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PETER MATWICZYK *
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THORNTON B. HENRY

*BOARD CERTIFIED WILLS TRUSTS
AND ESTATES

September 17, 2014

VIA E-MAIL:

Peter M. Feaman, Esq.
3615 Boynton Beach Blvd. Suite 9
Boynton Beach, FL 33436
pfeaman@feamanlaw.com

James J. Stamos
One Easat Wacker Drive, Third Floor
Chicago, ILL 60601
jstamos@stamostrucco.com

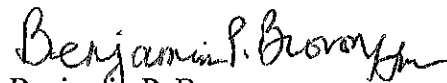
Mr. Eliot Bernstein
2753 SW 34th Street
Boca Raton, FL 33434
iviewit@gmail.com

Re: Estate of Simon Bernstein

Dear Mr. Feaman, Mr. Stamos, and Mr. Bernstein:

Please see the enclosed correspondence I received from Heritage Union Life Insurance Company.

Very truly yours,



Benjamin P. Brown,
Administrator Ad Litem

Encl.

Cc: Joielle Foglietta, Esq.

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651
Phone 800-825-0003 Fax 803-333-4936
Visit us at www.insurance-servicing.com

COPY

August 19, 2014

Benjamin P Brown
Attorney at Law
625 N Flagler Dr STE 401
West Palm Beach FL 33401

Insured Name: Simon Bernstein
Policy Number: 1009208
Correspondence Number: 10234496

Dear Mr. Brown:

Thank you for contacting Heritage Union Life Insurance Company in regard to the above referenced policy for Simon Bernstein.

Enclosed please find a duplicate copy of the policy, including the application completed by Mr. Bernstein. We hope this is satisfactory as we do not have a copy of the original document.

As you probably are aware, a court order was entered dismissing Heritage Union Life Insurance Company from the lawsuit relating to this policy. Therefore, Heritage Union Life Insurance Company / Jackson National Life Insurance Company no longer have any involvement with regard to this policy. Any additional inquiries will need to be addressed in the ongoing interpleader litigation.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

R. Benz
Claim Services

Enclosure(s): Duplicate Policy

12-1-62

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
A Stock Company
Home Office: Minneapolis, Minnesota
Business Office: Milwaukee, Wisconsin



Policy Number

Sum Insured

Insured

Age & Sex

Plan

Policy Date

Dear Policy Owner:

This policy has been written in readable language to help you understand its terms. As you read through the policy, remember the words "we," "us," and "our" refer to Capitol Bankers Life Insurance Company. Similarly, the words "you" and "your" refer to you, the Owner of this policy.

We will, subject to the terms of this policy, pay the death benefit to the Beneficiary when due proof of the Insured's death is received at our Business Office. The terms of this policy are contained on this and the following pages.

A Policy Summary is on the other side of this page. A Table of Contents is inside the back cover.

For service or information on this policy, contact the agent who sold the policy, any of our agency offices, or our Business Office.

YOU HAVE A RIGHT TO RETURN THIS POLICY. If you decide not to keep this policy, return it within ten days after you receive it. It may be returned by delivering or mailing it to our Business Office or to any of our authorized agents. Upon return, the policy will be as though it had never been issued. We will promptly refund any premium paid for it.

Signed for Capitol Bankers Life Insurance Company at Milwaukee, Wisconsin.
Sincerely yours,

Richard Beigittel
President

L. John Ratzel Jr.
Secretary

CURRENT VALUE LIFE

Life Insurance for an Initial Term - Renewable Annually during Life of Insured -
Cash Surrender Values - Options to Change Premiums and Sum Insured -
Premiums Payable during Life of Insured - Nonparticipating



PART I OF APPLICATION TO

CAPITOL BANKERS LIFE INSURANCE COMPANY
 Home Office: Minneapolis, Minnesota
 Administrative Office: 735 North Water St. P.O. Box 2016
 Milwaukee, Wisconsin 53201 (414) 277-9998

Capitol Bankers Life

(For an Annuity "Proposed Insured" means "Annuitant")

PERSONS TO BE INSURED (Print First Name, Middle Initial, Last Name)		Sex	Age	Birthdate	State of Birth	Build	HL	WL	Social Security Number
PROPOSED INSURED <u>Simon Bernstein</u>		<u>M</u>		<u>12/3/35</u>	<u>Mich</u>	<u>5'7 1/2</u>	<u>180</u>		
SPOUSE (if to be insured or Payor)									
DEPENDENT CHILDREN IF TO BE INSURED	NAME	Age	BIRTHDATE (Mo, Day, Yr)		NAME	Age	BIRTHDATE (Mo, Day, Yr)		
Residence Address <u>620 SHERIDAN DR</u>					Employer <u>S.B. LEXINGTON, INC.</u>				
City <u>Glencoe</u> State <u>IL</u> Zip _____			Business Address <u>9933 LAWLER Suite 210</u>						
County _____ Telephone No. _____			Occupation <u>SKOKIE, ILL. CHAIRMAN OF BOARD</u>						
Proposed insured will be owner of policy unless otherwise indicated.									
Owner's Name <u>First Arlington National Bank Trustee of S.B.</u>					Social Security Number _____				
Mailing Address <u>Lexington, Inc. Employee Death Benefit Trust</u>									
Relationship to Proposed Insured _____									

- | | | | | | |
|--|------------------------------|--|---|------------------------------|--|
| 1. Is this insurance intended to replace or modify any insurance or annuity now carried? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | 4. Ever participated in sky diving, skin diving, scuba diving, auto racing, mountain climbing or any avocation of a similar nature? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Are there any other applications now pending for Life or Health Insurance?
Has any person to be covered: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Had drivers license suspended or revoked?
Drivers license number _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Flown in past 3 years other than as a fare paying passenger or is such contemplated? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Do you now smoke cigarettes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | 7. If no, have you ever smoked cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 8. If yes, when did you stop? _____ | | |

LIFE INSURANCE OR ANNUITY APPLIED FOR:

Plan CVL
 Amount \$2,000,000
 Level Term for _____ Yr. \$ _____
 Reducing Term for _____ Yr. \$ _____
 Waiver of Premium G.P.O. _____ Units
 ADB Other _____

If available, automatic premium loan provision?
 Yes No
 Premiums Ann. Qtr. List Bill Other
 Payable S.A. PAC Allotment

Total insurance in force? 0
 (If space is insufficient, enter under Remarks.)

