28.39	23.85	20.54	69	-	86.30	81.03
30	29.03	24.48	21.16	70	-	90.29	84.79
31	29.76	25.21	21.88	71	-	98.08	92.06
32	30.50	25.93	22.61	72	-	105.87	99.33
33	31.23	26.66	23.33	73	-	113.66	106.59
34	31.97	27.38	24.06	74	-	121.45	113.86
35	32.70	28.11	24.78	75	-	129.24	121.13
36	33.23	28.74	25.50	76	-	144.78	135.46
37	33.75	29.38	26.23	77	-	160.33	149.79
38	34.28	30.01	26.95	78	-	175.87	164.12
39	34.80	30.65	27.68	79	-	191.42	178.45
				80	-	206.96	192.78