

## DemoLife Life Insurance Company

Home Office: 2700 Commerce Street Suite 1000 Dallas, TX 75226

Receipt of the Accelerated Death Benefit may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. In addition, receipt of the Accelerated Death Benefit may be taxable and assistance should be sought from a personal tax advisor.

**Description of Benefit:** Upon receipt of proof acceptable to us of the Insured's Qualifying Event, the Owner may choose to receive the Accelerated Death Benefit while the Insured is alive and the Rider is In Force.

**Qualifying Event:** An event defined in the Rider, which allows for payment of the Accelerated Death Benefit.

**Accelerated Death Benefit Amount:** The Accelerated Death Benefit shall be equal to:

1. the Policy Death Benefit that would be In Force at the end of the 12 month period following the Acceleration Date, before deduction of any outstanding Loan Balance; less
2. a discount on the Accelerated Death Benefit calculated for the 12 month period using the current interest rate; less
3. any outstanding policy loans, including accrued interest until the end of the 12 months following the Acceleration Date; less
4. any premiums which would be required to keep the Policy In Force for the 12 month period following the Acceleration Date for the Policy Amount of Insurance reduced by an appropriate discount using the current interest rate.

**Termination of Coverage:** The Accelerated Death Benefit Rider will automatically terminate when the Policy to which it is attached terminates or lapses or matures or is continued under one of the nonforfeiture options; or when the Accelerated Death Benefit is paid; whichever occurs first.

**Impact on the Policy's Death Benefit:** The Policy to which the Rider is attached will terminate on the date the Accelerated Death Benefit is paid.

By signing below, you agree that you have read and received a copy of this summary and disclosure statement at the time of application.



10/29/2025

Date

Christopher R Smith

Owner's (Applicant's) Signature

10/29/2025

Date

Nathan Osborn

Agent's Signature

# DemoLife Life Insurance Company

## ACCELERATED DEATH BENEFIT RIDER WITH NURSING HOME BENEFIT

We have issued this Rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy. In this Rider, the words "you" and "your" refer to the policy owner. The words "we", "us" and "our" refer to DemoLife Life Insurance Company.

**NOTICE: Benefits advanced under this Rider may be taxable. As with all tax matters, you should consult with your tax advisor regarding the tax treatment of receiving an Accelerated Death Benefit. This Rider does not pay for or reimburse expenses reimbursable under Title XVII of the Social Security Act.**

**The policy's benefits and values, as well as any benefits and values provided by affected Riders, will be terminated if an Accelerated Death Benefit is paid. Benefits and values (if applicable) include without limitation: Face Amounts of the policy, Rider and endorsement benefit of any affected Riders and endorsements, policy and Rider values, cash surrender values, death benefit and premiums. Payment of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits and entitlements.**

### **RIDER BENEFIT**

#### **What is the Rider Benefit**

We will pay, in a lump sum, the Accelerated Death Benefit to you when we receive proof, satisfactory to us, that the Insured has been diagnosed with a Qualifying Event while the policy and this Rider are In Force subject to the provisions of the policy and this Rider.

### **DEFINITIONS**

**Accelerated Death Benefit** means the policy death benefit that is paid prior to the death of the Insured due to the Insured being diagnosed with a Qualifying Event.

**Acceleration Date** means the date that we make payment of the Accelerated Death Benefit.

**Eligible Institution** means the licensed hospice care program which provides a coordinated interdisciplinary program of hospice care services for meeting the special physical, psychological, spiritual and social needs of dying individuals and their families, by providing palliative and supportive medical, nursing, and other health services through a home-based care program or an inpatient hospice facility during the illness and bereavement.

**Eligible Nursing Home** means an institution or special nursing unit of a hospital which meets at least one of the following requirements:

1. It is Medicare approved as a provider of skilled nursing care services; or
2. It meets all of the requirements listed below:
  - a. It is licensed as a nursing home by the state in which it is located;
  - b. Its main function is to provide skilled, intermediate or custodial nursing care;
  - c. It is engaged in providing continuous room and board accommodation to three or more persons;
  - d. It is under the supervision of a registered nurse (RN) or licensed practical nurse (LPN);
  - e. It maintains a daily medical record of each patient; and
  - f. It maintains records for and controls all medications dispensed.

The specific unit where the Insured is confined must also meet the above requirements. An institution that primarily provides residential facilities is not an Eligible Nursing Home.

**Immediate Family** means one of the following members of your or the Insured's family: spouse (including common law spouse) or civil union partner and anyone who is related to the individual or his or her spouse or civil union partner (including adopted, in-law and step-relatives). This includes parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

**Insured** means only the Insured under the policy to which this Rider is attached. It does not include any other individuals covered under other Riders.

**Physician** means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) licensed within the United States and practicing within the scope of his or her United States license issued by the jurisdiction in which such person's services are rendered. Physician does not include you or a member of your Immediate Family.

**Physician Statement** is a statement in a form acceptable to us and signed by a Physician which:

1. Provides the Physician's diagnosis of the Insured's Qualifying Event; and
2. Must be made on the basis of the ordinary and reasonable medical care, advice, and treatment available in the same or similar communities.