Name of Company	Coverage (Life)	Amount of Acc. Death	Year of Issue

Beneficiaries: (Full names and relationship. (If minor, give date of birth.) First Arlington National Bank Trustee
 Primary? of S.B. Lexington, Inc. Employee Death
 Contingent? Benefit Trust

Send Notices to: see below
 Proposed Insured at Address Above
 Or to Owner at Address Above Business Address Above

Remarks/Amendments S.B. Lexington, Inc. Employee Death Benefit Plan
c/o National Service Assoc.
 Please send list billing to: 9933 Lawler, Suite 210
Skokie, Ill. 60077

I represent that the statements and answers given in this application are true and complete to the best of my knowledge and belief. I understand and agree that insurance upon this application will not become effective (A) unless this application is accepted by the Insurance Company during my lifetime and the lifetime of each dependent listed above and (B) unless the first premium is paid in full during my lifetime and the lifetime of each dependent listed above.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act. Public Law 91-508.
 I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its insurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No
 Signed at Chicago, Illinois
 Signature of Proposed Insured [Signature]
 Signature of Applicant [Signature]
 No. 10/12/82 Lic. Agent _____ Date _____

Signed at Chicago, Illinois
 Signature of Proposed Insured [Signature]
 Signature of Applicant [Signature]

NON-MEDICAL QUESTIONS (CONTINUATION OF PART I) This section must be completed for persons not required to complete Part II (Medical Examination)

9.a. Name and address of personal physician? Dr. Hubert Allen
 (If none, so state)
 b. Date, reason and who last consulted the above? Highland Park, Ill.
 c. What treatment was given or medication prescribed? 1980 Annual physical

To the best of your knowledge and belief has any person proposed to be insured:			Give details in the space below for any question answered YES. Include the NAME and ADDRESS of the attending practitioner.
10. Ever had any indication or disorder or diagnosis, or treatment of:	Yes	No	<p>Tonsillectomy - 1940</p> <p>Allergic Asthma Hayfever DR. ALLEN BRICANYL T1 LAST TAKEN 9-7-82</p> <p>CHOLECYSTECTOMY - 1961 DR. COHN WEISS MEM. HOSPITAL CHICAGO, ILL.</p> <p>HEMORRHAPHY - 1967 SKOKIE VALLEY HOSPITAL SKOKIE, ILLINOIS</p> <p>ANNUAL PHYSICAL - 1980 DR. ALLEN EKG, X-RAY, ETC.</p> <p>Deferred Because of GALLBLADDER DISEASE</p>
a. The lungs or respiratory system including hayfever or other allergies, asthma, bronchitis, tuberculosis or emphysema?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. The heart or circulatory system including high blood pressure, heart attack, heart murmur, or chest pain, irregular heartbeat or varicose veins or phlebitis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. The digestive system including ulcer, gastritis, intestinal disorders, colitis, gall bladder, hemorrhoids, disorder of the pancreas, liver or spleen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. The nervous system, including epilepsy, convulsions, headaches, paralysis, mental disorders, nervousness, or psychiatric treatment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. The genitourinary system including any kidney disorder, kidney stones, cystitis, prostatitis, or bladder infections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f. Diabetes or sugar in the urine, thyroid or other glandular disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
g. The muscular or skeletal system including arthritis, gout, rheumatism, any back or spine disorders or treatment of muscle disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. Cancer, tumor, cyst, or growth of any kind?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. Eyes or ears including impaired sight or hearing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j. If Applicable. Any disorder of the generative organs including irregular menstruation? Any complications of pregnancy? Any existing pregnancies? If "yes," how many months?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Ever had surgery or has surgery ever been recommended?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Had an electrocardiogram, chest x-ray, or blood study of any kind in the past five years? If yes, give name of physician completing test and results.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Currently taking medication or medical treatment of any type?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Ever been treated for alcoholism or drug addiction or ever a member of Alcoholics Anonymous?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. Been deferred or discharged from military service for physical or mental reasons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Made claim for or received disability payment for an injury or sickness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

I REPRESENT THAT the statements and answers in Part I, together with those in Part II, (Medical Examination if needed) in connection with this application, are full, complete and true to the best of my knowledge and belief and it is agreed that all such statements and answers shall form the basis for and be a part of the proposed contract of insurance.

Signed at Chicago, Ill. 10/12/80
 City State Date
Richard H. Klink Agent [Signature] Proposed Insured

AGENT'S REPORT

Pay commissions to:

_____ %	Agent's # _____	Examination arrangements:
_____ %	Agent's # _____	Doctor _____
_____ %	Agent's # _____	Will examine Applicant on _____ 19__
_____ %	Agent's # _____	Doctor's phone number is _____

HOME OFFICE USE ONLY

To identify special markets, check box.

<input type="checkbox"/> RLR	<input type="checkbox"/> Business Case: Buy-Sell,	<input type="checkbox"/> Sec. 79
<input type="checkbox"/> IRA	Keyman Estate Analysis	
<input type="checkbox"/> Pension	<input type="checkbox"/> HR-10	



PART II OF APPLICATION TO:

CAPITOL BANKERS LIFE INSURANCE COMPANY
Home Office: Minneapolis, Minnesota
Administrative Office: 735 North Water St. P.O. Box 2016
Milwaukee, Wisconsin 53201 (414) 277-9998

Capitol Bankers Life

PROPOSED INSURED:

BERNSTEIN, SIMON L
Last Name First Name Middle Initial

Date of Birth 12 2 35
Mo. Day Year

Male Female

1. a. Name and address of your personal physician? DR. HUBERT ALLEN, HIGHLAND PARK, ILL
b. Date and reason last consulted? 1980 - ANNUAL PHYSICAL
c. What treatment was given or medication prescribed? NONE

- 2. Have you ever been treated for or ever had any known indication of:
a. Disorder of eyes, ears, nose, or throat?
b. Dizziness, fainting, convulsions, headache, speech defect, paralysis or stroke, mental or nervous disorder?
c. Shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, emphysema, tuberculosis, allergies, hayfever, or chronic respiratory disorder?
d. Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack or other disorder of the heart or blood vessels?
e. Jaundice, intestinal bleeding, ulcer, hernia, appendicitis, colitis, diverticulitis, hemorrhoids, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder?
f. Sugar, albumin, blood or pus in urine, venereal disease, stone or other disorder of kidney, bladder, prostate or reproductive organs?
g. Diabetes, thyroid or other endocrine disorders?
h. Neuritis, sciatica, rheumatism, arthritis, gout, or disorder of the muscles or bones, including the spine, back, or joints?
i. Deformity, lameness or amputation?
j. Disorder of skin, lymph glands, cyst, tumor or cancer?
k. Allergies, anemia or other disorder of the blood?
l. Excessive use of alcohol, tobacco, or any habit-forming drugs?
3. Are you now under observation or taking treatment?
4. Have you had any change in weight in the past year?
5. Other than above, have you within the past 5 years:
a. Had any mental or physical disorder not listed above?
b. Had a checkup, consultation, illness, injury, surgery?
c. Been a patient in a hospital, clinic, sanitarium, or other medical facility?
d. Had electrocardiogram, X-ray, blood sugar, basal metabolism, other diagnostic test?
e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?
6. Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?
7. Have you ever requested or received a pension, benefits, or payment because of an injury, sickness or disability?
8. Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or suicide?

DETAILS of "Yes" answers. (IDENTIFY QUESTION NUMBER, CIRCLE APPLICABLE ITEMS: Include diagnoses, dates, duration and names and addresses of all attending physicians and medical facilities.)
2a - TONSILLECTOMY - 1940
2c - ALLERGIC ASTHMA
HAYFEVER
DR. ALLEN (CALL 12)
BRICANYL TID
LAST TAKEN 9-7-82
2e - CHOLECYSTECTOMY - 1961
DR. CONN
WEISS MEM. HOSPITAL
CHICAGO, ILLINOIS
2e - HERNIORRHAPHY - 1967
SKOKIE VALLEY HOSPITAL
SKOKIE, ILLINOIS
5618 - ANNUAL PHYSICAL - 1980
DR. ALLEN (CALL 12)
ERK, XRAY, BLOOD TESTS
6 - DEFERRED BECAUSE OF
GALLBLADDER DISEASE
8 - HEART ATTACK - MOTHER
FATHER.

