

BEQUEST LIFE INSURANCE COMPANY

Home Office: 123 Glenwood Ave, Raleigh, NC 28703

A Stock Company

Subject to the provisions of this Certificate and receipt of due proof of the Insured's death, Bequest Life Insurance Company ("the Company," "we," "us," and "our") will pay the Life Insurance Proceeds ("Proceeds") in a lump sum to the Beneficiary if the Insured dies prior to the Maturity Date. If the Insured is living on the Maturity Date, and this Certificate remains in force, we will pay the Cash Surrender Value, if any, to the Owner ("you," "your," and "yours").

This Certificate is signed for the Company at our Home Office to take effect on its Effective Date.

[John Doe]

[General Counsel and Secretary]

[Jane Doe]

[President]

YOU HAVE PURCHASED LIFE INSURANCE AS DESCRIBED IN THIS CERTIFICATE. PLEASE REVIEW IT CAREFULLY FOR LIMITATIONS.

THIS CERTIFICATE MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND OF PREMIUMS PAID, EITHER BY RETURNING THE CERTIFICATE TO THE AGENT OR TO US. AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE. YOU WILL INCUR SURRENDER CHARGES IF COVERAGE IS TERMINATED WITHIN THE SURRENDER CHARGE PERIOD. THE TABLE OF SURRENDER CHARGES CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES.

THE EFFECTIVE DATE CAN BE FOUND ON THE CONTRACT DATA PAGES.

Group Certificate for Interest Sensitive Whole Life Insurance

Fixed Premiums Payable During the Life of the Insured to the Maturity Date
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date
Life Insurance Proceeds and Accumulation Value May Vary
Cash Surrender Value, if any, Payable at the Maturity Date
Nonparticipating - No Annual Dividends

Administrative Office:

[123 Glenwood Ave

Raleigh, NC 27603]

For Customer Service: [1-888-555-5555]

CONTRACT DATA PAGES

NAME OF INSURED:

ADDRESS OF INSURED:

CONTRACT NUMBER:

COVERAGE AMOUNT:

PREMIUM PAYMENT:

INSURED ISSUE AGE:

GENDER:

PAYABLE TO:

EFFECTIVE DATE:

MATURITY DATE:

SIGNATURE OF INSURED: _____

DATE: _____