**Qualifying Event** means a medical condition from injury or illness which, as determined by a Physician:

1. Can reasonably be expected to result in death within 12 months from the date of the Physician Statement;
2. Has required or requires extraordinary medical intervention, including but not limited to major organ transplant or continuous artificial life support, without which the Insured would die;
3. Usually requires continuous confinement in an Eligible Institution as defined in this Rider if the Insured is expected to remain there for the rest of his or her life;
4. Has required the Insured to be continuously confined in an Eligible Nursing Home for 90 days and the Physician certifies that the Insured is expected to remain continuously confined in an Eligible Nursing Home until his or her death. However, no Physician must have recommended that the Insured be confined in an Eligible Nursing Home during the 2 years prior to the Rider Date; or
5. Would result in a drastically limited life span of 12 months or less in the absence of extensive or extraordinary medical treatment. Such conditions include, but are not limited to:
  - a. Coronary artery disease resulting in an acute infarction or requiring surgery;
  - b. Permanent neurological deficit resulting from cerebral vascular accident;
  - c. End-stage renal failure; or
  - d. Acquired Immune Deficiency Syndrome.

#### **ACCELERATED DEATH BENEFIT**

##### **How the Accelerated Death Benefit is calculated**

The Accelerated Death Benefit will be calculated as A minus B minus C minus D where A,B,C, and D are determined as follows:

- A. The actuarial present value of the Face Amount of the policy.
- B. Any amount necessary to provide insurance to the date of the Accelerated Death Benefit payment if we make the payment during a grace period or after the policy has Lapsed.
- C. The Loan Balance, if any, at the time the Accelerated Death Benefit is paid.
- D. An administrative charge. The administrative charge for an Accelerated Death Benefit request as of January 1, 2016 is \$350, but will be subject to future increases based on cumulative annual cost-of-living increases as measured by the Consumer Price Index for All Urban Consumers (CPI) since January 1, 2012. Cumulative annual cost of living increases will not exceed 5% per calendar year. In the event that the CPI is no longer published, a substantially similar index will be used, subject to the approval of the Interstate Insurance Product Regulation Commission. In no event will the administrative charge for each Accelerated Death Benefit request exceed \$1,000.

The actuarial present value of the amount of the available Death Benefit which you request to accelerate will be based on a discount which reflects the early payment of the Accelerated Death Benefit amount. We assume a 12-month period for this purpose. The annual interest rate we use will be a discount rate that is the greater of:

1. The current yield on 90-day U.S. Treasury bills; or
2. The policy loan rate.

## **BENEFIT AND VALUE REDUCTION**

### **How an Accelerated Death Benefit payment affects the policy**

The Accelerated Death Benefit under this Rider may only be elected once. When elected, the attached policy and any attached Riders will terminate. The policy's death benefit and Net Cash Value, if any, will terminate on the date the Accelerated Death Benefit is paid.

## **CLAIM FORMS**

### **How to provide us with a notice of claim**

To notify us of a claim, we must receive a Written Request which includes the name of the Insured, the policy number, and must be signed and dated by you.

Upon receipt of a notice of a claim, we shall furnish you forms for filing proof of loss. If the forms are not furnished to you within 15 days after giving notice, you shall be deemed to have complied with the proof of loss requirements provided you submit to us written proof covering the occurrence, the character, and the extent of the occurrence or loss.

## **PROOF OF LOSS**

### **What needs to be provided**

We must receive written proof of the Insured's Qualifying Event at our address noted in your policy. This proof shall include a completed Written Request, in a form acceptable to us, and a Physician Statement. We may request additional medical information from the Physician who submits the Physician Statement. We shall have the right to seek a second medical opinion at our expense. We shall also have the right to have the Insured examined by a Physician we choose at our expense. If the Physician we choose provides a different diagnosis of the Insured's medical condition, we shall have the right to rely on the statement from our Physician.

## **PAYMENT OF THE ACCELERATED DEATH BENEFIT**

### **How is the Accelerated Death Benefit paid**

Payment of the Accelerated Death Benefit will be made to you upon proof of loss satisfactory to us. If the Insured dies while the policy is In Force but before any Accelerated Death Benefit payment is made, we will instead pay the entire death benefit of this policy in accordance with the policy provisions. Any irrevocable Beneficiary or assignee must give written consent to the payment of the Accelerated Death Benefit.

## **NO ADDITIONAL COST PRIOR TO ELECTION**

### **Is there an additional cost prior to election**

There is no additional cost for the Accelerated Death Benefit prior to election of the Accelerated Death Benefit.

## **RIDER DATE**

### **What is the Rider Date**

The Rider Date of this Rider will be the Policy Date, unless we inform you in writing of a different date.

## **CONSIDERATION**

### **Consideration for this Rider**

We have issued this Rider in consideration of the Application and payment of the premiums for the policy.

## **INCONTESTABILITY**

### **Is this Rider contestable**

The provisions of the policy relating to contestability apply to this Rider.

## **OTHER INSURANCE**

### **What happens to other Riders attached to the policy**

All other Riders attached to the policy shall terminate, subject to any paid-up or conversion options, upon payment of any benefit under this Rider.

## **TERMINATION**

### **When does this Rider terminate**

This Rider will terminate on the earliest of the following dates or events:

1. The date the Accelerated Death Benefit has been paid;
2. The date the policy Lapses or otherwise terminates;
3. The date the policy is surrendered or continued under any nonforfeiture option;
4. The Monthly Policy Date following the date you request termination of the Rider; or
5. The date of the Insured's death.

## **NO DIVIDENDS ARE PAYABLE**

### **Are dividends payable under this Rider**

This Rider does not participate in our profits or surplus.

## **REINSTATEMENT**

### **Can the Rider be Reinstated**

If the policy is Reinstated, this Rider may be Reinstated at the same time. However, we will not pay anything under this Rider for Qualifying Events diagnosed by a Physician prior to the date of Reinstatement.

Signed for us by:



Jason O'Hara  
President



Albert Milton  
Secretary