Table with columns: Name, Age if Living, Cause of Death, Age at Death. Rows for Father (CORONARY, 47), Mother (CORONARY, 72), Brothers and Sisters (No. Living: 2, No. Dead: 0).

- 9. If Applicable:
a. Have you ever had any disorder of menstruation, pregnancy, or of the reproductive organs or breasts?
b. To the best of your knowledge and belief are you now pregnant?

I HEREBY DECLARE that, to the best of my knowledge and belief, the statements and answers in Part II of this Application are full, complete, and true. These statements and answers are to be considered as the basis for any insurance written hereon.

Signature of Witness: [Signature]
Signature of PROPOSED INSURED: [Signature]
Signed at: (City & State): CHICAGO, ILLINOIS
Date: 9-8-1982

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its reinsurers any such information.

A photographic copy of this authorization shall be as valid as the original.
WITNESS: [Signature]
SIGNATURE OF PROPOSED INSURED OR APPLICANT: [Signature]

PART III - PHYSICIAN'S EXAMINATION REPORT

PROPOSED INSURED: BERNSTEIN, SIMON L

Date of Birth 12-2-35
Mo. Day Year

10a. Height (In Shoes) <u>5</u> ft. <u>7 1/2</u> in.	Weight (Clothed) <u>180</u> lbs.	Chest (Full Inspiration) <u>40</u> in.	Chest (Forced Expiration) <u>38 1/2</u> in.	Abdomen, at Umbilicus <u>36 1/2</u> in.
---	-------------------------------------	---	--	--

Details of "Yes" answers. (Identify item.)

b. Did you weigh? Yes No Did you measure? Yes No
c. Is appearance unhealthy or older than stated age? Yes No

11. Blood Pressure (Record ALL readings)

Systolic	4th phase	<u>124</u>		
Diastolic	5th phase	<u>82</u>		

12. Pulse:

Rate	At Rest	After Exercise	3 Minutes Later
	<u>80</u>	<u>120</u>	<u>87</u>
Irregularities per min.	<u>0</u>	<u>0</u>	<u>0</u>

13. Heart: Is there any:

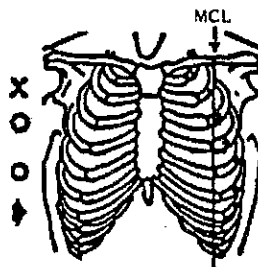
Enlargement Yes No Dyspnea Yes No
Murmur(s) Yes No Edema Yes No
(describe below—if more than one, describe separately)

Location

--	--

- Constant
- Inconstant
- Transmitted
- Localized
- Systolic
- Presystolic
- Diastolic
- Soft (Gr. 1-2)
- Mod. (Gr. 3-4)
- Loud (Gr. 5-6)
- After exercise:
 - Increased
 - Absent
 - Unchanged
 - Decreased

Indicate:
Apex by
Murmur area by
Point of greatest intensity by
Transmission by



For comments and your impression?

14. Is there on examination any abnormality of the following:

- (Circle applicable items and give details.)
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (a) Eyes, ears, nose, mouth, pharynx? _____
(if vision or hearing markedly impaired, indicate degree and correction.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (b) Skin (incl. scars); lymph nodes; varicose veins or peripheral arteries? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) Nervous system (include reflexes, gait, paralysis)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) Respiratory system? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (e) Abdomen (include scars)? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Genitourinary system (include prostate)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (g) Endocrine system (include thyroid and breasts)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (h) Musculoskeletal system (include spine, joints, amputations, deformities)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

15. (a) Are there any hernias? Yes No (b) Any hemorrhoids? Yes No

16. Are you aware of additional medical history? Yes No

(A confidential report may be sent to the Medical Director)

Urinalysis: Specific Gravity 1.016 Albumin NEG Sugar NEG.

Send Specimen to Home Office if: life insurance application is \$50,000 or more, age 60 or over, or with history or finding of albumin or sugar, or history or any urinary tract disease or blood pressure 140/90 or over.

Is specimen being sent to Home Office? Yes No

Date: 9-8-52 Time: 9 A.M. City: CHICAGO State: ILL

Signature of Medical Examiner: [Signature] M.D.

DUPLICATE

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POLICY SUMMARY

About this Summary	This summary briefly highlights some of the major policy provisions. Since this is a summary, only the detailed provisions of the policy will control. See those provisions for full information and any limits or restrictions that apply. To locate this policy's provisions, use the Table of Contents on the inside of the back cover. Your policy is a legal contract between you and us. You should, therefore, READ YOUR POLICY CAREFULLY.
The Type of Policy	This policy may be continued in force until the Insured dies. It is issued for an initial term of one year, but you have the right to renew it. The benefits and premiums may be changed at the end of each Policy Year. We will pay a death benefit if the Insured dies while the policy is in force.
Guaranteed and Current Rates	We guarantee a rate basis for calculating premiums for the benefits under this policy. If our current rate basis is lower, we will charge lower premiums for the same benefits. We may change our current rate basis at the end of any Policy Year. If we increase our current rate basis, your premium will be higher, but never more than the premium on the guaranteed basis.
Lifetime Benefits	There are other rights available while the Insured is living. These include: <ul style="list-style-type: none"> * The right to assign this policy. * The right to change the Owner or any Beneficiary. * The right to surrender this policy for its value. * The right to make loans.
Payment Options	The policy also includes a number of Payment Options. These provide alternate ways to pay the death benefit or the amount payable upon surrender of the policy.
Exclusions	Payment of benefits may be affected by other provisions in this policy. For example, see the provisions in Part 1 about suicide, contestability, and misstatement of age or sex.
Premium Payments and Grace Period	Premiums are payable in advance during the lifetime of the Insured. We allow a 31-day grace period for payment of each premium after the first one. If a premium is not paid by the end of the grace period, the policy will lapse as of the due date of that premium. Even if the policy lapses, some benefits may be available as described in Part 5. In any event, you will have the right to reinstate this policy, subject to the requirements stated in Part 5.
Riders	This policy may contain riders which include added benefits or limitations.

Check the Schedule Page of this policy to make sure it reflects the type and amount of insurance requested. Please call on your agent or us at any time you have questions about your policy.

DUPLICATE

10
12
14
16
18
20

Part 1. Definitions and Basic Provisions

The Parties Involved -
Insured, Owner,
Beneficiary, Irrevocable
Beneficiary

The Insured is the person whose life this policy insures. The Insured may be the Owner of this policy, or someone else may be the Owner.

The Owner is the person named as Owner of this policy in the application, unless later changed as provided in this policy. The Insured will be the Owner if no other person is named as Owner. If more than one person is named as Owner, they must act jointly unless they and we agree otherwise. Whenever the words "you" and "your" are used, they refer to the Owner.

A Beneficiary is any person named on our records to receive proceeds of this policy after the Insured dies. There may be different classes of Beneficiaries, such as Primary and Contingent. These classes set the order of payment. There may be more than one Beneficiary in a class.

