

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

PAULETTE T. GLOVER and JOHN T.
WAREHIME, on behalf of themselves
and all others similarly situated,

Plaintiff,

v.

CONNECTICUT GENERAL LIFE
INSURANCE COMPANY; and THE
LINCOLN NATIONAL LIFE INSURANCE
COMPANY,

Defendants.

CIVIL ACTION NO. 3:16-cv-00827-MPS

March 8, 2024

THIRD AMENDED CLASS ACTION COMPLAINT

Plaintiffs Paulette T. Glover and John T. Warehime (“Plaintiffs”), individually and on behalf of all others similarly situated, for their Third Amended Class Action Complaint against Defendants Connecticut General Life Insurance Company (“Connecticut General”) and The Lincoln National Life Insurance Company (“Lincoln National”) (collectively “Defendants”), state and allege as follows:

1. This is a class action for breach of contract to recover amounts that Defendants charged Plaintiffs and the proposed class in excess of the amounts authorized by the express terms of their policies and by law. Plaintiffs’ breach of contract claims and those of the proposed class are exclusively supported by the explicit provisions of their life insurance policies, the terms of which are materially the same for all policyholders and not subject to individual negotiation, and are not derived from any alleged conversations had, or documents reviewed, at the time of sale.

2. The terms of Plaintiffs' life insurance policies, and the policies owned by the proposed class, provide for a "cash value" consisting of monies held in trust by Defendants for Plaintiffs and the class, and Defendants are contractually bound to deduct from the cash value only those charges that are explicitly identified and authorized by the policies' terms.

3. Despite unambiguous policy language in a fully integrated agreement, however, Defendants breached the policies by deducting charges from the cash values of Plaintiffs and the proposed class in excess of the amounts specifically permitted by their policies, and Defendants' breaches are continuing in nature.

4. Over time, these overcharges drain a policy's cash value – in other words, money that should be accumulating and growing the cash value of the policy is impermissibly diverted to the insurer's coffers. Every unauthorized dollar taken from policy owners is one less dollar that can be used to: invest through the policy; pay future premiums; increase the death benefit; use as collateral for policy loans; or withdraw as cash. As a result, many policy owners are left with a "lose-lose" decision: continue to pay the overcharges to maintain their insurance or surrender the policy after having paid significant premiums for decades. And, many who do surrender find themselves no longer insurable due to their advanced age or changed medical condition.

5. Plaintiffs bring this case as a class action under Fed. R. Civ. P. 23, on behalf of themselves and as representatives of the following persons (the "Class"):

All persons who own or owned a life insurance policy, that was active on or after May 27, 2010, and was issued or administered by either Defendant, or their predecessors in interest, the terms of which provide or provided for: 1) a cost of insurance charge calculated using a rate that is determined based on expectations as to future mortality experience; 2) additional but separate policy charges, deductions, or expenses; 3) an investment, interest-bearing, or savings component; and 4) a death benefit.

PARTIES

6. Plaintiff Glover is an individual who resides in Chicago, Illinois, and is a citizen of the State of Illinois. Plaintiff Warehime is an individual who resides in Potomac, Montana, and is a citizen of the State of Montana.

7. Defendant Connecticut General is a life insurance company organized and existing under the laws of the State of Connecticut, and maintains its principal place of business in Hartford, Connecticut. Defendant Connecticut General sold some or all of its individual life insurance and annuity business to Defendant Lincoln National in 1998.

8. Defendant Lincoln National is a life insurance company organized and existing under the laws of the State of Indiana and maintains its principal place of business in Fort Wayne, Indiana.

JURISDICTION AND VENUE

9. Jurisdiction is proper in this court pursuant to 28 U.S.C. § 1332(d)(2) because this is a class action with diversity of citizenship between parties where more than \$5,000,000 is at issue, exclusive of interest and costs.

10. Venue is proper in this Court pursuant to 28 U.S.C. § 1391 because a substantial portion of the events giving rise to the claims alleged herein occurred in this district.

GENERAL ALLEGATIONS

11. Plaintiff Glover purchased from Defendant Connecticut General a “Flexible Premium Adjustable Life Insurance Policy,” policy number 7051036, dated September 28, 1997, with an initial specified amount of \$100,000. Plaintiff Warehime purchased from Defendant Lincoln National an “Adjustable Life Policy,” policy number 815370, dated August 10, 1982, with an initial specified amount of \$50,000. A true and accurate copy of the “Glover Policy” and

“Warehime Policy” are attached hereto as Exhibit A and incorporated herein by reference (Plaintiffs’ policies are collectively referred to herein as the “Policies”).

12. Plaintiffs have always been both the “owner” of and the “insured” under the Policies.

13. Defendants are the effective and liable insurers of the Policies, and policies meeting the class definition (the “Class Policies”).

14. The Policies are legally enforceable contracts between Plaintiffs and Defendants.

15. The Policies and the applications for the Policies constitute the entire contract between the parties. Glover Policy, p. 16; Warehime Policy, “General Provisions.”

16. The terms of the Policies are materially the same and are not subject to individual negotiation. They cannot be altered by the representations of Defendants’ agents or representatives at the time of sale. *See* Glover Policy, Application, p. 4; Warehime Policy, Application.

17. Only an officer of Defendants can make or modify the Policies. *See* Glover Policy, p. 17 (“Only the President, Vice President, an Assistant Vice President, a Secretary, a Director or an Assistant Director of the Company may make or modify this policy.”); Warehime Policy, Application (“Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company may make a contract on its behalf. No waiver or modification of a contract provision or of any of the Company’s rights or requirements shall be binding upon the Company unless it is in writing signed by one of such officers.”).

18. Defendants administered and currently administer all aspects of the Policies and the Class Policies, including collecting premiums, and setting, assessing and deducting policy charges.

19. The Policies and Class Policies provide policy owners an investment, savings, or interest-bearing component (identified in the Policies as the “cash value”¹), in addition to a death benefit.

20. In general, the cash value of the Policy and Class Policies is the sum of premiums received and interest credited under the policy, less fees, charges and monthly deductions. Glover Policy, p. 9; Warehime Policy, “Cash Value” provision.

21. The funds held in the cash value of the Policies and Class Policies are policy owner property that Defendants hold in trust for Plaintiffs and the Class.

22. The Policies and Class Policies expressly define the specific charges that Defendants may assess against and deduct from a policyholder’s premium payments and cash value. Defendants may deduct only those charges allowed by the Policies and Class Policies.

23. The Policies authorize Defendants to take a “Monthly Deduction” from Plaintiffs’ cash values each month. Glover Policy, p. 14; Warehime Policy, “Monthly Deduction” provision.

24. The Policies provide that the amount of the Monthly Deduction includes a cost of insurance charge. Glover Policy, p. 14; Warehime Policy, “Monthly Deduction” provision.

25. The Policies define the cost of insurance. Glover Policy, p. 9; Warehime Policy, “Cost of Insurance” provision.

26. The Policies’ “Cost of Insurance” provisions expressly defines how the cost of insurance is determined and calculated: the cost of insurance for the insured is calculated as the result of multiplying the cost of insurance rate described in the Policies by the net amount at risk

¹ Although other Class Policies may refer to this component as the “accumulation value,” “account value,” or something similar, because the purpose is the same, it is referred to as the “cash value” for purposes of this Third Amended Class Action Complaint.

of the Policies (i.e., the difference between the death benefit divided by 1.0032737 and the cash value at the beginning of the policy month). Glover Policy, p. 15; Warehime Policy, “Cost of Insurance” provision.

27. The Policies’ “Cost of Insurance Rates” provisions explicitly disclose how Defendants will determine the monthly cost of insurance rates, and what Defendants may consider and use when doing so, that are used to calculate the cost of insurance charges that are deducted from the cash value each month. Specifically, the Policies provide that monthly cost of insurance rates will be determined by Defendants based on expectations as to future mortality experience. Glover Policy, p. 15; Warehime Policy, “Cost of Insurance Rates” provision.

28. Under the explicit terms of the Policies, therefore, Defendants are authorized to use only expectations as to future mortality experience when determining the monthly cost of insurance rates for the Policies.

29. Like the Policies, the Class Policies disclose similar deductions for cost of insurance charges—calculated using rates that Defendants must determine based on expectations as to future mortality experience—that Defendants are authorized to take from policy owners’ cash values each month.

30. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]²

31. Although the Policies and Class Policies require Defendants to determine monthly cost of insurance rates based on expectations as to future mortality experience, and despite Defendants' confirmation that monthly cost of insurance rates and charges should be tied to mortality, Defendants use other factors, not authorized by the Policies and Class Policies, when determining monthly cost of insurance rates and charges, including, without limitation, profit objectives and recovery of non-mortality related expenses.

32. Although the Policies and Class Policies require Defendants to determine monthly cost of insurance rates based on expectations as to future mortality experience, and despite Defendants' confirmation that monthly cost of insurance rates and charges should be tied to mortality, mortality factors are not even the principal factors Defendants use or consider when determining monthly cost of insurance rates.

[REDACTED]

[REDACTED]

[REDACTED]

² For ease of reference, rather than refile Exhibits B through K of the Second Amended Complaint, which Plaintiffs cite to again here, Plaintiffs reference those Exhibits as previously filed by applicable docket entry at Dkt. 190 – 204. Further, because the Court previously ordered certain of these Exhibits, and references thereto, be sealed (*see* Dkt. 150, 152, 197, and 210), Plaintiffs again redact certain citations herein and submit under seal consistent with those Orders.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

³ “COI” is a term commonly used in the insurance industry to refer to “cost of insurance.”

[Redacted text block]

⁴ [Redacted footnote text]



[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]

39. Mortality factors are not even the principal factors Defendants use or consider when determining monthly cost of insurance rates. The monthly cost of insurance rates for the Policies and Class Policies are not directly related or tethered to mortality. Defendants do not determine monthly cost of insurance rates based on expectations as to future mortality experience as required by the express terms of the Policies and Class Policies. As a result, the monthly cost of insurance rates significantly and substantially exceed those authorized, which results in the unlawful deduction of cost of insurance charges in amounts in excess of those expressly permitted.

40. The fact that Defendants do not determine monthly cost of insurance rates based on expectations as to future mortality experience is further shown through Defendants' failure to prospectively adjust monthly cost of insurance rates subsequent to initial pricing as expectations as to future mortality experience have changed and improved over time.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

46. Defendants have not adjusted monthly cost of insurance rates in accordance with improvements in expectations as to future mortality experience—the variable that monthly cost

of insurance rates must be “based on” under the express policy terms—for the Policies and Class Policies.

47. Because Defendants have not changed monthly cost of insurance rates in accordance with changes in expectations as to future mortality experience, such that monthly cost of insurance rates do not reflect those changes, Defendants failed to determine monthly cost of insurance rates “based on” expectations as to future mortality experience as required by the express terms of the Policies and Class Policies. *See Yue v. Conseco Life Ins. Co.*, 282 F.R.D. 469, 481 (C.D. Cal. 2012) (“...the phrase ‘based on’ means that there must be a significant relationship between a number and any change in a variable that number is ‘based on,’ particularly when only one variable is mentioned. If the variable changes one way and the number does not reflect that change ... the number is no longer ‘based on’ that variable ...”).

48. By failing to determine monthly cost of insurance rates based on expectations as to future mortality experience, Defendants knowingly cause those rates to be higher than explicitly authorized by the Policies and Class Policies and, as a result, Defendants withdraw cost of insurance charges from the cash values of Plaintiff and the Class in amounts greater than those authorized by the Policies and Class Policies.

49. By deducting cost of insurance charges using cost of insurance rates not based on expectations as to future mortality experience, Defendants repeatedly and continuously breach the Policies and Class Policies.

50. As a direct and proximate result of Defendants’ breaches, Plaintiffs and the Class have been damaged and those damages are continuing in nature in that Defendants have deducted and will deduct cost of insurance charges from the cash values of Plaintiffs and the Class in amounts not authorized by the Policies or Class Policies.

51. The nature of Defendants' conduct is such that Plaintiffs and each member of the Class would be unaware that Defendants were engaging in wrongdoing by taking inflated charges and improper amounts from cash values. Defendants possess the actuarial information and equations underlying the computation of rates and charges for the Policies and Class Policies. The monthly cost of insurance rates actually used to calculate the cost of insurance charges are not disclosed to policy owners, nor are the components or factors that comprise those rates, or the weighting of such factors. Even if they were, Plaintiffs and the Class would lack the knowledge, experience, and training to reasonably ascertain how Defendants calculated the rates and charges.

52. Defendants were aware of their non-disclosure because of their superior knowledge of the aforementioned computations. Defendants sent Plaintiffs annual statements each year that identified each month's cost of insurance charge while affirmatively concealing the factors Defendants used to calculate the cost of insurance charge and how those factors were considered. Concealment of their conduct and failure to disclose their conduct to Plaintiffs and the Class constitutes fraudulent concealment and therefore tolls the statute of limitations for Plaintiffs and the Class. Plaintiffs did not learn of Defendants' breaches of the Policies supporting Plaintiffs' claims until they engaged counsel, who consulted an actuarial expert. Plaintiffs were not at fault for failing to discover the breaches and had no actual or presumptive knowledge of the breaches.

53. Plaintiffs did not learn that Defendants were breaching the Policies because the facts showing the breaches were not reasonably discoverable by Plaintiffs nor was the harm that was caused by Defendants' breaches.

CLASS ALLEGATIONS

54. Plaintiffs bring this case as a class action under Fed. R. Civ. P. 23 on behalf of themselves and as a representatives of the following Class:

All persons who own or owned a life insurance policy, that was active on or after May 27, 2010, and was issued or administered by either Defendant, or their predecessors in interest, the terms of which provide or provided for: 1) a cost of insurance charge calculated using a rate that is determined based on expectations as to future mortality experience; 2) additional but separate policy charges, deductions, or expenses; 3) an investment, interest-bearing, or savings component; and 4) a death benefit.

Excluded from the Class are the Defendants; any entity in which the Defendants have a controlling interest; any corporate officers or directors of Defendants; the legal representatives, heirs, successors, and assigns of the Defendants; anyone employed with Plaintiffs' law firms; and any Judge to whom this case is assigned, and his or her immediate family.

55. Plaintiffs' claims satisfy the numerosity, commonality, typicality, adequacy, and superiority requirements of a class action under Fed. R. Civ. P. 23, as set forth more fully herein.

56. The persons who fall within the Class number in the thousands, and thus the numerosity standard is satisfied. Because Class members are geographically dispersed across the country, joinder of all Class members in a single action is impracticable. Class members may be informed of the pendency of this class action through direct mail.

