

## eDelivery Terms and Conditions of Use

The DemoLife company using this form is:

DemoLife Life Insurance Company

DemoLife Financial Life Insurance Company

As used herein, "the Company", "we", "our", or "us" means the DemoLife company checked above.

**ELECTRONIC INFORMATION CONSENT** – I consent to receive documents and notices applicable to the Eligible Policy/Policies accessed through the Company website or portal, or websites or portals operated on behalf of the Company. These include, but are not limited to: Policy contracts, applications, application supplements and addendums, illustrations, amendments, riders, replacement notices, statements of additional information, conditional receipts, customer correspondence, prospectuses, prospectus supplements, annual and semiannual reports, quarterly statements and immediate confirmations, privacy notices, other notices, and documentation, permitted by law to be sent electronically, in electronic format, when available instead of receiving paper copies of these documents by U.S. mail.

Important Information Concerning Electronic Document Delivery:

- Your consent is voluntary. Documents will only be transmitted to you electronically if you consent.
- There is no charge for electronic delivery, although your internet provider may charge for Internet access.
- You are confirming that you have access to a computer with internet capabilities and an active email account to receive information electronically.
- This Electronic Document Delivery applies only to Eligible Policies accessed through the Company website or portal, or websites or portals operated on behalf of the Company.
- After consenting to Electronic Document Delivery, we will send an email to confirm that the email address you provided is correct. If we are unable to confirm an email address or have reasonable suspicion that an email address is incorrect, we will not activate the consent for electronic delivery, in which case you will continue to receive paper copies of your documents.
- Email filters must be updated to ensure you received email notifications from us.
- Not all contract documentation and notifications may currently be available in electronic format.
- You can request the Company provide paper copies of documents at any time for no charge.
- If an email address changes, you may notify us at any time by contacting us at the phone number listed below or editing your profile on the appropriate website.
- This consent will remain in effect until revoked. You may opt out of receiving records electronically at any time.
- If you choose to revoke your consent, withdrawal of this consent will become effective within two business days after the Company receives your request.

Please call 1-800-661-5910 or visit the Company website at [www.MyLifeInsurance.DemoLife.com/customer](http://www.MyLifeInsurance.DemoLife.com/customer) if you would like to revoke your consent, wish to receive a paper copy of the information above, or need to update your email address.

By checking this box, I consent to receive electronic transmission of documents and agree to the terms and conditions as described above.

Policy Owner: Christopher Smith

Printed Name  
christopher.smith@example.com  
Email Address

Policy Number(s): \_\_\_\_\_

**DemoLife** LIFE INSURANCE COMPANY  
2700 COMMERCE STREET SUITE 1000  
DALLAS, TX 75226  
1-800-661-5910

FOR MORE INFORMATION ABOUT THIS POLICY PLEASE CONTACT:  
**Nathan Osborn**  
AutoAgent-TPL address line 1  
Chicago, IL 60654  
10/29/2025  
POLICY NUMBER  
FEXB746680

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

PREPARED FOR: Christopher R Smith  
AGE BASIS: 35  
ISSUE BASIS: Select Non-Tobacco  
CLASSIFICATION: MALE

BASIC POLICY FINAL EXPENSE WHOLE LIFE TO AGE 121

| POL YR | ANNUAL PREMIUM | MONTHLY PREMIUM | GUAR AMT PAYABLE ON DEATH | GUARANTEED SURRENDER TOTAL | CASH VALUE INCR |
|--------|----------------|-----------------|---------------------------|----------------------------|-----------------|
| 1      | 1,273.00       | 109.48          | 50,000                    | 0                          | 0               |
| 2      | 1,273.00       | 109.48          | 50,000                    | 0                          | 0               |
| 3      | 1,273.00       | 109.48          | 50,000                    | 230                        | 230             |
| 4      | 1,273.00       | 109.48          | 50,000                    | 677                        | 447             |
| 5      | 1,273.00       | 109.48          | 50,000                    | 1,137                      | 460             |
| 6      | 1,273.00       | 109.48          | 50,000                    | 1,612                      | 475             |
| 7      | 1,273.00       | 109.48          | 50,000                    | 2,101                      | 489             |
| 8      | 1,273.00       | 109.48          | 50,000                    | 2,604                      | 503             |
| 9      | 1,273.00       | 109.48          | 50,000                    | 3,122                      | 518             |
| 10     | 1,273.00       | 109.48          | 50,000                    | 3,657                      | 535             |
| 15     | 1,273.00       | 109.48          | 50,000                    | 6,617                      | 2,960           |
| 20     | 1,273.00       | 109.48          | 50,000                    | 10,042                     | 3,425           |
| 31     | 1,273.00       | 109.48          | 50,000                    | 19,288                     | 9,246           |

(Age 65)

LOAN INTEREST RATE IS DETERMINED WHEN A LOAN IS APPLIED

SAMPLE

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2700 COMMERCE STREET SUITE 1000  
DALLAS, TX 75226  
1-800-661-5910

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**Nathan Osborn**  
AutoAgent-TPL address line 1  
Chicago, IL 60654

10/29/2025  
POLICY NUMBER  
FEXB746680

STATEMENT OF POLICY COST AND BENEFIT INFORMATION  
PREPARED FOR: Christopher R Smith  
AGE BASIS: 35  
ISSUE BASIS: Select Non-Tobacco  
CLASSIFICATION: MALE

RIDER ABR RIDER

| POL YR | ANNUAL PREMIUM | MONTHLY PREMIUM |
|--------|----------------|-----------------|
| 1      | .00            | .00             |
| 2      | .00            | .00             |
| 3      | .00            | .00             |
| 4      | .00            | .00             |
| 5      | .00            | .00             |
| 10     | .00            | .00             |
| 15     | .00            | .00             |
| 20     | .00            | .00             |
| 26     | .00            | .00             |

(Age 60)

SAMPLE

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Chicago, IL 60654

10/29/2025  
POLICY NUMBER  
**FEXB746680**

STATEMENT OF POLICY COST AND BENEFIT INFORMATION (CONTINUED)

PREPARED FOR: **Christopher R Smith**  
AGE BASIS: 35  
ISSUE BASIS: Select Non-Tobacco  
CLASSIFICATION: MALE

RIDER ADDITIONAL SERVICES RIDER

| POL YR | ANNUAL PREMIUM | MONTHLY PREMIUM |
|--------|----------------|-----------------|
| 1      | .00            | .00             |
| 2      | .00            | .00             |
| 3      | .00            | .00             |
| 4      | .00            | .00             |
| 5      | .00            | .00             |
| 10     | .00            | .00             |
| 15     | .00            | .00             |
| 20     | .00            | .00             |
| 26     | .00            | .00             |

(Age 60)

SAMPLE