Unless you provide otherwise, any death benefit that becomes payable under this policy will be paid in equal shares to the Beneficiaries living at the death of the Insured. Payments will be made successively in the following order:

- a. Primary Beneficiaries.
- b. Contingent Beneficiaries, if any, provided no Primary Beneficiary is living at the death of the Insured.
- c. The Owner, or the Owner's executor or administrator, provided no Primary or Contingent Beneficiary is living at the death of the Insured.

Any Beneficiary may be named an Irrevocable Beneficiary. An Irrevocable Beneficiary is one whose consent is needed to change that Beneficiary. Also, this Beneficiary must consent to the exercise of certain other rights by the Owner. We discuss ownership in Part 2.

Policy Date, Issue Date,
Renewal Date, and
Policy Year

Two important dates (shown on the Schedule Page) are the Policy Date and the Issue Date. Usually they are the same date.

The Policy Date is the starting point for determining premium due dates, Renewal Dates, and Policy Years. The first Renewal Date is one year after the Policy Date. The period from the Policy Date to the first Renewal Date, or from one Renewal Date to the next, is called a Policy Year. A Policy Year does not include the Renewal Date at the end of the year.

This policy is issued for an initial term of one Policy Year. It may be renewed for additional terms of one Policy Year while the Insured is alive. We discuss renewal in Part 4.

The Issue Date is used to determine the start of the suicide and contestability periods. We discuss contestability and suicide below. The Issue Date will be earlier than the Policy Date only if this policy includes a rider which provides temporary term life insurance for a period before the Policy Date.

DUPLICATE

Policy a Legal Contract

This policy is a legal contract between you and us. The entire contract consists of the application and the policy, which includes any attached riders. We have issued this policy in return for the application and the payment of premiums. Any change or waiver of its terms must be in writing and signed by our President, a Vice President, our Secretary, or an Assistant Secretary to be effective.

Limits on Our Right to Contest This Policy

We rely on all statements made by or for the Insured in the written application. These statements are considered to be representations and not warranties. We can contest the validity of this policy for any material misrepresentation of a fact. To do so, however, the misrepresentation must be contained in the written application and a copy of the application must be attached to this policy when it is issued.

We cannot contest the validity of this policy, except for failure to pay premiums, after it has been in force during the lifetime of the Insured for two years from its Issue Date.

Suicide Exclusion

If within two years from the Issue Date the Insured dies by suicide, whether sane or insane, the amount we pay will be limited to the premiums paid less any policy debt.

Misstatement of Age or Sex

If the date of birth or the sex of the Insured has been misstated in the application, we will adjust the benefits under this policy. If the benefits purchased by the premiums paid would have been lower at the correct age and sex, we will reduce this policy to provide such lower benefits. If the premiums for this policy would have been lower at the correct age and sex, we will provide the benefits under this policy and will refund the extra premiums to the Owner.

Meaning of In Full Force, Lapse, and In Force

This policy will be "in full force" from the Issue Date, provided the first premium due is paid while the Insured is alive. It will continue "in full force" as long as all premiums are paid when due. We discuss premium due dates in Part 3. It also continues in full force for 31 days after the due date of an unpaid premium. If the unpaid premium is not paid by then, this policy will "lapse" as of that due date. Then, it will no longer be in full force.

Lapse is not necessarily the same as termination. When a policy lapses, the insurance may terminate or it may continue for a limited time or amount. If insurance continues after lapse, we say that the policy remains "in force," but no longer in full force. We discuss lapse in Part 5.

Home Office and Business Office

We are chartered by the State of Minnesota and have a legal office, known as our Home Office, in Minneapolis, Minnesota. Our operations are conducted at our Business Office, 205 East Wisconsin Avenue, Milwaukee, Wisconsin. Our mail address is P.O. Box 2016, Milwaukee, Wisconsin 53201-9757.

Part 2. Ownership

Rights of Owner

While the Insured is living, you may exercise all rights given by this policy or allowed by us. These rights include assigning this policy,

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changing Beneficiaries, changing ownership, enjoying all policy benefits and exercising all policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any policy right except the right to:

- Change the frequency of premium payments.
- Change between regular premiums and alternate premium plans.
- Change the renewal option.
- Borrow on this policy to pay a premium on this policy.
- Reinstate this policy after lapse.

Assigning This Policy

This policy may be assigned. But for any assignment to be binding on us, we must receive a signed copy of it at our Business Office. We will not be responsible for the validity of any assignment.

Once we receive a signed copy, your rights and the interest of any Beneficiary or any other person will be subject to the assignment. An assignment is subject to any policy debt. We discuss policy debt in Part 7.

Changing the Owner or Beneficiary

The Owner or any Beneficiary may be changed during the Insured's lifetime. We do not limit the number of changes that may be made. To make a change, a written request, satisfactory to us, must be received at our Business Office. The change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or other action we took before receiving the request.

Part 3. Premium Payments

When Premiums Are Due

Premiums are the payments needed to keep this policy in full force. Premiums for each Policy Year are payable in advance during the Insured's lifetime until the end of the Policy Year. The first premium is due on the Policy Date. The first premium for a renewal Policy Year is due on the Renewal Date. Each subsequent premium is due when the period covered by the preceding premium ends. Each premium is due on the same day of the month as the day shown in the Policy Date.

Regular Premium Payments

Regular premiums may be paid annually, semiannually, quarterly or monthly. The frequency of payments may be changed by giving us advance written notice. A change may also be made as of any premium due date, without notice, by paying the regular premium for the frequency wanted. However, no premium may be paid for a period beyond the next Renewal Date. Our consent is needed if any change will result in a regular premium of less than \$20.

A semiannual premium is \$0.22 plus 51.5% of the annual premium. A quarterly premium is \$0.52 plus 26.5% of the annual premium. A monthly premium is \$0.70 plus 9% of the annual premium.

Alternate Premium Plans

We provide a number of alternate premium plans. These include a pre-authorized check payment plan. These plans are governed by the rules and rates we set. Our consent is needed to participate in any available plan.

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If an alternate premium plan is terminated, regular monthly premiums will then be payable.

Grace Period

After the first premium has been paid for any Policy Year, we allow a 31 day grace period to pay each following premium. This means that each premium after the first can be paid within 31 days after its due date. During this grace period the policy remains in full force. If a premium is not paid by the end of this grace period, the policy will lapse as of the premium due date. We discuss lapse in Part 5.

Premiums for Renewal Policy Years

Premiums for the first Policy Year are shown on the Schedule Page. The premiums for a renewal Policy Year may differ from the premiums for the prior Policy Year. We discuss your Renewal Options in Part 4. The way we compute renewal premiums for the policy, excluding any attached rider, is described in Part 10. The premium for continuing any rider is shown on the Schedule Page. We will notify you of the renewal premiums before each Renewal Date.

Where to Pay Premiums

Each premium after the first one is payable at our Business Office. A receipt for premium payments signed by one of our officers will be given upon request.

Part 4. Renewal Options

Right to Renew

If this policy is in full force on a Renewal Date, it may be renewed for an additional Policy Year by paying a renewal premium. Payment must be made within 31 days of the Renewal Date. If the Insured dies within that 31 day period, this policy will be renewed automatically, but a renewal premium at the regular monthly frequency will be deducted from the death benefit.