57. There are questions of fact and law common to the Class that predominate over any questions affecting only individual members. The questions of law and fact common to the Class arising from Defendants' actions include, without limitation, the following:

- a. Whether Defendants are permitted by the Class Policies to use factors other than those disclosed in the Class Policies to determine the monthly cost of insurance rates used to calculate insurance policy deductions;
- b. Whether Defendants used factors not specified in the Class Policies when determining the monthly cost of insurance rates used to calculate cost of insurance charges or deductions;

- c. Whether Defendants added or included factors not specified in the Class Policies when determining the monthly cost of insurance rates used to calculate cost of insurance charges or deductions;
- d. Whether Defendants added or included factors unrelated to mortality expectations in setting and determining rates that the Class Policies provide are based on expectations as to future mortality experience and no other disclosed factors;
- e. Whether expectations as to future mortality experience is the principal factor Defendants use and consider when determining monthly cost of insurance rates for the Class Policies;
- f. Whether Defendants determine monthly cost of insurance rates for the Class Policies based on expectations as to future mortality experience;
- g. Whether Defendants charged amounts in excess of those specifically authorized by the Class Policies;
- h. Whether Defendants breached the terms of the Class Policies;
- i. Whether the Class sustained damages as a result of Defendants' breaches of contract;
- j. Whether the Class is entitled to damages, restitution, and/or other equitable relief as a remedy for Defendants' breaches of contract;
- k. Whether the Class, or some subset of the Class, is entitled to injunctive relief enjoining Defendants from taking deductions from cash values in excess of those permitted by the terms of the Class Policies in the future; and
- l. Whether the Class, or some subset of the Class, is entitled to declaratory relief stating the proper construction and/or interpretation of the Class Policies.

58. The questions set forth above predominate over any questions affecting only individual persons, and a class action is superior with respect to considerations of consistency, economy, efficiency, fairness, and equity to other available methods for the fair and efficient adjudication of the claims asserted herein.

59. Plaintiffs' claims are typical of those of the Class in that Class members purchased policies containing the same or similar limitations on the amounts that Defendants could charge policyholders under the express terms of the Policies and Class Policies.

60. A class action is the appropriate method for the fair and efficient adjudication of this controversy. Defendants have acted or refused to act on grounds generally applicable to the Class. The presentation of separate actions by individual Class members would create a risk of inconsistent and varying adjudications, establish incompatible standards of conduct for Defendants, and/or substantially impair or impede the ability of Class members to protect their interests.

61. Plaintiffs are adequate representatives of the Class because they are members of the Class and their interests do not conflict with the interests of those they seek to represent. The interests of the Class members will be fairly and adequately protected by Plaintiffs and their counsel, who have extensive experience prosecuting complex class litigation.

62. Maintenance of this action as a class action is a fair and efficient method for adjudicating this controversy. It would be impracticable and undesirable for each member of the Class who suffered harm to bring a separate action. In addition, the maintenance of separate actions would place a substantial and unnecessary burden on the courts and could result in inconsistent adjudications, while a single class action can determine, with judicial economy, the rights of all Class members.

COUNT I: BREACH OF CONTRACT
(Cost of Insurance Charge)

63. Plaintiffs incorporate and restate by reference all of the preceding allegations as though fully set forth herein.

64. Plaintiffs and the Class purchased life insurance policies—the Policies and Class Policies—from Defendants.

65. The Policies and Class Policies are valid and enforceable contracts between Plaintiffs and the Class on the one hand, and Defendants on the other.

66. Plaintiffs and the Class substantially performed their obligations under the terms of the Policies and Class Policies.

67. By including unauthorized factors in monthly cost of insurance rates, Defendants knowingly cause those rates to be higher than what is explicitly authorized by the Policies and Class Policies.

68. By using unauthorized factors, including, without limitation, profit objectives and expense recovery, as the principal factors when determining monthly cost of insurance rates, Defendants knowingly cause those rates to be higher than what is explicitly authorized by the Policy and Class Policies.

69. Because Defendants calculate cost of insurance charges using monthly cost of insurance rates that are higher than those authorized by the Policies and Class Policies, Defendants have deducted and will deduct cost of insurance charges from the cash values of Plaintiffs and the Class in amounts greater than those authorized by their policies.

70. Defendants' practice of deducting charges in amounts not authorized by the Policies and Class Policies constitutes breaches of the policies.

71. As a direct and proximate result of Defendants' breaches, Plaintiffs and the Class have been damaged, and these damages are continuing in nature.

COUNT II: BREACH OF CONTRACT
(Improving Mortality Expectations)

72. Plaintiffs incorporate and restate by reference all of the preceding allegations as though fully set forth herein.

73. The Policies and Class Policies require Defendants to determine monthly cost of insurance rates based on expectations as to future mortality experience.

74. Although expectations as to future mortality experience have generally improved because people are living longer today than when the Policies and Class Policies were initially priced, Defendants have failed to lower monthly cost of insurance rates for the Policies and Class Policies.

75. Defendants' failure to lower these rates even though expectations of future mortality experience improved constitutes a breach of the Policies and Class Policies.

76. As a direct and proximate result of Defendants' breaches, Plaintiffs and the Class have been damaged and those damages are continuing in nature.

COUNT III: DECLARATORY AND INJUNCTIVE RELIEF

77. Plaintiffs incorporate and restate by reference all of the preceding allegations as though fully set forth herein.

78. An actual controversy has arisen and now exists between Plaintiffs and the Class, on the one hand, and Defendants, on the other, concerning the respective rights and duties of the parties under the Policies and Class Policies.

79. Plaintiffs contend that Defendants breach the Policies and Class Policies in the following respects:

- a. By failing to determine the monthly cost of insurance rates under the Policies and Class Policies based on expectations as to future mortality experience, Defendants impermissibly increased monthly cost of insurance rates for the Policies and Class Policies and, as a result, withdrew cost of insurance charges from the cash values of Plaintiffs and the Class in amounts greater than those authorized by the Policies and Class Policies; and,
- b. By failing to reduce monthly cost of insurance rates even though expectations as to future mortality experience have improved.

80. Plaintiffs therefore seek a declaration of the parties' respective rights and duties under the Policies and Class Policies and request the Court to declare the aforementioned

conduct of Defendants as unlawful and in material breach of the Policies and Class Policies so that future controversies may be avoided.

81. Pursuant to a declaration of the parties' respective rights and duties under the Policies and Class Policies, Plaintiffs further seek an injunction temporarily, preliminarily, and permanently enjoining Defendants from continuing to collect unlawfully inflated charges in violation of the Policies and Class Policies.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs, individually and on behalf of all others similarly situated, request relief as follows: an order certifying this case as a class action under Fed. R. Civ. P. 23; compensatory damages in an amount to be proven at trial; costs; pre- and post-judgment interest at the maximum rate allowed by law; a declaration that Defendants' ongoing conduct asserted herein is in material breach of the Policies and Class Policies; injunctive relief; and such other legal and equitable relief as the Court deems proper.

DEMAND FOR JURY TRIAL

Plaintiffs hereby request a trial by jury of all issues so triable.

Signed at Hartford, Connecticut this 8th day of March, 2024.

Respectfully submitted,

MADSEN PRESTLEY & PARENTEAU, LLC

/s/ William G. Madsen

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ATTORNEYS FOR PLAINTIFFS

CERTIFICATE OF SERVICE

I hereby certify that on March 8, 2024, I filed the foregoing document via the Court's ECF system, which will cause a true and correct copy of the same to be served electronically on all ECF-registered counsel of record.

/s/ William G. Madsen

*Attorney for Plaintiffs and the Putative Settlement
Class*

EXHIBIT A

YOUR CONTRACT

*Quality Coverage From
Connecticut General*



**CIGNA Individual
Insurance**

Insured PAULETTE T GLOVER

7051036 Policy Number

Initial Specified Amount \$100,000

SEPTEMBER 28, 1997 Date of Issue

Connecticut General Life Insurance Company

A Stock Company

Mailing Address: Hartford, Connecticut 06152

Home Office Location: 900 Cottage Grove Road
Bloomfield, CT

The Company agrees to pay the death benefit to the Beneficiary upon receipt of due proof of the Insured's death during the continuance of the policy. Such payment shall be made as provided under the "Payment of Proceeds" provision. The Company further agrees to pay the surrender value to the Owner upon surrender of the policy.

Right to Examine Policy. The policy may be returned to the insurance agent through whom it was purchased or to the Company within 10 days after its receipt (20 days after its receipt where required by law for policies issued in replacement of other insurance). If the policy is so returned, it will be deemed void from the Date of Issue, and the Company will refund the premium paid.

The policy is issued and accepted subject to the terms set forth on the following pages, which are made a part of the policy. In consideration of the application and the payment of premiums as provided, this policy is executed by Connecticut General Life Insurance Company as of its Date of Issue.


Registrar


PRESIDENT

Flexible Premium Adjustable Life Insurance Policy - Non-Participating

Death benefit payable in the event of death of the Insured. Adjustable death benefit.

Surrender Value payable upon surrender of the policy.

Flexible Premiums payable to the Insured's Age 100 or death of the Insured, whichever is earlier.
Premium Payment Periods and Supplementary Coverages as shown in the Policy Specifications.

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Followed by Optional Methods of Settlement and Any Riders

Note: Pages 4 and 6 are computerized pages which are intentionally "blank."

Policy Specifications

Insured	PAULETTE T GLOVER	7051036	Policy Number
Initial Specified Amount	\$100,000	SEPTEMBER 28, 1997	Date of Issue
Minimum Specified Amount	\$100,000	49	Age at Issue
Monthly Anniversary Day	28	STANDARD	Premium Class

LN525 FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

Benefit Amount: See Initial Specified Amount

Effective Date: Date of Issue

Monthly Insurance Cost: See Page 15

Years Deductible: 51

Death Benefit Option: Specified Amount Option 1

Minimum Initial Premiums: \$86.67 is the minimum amount due on or before each Monthly Anniversary Day during the first 5 Policy Years. All or a portion of the remaining minimum monthly premiums can be paid in advance at any time. (For example, 12 times this amount could be paid at the beginning of a Policy Year to satisfy the requirements for that Policy Year.)

Payment Mode: QUARTERLY

Such payment(s) will prevent the policy from lapsing during the first 5 Policy Years and will guarantee a minimum death benefit equal to the Initial Specified Amount during that period, assuming there have been no loans or surrenders. (See "Minimum Premiums" provision.)

Note: This policy may terminate prior to age 100 if actual premiums paid together with interest credited are insufficient to continue coverage to that date.

Policy Specifications

Insured	PAULETTE T GLOVER	7051036	Policy Number
Initial Specified Amount	\$100,000	SEPTEMBER 28, 1997	Date of Issue
Minimum Specified Amount	\$100,000	49	Age at Issue
Monthly Anniversary Day	28	STANDARD	Premium Class

OWNER: THE INSURED

BENEFICIARY:

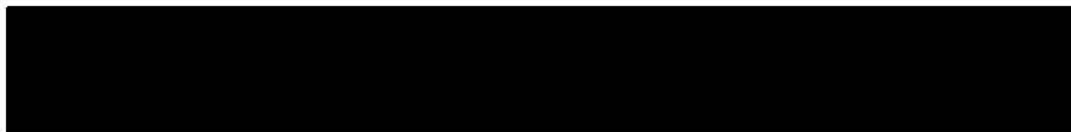


TABLE OF SURRENDER CHARGES

The charge assessed upon surrender of the policy will be the lesser of the Surrender Charge shown or the then current net cash value under the policy. No surrender charge is applied and therefore this table remains unaffected by either a partial surrender or a decrease in Specified Amount. An additional surrender charge table will apply to each increase in Specified Amount permitted by the Company.

POLICY YEAR	SURRENDER CHARGE AS OF BEGINNING OF POLICY YEAR
1	\$2,913
2	2,815
3	2,714
4	2,609
5	2,501
6	2,388
7	2,272
8	2,152
9	2,025
10	1,895
11	1,759
12	1,293
13	881
14	524
15	230
16 AND THEREAFTER	0

Table of Guaranteed Maximum Insurance Rates Per \$1,000 for the Person Insured

SPECIAL NOTE: The monthly cost of insurance rates are based on the sex, attained age (nearest birthday) and Premium Class of the person insured as described under the "Cost of Insurance Rates" provision. In determining the Guaranteed Maximum Life Insurance Rates, the Company will add the amount of the Flat Extra Monthly Insurance Cost, if any, shown in the Policy Specifications. If the person insured is in a rated premium class, the Guaranteed Maximum Life Insurance Rates will be those in the table multiplied by the Risk Factor, if any, shown in the Policy Specifications. The rates below are based on the 1980 CSO Tables (Male or Female as appropriate).