The benefits and premiums for a renewal Policy Year may change from those in the prior term. They will depend on the Renewal Option selected. Renewal Options are discussed below. Also, we may use a rate basis which is more favorable to you than the rate basis we guarantee in this policy. Rate bases, and the way we compute renewal benefits and premiums, are discussed in Part 10.

Endowment Benefit

An Endowment Benefit will be payable at the end of the Policy Year. If the policy is not renewed, the Endowment Benefit, less any policy debt, will be paid in one sum to the Owner.

If the policy is renewed, the Endowment Benefit will not be paid, but a new Endowment Benefit will be payable at the end of the new Policy Year. The Endowment Benefit for the first Policy Year is shown on the Schedule Page. Our procedure for computing the Endowment Benefit for renewal Policy Years is discussed in Part 10. We will notify you of the renewal Endowment Benefit before each Renewal Date.

Electing a Renewal Option

You may choose a Renewal Option by notifying us in writing while the insured is alive and not later than 31 days after the Renewal Date. Any option you choose will apply until another option is elected. If no option has been chosen, Option B will apply.

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Amount at Risk

In discussing Options D, E and F, we use the phrase "amount at risk." The amount at risk for a Policy Year is the Sum Insured less the Endowment Benefit.

Option A

Minimum Premium Option. The Sum Insured for the new Policy Year will be the prior Sum Insured less any policy debt repaid from the Endowment Benefit. However, the new Sum Insured will not be less than the Endowment Benefit at the end of the new Policy Year. The premium for the new Policy Year will be the smallest level premium which would permit the policy to be renewed for the new Sum Insured for the life of the Insured. In computing this premium, we will assume that the rate basis used for the renewal Policy Year will also be used for future renewal Policy Years.

Option B

Guaranteed Premium Option. The Sum Insured for the new Policy Year will be the prior Sum Insured less any policy debt repaid from the Endowment Benefit. However, the new Sum Insured will not be less than the Endowment Benefit at the end of the new Policy Year. The premium for the new Policy Year will be the smallest level premium which would permit the policy to be renewed for the new Sum Insured for the life of the Insured. In computing this premium, we will assume that the guaranteed rate basis will be used for future renewal Policy Years.

Option C

Specified Premium Option. The premium for the new Policy Year may be any amount you select, but not less than the premium required under Option A. The Sum Insured for the new Policy Year will be the prior Sum Insured less any policy debt repaid from the Endowment Benefit. The new Sum Insured will not be less than the Endowment Benefit at the end of the new Policy Year, however.

Option D

Increasing Benefit Option. The Sum Insured for the new Policy Year will be changed so that the amount at risk for the new Policy Year will be the amount at risk for the prior Policy Year. The premium for the new Policy Year will be the smallest level premium which would permit the policy to be renewed for the new Sum Insured for the life of the Insured. In computing this premium, we will assume that the rate basis used for the renewal Policy Year will also be used for future renewal Policy Years.

Option E

Extra Premium Option. The premium for the new Policy Year may be any amount you select, but not less than the premium required under Option D. The Sum Insured for the new Policy Year will be changed so that the amount at risk for the new Policy Year will be the amount at risk for the prior Policy Year.

Option F

Change in Benefit Option. The Sum Insured may be changed to any amount you select. The premium for the new Policy Year may be any amount you select, but not less than the premium required under Option A for the new Sum Insured. When this option is chosen, you may also specify changes to be made on later Renewal Dates. Any change which would increase the amount at risk may be made only with our consent, however. We may require a written application, giving evidence of insurability of the Insured, to increase the amount at risk. If an application is required, we will have the same rights to contest the validity of the in-

crease, or to limit the amount of the increase we will pay in the event of suicide, as if we had issued a separate policy for the increase in the amount at risk.

Annual Report

Before each Renewal Date while this policy is in full force, we will give you an Annual Report for this policy. This report will show the following items:

- The Sum Insured, Endowment Benefit and premium for the current Policy Year.
- The Renewal Option in effect and the Sum Insured, Endowment Benefit and premium for the next Policy Year under this option.
- Any policy debt as of the date the report is prepared.
- The minimum level renewal premium under our current rate basis (Option A) and under the guaranteed rate basis (Option B).
- Any change in our current rate basis for the next Policy Year, and its effect on values for the next Policy Year.

Illustrations

This policy includes a Table of Illustrative Values. The Table follows the Schedule Page. It is based on the Renewal Option in effect when this policy was issued. The Table shows values which would apply if the guaranteed rate basis were used for all renewal Policy Years. If you pay the premiums shown in this Table and do not change the Sum Insured, then the actual policy values will be at least as large as those shown in the Table. If you choose to pay smaller premiums, however, then the policy values may be smaller than those illustrated.

Upon request, we will provide an illustration as of the next Renewal Date of future premiums, Sums Insured and Endowment Benefits under any Renewal Option.

Part 5. Lapse and Reinstatement

What Happens if This Policy Lapses

If any premium is not paid within 31 days after its due date, this policy will lapse as of the due date of that premium. We call this premium due date the date of lapse.

Several things can occur when this policy lapses. First, this policy is no longer "in full force." If there is no cash surrender value as of the date of lapse, the insurance will terminate. But if there is a cash surrender value, it will automatically be used as a net single premium at the attained age of the Insured to provide either extended term insurance or paid-up life insurance and the policy will continue "in force."

These two types of insurance are explained below. Either will begin as of the date of lapse.

Extended Term Insurance

This is a level amount of insurance for a limited period of time. The amount of insurance is the Sum Insured on the date of lapse less any policy debt. The cash surrender value on the date of lapse determines the period of time that extended term insurance will be provided. The insurance terminates at the end of this period.

Paid-Up Life Insurance

This is a level amount of insurance for the lifetime of the Insured. The cash surrender value on the date of lapse determines the amount of paid-up life insurance that will be provided. The amount of paid-up life insurance may not exceed the Sum Insured on the date of lapse less any policy debt, however. If the cash surrender value is larger than the value of the maximum paid-up life insurance, then the paid-up insurance will be endowment insurance for the maximum amount.

Which Type of Insurance Applies

We automatically provide extended term insurance. But in the following situations, we provide paid-up life insurance instead:

- The amount of paid-up life insurance equals or is more than the amount of extended term insurance that would be provided, or
- The amount of paid-up life insurance is at least \$1,000 and a written request for paid-up life insurance is received at our Business Office before the end of 62 days after the date of lapse, or
- This policy is in a special premium class. The policy is in a special premium class only if shown on the Schedule Page.

If paid-up life insurance is requested and the Insured dies within 62 days after the date of lapse, we will provide extended term insurance if it provides a larger death benefit on the date of death. But, this will happen only if the extended term insurance could have been elected on the date of lapse.

Riders Not Included

Extended term insurance and paid-up life insurance benefits do not apply to any rider attached to this policy, unless specifically provided in that rider.

Policy Rights After Lapse

While this policy is in force as extended term insurance or paid-up life insurance, all the rights granted by it are still available, unless this policy states otherwise.

Reinstatement

After this policy has lapsed, it may be reinstated — that is, put back in full force. However, the policy cannot be reinstated if it has been surrendered for its cash surrender value. Reinstatement must be made within five years after the date of lapse and during the Insured's lifetime. Also, all policy debt must be repaid or reinstated with interest, from the date of lapse to the date of reinstatement. Interest will be at the rate used for policy loans. Further requirements depend on when this policy is reinstated.

Prompt Reinstatement — This is reinstatement within 62 days after the date of lapse. Evidence of insurability is not required. All overdue premiums must be paid.

Later Reinstatement — This is reinstatement more than 62 days after the date of lapse. Evidence of insurability satisfactory to us is required. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be at the rate used for policy loans.

Part 6. Policy Loans

Right to Make Loans

After the first Policy Year, loans can be made on this policy at any time while it is in full force. Loans can also be made if it is in force after lapse as paid-up insurance. However, the policy must be properly assigned to us before any loan is made. No other collateral is needed. We may delay granting any loan for up to six months, except for a loan to pay premiums on this policy or any other policy we issue. We refer to all outstanding loans less unearned interest as "policy debt."

Maximum Loan Available

The maximum policy loan is an amount equal to the cash surrender value on the next Renewal Date less any premiums due before then. Any amount due us on the date of the loan will be subtracted from the loan. Interest due on the loan will also be subtracted. We will pay the balance.

Interest

The interest rate for loans is stated on the Schedule Page. Interest to the next Renewal Date is due in advance when a loan is made. If interest is not paid when due, it will be added to the policy debt and will bear interest at the same rate.

If any policy debt is repaid, any unearned interest on the amount repaid will be credited to the loan amount. Any unearned interest will be added to the death benefit if the Insured dies. It will be added to the cash surrender value if the policy is surrendered or lapses.

Repayment

Policy debt may be repaid anytime while this policy is in force. It may not be repaid after the Insured dies. If there is any policy debt on a Renewal Date, it will be repaid out of the Endowment Benefit. In lieu of this automatic repayment, any policy debt outstanding on a Renewal Date may be repaid in cash within 31 days after the Renewal Date, but interest must be paid to the date of repayment. If this is done, we will calculate the benefits and premiums for the next Policy Year as if repayment had been made on the Renewal Date.

Policy Debt Limit

Policy debt may not equal or exceed the policy value. If this limit is reached, we can terminate this policy. To terminate for this reason we must mail written notice to the Owner and any assignee shown on our records at their last known addresses. This notice will state an amount that will bring the policy debt back within the limit. If we do not receive payment within 31 days after the date we mailed the notice, this policy will terminate at the end of those 31 days.

Part 7. Cash Surrender

Right to Surrender

This policy may be surrendered for its cash surrender value any time before the Insured dies. Surrender will be effective on the date we receive this policy and a written surrender request, satisfactory to us, at our Business Office. A later effective date may be elected in the surrender request.

Policy Value

The policy value on any Renewal Date is the Endowment Benefit if the policy is in full force. The policy value on the first Renewal Date is shown

on the Schedule Page. The policy value on any later Renewal Date will depend on the renewal option elected. This is discussed in Part 4.

The policy value can be computed at any time during a Policy Year. In that case allowance will be made for the period of time since the last Renewal Date and for any premiums paid for any part of that Policy Year.

If this policy is in force after lapse, the policy value at any time is the reserve for the insurance provided. See "Part 10. Basis of Computations."

Cash Surrender Value

The cash surrender value is the policy value less any policy debt.

We compute all the amounts that go into the cash surrender value as of the effective date of surrender. However, in two situations the policy value is computed as of an earlier date. First, if this policy is surrendered within 62 days after the due date of an unpaid premium, the value will not be less than it was on that due date. Second, if the policy is surrendered within 30 days after a Renewal Date while extended term insurance or paid-up life insurance is in effect, the value will not be less than it was on that Renewal Date. We use these earlier dates only if a higher cash surrender value results.

How We Pay

The cash surrender value may be paid in one sum, or it may be applied under any payment option elected. See "Part 9. Payment of Policy Proceeds." We may delay paying the cash surrender value for up to six months from the date the request and this policy are received at our Business Office. If payment is delayed for 30 days or more, we will add interest to it. The amount of interest will be the same as would be paid under Option 4 of the payment options for that period of time.

Part 8. The Death Benefit

Amount of the Death Benefit

The death benefit is the amount of money we will pay when due proof of the Insured's death is received at our Business Office. The amount of the death benefit will be determined as of the date of death. Any amounts paid to us after that date will be refunded. Any payments made by us after that date will be deducted from the death benefit.

If the Insured dies while this policy is in full force, the basic death benefit is the Sum Insured for the Policy Year in which death occurred. If the Insured dies while this policy is in force after lapse, the basic death benefit will be the amount of extended term insurance or paid-up life insurance. The death benefit is the basic death benefit with certain additions and deductions. We add the part of any premium paid for a period beyond the Policy Month of death. We deduct any policy debt. We also deduct a premium on the regular monthly frequency, if death occurs within 31 days of the due date of an unpaid premium.

Interest on the Death Benefit

If the death benefit is paid in one sum, we will add interest from the date of death to the date of payment. The amount of interest will be the same as would be paid under Option 4 of the payment options for that period of time. See "Part 9. Payment of Policy Proceeds" for a description of Option 4.

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If the death benefit is applied under a payment option, interest will be paid from the date of death to the effective date of that option. It will be paid in one sum to the Beneficiary living on that effective date. The amount of interest will be the same as would be paid under Option 4 for that period of time.

Part 9. Payment of Policy Proceeds

Availability of Options

The proceeds of this policy will be paid in one sum unless otherwise provided. As an alternative to payment in one sum, all or part of the proceeds may be applied under a payment option. However, our consent is required for the election of a payment option by a fiduciary or any entity other than a natural person. If this policy is assigned, any amount due to the assignee will be paid in one sum. The balance, if any, may be applied under any payment option.

Electing a Payment Option

To elect any option, we require that a written request, satisfactory to us, be received at our Business Office. You may elect an option during the Insured's lifetime. If the death benefit is payable in one sum when the Insured dies, the Beneficiary may elect an option. The Beneficiary must make this choice before we have paid the proceeds and within three months after we receive due proof of the Insured's death.

Unless we agree otherwise when the option is elected, all payments under any option chosen will be made to the designated payee or to his or her executor or administrator. We may require proof of age of any person or persons on whose life payments depend as well as proof of the continued survival of any such person(s).

Minimum Amounts

If the amount to be applied under any option for any payee is less than \$5,000, we may pay that amount in one sum instead. If the payments to any person under any option come to less than \$50 each, we have the right to make payments at less frequent intervals.

Description of Options

This section provides a brief description of the various payment options that are available. Any other payment option agreed to by us may be elected. The payment options are described in terms of monthly payments. Annual, semiannual, or quarterly payments may be requested instead. The amount of these payments will be determined in a way which is consistent with monthly payments and will be quoted on request.

At the end of this Part you will find tables illustrating the guaranteed monthly payment provided by several of the options described in this section. The amounts shown for Option 1, Option 2 and Option 5 are the minimum monthly payments for each \$1,000 applied. The actual payments will be based on the monthly payment rates we are using when the first payment is due. They will not be less than those shown in the tables.