Attained Age (nearest birthday)	Male Monthly Rate	Female Monthly Rate	Attained Age (nearest birthday)	Male Monthly Rate	Female Monthly Rate	Attained Age (nearest birthday)	Male Monthly Rate	Female Monthly Rate
0	0.34845	0.24089	35	0.17586	0.13752	70	3.30338	1.84590
1	0.08917	0.07251	36	0.18670	0.14669	71	3.62140	2.02325
2	0.08251	0.06750	37	0.20004	0.15752	72	3.98666	2.24419
3	0.08167	0.06584	38	0.21505	0.17003	73	4.40599	2.51548
4	0.07917	0.06417	39	0.23255	0.18503	74	4.87280	2.83552
5	0.07501	0.06334	40	0.25173	0.20171	75	5.37793	3.19685
6	0.07167	0.06084	41	0.27424	0.22005	76	5.91225	3.59370
7	0.06667	0.06000	42	0.29675	0.23922	77	6.46824	4.01942
8	0.06334	0.05834	43	0.32260	0.25757	78	7.04089	4.47410
9	0.06167	0.05750	44	0.34929	0.27674	79	7.64551	4.97042
10	0.06084	0.05667	45	0.37931	0.29675	80	8.30507	5.52957
11	0.06417	0.05750	46	0.41017	0.31677	81	9.03761	6.17118
12	0.07084	0.06000	47	0.44353	0.33761	82	9.86724	6.91414
13	0.08251	0.06250	48	0.47856	0.36096	83	10.80381	7.77075
14	0.09584	0.06667	49	0.51777	0.38598	84	11.82571	8.72632
15	0.11085	0.07084	50	0.55948	0.41350	85	12.91039	9.76952
16	0.12585	0.07501	51	0.60870	0.44270	86	14.03509	10.89151
17	0.13919	0.07917	52	0.66377	0.47523	87	15.18978	12.08770
18	0.14836	0.08167	53	0.72636	0.51276	88	16.36948	13.35774
19	0.15502	0.08501	54	0.79730	0.55114	89	17.57781	14.70820
20	0.15836	0.08751	55	0.87326	0.59118	90	18.82881	16.15259
21	0.15919	0.08917	56	0.95591	0.63123	91	20.14619	17.71416
22	0.15752	0.09084	57	1.04192	0.66961	92	21.57655	19.43814
23	0.15502	0.09251	58	1.13378	0.70633	93	23.20196	21.40786
24	0.15169	0.09501	59	1.23235	0.74556	94	25.28174	23.83051
25	0.14752	0.09668	60	1.34180	0.78979	95	28.27411	27.16158
26	0.14419	0.09918	61	1.46381	0.84488	96	33.10677	32.32378
27	0.14252	0.10168	62	1.60173	0.91417	97	41.68475	41.21204
28	0.14169	0.10501	63	1.75809	1.00267	98	58.01259	57.81394
29	0.14252	0.10835	64	1.93206	1.10539	99	83.33333	83.33333
30	0.14419	0.11251	65	2.12283	1.21731			
31	0.14836	0.11668	66	2.32623	1.33511			
32	0.15252	0.12085	67	2.54312	1.45461			
33	0.15919	0.12502	68	2.77350	1.57247			
34	0.16669	0.13168	69	3.02328	1.69955			

Table of Expense Charges

The following expenses are charged under this policy:

- An initial policy fee of \$150.
- A charge not to exceed 5% of each premium received.
- A fee of \$25.00 for each partial surrender.
- An expense charge of \$10 per month beginning on the Date of Issue.
- A charge per \$1,000 of Initial Specified Amount deducted on the Date of Issue, and a charge per \$1,000 of the increase, if any, in Specified Amount deducted on the effective date of the increase, from the table below:

Insured's Age (Nearest Birthday)	Expense Charge per \$1,000	Insured's Age (Nearest Birthday)	Expense Charge per \$1,000	Insured's Age (Nearest Birthday)	Expense Charge per \$1,000
0-3	0.70	43	2.80	74	6.80
4-8	0.80	44	2.90	75	7.00
9-13	0.90	45-55	3.00	76	7.50
14-25	1.00	56	3.20	77	8.00
26	1.10	57	3.40	78	8.50
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27	1.20	58	3.60	79	9.00
28	1.30	59	3.80	80	9.50
29	1.40	60	4.00	81-99	10.00
30	1.50	61	4.20		
31	1.60	62	4.40		
<hr/>					
32	1.70	63	4.60		
33	1.80	64	4.80		
34	1.90	65	5.00		
35	2.00	66	5.20		
36	2.10	67	5.40		
<hr/>					
37	2.20	68	5.60		
38	2.30	69	5.80		
39	2.40	70	6.00		
40	2.50	71	6.20		
41	2.60	72	6.40		
42	2.70	73	6.60		

Definitions

Cash Value. The sum of premiums received and interest credited under the policy, less partial surrenders, fees, charges and monthly deductions. (Refer to "Cash Value" provision under the "Nonforfeiture Provisions" section.)

Cost of Insurance. The amount charged by the Company to provide for the death benefit coverage under the policy. This amount is calculated as specified in the "Cost of Insurance" provision. The cost of insurance is part of the monthly deduction for the policy.

Date of Issue. The date on which the policy becomes effective. The Date of Issue is shown in the Policy Specifications.

Death Benefit. The amount payable upon death of the Insured is based upon the death benefit option selected under the policy. The two death benefit options are: Specified Amount Option 1 which provides a level amount and Specified Amount Option 2 which provides an increasing amount. Each option is described under the "Death Benefit" provision and is payable as described under the "Payment of Proceeds" provision.

Due Proof of Death. An original certified copy of an official death certificate, an original certified copy of a decree of a court of competent jurisdiction as to the finding of death, or any other proof of death satisfactory to the Company.

Home Office. Connecticut General Life Insurance Company, the mailing address of which for this policy is Connecticut General Life Insurance Company, Hartford, Connecticut, 06152.

In Writing. In a written form satisfactory to the Company and received by the Company at its Home Office.

Indebtedness. The total amount of outstanding loans, if any, and loan interest due under the policy.

Monthly Deduction. The amount deducted from the cash value on each Monthly Anniversary Day for certain expenses and the cost of insurance. This amount is determined as specified under the "Monthly Deduction" provision.

Monthly Anniversary Day. The day of the month, as shown in the Policy Specifications, when monthly deductions are made and interest is credited. If that day is not a business day, then such charges will be deducted on the immediately preceding business day.

Net Cash Value. An amount equal to the cash value less the amount of any indebtedness.

Policy Anniversaries and Policy Years. Twelve-month periods measured from the Date of Issue.

Surrender Value. An amount equal to the net cash value less the amount of the applicable surrender charge, if any, from the "Table of Surrender Charges."

Premium and Reinstatement Provisions

Payment of Premiums. All premiums are payable at the Home Office or to an authorized agent of the Company. The first premium is due on the Date of Issue and is payable in advance. Subsequent premium payments may be made at any time before the Insured's Age 100. Receipts signed by the President or Secretary and duly countersigned will be furnished upon request.

Monthly Anniversary Days, policy months, policy years and policy anniversaries are computed from the Date of Issue.

Minimum Premiums. The Minimum Initial Premium as shown in the Policy Specifications for the Initial Specified Amount as of the Date of Issue is the amount required to prevent the policy from lapsing within the first 5 policy years, assuming there are no loans or partial surrenders. Thereafter, the minimum premium amount is the amount required to maintain a positive net cash value as set forth under the "Grace Period" provision.

Planned Annual Premiums. The Company will send premium reminder notices for the amounts and frequency of payments established by the Owner. The Company reserves the right to stop sending such notices if no premium payment is made within 2 policy years. Changes in the amounts or frequency of such payments will be subject to consent of the Company.

Unscheduled Premiums. In addition to planned annual premiums, unscheduled premium payments of at least \$100.00 each may be made before the Insured's Age 100. The Company reserves the right to limit the amount or number of any such unscheduled premium payments.

Grace Period. During the first 5 policy years, the policy will lapse if premium payments do not equal or exceed the Minimum Initial Premium as shown in the Policy Specifications, and thereafter the policy will lapse if the net cash value on any Monthly Anniversary Day is less than the required monthly deduction. In such event, a grace period of 61 days will be granted to pay a premium sufficient to cover the required monthly deduction.

At least 31 days before the end of the grace period the Company will send a notice that there is insufficient net cash value under the policy. The notice will show the amount of premium required to cover the monthly deduction to prevent the policy from lapsing and will be mailed to the last known addresses of the Owner and the assignee of record with the Company, if any. If such premium, as billed by the Company, is not paid within the grace period, all coverage under the policy will terminate without value at the end of the grace period. If the Insured dies during the grace period, the Company will deduct any overdue monthly deductions from the death benefit proceeds.

Reinstatement. After the policy has lapsed due to the expiration of a grace period, it may be reinstated at any time provided: (a) it has not been surrendered for cash, (b) a written application for reinstatement is submitted to the Company, (c) evidence of insurability satisfactory to the Company is furnished, (d) enough premium is paid to keep the policy in force for at least 2 months, and (e) any indebtedness against the policy increased by any loan interest is paid or reinstated.

The effective date of the reinstated policy will be the Monthly Anniversary Day that coincides with or next follows the date the application for reinstatement is approved by the Company. The charges shown in the "Table of Surrender Charges" under this policy will be reinstated as of the policy year in which the policy lapsed.

Ownership, Assignment and Beneficiary Provisions

Owner. The Owner on the Date of Issue will be the person designated in the Policy Specifications. If no Owner is designated, the Insured will be the Owner.

Ownership, Assignment and Beneficiary Provisions

Rights of Owner. While the Insured is alive, the Owner may exercise all rights and privileges under the policy including the right to: (a) release or surrender the policy to the Company, (b) agree with the Company to any change in or amendment to the policy, (c) transfer all rights and privileges to another person, (d) change the Beneficiary, and (e) assign the policy.

All rights and privileges of Owner may be exercised without the consent of any designated transferee, or any Beneficiary if the Owner has reserved the right to change the Beneficiary. All such rights and privileges, however, may be exercised only with the consent of any assignee recorded with the Company.

Unless provided otherwise, if the Owner is a person other than the Insured and dies before the Insured, all the rights and privileges of Owner will vest in the Owner's executors, administrators or assigns.

Transfer of Owner. The Owner may transfer all rights and privileges of Owner. On the effective date of transfer, the transferee will become the Owner and will have all the rights and privileges of Owner. The Owner may revoke any transfer prior to its effective date.

Unless provided otherwise, a transfer will not affect the interest of any Beneficiary designated prior to the effective date of the transfer.

A transfer of Owner, or a revocation of transfer, must be in writing on a form satisfactory to the Company and filed at the Home Office. A transfer, or a revocation, will not take effect until recorded in writing by the Company. When a transfer or revocation has been so recorded, it will take effect as of the effective date specified by the Owner. Any payment made or any action taken or allowed by the Company before the transfer, or the revocation, is recorded will be without prejudice to the Company.

Assignment. The Company will not be affected by any assignment of the policy until the original assignment or a certified copy of the assignment is filed at the Home Office.

The Company does not assume responsibility for the validity or sufficiency of any assignment. An assignment of the policy will operate so long as the assignment remains in force.

To the extent provided under the terms of the assignment, an assignment will transfer the interest of any designated transferee or of any Beneficiary if the Owner has reserved the right to change the Beneficiary.

Beneficiary. The Beneficiary on the Date of Issue will be the person designated in the Policy Specifications.

Unless provided otherwise, the interest of any Beneficiary who dies before the Insured will vest in the Owner or the Owner's executors, administrators or assigns.

Change of Beneficiary. A new Beneficiary may be designated from time to time. A request for change of Beneficiary must be in writing on a form satisfactory to the Company and filed at the Home Office. The request must be signed by the Owner. The request must also be signed by the Beneficiary if the right to change the Beneficiary has not been reserved to the Owner.

A change of Beneficiary will not take effect until recorded in writing by the Company. When a change of Beneficiary has been so recorded, whether or not the Insured is then alive, it will take effect as of the date the request was signed. Any payment made or any action taken or allowed by the Company before the change of Beneficiary is recorded will be without prejudice to the Company.

Unless provided otherwise, the right to change any Beneficiary is reserved to the Owner.

Insurance Coverage Provisions

Effective Date of Coverage. The effective date of this policy will be the Date of Issue provided the initial premium has been paid while the Insured is alive and prior to any change in health from that shown in the original application. This provision will not, however, affect the terms of any Temporary Insurance Agreement.

For any increase or addition to coverage, the effective date will be the Monthly Anniversary Day that coincides with or next follows the date the supplemental application is approved by the Company provided (a) sufficient net cash value exists under the policy to cover the cost for the increase or (b) sufficient premium for the increase or addition has been paid.

Termination of Coverage. All coverage under this policy will automatically terminate upon whichever of the following occurs first:

1. The Owner surrenders the policy.
2. The Insured dies.
3. The grace period ends.

Any monthly deduction made after termination of coverage will not, by itself, be considered a reinstatement of the policy nor a waiver by the Company of the termination. Any such deduction will be refunded.

Death Benefit. If the Insured dies while the policy is in force, the Company will pay a death benefit based upon the Specified Amount Option in effect on the date of death, less (a) any indebtedness against the policy and (b) the amount of any partial surrenders. The Specified Amount Options available under this policy are as follows:

SPECIFIED AMOUNT OPTION 1 The Insured's Specified Amount includes the cash value. The Insured's death benefit (before deduction of any indebtedness against the policy and the amount of any partial surrenders) will equal the greater of:

- (a) the Specified Amount on the date of death, or
- (b) the amount determined by the Company equal to that required by the Internal Revenue Code to maintain this contract as a life insurance policy. Any amount so determined will be set forth in the annual report which the Company will send to the Owner.

SPECIFIED AMOUNT OPTION 2 The Insured's Specified Amount is in addition to the cash value. The Insured's death benefit (before deduction of any indebtedness against the policy and the amount of any partial surrenders) will equal the greater of:

- (a) the Specified Amount on the date of death plus the cash value on the date of death, or
- (b) the amount determined by the Company equal to that required by the Internal Revenue Code to maintain this contract as a life insurance policy. Any amount so determined will be set forth in the annual report which the Company will send to the Owner.

Unless the application for the policy indicates otherwise, or a change in the death benefit option is effected as provided below, the Company will consider Specified Amount Option 1 to be the option in effect.

Insurance Coverage Provisions (Continued)

Changes in Amount of Death Benefit. Unless provided otherwise, a change in death benefit may be effected under this policy, subject to (a) the consent of the Company and (b) the following conditions:

1. All such changes must be requested in writing on a form satisfactory to the Company and filed at the Home Office.
2. If a decrease in the Insured's Specified Amount is requested, the decrease will become effective on the Monthly Anniversary Day that coincides with or next follows receipt of the request provided any requirements as determined by the Company are met.

In such event, the Company will reduce the existing Specified Amount against the most recent increase first, then against the next most recent increases successively, and finally, against insurance provided under the original application; however, the Company reserves the right to limit the amount of any decrease so that the Specified Amount will not be less than the Minimum Specified Amount shown in the Policy Specifications.

3. If an increase in the Insured's Specified Amount is requested:
 - (a) a supplemental application must be submitted and evidence of insurability satisfactory to the Company must be furnished; and
 - (b) any other requirements as determined by the Company must be met.

If the Company approves the request, the increase will become effective upon (i) the Monthly Anniversary Day that coincides with or next follows the date the request is approved by the Company and (ii) the deduction from the cash value of the first month's cost for the increase, using the Insured's then attained age (nearest birthday) as the issue age for such coverage.

4. If a request is made to change the death benefit from Specified Amount Option 1 to Specified Amount Option 2:
 - (a) the Specified Amount will be reduced to equal the death benefit, less the cash value, as of the effective date of change; and
 - (b) the effective date will be the Monthly Anniversary Day that coincides with or next follows the date of receipt of the request for change.
5. If a request is made to change the death benefit from Specified Amount Option 2 to Specified Amount Option 1:
 - (a) the Specified Amount will be increased to equal the death benefit as of the effective date of change; and
 - (b) the effective date will be the Monthly Anniversary Day that coincides with or next follows the date of receipt of the request for change.