Option 1
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Fixed Time Payment Option. Equal monthly payments will be made for

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any period selected, up to 30 years. The amount of each payment depends on the total amount applied, the period selected and the monthly payment rates we are using when the first payment is due. The rate of any payment will not be less than shown in Payment Option Table 1.

Option 2

Lifetime Payment Option. Equal monthly payments are based on the life of a named person. Payments will continue for the lifetime of that person. The variations are:

Payments guaranteed for 10 or 20 years. Payments stop at the end of the selected guaranteed period or when the named person dies, whichever is later.

Payments guaranteed for amount applied. Payments stop when they equal the amount applied or when the named person dies, whichever is later.

The amount of each payment depends on the total amount applied, the variation selected, the age and sex of the named person and the monthly payment rates we are using when the first payment is due. The rate of any payment will not be less than shown in Payment Option Table 2.

Option 3

Fixed Amount Payment Option. Each monthly payment will be for an agreed fixed amount. The amount of each payment may not be less than \$15 for each \$1,000 applied. Interest will be credited each month on the unpaid balance and added to it. This interest will be at a rate determined by us, but not less than the equivalent of 4% per year. We may change the rate from time to time, but not more than once per year. Payments continue until the amount we hold runs out. The last payment will be for the balance only.

Option 4

Interest Payment Option. We will hold any amount applied under this option. Interest on the unpaid balance will be paid each month at a rate determined by us. This rate will be not less than the equivalent of 4% per year. We may change the rate from time to time, but not more than once per year. Upon death of the payee, we will pay the amount held by us along with any accrued and unpaid interest.

Option 5

Joint Lifetime Payment Option With Reduced Payments. Monthly payments are based on the lives of two named persons. Payments will continue while both are living. When one dies, payments are reduced by one-third and will continue for the lifetime of the other. Payments stop when both persons have died.

The amount of each payment depends on the total amount applied, the ages and sexes of the named persons and the monthly payment rates we are using when the first payment is due. The rate of any payment will not be less than shown in Payment Option Table 3.

Option 6

Single Premium Life Annuity Purchase Option. Any single premium immediate life annuity being issued by us on the effective date of the option may be purchased at a reduced premium rate. The premium rate for the annuity will be 4% less than our then published premium rate.

DUPLICATE

**Effective Date and
Payment Dates**

The effective date of an option is the date the amount is applied under that option. For a death benefit, this is the date that due proof of the Insured's death is received at our Business Office. For the cash surrender value, it is the effective date of surrender.

The first payment is due on the effective date, except the first payment under Option 4 is due one month later. A later date for the first payment may be requested in the payment option election. All payment dates will fall on the same date of the month as the first one. No payment will become due until a payment date. No part payment will be made for any period shorter than the time between payment dates.

Withdrawals and Changes

If provided in the payment option election, all or part of the unpaid balance under Option 3 or 4 may be withdrawn or applied under any other option. If the cash surrender value is applied under either option, we may delay payment of any withdrawal for up to six months after the date of surrender. Interest at the rate in effect for Option 4 during this period will be paid on the amount withdrawn.

Payments under Options 1, 2 and 5 may not be anticipated, withdrawn before due, or applied under any other option.

Income Protection

To the extent permitted by law, each option payment and any withdrawal shall be free from legal process and the claim of any creditor of the person entitled to it. No option payment and no amount held under an option can be taken or assigned in advance of its payment date, unless the Owner's written consent is given before the Insured dies. This consent must be received at our Business Office.

Supplementary Contract

We will issue to the payee a supplementary contract stating the terms of settlement under the payment option elected.

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PAYMENT OPTION TABLES - Minimum Monthly Income Guaranteed Per \$1,000 of Proceeds

TABLE 1
INSTALLMENT PAYMENTS FOR A SPECIFIED PERIOD OF TIME

TABLE 2
LIFE INCOME PAYMENTS WITH INSTALLMENT PAYMENTS FOR A SPECIFIED PERIOD OF TIME

The amount of income is based on the sex and age last birthday of the payee on the due date of the first payment.

No. of Years	Monthly Pay (males)	No. of Years	Monthly Pay (males)	Age of Payee	PAYMENTS GUARANTEED FOR		Age of Payee	PAYMENTS GUARANTEED FOR		Age of Payee	PAYMENTS GUARANTEED FOR		Age of Payee	PAYMENTS GUARANTEED FOR		
					10 Years	20 Years		10 Years	20 Years		10 Years	20 Years		10 Years	20 Years	
1	84.84	16	7.00	0.6	3.54	3.47	36	4.22	4.00	4.17	3.98	61	6.14	5.67	5.45	5.24
2	43.75	17	6.71	0.7	3.55	3.48	37	4.26	4.03	4.20	4.01	62	6.27	5.74	5.50	5.31
3	29.40	18	6.44	0.8	3.56	3.49	38	4.31	4.07	4.24	4.04	63	6.41	5.86	5.56	5.38
4	22.47	19	6.21	0.9	3.57	3.50	39	4.35	4.10	4.28	4.07	64	6.55	6.00	5.61	5.44
5	18.32	20	6.00	1.0	3.58	3.51	40	4.40	4.14	4.32	4.11	65	6.70	6.14	5.85	5.51
6	15.56	21	5.81	1.1	3.60	3.52	41	4.45	4.18	4.37	4.14	66	6.85	6.29	5.71	5.57
7	13.59	22	5.64	1.2	3.61	3.53	42	4.51	4.22	4.41	4.18	67	7.01	6.45	5.75	5.63
8	12.12	23	5.49	1.3	3.62	3.54	43	4.57	4.27	4.46	4.22	68	7.17	6.62	5.79	5.69
9	10.97	24	5.35	1.4	3.64	3.55	44	4.63	4.32	4.50	4.26	69	7.34	6.80	5.83	5.74
10	10.06	25	5.22	1.5	3.65	3.57	45	4.69	4.36	4.55	4.31	70	7.51	6.98	5.87	5.78
11	9.31	26	5.10	1.6	3.67	3.58	46	4.76	4.42	4.60	4.35	71	7.69	7.16	5.89	5.82
12	8.69	27	5.00	1.7	3.69	3.59	47	4.83	4.47	4.65	4.40	72	7.87	7.37	5.92	5.86
13	8.17	28	4.90	1.8	3.71	3.61	48	4.90	4.53	4.70	4.44	73	8.05	7.58	5.94	5.89
14	7.72	29	4.80	1.9	3.72	3.62	49	4.97	4.59	4.76	4.49	74	8.23	7.78	5.96	5.91
15	7.34	30	4.72	2.0	3.74	3.64	50	5.05	4.65	4.81	4.55	75	8.41	7.99	5.97	5.93
Annual Payment is 11,787 times the monthly income																
Quarterly Payment is 2,950 times the monthly payment.																

TABLE 3
JOINT AND TWO THIRDS TO THE SURVIVOR LIFE PAYMENT

The amount of income is based on the sex and age last birthday of each of the payees on the due date of the first payment.