Projection of Benefits and Values. The Company will provide a projection of illustrative future death benefits and cash values at any time upon written request and payment of a reasonable service fee. The fee payable will be the one then in effect for this service. The illustration will be based on (a) assumptions as to Specified Amount(s), type of coverage option(s) and future planned annual premium payments, and (b) such other assumptions (e.g., mortality and interest) as are necessary and specified.

Nonforfeiture Provisions

Cash Value. On each Monthly Anniversary Day, the cash value will be calculated as (1), plus (2), plus (3), minus (4), minus (5), where:

- (1) is the cash value on the preceding Monthly Anniversary Day.
- (2) is all premiums received since the preceding Monthly Anniversary Day less the percentage of premium expense charge from the "Table of Expense Charges."
- (3) is interest on items (1) and (2).
- (4) is the monthly deduction for the month following the Monthly Anniversary Day.
- (5) is the charge per \$1,000 from the "Table of Expense Charges" for an increase in Specified Amount, if any, which becomes effective on the Monthly Anniversary Day.

If premium is received at any time other than the beginning of a policy month, the rate of interest used in the calculation of item (3) above will be determined pro rata from the date of receipt.

On any day other than a Monthly Anniversary Day, the cash value will be the cash value as of the preceding Monthly Anniversary Day, plus all premiums received since the preceding Monthly Anniversary Day less the percentage of premium expense charge from the "Table of Expense Charges." The cash value on the Date of Issue will be the initial premium received less (i) the initial policy fee from the "Table of Expense Charges," (ii) the monthly deduction for the first policy month, (iii) the percentage of premium expense charge from the "Table of Expense Charges," and (iv) the charge per \$1,000 of Initial Specified Amount from the "Table of Expense Charges."

Net Cash Value. The net cash value as of any date shall equal the cash value on that date as determined above less any indebtedness against the policy.

Monthly Deduction. The monthly deduction for a policy month will be calculated as Charge (1) plus Charge (2) where:

CHARGE (1) is the cost of insurance (as described in the "Cost of Insurance" provision) and the cost of any additional benefits provided by rider for the policy month.

CHARGE (2) is the monthly expense charge from the "Table of Expense Charges."

Interest Rates. The Company will credit interest to the cash value of the policy on each Monthly Anniversary Day.

The interest rate applied to the net cash value of the policy will be the greater of

- (a) .32737% per month, compounded monthly (4% compounded yearly), or
- (b) a rate determined by the Company from time to time. Such rate will be established on a prospective basis and may vary by issue year and duration.

The monthly interest rate applied to that portion of the cash value which secures any outstanding policy loan when expressed as an equivalent annual rate shall be equal to the policy loan rate (as described in the "Loan Interest" section) less a percentage no greater than 2%.

Nonforfeiture Provisions (Continued)

Persistency Bonus. In addition to the interest being credited under the policy on each Monthly Anniversary Day, the Company may grant a bonus from time to time. This amount will be determined on a prospective basis as of the annual anniversary date and be applied automatically to increase the then current cash value of the policy.

Cost of Insurance. The cost of insurance for the Insured is determined on a monthly basis. Such cost is calculated as (1), multiplied by the result of (2) minus (3), where:

- (1) is the cost of insurance rate as described in the "Cost of Insurance Rates" provision,
- (2) is the death benefit at the beginning of the policy month, divided by 1.0032737, and
- (3) is the cash value at the beginning of the policy month prior to the deduction for the monthly cost of insurance.

Cost of Insurance Rates. Monthly cost of insurance rates will be determined by the Company, based on its expectations as to future mortality experience. Any change in cost of insurance rates will apply to all individuals of the same class as the Insured. In determining the monthly cost of insurance, the Company will add the amount of the Flat Extra Monthly Insurance Cost, if any, shown in the Policy Specifications. If the person insured is in a rated premium class, the monthly cost of insurance rates for a standard (non-rated) risk will be multiplied by the Risk Factor, if any, shown in the Policy Specifications. Under no circumstances will the cost of insurance rates ever be greater than those specified in the "Table of Guaranteed Maximum Life Insurance Rates."

Insufficient Value. If the net cash value, on the day preceding a Monthly Anniversary Day is insufficient to cover the monthly deduction for the month following such Monthly Anniversary Day, the policy will terminate as provided in the "Grace Period" provision.

Basis of Computations. The minimum cash values under this policy are guaranteed to be no less than those calculated based on the applicable Commissioners 1980 Standard Ordinary Mortality Table (age nearest birthday) with interest at 4% per year, compounded yearly.

The cash values are at least equal to those required on the Date of Issue by the jurisdiction in which this policy is delivered. A detailed statement of the method of computing values has been filed with the insurance supervisory official of that jurisdiction.

Continuation of Insurance Upon Discontinuation of Premium Payments. If premium payments are discontinued, insurance coverage under this policy and any benefits provided by rider will be continued until the net cash value is insufficient to cover the monthly deduction, as provided in the "Grace Period" provision. This provision will not continue any rider attached to the policy beyond the date for its termination, as provided in the rider. Unless otherwise agreed to by the Owner and the Company, if the Insured is still living at age 100 and the policy has not lapsed or been surrendered, the Company will: a) continue to credit interest to the cash value as defined in the "Interest Rates" provision; b) no longer charge monthly deductions under the policy; and c) continue the policy in force and pay the death benefit upon receipt of due proof of death of the Insured.

Surrender and Surrender Value. This policy may be surrendered on any Monthly Anniversary Day during the lifetime of the Insured and during the continuance of the policy. The amount payable on surrender of this policy (i.e., the "surrender value") will be the net cash value on the date of surrender less a charge determined from the "Table of Surrender Charges." (The charges shown in the table are the charges imposed at the beginning of the policy year; charges imposed upon surrender during the policy year will be determined on a consistent basis allowing for the lapse of time within such year.)

Nonforfeiture Provisions (Continued)

The surrender value will be paid in cash or under an elected optional mode of settlement. The Company may defer the payment of the surrender value for the period permitted by law, but not for more than 6 months from the date of request for surrender.

If surrender is requested under this section within 30 days after a policy anniversary, the surrender value will not be less than the surrender value on that anniversary, less any policy loans or partial surrenders made on or after such anniversary.

Partial Surrender. A partial surrender of this policy may be elected on any Monthly Anniversary Day during the lifetime of the Insured and while the policy is in force by submitting written request to the Company. The amount of the partial surrender (a) must be at least \$500.00 but (b) may not exceed 90% of the then current surrender value.

When a partial surrender is made, the amount of the partial surrender and the applicable fee will be deducted from the cash value. Also, the death benefit payable will be reduced by the amount of the partial surrender. The Specified Amount remaining in force after any partial surrender will be subject to the limits and minimum amount described in the "Changes in Amount of Death Benefit" provision.

A fee as set forth in the "Table of Expense Charges" will be deducted from the cash value for each partial surrender. The Company reserves the right to limit the number of partial surrenders in a policy year. The Company also reserves the right to defer payment for the period permitted by law, but not for more than 6 months from the date of request for the partial surrender, unless such partial surrender amount is to be applied to the payment of premiums on policies with the Company.

Loan Provisions

Policy Loans. After a cash surrender value is available, the Company will grant a loan against the policy provided: (a) a proper loan agreement is executed and (b) a satisfactory assignment of the policy to the Company is made. The loan may be for an amount up to the full surrender value while surrender charges apply to the policy, however, total indebtedness against the policy may not exceed 90% of an amount equal to (a) the then current cash value less (b) the surrender charge.

The Company may defer a loan for 6 months from the date of the request for the loan. The Company will not, however, defer a loan to be used to pay premiums on policies with the Company.

Loan Interest. Interest on any policy loan will be at a rate equivalent to 8% per year payable in arrears. Loan interest is payable annually on each policy anniversary or as otherwise agreed in writing by the Owner and the Company. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest, as it accrues from day to day, will constitute an indebtedness.

Indebtedness. The term "indebtedness" means money which is owed on this policy because of a loan on this policy. Any indebtedness at time of settlement will reduce the proceeds. Indebtedness may be repaid in whole or in part at any time. If, however, a premium is not paid within the grace period, any outstanding indebtedness can be repaid only if the policy is reinstated.

If at any time the total indebtedness against the policy, including interest accrued but not due, equals or exceeds the then current cash value, less surrender charge, the policy will thereupon terminate without value subject to the conditions in the "Grace Period" provision.

General Provisions

The Policy. The policy and the application for the policy (including any supplemental applications for additional Specified Amounts) constitute the entire contract between the parties. All statements made in the

General Provisions (Continued)

application will, in the absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under the policy unless it is contained in the application, and a copy of the application is attached to the policy when issued.

Only the President, a Vice President, an Assistant Vice President, a Secretary, a Director or an Assistant Director of the Company may make or modify this policy.

The policy is executed at the Home Office of the Company, the Post Office address of which is Hartford, Connecticut.

Non-Participation. The policy is not entitled to share in surplus distribution.

Payment of Proceeds. Proceeds, as used in this policy, means the amount payable (a) upon the surrender of this policy, or (b) upon the death of the Insured.

The proceeds payable upon receipt of due proof of the Insured's death will be the Insured's death benefit less (a) any indebtedness against the policy and (b) the amount of any partial surrenders. If the policy is surrendered before the death of the Insured, the proceeds will be the surrender value described in the "Nonforfeiture Provisions" section. The proceeds are subject to the adjustments described in the following provisions:

1. Misstatement of Age or Sex;
2. Incontestability;
3. Suicide;
4. Partial Surrender;
5. Grace Period; and
6. Indebtedness.

When settlement is made, the Company may require return of the policy.

Misstatement of Age or Sex. If the age or sex of the Insured is misstated, the Company will adjust all benefits to the amounts that would have been purchased for the correct age and sex according to the basis specified in the "Table of Guaranteed Maximum Life Insurance Rates."

Suicide. If the Insured commits suicide, while sane or insane, within 2 years from the Date of Issue, the death benefit will be limited to a refund of premiums paid, less (a) any indebtedness against the policy and (b) the amount of any partial surrenders. If the Insured commits suicide, while sane or insane, within 2 years from the effective date of any increase in the Specified Amount, the death benefit payment with respect to such increase will be limited to a refund of the monthly charges for the cost of such insurance.

Incontestability. Except for nonpayment of monthly deductions, this policy will be incontestable after it has been in force during the Insured's lifetime for 2 years from its Date of Issue. This means that the Company will not use any misstatement in the application to challenge a claim or avoid liability after that time. Any increase in the Specified Amount effective after the Date of Issue will be incontestable only after such increase has been in force for 2 years during the Insured's lifetime.

General Provisions (Continued)

The basis for contesting an increase in Specified Amount will be limited to material misrepresentations made in the supplemental application for the increase. The basis for contesting after reinstatement will be (a) limited for a period of 2 years from the date of reinstatement and (b) limited to material misrepresentations made in the reinstatement application.

Annual Report. The Company will send a report to the Owner at least once a year without charge for such a report. The report will show (a) the current death benefit, (b) the current net cash value, (c) premiums paid and all deductions made since the last report, and (d) outstanding policy loans.

Change of Plan. This policy may be exchanged for another policy only if the Company consents to the exchange and all requirements for the exchange as determined by the Company are met.

Optional Methods of Settlement

This rider is made part of the policy to which it is attached as of the Date of Issue. Upon written request, the Company will agree to pay in accordance with any one of the options shown below all or part of the net proceeds that may be payable under the policy.

While the Insured is alive, the request, including the designation of the payee, may be made by the Owner. At the time a Death Benefit becomes payable under the policy, the request, including the designation of the payee, may then be made by the Beneficiary. Once Income Payments have begun, the policy cannot be surrendered and the payee cannot be changed, nor can the settlement option be changed.

Payment Dates. The first Income Payment under the settlement option selected will become payable on the date proceeds are settled under the option. Subsequent payments will be made on the first day of each month in accordance with the manner of payment selected.

Minimum Payment Amount. The settlement option elected must result in an Income Payment at least equal to the minimum payment amount in accordance with the Company's rules then in effect. If at any time payments are less than the minimum payment amount, the Company has the right to change the frequency to an interval that will provide the minimum payment amount. If any amount due is less than the minimum per year, the Company may make other arrangements that are equitable.

Income Payments. Income Payments will remain constant pursuant to the terms of the settlement option(s) selected. The amount of each Income Payment shall be determined in accordance with the terms of the settlement option and the table(s) set forth in this rider, as applicable. The mortality table used is the 1983 Individual Annuitant Mortality (IAM) Table "a" and 3% interest. In determining the settlement amount, the settlement age of the payee will be reduced by one year when the first installment is payable during the 1990's, reduced by two years when the first installment is payable during the decade 2000-2009, and so on.

First Option: Life Annuity. An annuity payable monthly to the payee during the lifetime of the payee, ceasing with the last payment due prior to the death of the payee.

Second Option: Life Annuity with Certain Period. An annuity providing monthly income to the payee for a fixed period of 60, 120, 180, or 240 months (as selected), and for as long thereafter as the payee shall live.

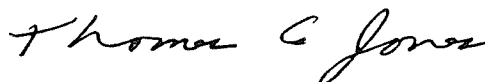
Third Option: Annuity Certain. An amount payable monthly for the number of years selected which may be from 5 to 30 years.

Fourth Option: As a Deposit at Interest. The Company will retain the proceeds while the payee is alive and will pay interest annually thereon at a rate of not less than 3% per year. Upon the payee's death, the amount on deposit will be paid.

Excess Interest. At the sole discretion of the Company, excess interest may be paid or credited from time to time in addition to the payments guaranteed under any Optional Method of Settlement.

Additional Options. Any proceeds payable under the policy may also be settled under any other method of settlement offered by the Company at the time of the request.

Connecticut General Life Insurance Company



PRESIDENT

Life Annuity and Life Annuity with Certain Period Table for Each \$1,000 Applied - Male

Settlement age of payee nearest birthday		Number of instalments certain				Settlement age of payee nearest birthday		Number of instalments certain				Settlement age of payee nearest birthday		Number of instalments certain			
		60	120	180	240			60	120	180	240			60	120	180	240
Age	Life Annuity					Age	Life Annuity					Age	Life Annuity				
10	\$2.87	\$2.87	\$2.87	\$2.87	\$2.87	35	\$3.44	\$3.44	\$3.44	\$3.43	\$3.41	60	\$5.28	\$5.25	\$5.14	\$4.96	\$4.71
11	2.89	2.89	2.89	2.88	2.88	36	3.48	3.48	3.48	3.46	3.45	61	5.43	5.39	5.27	5.06	4.78
12	2.90	2.90	2.90	2.90	2.90	37	3.52	3.52	3.52	3.50	3.48	62	5.58	5.53	5.39	5.16	4.84
13	2.92	2.92	2.91	2.91	2.91	38	3.57	3.56	3.56	3.54	3.52	63	5.74	5.69	5.53	5.26	4.90
14	2.93	2.93	2.93	2.93	2.92	39	3.61	3.61	3.60	3.58	3.56	64	5.91	5.85	5.66	5.36	4.96
15	2.95	2.95	2.95	2.94	2.94	40	3.66	3.65	3.65	3.63	3.60	65	6.10	6.03	5.81	5.46	5.02
16	2.96	2.96	2.96	2.96	2.96	41	3.71	3.70	3.69	3.67	3.64	66	6.30	6.21	5.96	5.56	5.08
17	2.98	2.98	2.98	2.98	2.97	42	3.76	3.75	3.74	3.72	3.68	67	6.51	6.41	6.12	5.66	5.13
18	3.00	3.00	3.00	2.99	2.99	43	3.81	3.81	3.79	3.77	3.73	68	6.73	6.62	6.28	5.77	5.18
19	3.02	3.02	3.01	3.01	3.01	44	3.87	3.86	3.85	3.82	3.77	69	6.97	6.84	6.44	5.86	5.23
20	3.04	3.04	3.03	3.03	3.03	45	3.93	3.92	3.90	3.87	3.82	70	7.23	7.07	6.61	5.96	5.27
21	3.06	3.05	3.05	3.05	3.05	46	3.99	3.98	3.96	3.92	3.87	71	7.51	7.32	6.79	6.05	5.31
22	3.08	3.08	3.07	3.07	3.07	47	4.05	4.05	4.02	3.98	3.92	72	7.80	7.58	6.96	6.14	5.34
23	3.10	3.10	3.09	3.09	3.09	48	4.12	4.11	4.09	4.04	3.97	73	8.12	7.85	7.14	6.23	5.37
24	3.12	3.12	3.12	3.11	3.11	49	4.19	4.18	4.15	4.10	4.03	74	8.46	8.14	7.32	6.31	5.40
25	3.14	3.14	3.14	3.14	3.13	50	4.27	4.26	4.22	4.17	4.08	75	8.82	8.45	7.50	6.38	5.42
26	3.17	3.17	3.16	3.16	3.15	51	4.34	4.33	4.30	4.23	4.14	76	9.21	8.76	7.67	6.45	5.44
27	3.19	3.19	3.19	3.19	3.18	52	4.43	4.41	4.37	4.30	4.20	77	9.63	9.10	7.84	6.51	5.45
28	3.22	3.22	3.22	3.21	3.20	53	4.51	4.50	4.45	4.37	4.26	78	10.08	9.44	8.01	6.57	5.47
29	3.25	3.25	3.24	3.24	3.23	54	4.60	4.59	4.54	4.45	4.32	79	10.56	9.80	8.17	6.62	5.48
30	3.28	3.28	3.27	3.27	3.26	55	4.70	4.68	4.62	4.53	4.39	80	11.07	10.17	8.33	6.66	5.49
31	3.31	3.31	3.30	3.30	3.29	56	4.80	4.78	4.72	4.61	4.45	81	11.62	10.55	8.48	6.70	5.49
32	3.34	3.34	3.33	3.33	3.32	57	4.91	4.89	4.82	4.69	4.51	82	12.20	10.94	8.61	6.73	5.50
33	3.37	3.37	3.37	3.36	3.35	58	5.03	5.00	4.92	4.78	4.58	83	12.82	11.33	8.74	6.76	5.50
34	3.41	3.41	3.40	3.39	3.38	59	5.15	5.12	5.03	4.87	4.65	84	13.47	11.73	8.86	6.79	5.51
												85	14.17	12.12	8.97	6.81	5.51

Optional Methods of Settlement (Continued)

Life Annuity and Life Annuity with Certain Period Table for Each \$1,000 Applied - Female

Settlement age of payee nearest birthday		Number of instalments certain				Settlement age of payee nearest birthday		Number of instalments certain				Settlement age of payee nearest birthday		Number of instalments certain			
		60	120	180	240			60	120	180	240			60	120	180	240
Age	Life Annuity					Age	Life Annuity					Age	Life Annuity				
10	\$2.80	\$2.80	\$2.80	\$2.80	\$2.80	35	\$3.26	\$3.26	\$3.26	\$3.25	\$3.24	60	\$4.72	\$4.70	\$4.66	\$4.57	\$4.44
11	2.81	2.81	2.81	2.81	2.81	36	3.29	3.29	3.29	3.28	3.27	61	4.83	4.81	4.76	4.66	4.51
12	2.82	2.82	2.82	2.82	2.82	37	3.32	3.32	3.32	3.31	3.30	62	4.95	4.93	4.87	4.75	4.58
13	2.83	2.83	2.83	2.83	2.83	38	3.35	3.35	3.35	3.34	3.33	63	5.08	5.05	4.98	4.85	4.65
14	2.85	2.85	2.85	2.84	2.84	39	3.39	3.39	3.38	3.38	3.37	64	5.21	5.18	5.10	4.95	4.72
15	2.86	2.86	2.86	2.86	2.86	40	3.42	3.42	3.42	3.41	3.40	65	5.36	5.32	5.22	5.05	4.79
16	2.87	2.87	2.87	2.87	2.87	41	3.46	3.46	3.46	3.45	3.43	66	5.51	5.47	5.36	5.16	4.86
17	2.89	2.89	2.89	2.88	2.88	42	3.50	3.50	3.50	3.49	3.47	67	5.67	5.63	5.50	5.26	4.93
18	2.90	2.90	2.90	2.90	2.90	43	3.54	3.54	3.54	3.53	3.51	68	5.85	5.80	5.65	5.37	5.00
19	2.92	2.92	2.92	2.91	2.91	44	3.59	3.59	3.58	3.57	3.55	69	6.04	5.98	5.80	5.49	5.06
20	2.93	2.93	2.93	2.93	2.93	45	3.64	3.63	3.63	3.61	3.59	70	6.25	6.18	5.97	5.60	5.12
21	2.95	2.95	2.95	2.95	2.94	46	3.68	3.68	3.67	3.66	3.63	71	6.47	6.39	6.14	5.71	5.18
22	2.96	2.96	2.96	2.96	2.96	47	3.73	3.73	3.72	3.71	3.68	72	6.71	6.62	6.32	5.83	5.23
23	2.98	2.98	2.98	2.98	2.98	48	3.79	3.79	3.77	3.76	3.72	73	6.98	6.86	6.50	5.94	5.28
24	3.00	3.00	3.00	3.00	2.99	49	3.84	3.84	3.83	3.81	3.77	74	7.26	7.12	6.69	6.04	5.32
25	3.02	3.02	3.02	3.02	3.01	50	3.90	3.90	3.89	3.86	3.82	75	7.57	7.40	6.89	6.14	5.35
26	3.04	3.04	3.04	3.03	3.03	51	3.97	3.96	3.95	3.92	3.88	76	7.90	7.69	7.09	6.24	5.39
27	3.06	3.06	3.06	3.06	3.05	52	4.03	4.03	4.01	3.98	3.93	77	8.26	8.01	7.29	6.33	5.41
28	3.08	3.08	3.08	3.08	3.07	53	4.10	4.10	4.08	4.04	3.99	78	8.65	8.34	7.49	6.41	5.43
29	3.10	3.10	3.10	3.10	3.09	54	4.18	4.17	4.15	4.11	4.04	79	9.08	8.70	7.69	6.49	5.45
30	3.13	3.13	3.12	3.12	3.12	55	4.25	4.25	4.22	4.18	4.11	80	9.54	9.07	7.89	6.55	5.47
31	3.15	3.15	3.15	3.14	3.14	56	4.34	4.33	4.30	4.25	4.17	81	10.03	9.47	8.08	6.61	5.48
32	3.18	3.18	3.17	3.17	3.16	57	4.42	4.41	4.38	4.32	4.23	82	10.58	9.88	8.26	6.66	5.49
33	3.20	3.20	3.20	3.19	3.19	58	4.52	4.51	4.47	4.40	4.30	83	11.16	10.31	8.43	6.70	5.49
34	3.23	3.23	3.23	3.22	3.22	59	4.61	4.60	4.56	4.48	4.37	84	11.80	10.75	8.59	6.74	5.50
												85	12.48	11.20	8.74	6.77	5.50

Annuity Certain Table for Each \$1,000 Applied

Number of years during which instalments will be paid	Amount of each instalment		Number of years during which instalments will be paid	Amount of each instalment		Number of years during which instalments will be paid	Amount of each instalment	
	Annual	Monthly		Annual	Monthly		Annual	Monthly
5	211.99	17.91	13	91.29	7.71	20	65.26	5.51
6	179.22	15.14	14	85.95	7.26	25	55.76	4.71
7	155.83	13.16	15	81.33	6.87	30	49.53	4.18
8	138.31	11.68	16	77.29	6.53			
9	124.69	10.53	17	73.74	6.23			
10	113.82	9.61	18	70.59	5.96			
11	104.93	8.86	19	67.78	5.73			
12	97.54	8.24						

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

HARTFORD, CONNECTICUT 06152

Policy or Annuity Number: 7051036

PAULETTE T GLOVER

0351

I hereby amend my application for the above numbered policy or annuity so that:

PART I, QUESTION 11, 1035 EXCHANGE AMOUNT SHALL BE \$5904.09.

Dated at _____ on _____
City and State

Witness _____ 1st Insured or Annuitant _____

Witness _____ 2nd Insured or Annuitant _____

Witness _____ Applicant/Owner _____
(If other than Insured or Annuitant)

B2758e

**RETURN ONE SIGNED COPY TO: CSF - S132 (Life Policies)
Annuity Unit - S351 (Annuity Policies)**

Life Insurance Application
Part I

CIGNA Individual Insurance
Connecticut General Life Insurance Company
Hartford, Connecticut 06152



NO. 006385

POLICY INFORMATION

1. Proposed Insured's Name (First, M.I., Last, as it is to appear on policy) PAULETTE T. GLOVER			2. Proposed Insured's SS # [REDACTED]	3. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
4. Date of Birth [REDACTED]	5. Age nearest Birthday 49	6. Place of Birth (State) IL.	7. Insured's drivers license number and State of issue: [REDACTED]	
8. Home Address (No., Street, City, State & Zip Code) 2030 W. 111TH ST. APT 501 CHGO. IL. 60643			9. Phone Numbers and most convenient time Proposed Insured can be reached (Home) [REDACTED] <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM (Work) [REDACTED] <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
10. WHOLE LIFE INSURANCE			Plan	
<input type="checkbox"/> OL Face Amount \$ _____	<input type="checkbox"/> Target Amount \$ _____	<input type="checkbox"/> TTR Escalator _____ %	<input type="checkbox"/> Term Purchase Option \$ _____	<input type="checkbox"/> CPR/Target Premium \$ _____
			<input type="checkbox"/> Lump Sum Premium \$ _____	<input type="checkbox"/> Level Term Rider Face Amount \$ _____
			<input type="checkbox"/> Additional Term Rider _____ %	Start Year _____ Stop Year _____
Benefits (if available)			<input type="checkbox"/> Optional Purchase of Additional Insurance \$ _____	
<input type="checkbox"/> Waiver of Premium			<input type="checkbox"/>	
<input type="checkbox"/> Additional Indemnity (if less than face) \$ _____			<input type="checkbox"/>	
11. FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE			Plan OL-1	
<input checked="" type="checkbox"/> Specified Amount			<input checked="" type="checkbox"/> Planned Annual Premium \$ <u>870.00</u>	
<input type="checkbox"/> Specified Amount Plus Cash Value/Accumulation Value			<input checked="" type="checkbox"/> Lump Sum Deposit \$ <u>5200.00</u>	
<input type="checkbox"/> Initial Specified Amount \$ _____			<input type="checkbox"/>	
Benefits (if available)			<input type="checkbox"/> Additional Indemnity (if less than face) \$ _____	
<input type="checkbox"/> Waiver of Monthly Deduction			<input type="checkbox"/>	
<input type="checkbox"/> Waiver of Specified Premium \$ _____			<input type="checkbox"/>	
<input type="checkbox"/> Guaranteed Insurability Rider \$ _____			<input type="checkbox"/>	
12. OTHER INSURANCE			Plan	
<input type="checkbox"/> Face Amount \$ _____				
Benefits (if available)			<input type="checkbox"/> Additional Indemnity (if less than face) \$ _____	
<input type="checkbox"/> Waiver of Premium			<input type="checkbox"/>	
13. Shall the Automatic Premium Loan provision (if available) be made effective?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

14. How shall premiums be payable?
 Annually Semi-Annually Quarterly PAC Salary Allotment Account Billed

15. To whom shall premium notices be sent?
 To both Insured and Owner To Owner only

16. If Insured is to receive premium notices, where should they be sent?
 Insured's residence Insured's business Other

17. Owner (if other than insured) Billing Address (No., Street, City, State & Zip Code)

PROPOSED INSURED INFORMATION

18. Name of employer and nature of business
 AMERITECH

19. Place of Business (No., Street, City, State & Zip Code)
 225 W. RANDOLPH. CHGO IL 60606

20. Current Occupation/Position ACCT SERVICE ADM.	21. How long so employed? 29 YRS	22. Duties VARIED
--	-------------------------------------	----------------------

23. Do you contemplate flying, or have you flown during the past 2 years as a pilot, student pilot or crew member?
 Yes No *If "Yes," an Aviation Supplement is required.*

24. Do you plan to participate or have you participated within the past 2 years in motor vehicle or boat racing, hang gliding or sky, skin, or scuba diving or similar sports?
 Yes No *If "Yes," complete Avocation Questionnaire.*

25. Do you contemplate residence or travel outside of the United States or Canada for more than 30 days within the next year?
 Yes No *If "Yes," complete Foreign Travel or Residence Questionnaire.*

26. Have you had convictions within the past 3 years for motor vehicle moving violations, or had your license suspended, revoked or restricted?
 Yes No *If "Yes," give details below.*

27. Have you ever been convicted of a felony?
 Yes No *If "Yes," give details below.*

28. Have you used any form of tobacco or nicotine substitute within the last 12 months?
 [REDACTED] *If "Yes," describe below the frequency, quantity and kind of tobacco or nicotine substitute used.*
 [REDACTED]

OTHER / EXISTING COVERAGE

29. Have you ever applied for any Life or Health Insurance which was denied, required an extra premium, or was issued for a reduced face amount?
 Yes No *If "Yes," give full details below.*

30. Are you applying or have you negotiated for other Life or Health Insurance either formally or informally, within the last 6 months?
 Yes No *If "Yes," give details below.*

31. Will you discontinue coverage, stop paying premiums, initiate a reduction in face amount, or borrow or surrender cash value on any Life Insurance or Annuity if this insurance is issued? Yes No (If "Yes," give full details in space below)

Forward proper replacement forms, if required.	Company	Policy Number	Amount
	[REDACTED]		[REDACTED]

32. What is the total amount of Life Insurance (Personal and Business) presently in force on your life excluding any policies that will be replaced? The amount shown for each policy should also include coverage under any term riders, but Group or Health Insurance policies should not be included. List each policy separately. If none, so state. *none*

Company	When Issued	Amount	AI Amount

POLICYOWNER INFORMATION

33. Policyowner Name (Give full name and relationship to Proposed Insured. If Trust, include Trustee(s)/Trust Name/Trust Date)
INSURED

34. If Owner is other than the Insured, Owner SS # or Tax ID # _____ OR _____

35. Contingent Owner, if any, AND relationship to Proposed Insured

36. I(We) have paid \$ _____ to the Agent/Representative in exchange for the Temporary Life Insurance Agreement, and I(we) acknowledge that I(we) fully understand and accept its terms.