Age of Male Payee	AGE OF FEMALE PAYEE					Age of Male Payee	AGE OF FEMALE PAYEE					Age of Male Payee	AGE OF FEMALE PAYEE								
	50	55	60	70	85		50	55	60	70	85		50	55	60	70	85				
45	4.53	4.70	4.88	5.09	5.33	5.80	5.89	6.16	6.37	6.69	6.3	5.16	5.44	5.77	6.16	6.82	7.15	7.71	8.28	8.78	9.25
46	4.56	4.74	4.92	5.14	5.38	5.66	5.95	6.24	6.52	6.84	6.46	5.20	5.49	5.83	6.23	6.72	7.22	7.86	8.43	8.93	9.40
47	4.60	4.77	4.97	5.18	5.44	5.73	6.03	6.32	6.60	6.92	6.54	5.24	5.54	5.89	6.31	6.81	7.39	8.02	8.62	9.13	9.60
48	4.63	4.81	5.01	5.23	5.50	5.80	6.11	6.41	6.70	7.02	6.63	5.30	5.60	5.94	6.36	6.81	7.30	7.77	8.28	8.79	9.26
49	4.66	4.85	5.05	5.29	5.56	5.87	6.19	6.50	6.80	7.12	6.73	5.35	5.65	6.01	6.44	6.92	7.43	7.93	8.43	8.94	9.41
50	4.69	4.88	5.10	5.34	5.62	5.94	6.27	6.58	6.89	7.21	6.81	5.38	5.68	6.08	6.53	7.03	7.57	8.09	8.59	9.10	9.57
51	4.72	4.92	5.14	5.39	5.68	6.01	6.35	6.69	7.00	7.33	6.93	5.44	5.77	6.16	6.62	7.15	7.71	8.28	8.78	9.29	9.76
52	4.76	4.96	5.18	5.45	5.75	6.09	6.45	6.79	7.12	7.46	7.06	5.49	5.83	6.23	6.72	7.22	7.86	8.43	8.94	9.45	9.92
53	4.79	5.00	5.24	5.50	5.82	6.17	6.54	6.88	7.21	7.55	7.15	5.54	5.89	6.29	6.81	7.39	8.02	8.62	9.13	9.64	10.11
54	4.83	5.04	5.29	5.56	5.89	6.25	6.63	6.97	7.30	7.64	7.24	5.59	5.95	6.36	6.91	7.52	8.18	8.78	9.29	9.80	10.27
55	4.86	5.08	5.34	5.62	5.96	6.34	6.74	7.07	7.40	7.74	7.34	5.64	6.01	6.43	7.02	7.66	8.35	9.03	9.54	10.05	10.52
56	4.89	5.13	5.39	5.68	6.03	6.43	6.84	7.17	7.50	7.84	7.44	5.69	6.08	6.50	7.11	7.80	8.53	9.25	9.76	10.27	10.74

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Part 10. Basis of Our Computations

Guaranteed and Current Rate Basis

You determine both the Sum Insured and the premium for each renewal Policy Year when you choose the Renewal Option. (See Part 4.) From these, we calculate the Endowment Benefit for the new Policy Year. (See "Amount of Endowment Benefit" below). We call the combination of the mortality table, the interest rate and the expense charges used in this calculation our "rate basis." Our "guaranteed rate basis" consists of the actuarial assumptions set out below and an expense charge equal to the factor times the annual mode premium. This expense charge factor is stated on the Schedule Page. This rate basis cannot be changed.

Our "current rate basis" is a different combination of mortality table, interest rate and expense charges which we use for policies of this class. We may change our current rate basis from time to time. Any change will take effect on the next Renewal Date. We will change our current rate basis only to reflect changes in expected future mortality experience, interest return and level of expenses for policies of this class. We will not change our current rate basis to reflect past profits or losses. Our current rate basis will not be affected by any adverse change in the risk class of the insured.

When this policy is renewed, we will use our current rate basis to calculate the Endowment Benefit for the new Policy Year if this will give you a larger Endowment Benefit. In this case, the larger Endowment Benefit will be guaranteed for the new Policy Year and all calculations of the policy values during the year will be based on that Endowment Benefit. If our current rate basis is used to compute the Endowment Benefit for a Policy Year, we will also use this basis to compute the minimum premium needed to renew the policy. (See "Minimum Renewal Premium" below.)

Actuarial Assumptions

This section discusses the mortality and interest rates we use to compute benefits, premiums and reserves for this policy. Except as otherwise stated above, we use the Commissioners 1958 Standard Ordinary Mortality Table, an interest rate of 4½% per year and curtate functions. For extended term insurance calculations we use the Commissioners 1958 Extended Term Mortality Table. If the Insured is female, the mortality rates for ages 18 and older are the rates for a male 6 years younger. For females ages 12 through 17, we use the male mortality rate for age 12. Below age 12, the female mortality rates are the same as the male rates.

Special Premium Class

This policy is in a special premium class only if shown on the Schedule Page. While this policy is in a special premium class, we will increase the mortality rates used in calculating the Endowment Benefits and the minimum premiums for renewal Policy Years. These increases in the mortality rates are guaranteed from the Issue Date and may not be increased thereafter. Upon request, we will furnish you with a copy of any special premium class mortality rate increases used for this policy.

Amount of Endowment Benefit

The Endowment Benefit for the first Policy Year is shown on the Schedule Page.

The Endowment Benefit for any renewal Policy Year is calculated as follows. We take the annual mode premium elected for the new Policy Year. We deduct the expense charge from this premium. We add the Endowment Benefit for the prior Policy Year. We deduct any portion of the prior Endowment Benefit used to repay policy debt on the Renewal Date. We deduct the one year term net single premium for the new Sum Insured. We divide the result by the net single premium for a one year pure endowment of one. The quotient is the Endowment Benefit at the end of the new Policy Year.

Minimum Renewal

We take the present value at the attained age of the Insured for an amount of whole life insurance equal to the Sum Insured for the new Policy Year. We subtract the Endowment Benefit at the end of the prior Policy Year. We add any policy debt repaid from that Endowment Benefit. We divide by the present value at the attained age of the Insured of a life annuity due of one minus the expense charge factor per year. The minimum renewal premium is the quotient, but not less than zero.

Reserves and Policy Values

The reserve is the amount of money which, according to our assumptions, must be held and invested to provide future benefits guaranteed under this policy. The policy value is the cash surrender value if there is no policy debt. Reserves and policy values are always computed using the assumptions stated under "Actuarial Assumptions" above.

We have filed a detailed statement of the method we use to calculate reserves, policy values and paid-up insurance benefits with the state where this policy is delivered. All these values and benefits are not less than those required by the laws of that state.

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CURRENT VALUE LIFE

Life Insurance for an Initial Term
Renewable Annually during
Life of Insured

Cash Surrender Value

Options to Change Premiums and
Sum Insured

Premiums Payable during Life
of Insured

Nonparticipating

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY

Home Office: Minneapolis, Minnesota

Business Office: Milwaukee, Wisconsin

Please read your policy and the copy of your application which is attached. If there is any feature of the policy you do not understand, you should ask the agent who sold the policy or write us. Should you find any error or omission in your application, we urge you to write us, so that we may give immediate consideration to the error or omission.

When writing to our Business Office, please use the number of your policy.