37. ADDITIONAL INSTRUCTIONS

BENEFICIARY INFORMATION

38. All Primary Beneficiaries who survive the Insured shall share equally unless otherwise indicated. If no Primary Beneficiary survives the Insured, benefits will be paid in equal shares to the Contingent Beneficiaries, if surviving the Insured, unless otherwise specified.

a. Primary Beneficiary AND Relationship to Proposed Insured if personal beneficiary
 [REDACTED]

b. Contingent Beneficiary AND Relationship to Proposed Insured if personal beneficiary
 [REDACTED]

39. If Beneficiary or Owner is other than an individual, indicate whether:
 Beneficiary is a: Corporation Partnership Other _____
 Owner is a: Corporation Partnership Other _____
 Name of person authorized to transact business _____

CERTIFICATIONS AND SIGNATURES

I(We) have read the above questions and answers and declare that they are complete and true to the best of my(our) knowledge and belief. I(We) agree, a) that this Application (Part I, pages 1 and 2, 3 and 4; Part II; or Part IIA if required) shall form a part of any Policy issued, and b) that no Agent/Representative of the Company shall have the authority to waive a complete answer to any question in this Application, make or alter any contract, or waive any of the Company's other rights or requirements. I(We) further agree that no insurance shall take effect (except as provided in the Temporary Life Insurance Agreement if advance payment has been made and acknowledged above and such Agreement issued) unless and until the Policy has been delivered to and accepted by me(us) and the initial premium paid during the lifetime of the Proposed Insured(s) and provided the Proposed Insured(s) remain in the state of health and insurability represented in Parts I and II of this application, or Part IIA if required.

Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for Insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, as determined by a court of competent jurisdiction.

Under penalties of perjury, it is certified that: (a) The social security or Employer ID numbers shown in this application are correct taxpayer identification numbers, and (b) the holders of said numbers are not subject to any backup withholding of U.S. Federal income tax for failure to report interest or dividends.

Dated at (City and State)		On (Month, Day & Year)	
CHICAGO, IL		8-20-97	
Witness - Licensed Agent/Representative		Signature of Proposed Insured	
<i>Jerry R. Mikhail</i>		<i>Paul J. Russo</i>	
Witness - Licensed Agent/Representative		Signature of Proposed Insured	
Witness		Signature of Applicant/Owner if other than Proposed Insured	
Witness		Signature of Applicant/Owner if other than Proposed Insured	

Part II of Application for Insurance

CIGNA Individual Insurance
Connecticut General Life Insurance Company



(Proposed Insured's answers must be recorded by Medical Examiner with no one else present)

PROPOSED INSURED:	<u>Paulette Glover</u>	BIRTH DATE		EXAMINER: PLEASE CHECK REASON FOR EXAMINATION <input checked="" type="checkbox"/> LIFE INS. <input type="checkbox"/> DISABILITY INS. <input type="checkbox"/> PLAN CHANGE <input type="checkbox"/> OTHER (Explain)
1. Have you ever had any indication of or been treated for:		Yes No	Details of "Yes" answers: Identify question number circle applicable items. Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities.	
a. Chest pain, high blood pressure, heart disease, heart murmur, or other disorders of the heart or blood vessels?				
b. Ulcers, colitis, jaundice, or other disease of the stomach, liver, intestines or gallbladder?				
c. Sugar, albumin, blood or pus in the urine; venereal disease; disorder of the kidney or bladder?				
d. Seizures, epilepsy, fainting, dizziness, stroke or paralysis?				
e. Nervous, mental, or emotional disorder or received counseling for anxiety, depression, nervousness, stress, mental or nervous disorder or any other emotional problem?				
f. Any tumor, cancer, cysts; any disorder of lymph glands?				
g. Arthritis, gout, recurrent back pain, sciatica, neuritis, or any disorder of the back, spine, nerves, muscles or joints?				
h. Diabetes, thyroid or other endocrine or glandular disorder?				
i. Anemia or any other blood disorder?				
j. Asthma, emphysema, shortness of breath, or any other disorder of the respiratory system?				
k. Disorder of the eyes, ears, nose or throat?				
l. Drug or alcohol abuse, or been advised to limit your use of alcohol or addictive substances?				
m. Any physical abnormality or deformity?				
n. Allergies or skin disorder?				
2. Are you now under observation or treatment?				
3. Have you ever been diagnosed as having or been treated by a physician Acquired Immune Deficiency Syndrome or an AIDS related condition?				
4. Other than above, have you within the past 5 years:				
a. Had any mental or physical disorder not listed above?				
b. Had a check-up, electrocardiogram, x-ray, blood test or diagnostic test?				
c. Been a patient in a hospital, clinic, sanatorium, or other medical facility?				
d. Been advised to have any diagnostic test, hospitalization or surgery which was not completed?				
5. Have you ever requested or received benefits or payment because of an injury, sickness or disability?				
6. Have you used tobacco in any form within the last twelve months? If "Yes," describe frequency and kind of tobacco used.				
7. Family History: Diabetes, cancer, high blood pressure, mental illness, suicide or heart disease?				
	Age if Living	Cause of Death	Age at Death	8. Have you ever had any disorder of the reproductive organs (testicles, prostate, breasts, ovaries, etc.)?
Father				9a. Are you currently pregnant? b. If so, have there been any complications with this pregnancy or any other pregnancy?
Mother				
Brothers & Sisters				
No. Living 3				
No. Dead 0				
10a. Name and address of your personal physician:		(If none, please check) <input type="checkbox"/> None		
b. Date and reason last consulted:				
c. What treatment was given or medication prescribed?				
I hereby declare that the statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that a copy of this Part II shall be attached to and form a part of any policy issued.				
DATED AT (City, State & Zip Code)		(Month, Day & Year)		SIGNATURE OF PROPOSED INSURED OR PARENT OR GUARDIAN IF A JUVENILE
<u>Shao A.</u>		on: <u>8-15-97</u>		<u>Paulette J. Glover</u>
WITNESS (Medical Examiner)				
<u>[Signature]</u>				

Connecticut General Life Insurance Company

Flexible Premium Adjustable Life Insurance Policy - Non-Participating

Death benefit payable in the event of the death of the Insured. Adjustable death benefit.

Surrender Value payable upon surrender of the policy.

Flexible Premiums payable to the Insured's Age 100 or death of the Insured, whichever is earlier.

Premium Payment Periods and Supplementary Coverages as shown in the Policy Specifications.

Connecticut General Life Insurance Company
a subsidiary of CIGNA Corporation

Hartford, CT 06152 • CAT. #509266



**CIGNA Individual
Insurance**

Main Office Address: P.O. Box 2334, Fort Wayne, Indiana 46801

Monthly Expense Charges:

\$.65 per month, per \$1000 of Insured's Initial Specified Amount;
first twelve policy months only.

Percentage of Premium Expense Charges:

8.5% of all premiums.

Policy Loan Rate: 7.0 Percent

POLICY SCHEDULE

ADJUSTABLE LIFE POLICY - ENDOWMENT - MATURING AT AGE 95

Policy Number:	815370	Insured:	JOHN T. WAREHIME
Policy Date:	August 10, 1982	Maturity Date:	August 10, 2037
Monthly Anniversary Date:	10	Initial Premium:	\$604.00
Class:	StandardNon-Smoker	Planned Periodic Premium:	\$598.50
Sex:	Male	Age:	40
		Payable:	Annually

Insured's Specified Amount of \$50,000.00 does include the Cash Value.

Riders are shown on the SUPPLEMENTAL POLICY SCHEDULE.

SUPPLEMENTAL POLICY SCHEDULE

Policy Number: 815370 Policy Date: August 10, 1982

Insured: JOHN T. WAREHIME

Riders:

Term Rider

Covered Insured: JOHN T. WAREHIME
Specified Amount: \$25,000.00
Expiry Date: August 10, 2037

Male Age 40
Class: Standard Non-Smoker

**TABLE OF GUARANTEED
MAXIMUM INSURANCE RATES
STANDARD RATE CLASSIFICATION**

Monthly Cost of Insurance				Single Premium Endowment at 95 (Future Purchase Option and Option E)			
Attained Age	Rate Per \$1,000	Attained Age	Rate Per \$1,000	Attained Age	Rate Per \$1,000	Attained Age	Rate Per \$1,000
0	\$.36926	50	\$.72664	0	\$ 95.87	50	\$429.57
1	.13669	51	.79505	1	95.70	51	441.89
2	.12419	52	.86931	2	98.05	52	454.36
3	.11918	53	.95025	3	100.63	53	466.98
4	.11459	54	1.03830	4	103.38	54	479.73
5	.11043	55	1.13470	5	106.28	55	492.61
6	.10669	56	1.24073	6	109.35	56	505.59
7	.10376	57	1.35719	7	112.59	57	518.65
8	.10167	58	1.48455	8	115.99	58	531.78
9	.10084	59	1.62403	9	119.56	59	544.96
10	.10168	60	1.77650	10	123.28	60	558.16
11	.10376	61	1.94238	11	127.15	61	571.37
12	.10751	62	2.12333	12	131.15	62	584.56
13	.11293	63	2.32107	13	135.28	63	597.71
14	.11876	64	2.53768	14	139.53	64	610.80
15	.12502	65	2.77608	15	143.89	65	623.81
16	.13168	66	3.03928	16	148.37	66	636.69
17	.13793	67	3.32978	17	152.96	67	649.41
18	.14294	68	3.64685	18	157.69	68	661.92
19	.14710	69	3.98676	19	162.56	69	674.19
20	.15086	70	4.34500	20	167.59	70	686.21
21	.15377	71	4.71692	21	172.80	71	697.98
22	.15627	72	5.09967	22	178.20	72	709.53
23	.15836	73	5.49760	23	183.79	73	720.92
24	.16002	74	5.92258	24	189.61	74	732.19
25	.16211	75	6.38757	25	195.65	75	743.34
26	.16461	76	6.90619	26	201.92	76	754.37
27	.16752	77	7.49028	27	208.43	77	765.22
28	.17127	78	8.14300	28	215.19	78	775.83
29	.17544	79	8.85700	29	222.20	79	786.13
30	.18003	80	9.62445	30	229.47	80	796.10
31	.18503	81	10.43681	31	237.00	81	805.72
32	.19045	82	11.28617	32	244.80	82	815.02
33	.19671	83	12.17113	33	252.89	83	824.06
34	.20462	84	13.09630	34	261.26	84	832.91
35	.21463	85	14.06747	35	269.92	85	841.66
36	.22671	86	15.09034	36	278.86	86	850.43
37	.24213	87	16.17587	37	288.07	87	859.36
38	.26088	88	17.34343	38	297.56	88	868.64
39	.28256	89	18.62108	39	307.29	89	878.54
40	.30716	90	20.04580	40	317.27	90	889.42
41	.33384	91	21.66244	41	327.48	91	901.85
42	.36260	92	23.52590	42	337.93	92	916.75
43	.39386	93	25.69963	43	348.61	93	935.68
44	.42806	94	28.33894	44	359.53	94	961.55
45	.46600	95	31.87147	45	370.68		
46	.50810			46	382.06		
47	.55482			47	393.64		
48	.60653			48	405.43		
49	.66366			49	417.41		

Children's Benefit Rider Monthly Cost of Insurance Rate per \$1,000.00: \$.5000.

PREMIUM, GRACE PERIOD AND REINSTATEMENT PROVISIONS

Payment of Premiums. The Initial Premium is due on the Policy Date and is payable in advance. The amounts and frequency of Planned Periodic Premium payments are shown in the Policy Schedule. Policy anniversaries occur annually and are computed from the Policy Date.

The policy will not take effect until it has been delivered and the Initial Premium has been paid prior to death and prior to any change in health as shown in the application.

The Initial Premium is payable at the Home Office or to an authorized agent. All other premiums are payable at our Home Office. Receipts will be furnished upon request.

Changes in frequency and increases or decreases in amount of Planned Periodic Premium payments may be made by the Owner. We reserve the right to limit the amount of any increase. We will send premium payment reminder notices to the Owner on written request. The notices may be sent annually, semi-annually or quarterly. Planned Periodic Premium payments of \$25.00 or more may be made on a monthly basis under our special payment facility.

Additional premium payments may be made at any time during the continuance of this policy. We reserve the right to limit the number and amount of addi-

tional premium payments.

Grace Period. A grace period of 61 days will be granted for the payment of a premium sufficient to cover the monthly deduction described in the Non-forfeiture Provisions section. Notice of such premium will be mailed to the last known address of the Owner. If such premium is not paid within the grace period, all coverage under the policy will terminate without value at the end of the 61 day period. If a death occurs during the grace period, any overdue monthly deductions will be deducted from the proceeds.

Reinstatement. If this policy terminates, as provided in the grace period section, it may be reinstated at any time within five years after the date of termination and prior to the Maturity Date. The reinstatement is subject to:

1. receipt of evidence of insurability satisfactory to us;
2. payment of a minimum premium sufficient to keep the policy in force for two months; and
3. payment or reinstatement of any indebtedness against the policy, increased by 6% loan interest.

The effective date of a reinstatement shall be the Monthly Anniversary Day that falls on or next follows the date the application for reinstatement is approved by us.

OWNERSHIP, ASSIGNMENT AND BENEFICIARY PROVISIONS

Owner. While the Insured is alive, all rights in this policy belong to the Owner. All of the Owner's rights in this policy belong to the estate of the Owner if the Owner dies before the Insured. Owner means the Owner identified in the application or a successor in interest.

Change of Owner. The Owner may transfer all ownership rights and privileges to a new Owner only in writing on a form satisfactory to us. The change will be effective when recorded by us. Any payment made or any action taken or allowed by us before the change in ownership is recorded will be without prejudice to us. Unless provided otherwise, a change in ownership will not affect the interest of any Beneficiary.

Assignment. We will not be affected by any assignment of the policy until the assignment, in a form satisfactory to us, is filed with us. We do not assume responsibility for the validity or sufficiency of any assignment. The interest of any Beneficiary will be

subject to the rights of any assignee of record.

Beneficiary. The Beneficiary on the Policy Date will be as designated in the application. Unless provided otherwise, the interest of any Beneficiary who dies before the person insured will vest in the Owner or the Owner's estate.

Change of Beneficiary. A new Beneficiary may be named from time to time. A request for change of Beneficiary must be in writing on a form satisfactory to us and filed with us. The request must be signed by the Owner and any irrevocable Beneficiary.

A change of Beneficiary will not take effect until recorded in writing by us. When a change of Beneficiary has been so recorded, whether or not the person insured is then alive, it will take effect as of the date the request was signed. Any payment made or any action taken or allowed by us before the change of Beneficiary is recorded will be without prejudice to us.

GENERAL PROVISIONS

The Policy. The policy and the application for the policy constitute the entire contract between the parties. All statements made in an application will, in the

absence of fraud, be deemed representations and not warranties. No statement will be used in defense of a claim under the policy unless it is contained in an

application, or supplemental application, or application for reinstatement and a copy of such application is attached to the policy when issued or made a part of the policy when a change in insurance coverage or reinstatement became effective.

No modification of this policy shall be binding on us unless in writing and made by our President, Vice President, Secretary or Assistant Secretary.

Inquiries may be directed to our Home Office.

Nonparticipation. This policy is issued at guaranteed nonparticipating cost of insurance rates and will not share in our profits or surplus earnings. We will pay no dividends on this policy.

Proceeds. Proceeds means the amount payable: (1) on the Maturity Date; (2) on the surrender of this policy; or (3) after the death of an insured person.

The proceeds payable on the death of the Insured shall be the Insured's Death Benefit, less any indebtedness. The proceeds payable on the death of any person insured by rider shall be as provided in the rider. If the policy is surrendered the proceeds shall be the cash value, less any indebtedness. On the Maturity Date the proceeds shall be any cash value, less any indebtedness. The proceeds are subject to any adjustments provided in the Error in Age or Sex; Incontestability and Suicide sections.

Payment of Proceeds. The proceeds are subject first to any indebtedness to us and then to the interest of any assignee of record. However, unless otherwise provided, the Death Benefit of any person insured by rider shall not be subject to any indebtedness to us. Payments to satisfy any indebtedness to us and any assignee shall each be paid in one sum. Unless an Optional Method of Settlement is elected, the balance of any Death Benefit shall be paid in one sum to the designated Beneficiary. If no Beneficiary survives, the proceeds shall be paid in one sum to the Owner, if living; otherwise to the estate of the Owner. Unless an Optional Method of Settlement is elected, any proceeds payable on the Maturity Date or upon surrender of this policy shall be paid to the Owner in one sum.

Error in Age or Sex. If there is an error in the age or sex of the Insured or any person insured by rider, the proceeds payable shall be adjusted by the difference of the monthly deductions made and the monthly deductions which should have been made, accumulated at the interest rates that were credited to the cash value. The monthly deduction is described in the Nonforfeiture Provisions section.

Suicide. If the Insured commits suicide while sane or insane within two years from the Policy Date, the total liability shall be the premiums paid prior to death, less any indebtedness, less any prior partial surrenders and less the costs of any riders.

If the Insured commits suicide while sane or insane within two years from the effective date of any increase in insurance or any reinstatement, the total liability with respect to such increase or reinstatement shall be its cost.

Incontestability. This policy shall be incontestable after it has been in force for two years during the lifetime of the Insured.

Any increase in coverage effective after the Policy Date or any reinstatement shall be incontestable only after such increase or reinstatement has been in force during the lifetime of the Insured for two years from its effective date.

Annual Report. We shall send a report to the Owner, at least once each year, which shows the current cash value, premiums paid and all charges since the last report and outstanding policy loans.

Effective Date of Coverage. The effective date of coverage under this policy shall be as follows:

1. The Policy Date shall be the effective date for all coverage provided in the original application.
2. For any increase or addition to coverage, the effective date shall be the Monthly Anniversary Day that falls on or next follows the date we approve the supplemental application.
3. For any insurance that has been reinstated, the effective date shall be the Monthly Anniversary Day that falls on or next follows the date we approve the application for reinstatement.

Interest Before Settlement. If the proceeds are not paid in one sum or under an Optional Method of Settlement within 30 days after they become payable, or the time provided by law, whichever is less, we will pay interest on the unpaid proceeds. Interest will accrue from the date the proceeds are payable to the date of payment, but not for more than one year, at a yearly rate of 3½ percent, or the rate and time provided by law, whichever is greater.

Termination. All coverage under this policy shall terminate when any one of the following events occur:

1. The Owner requests that coverage terminate.
2. The Insured dies.
3. The policy matures.
4. The grace period ends.
5. The policy is surrendered.

INSURANCE COVERAGE PROVISIONS

Death Benefit. Subject to the provisions of this policy, the Insured's Death Benefit at any time prior to the Maturity Date shall be as follows:

1. If the Insured's Specified Amount includes the cash value, as shown in the Policy Schedule, the Insured's Death Benefit at any time shall equal the greater of (a) or (b) where:
 - (a) is the Insured's Specified Amount.
 - (b) is the cash value plus \$10,000.
2. If the Insured's Specified Amount is in addition to the cash value, as shown in the Policy Schedule, the Insured's Death Benefit at any time shall be equal to the then cash value plus the Insured's Specified Amount.

Change in Type of Coverage. The Owner, by written request, may change between sections 1 and 2 of the Death Benefit provision, effective on the Monthly Anniversary Day that falls on or next follows receipt of such request, subject to the following:

- (a) If the change is from section 1 to section 2, the Insured's Specified Amount after such change shall be equal to the Insured's Specified Amount prior to such change, less the cash value on the date of change.
- (b) If the change is from section 2 to section 1, the Insured's Specified Amount after such change shall be equal to the Insured's Specified Amount prior to such change plus the cash value on the date of change.

Changes in Insurance Coverage. At any time after the first policy anniversary, insurance coverage may be increased or decreased by written request from the Owner to change the Insured's Specified Amount, subject to the following conditions:

1. Any decrease will become effective on the Monthly Anniversary Day that falls on or next follows receipt of request. Any such decrease shall reduce insurance in the following order:
 - a. against insurance provided by the most recent increase;
 - b. against the next most recent increases successively; and
 - c. against insurance provided under the original application.
2. The Insured's Specified Amount in effect after any requested decrease must be at least as great as \$10,000.
3. Any request for an increase, other than as a Future Purchase Option, must be applied for on a supplemental application. Such increase shall be subject to evidence of insurability satisfactory to us. An increase shall also be subject to the sufficiency of the cash value, less any indebtedness, to cover the next monthly deduction. Any increase will become effective on the effective date shown on the

supplemental Policy Schedule.

Application for Additional Insurance. Additional insurance on the life of the Insured's spouse or child or other persons may be applied for by supplemental application. Approval of the additional insurance shall be subject to evidence of insurability satisfactory to us. Additional insurance shall also be subject to the sufficiency of the cash value, less any indebtedness, to cover the next monthly deduction. Such new insurance will be provided by rider and will become effective on the effective date shown in the supplemental Policy Schedule.

Exchange: The Owner may, after 31 days written notice, exchange this policy without evidence of insurability for a new policy on any plan of insurance, except term insurance, issued by us at the time of exchange. This policy must be surrendered. The amount of insurance on the new policy may be for any amount up to, but not more than, (a), plus (b), less (c), where:

- (a) is the current amount of the Insured's Death Benefit under this policy.
- (b) is the cash value of the new policy on the date of exchange.
- (c) is the then current cash value of this policy.

All plans of insurance available for exchange are subject to plan requirements. Such new policy will be effective on the date of termination of this policy.

Future Purchase Option. The Owner may surrender this policy and apply the proceeds to purchase Single Premium Endowment at 95 insurance coverage on the Insured, under either Option 1 or Option 2, subject to the following:

1. Under Option 1, the Option Date is the policy anniversary following the Insured's 65th birthday. Written notice of election of Option 1 must be received by us at least 2 years prior to the Option Date.
2. Under Option 2, the Option Date may be any date between the policy anniversary following the Insured's 55th birthday and the policy anniversary following the Insured's 65th birthday. Written notice of election of Option 2 must be received by us at least 30 days prior to the Option Date elected and must include proof that group life insurance coverage on the Insured has terminated or been reduced within 60 days prior to the Option Date elected.
3. The amount of Single Premium Endowment at 95 insurance that may be purchased without evidence of insurability shall be calculated as (a), plus (b), plus (c), less (d), where:
 - (a) is the lesser of:
 - (i) one-half the Insured's Specified Amount;
 - or

- (ii) \$50,000; or
 - (iii) under Option 2, the amount of group life insurance coverage on the Insured within 60 days prior to the Option Date elected. This amount will be reduced by any amounts of such coverage continued by the exercise of any conversion rights under that group coverage.
- (b) is the current amount of the Insured's Death Benefit under the policy.
 - (c) is the amount applied as a Single Premium for the new policy.
 - (d) is the then current cash value of this policy.
4. A larger amount of Single Premium Endowment at 95 coverage will be issued only upon submission of evidence of insurability satisfactory to us.
5. The date of issue of the new policy will be the Option Date; the new policy will take effect only if the Insured is living on the Option Date.
6. The Single Premium for the new policy will be based on the single premium rates then in effect, as determined by us. The single premium rates will not be greater than those shown in the Table of Guaranteed Maximum Insurance Rates, based on the Insured's sex and age last birthday on the date of issue of the new policy.
7. This Future Purchase Option will terminate the earliest of the following dates:
- (a) the date a new policy is issued under either Option 1 or Option 2; or
 - (b) the policy anniversary following the Insured's 65th birthday, if the Owner has not exercised the Future Purchase Option; or
 - (c) the date the policy terminates; or
 - (d) the date the policy is continued under an optional method of settlement.

NONFORFEITURE PROVISIONS

Net Premium. A net premium is the premium paid, less the percentage of premium expense charge shown on the Policy Schedule.

Cash Value. On each Monthly Anniversary Day the cash value shall be calculated as (a), plus (b), minus (c), plus (d), where:

- (a) is the cash value on the preceding Monthly Anniversary Day.
- (b) is all net premiums received since the preceding Monthly Anniversary Day.
- (c) is the monthly deduction for the month preceding the Monthly Anniversary Day.
- (d) is one month's interest on the result of item (a) less item (c).

On any day other than a Monthly Anniversary Day, the cash value shall be calculated as (e), plus (f), minus (g), where:

- (e) is the cash value as of the preceding Monthly Anniversary Day.
- (f) is all net premiums received since the preceding Monthly Anniversary Day.
- (g) is the monthly deduction for the month following the preceding Monthly Anniversary Day.

The cash value on the Policy Date shall be the Initial Net Premium.

Monthly Deduction. The monthly deduction shall be calculated as (h), plus (i), where:

- (h) is the cost of insurance (as described below) plus the cost of additional benefits provided by rider.
- (i) is the monthly expense charge shown on the Policy Schedule. This charge applies only to the first twelve policy months.

Interest Rate. The guaranteed interest rate applied in the calculation of the cash value is .32737 percent per month, compounded monthly. This is equal to 4 percent per year compounded yearly. Interest in excess of the guaranteed rate may be applied in the calculation of cash values at such increased rates and in such manner as determined by us.

Cost of Insurance. The cost of insurance is determined on a monthly basis. The cost of insurance is determined separately for each Specified Amount.

The cost of insurance for the Insured is calculated as (a), multiplied by the result of (b) minus (c), where:

- (a) is the cost of insurance rate as described in the Cost of Insurance Rates section.
- (b) is the Insured's Death Benefit at the beginning of the policy month divided by 1.0032737.
- (c) is the cash value at the beginning of the policy month.

If the cash value is included in the Specified Amount and there have been increases in the Death Benefit, then the cash value shall be first considered a part of the initial Specified Amount. If the cash value exceeds the initial Specified Amount, it shall then be considered a part of additional Specified Amounts resulting from increases in the order of the increases.

Cost of Insurance Rates. The monthly cost of insurance rate is based on the sex, attained age, and rating class of the person insured. Attained age means age

last birthday on the prior policy anniversary. Monthly cost of insurance rates will be determined by us from time to time based on our expectations as to future mortality experience. However, the cost of insurance rates will not be greater than those shown in the Table of Guaranteed Maximum Insurance Rates.

The guaranteed cost of insurance rates are based on the 1958 CSO Mortality Table, Age Last Birthday.

Insufficient Cash Value. If the cash value less any indebtedness on the last day of any month is not sufficient to cover the monthly deduction for the next month, the policy shall terminate subject to the Grace Period section. Any deduction for the cost of insurance after termination of insurance shall not be considered a reinstatement of this policy or a waiver by us of the termination. Any such deduction shall be credited to the cash value as of the date of deduction.

Basis of Computations. Minimum cash values and reserves are based on the 1958 CSO Mortality Table, Age Last Birthday, with interest at 4 percent per year compounded yearly. Reserves are calculated using a modified preliminary term method, but are not less than CRVM reserves. Cash values are at least equal to those required on the Policy Date by the state in which this policy was delivered. Where required, a detailed statement of the method of computation of cash values and reserves under this policy has been filed with the insurance department of the state in which this policy was delivered.

Continuation of Insurance. In the event Planned Periodic Premium payments are not continued, insurance coverage under this policy and any benefits provided by rider will be continued in force.

Such coverage shall be continued until the cash value, less indebtedness, is insufficient to cover the monthly

deduction, as provided in the Grace Period section. This provision shall not continue the policy beyond the Maturity Date nor continue any rider beyond the date for its termination, as provided in the rider.

Surrender and Surrender Value. This policy may be surrendered at any time during the lifetime of the Insured upon written request by the Owner to us. The amount payable on surrender of this policy shall be the cash value, less any indebtedness, on the date of surrender. The surrender value will be paid in cash or under an elected Optional Method of Settlement.

If surrender is requested under this section within 30 days of a policy anniversary, the cash value shall not be less than the cash value on that anniversary, less any partial surrenders made on or after such anniversary.

If this policy is surrendered, coverage shall terminate as of the next Monthly Anniversary Day. We reserve the right to defer the payment of the surrender value for the period permitted by law, but not for more than six months.

Partial Surrender. A partial surrender of this policy may be made at any time during the lifetime of the Insured, by written request of the Owner. The partial surrender may be any amount not to exceed the current cash value, less any indebtedness.

When a partial surrender is made, the amount of the partial surrender will be deducted from the cash value. The Insured's Death Benefit shall be reduced by the amount of the partial surrender.

A fee of \$25.00 shall be deducted from each partial surrender amount. We reserve the right to defer a partial surrender for the period permitted by law, but not for more than six months.

LOAN PROVISIONS

Cash Loans. During the continuance of this policy, we will grant a loan against the policy provided: (a) a written loan agreement is executed; and (b) a satisfactory assignment of the policy to us is made. The policy will be the sole security for the loan. The amount of the loan with interest may not exceed the cash value, less any indebtedness, as of the date of the policy loan. We reserve the right to defer a loan for the period permitted by law, but not for more than six months.

Loan Interest. Interest on any loan will be at the

Policy Loan Rate of 7%, payable annually in advance.

Interest not paid when due will then be added to the loan and bear interest at the same rate.

If at any time the total indebtedness against the policy, including interest, equals or exceeds the then cash value, the policy will become void, but not until 61 days after notice has been mailed to the last known addresses of the Insured, the Owner, and the assignee of record, if any.

OPTIONAL METHODS OF SETTLEMENT

Upon written request, we will apply all or part of the net proceeds that may be payable under the policy in accordance with any one of the options below. Such options will be available only with our consent if:

1. The proceeds to be settled under any option are \$2,500 or less;
2. Any installment or interest payment is \$25 or less; or

3. Any payee is a corporation, partnership, association, trustee or assignee.

Before the death of an insured person, the request shall be made by the Owner. If an Optional Method of Settlement is not in effect at the death of an insured person, the request may then be made by the Beneficiary. Option E is available only while the Insured is alive.

Option A: Annuity Certain. We will pay a definite number of equal installments. The first installment will be payable on the date proceeds are settled under the option. The amount of each installment will be determined from the Option A Table. The Option A Table is based on a guaranteed interest rate of 4 percent per year compounded yearly.

Option B: Life Annuity with Certain Period. We will pay a definite number of equal monthly installments, and will pay as long thereafter as the payee lives. The first installment will be payable on the date proceeds are settled under the option. The amount of each installment will be determined from the Option B Table based on the payee's sex and settlement age. The settlement age shown in the Option B Table will be the payee's age last birthday on the date the first installment is paid. The Option B Table is based on a guaranteed interest rate of 4 percent per year compounded yearly.

Option C: As a Deposit at Interest. We will retain the proceeds while the payee is alive and will pay interest yearly at a rate of not less than 4 percent per year.

Option D: Installments Until Proceeds are Exhausted. We will pay installments of specified amounts until the proceeds with any interest are exhausted. The first installment will be payable on the date proceeds are settled under the option. The installment amounts must be at least \$120 per year per \$1,000 of proceeds retained. Interest will be payable at a rate of not less than 4 percent per year compounded yearly.

Option E: Single Premium Endowment at 95. The Owner may surrender this policy at any time during the lifetime of the Insured and before the Insured's 95th birthday and apply the proceeds to purchase Single Premium Endowment at 95 insurance coverage on the Insured, subject to the following:

1. Written request for such coverage must be made to us.
2. The amount of Single Premium Endowment at 95 insurance that may be purchased without

evidence of insurability shall be calculated as (a), plus (b), less (c), where:

- (a) is the current amount of the Insured's Death Benefit under this policy.
- (b) is the amount applied as a Single Premium for the new policy.
- (c) is the then current cash value of this policy.

3. A larger amount of Single Premium Endowment at 95 coverage will be issued only upon submission of evidence of insurability satisfactory to us.
4. The date of issue of the new policy will be the date that the Insured's coverage under this policy terminates.
5. The Single Premium for the new policy will be based on the single premium rates then in effect, as determined by us. The single premium rates will not be greater than those shown in the Table of Guaranteed Maximum Insurance Rates, based on the Insured's sex and age last birthday on the date of issue of the new policy.

Additional Options. Any proceeds payable under the policy may also be settled under any other method of settlement offered by us at the time of the request.

Excess Interest. Excess interest as determined by us may be paid or credited from time to time in addition to the payments guaranteed under any Optional Method of Settlement.

Proof Payee is Alive. Prior to making any payment under an income option we shall have the right to require proof satisfactory to us that the payee is alive on the due date of each payment. In such case the payment shall not be due until we have received the proof required.

Proof of Age. Prior to making any payment under Option B, we shall require proof satisfactory to us of the payee's sex and date of birth.

Death of Payee. On the death of the last payee, unless otherwise provided in the election or by subsequent beneficiary designation, we shall pay in one sum to such payee's estate any unpaid sum left with us under Options C or D, plus any unpaid interest. The commuted value of any remaining unpaid installments that are certain to be paid under Options A or B shall be paid in one sum to the payee's estate. The commuted value shall be on the basis of 4 percent per year compounded yearly.

Optional Methods of Settlement (Continued)
Amount of Installment For Each \$1,000 of Proceeds Applied

Option A Table

Option B Table

Number of years payable	Amount of monthly installment	Settlement age of payee last birthday	For Males			For Females		
			Number of monthly installments certain			Number of monthly installments certain		
			120	180	240	120	180	240
1	\$84.84	10*	\$3.58	\$3.58	\$3.58	\$3.51	\$3.51	\$3.51
2	43.25	11	3.60	3.59	3.59	3.52	3.52	3.52
3	29.40	12	3.61	3.61	3.60	3.53	3.53	3.53
4	22.47	13	3.62	3.62	3.62	3.54	3.54	3.54
5	18.32	14	3.64	3.64	3.63	3.55	3.55	3.55
6	15.56	15	3.65	3.65	3.65	3.57	3.57	3.56
7	13.59	16	3.67	3.67	3.66	3.58	3.58	3.58
8	12.12	17	3.69	3.68	3.68	3.59	3.59	3.59
9	10.97	18	3.71	3.70	3.70	3.61	3.60	3.60
10	10.06	19	3.72	3.72	3.71	3.62	3.62	3.62
11	9.31	20	3.74	3.74	3.73	3.64	3.63	3.63
12	8.69	21	3.76	3.76	3.75	3.65	3.65	3.65
13	8.17	22	3.78	3.78	3.77	3.67	3.67	3.66
14	7.72	23	3.81	3.80	3.79	3.68	3.68	3.68
15	7.34	24	3.83	3.82	3.82	3.70	3.70	3.70
16	7.00	25	3.85	3.85	3.84	3.72	3.72	3.71
17	6.71	26	3.88	3.87	3.86	3.74	3.74	3.73
18	6.44	27	3.91	3.90	3.89	3.76	3.76	3.75
19	6.21	28	3.93	3.93	3.91	3.78	3.78	3.77
20	6.00	29	3.96	3.96	3.94	3.81	3.80	3.79
21	5.81	30	3.99	3.99	3.97	3.83	3.82	3.82
22	5.64	31	4.03	4.02	4.00	3.85	3.85	3.84
23	5.49	32	4.06	4.05	4.03	3.88	3.87	3.87
24	5.35	33	4.10	4.08	4.06	3.91	3.90	3.89
25	5.22	34	4.13	4.12	4.10	3.94	3.93	3.92
		35	4.17	4.16	4.13	3.97	3.96	3.95
		36	4.22	4.20	4.17	4.00	3.99	3.98
		37	4.26	4.24	4.20	4.03	4.02	4.01
		38	4.31	4.28	4.24	4.07	4.06	4.04
		39	4.35	4.33	4.28	4.10	4.09	4.07
		40	4.40	4.37	4.32	4.14	4.13	4.11
		41	4.46	4.42	4.37	4.18	4.17	4.14
		42	4.51	4.47	4.41	4.22	4.21	4.18
		43	4.57	4.52	4.46	4.27	4.25	4.22
		44	4.63	4.58	4.50	4.32	4.29	4.26
		45	4.69	4.63	4.55	4.36	4.34	4.31
		46	4.76	4.69	4.60	4.42	4.39	4.35
		47	4.83	4.75	4.65	4.47	4.44	4.40
		48	4.90	4.81	4.70	4.53	4.50	4.44
		49	4.97	4.88	4.75	4.59	4.55	4.49

*Ages 10 and under.

**Option B Table
(Continued)**

Settlement age of payee last birthday	For Males			For Females		
	Number of monthly installments certain			Number of monthly installments certain		
	120	180	240	120	180	240
50	\$5.05	\$4.94	\$4.81	\$4.65	\$4.61	\$4.55
51	5.12	5.01	4.86	4.72	4.67	4.60
52	5.21	5.08	4.92	4.79	4.74	4.66
53	5.29	5.16	4.98	4.87	4.80	4.72
54	5.38	5.23	5.03	4.94	4.87	4.78
55	5.48	5.31	5.09	5.03	4.95	4.84
56	5.58	5.39	5.15	5.11	5.02	4.90
57	5.68	5.47	5.21	5.20	5.10	4.97
58	5.79	5.56	5.27	5.30	5.19	5.03
59	5.90	5.64	5.33	5.40	5.28	5.10
60	6.02	5.73	5.39	5.51	5.37	5.17
61	6.14	5.83	5.45	5.62	5.46	5.24
62	6.27	5.92	5.50	5.74	5.56	5.31
63	6.41	6.01	5.56	5.86	5.66	5.38
64	6.55	6.11	5.61	6.00	5.77	5.44
65	6.70	6.21	5.66	6.14	5.87	5.51
66	6.85	6.30	5.71	6.29	5.98	5.57
67	7.01	6.40	5.75	6.45	6.10	5.63
68	7.17	6.49	5.79	6.62	6.21	5.69
69	7.34	6.58	5.83	6.80	6.32	5.74
70	7.51	6.67	5.87	6.98	6.43	5.78
71	7.69	6.76	5.89	7.18	6.54	5.82
72	7.87	6.84	5.92	7.37	6.64	5.86
73	8.05	6.91	5.94	7.58	6.74	5.89
74	8.23	6.98	5.96	7.78	6.83	5.91
75	8.41	7.05	5.97	7.99	6.91	5.93
76	8.58	7.11	5.98	8.20	6.98	5.95
77	8.76	7.16	5.99	8.40	7.05	5.96
78	8.92	7.20	5.99	8.59	7.10	5.97
79	9.08	7.23	6.00	8.78	7.15	5.98
80	9.23	7.26	6.00	8.96	7.19	5.99
81	9.37	7.28	6.00	9.12	7.22	5.99
82	9.50	7.30	6.00	9.26	7.25	5.99
83	9.62	7.31	6.00	9.39	7.27	6.00
84#	9.72	7.32	6.00	9.50	7.28	6.00

#Ages 84 and over.

TERM RIDER FOR COVERED INSURED

Consideration. This rider is part of the policy to which it is attached. It is issued in consideration of the application and payment of its cost of insurance. The cost of insurance for this rider is payable at the same time and in the same manner as the cost of insurance of the policy.

Covered Insured. Covered Insured means each person so named in an application or supplemental application, if approved by us.

Cost of Insurance. The cost of insurance under this rider for each Covered Insured is calculated as (a), multiplied by (b), where:

- (a) is the cost of insurance rate for the Covered Insured. (This rate is described in the Cost of Insurance Rates section of the policy.)
- (b) is the Specified Amount for the Covered Insured.

Death Benefit. The Term Death Benefit shall be the Specified Amount for the Term Rider that is shown on the Policy Schedule or any Supplemental Policy Schedule. We agree to pay the Term Death Benefit upon receipt of due proof of the death of any Covered Insured. Death must occur while this rider is in force with respect to the Covered Insured. Payment is subject to the provisions of the policy and this rider.

Beneficiary. The Beneficiary will be as designated in the application unless changed as provided in the policy.

Changes in Insurance Coverage. Insurance coverage may be increased or decreased by written request from the Owner to change the Specified Amount, subject to the following conditions:

1. Any decrease will become effective on the Monthly Anniversary Day that falls on or next follows receipt of request. Any such decrease shall reduce insurance in the following order:
 - a. against insurance provided by the most recent increase;
 - b. against the next most recent increases successively; and
 - c. against insurance provided under the original application.
2. Any request for an increase must be applied for on a supplemental application. An increase shall be subject to evidence of insurability satisfactory to us. An increase shall also be subject to the sufficiency of the cash value, less any indebtedness,

to cover the next monthly deduction. Any increase will become effective on the effective date shown on the supplemental Policy Schedule.

Conversion. Upon termination of this rider, insurance on each Covered Insured under this rider may be converted. In addition, while this rider is in force, insurance on any Covered Insured may be converted when coverage on such person terminates. Conversion may be to any plan of insurance, except term insurance, issued by us at the time of conversion. The amount of insurance converted may be for any amount up to but not more than such Covered Insured's Specified Amount. All plans of insurance available on conversion are subject to plan requirements. Evidence of insurability shall not be required upon conversion.

When insurance on a Covered Person terminates, this right to convert shall be available for the next 31 days. If the death of the Covered Insured occurs in this 31 day period, the death benefit shall be paid as if the insurance had been converted.

Termination. The Owner may terminate this rider or may terminate coverage on any Covered Insured at any time by written request to us. Termination shall occur on the Monthly Anniversary Day that falls on or next follows the date the request is received by us. This rider shall automatically terminate when the policy is terminated.

Insurance on any Covered Insured shall terminate when such person attains age 95.

Values. This rider has no cash or loan values.

Reserves. Reserves for this rider are based on the 1958 CSO Mortality Table, Age Last Birthday. Interest is at 4 percent per year compounded yearly.

Effective Date of Coverage. The effective date of coverage under this rider shall be as follows:

1. The Policy Date shall be the effective date for all coverage provided in the original application.
2. For any rider issued after the Policy Date or any increase in coverage, the effective date shall be the Monthly Anniversary Day that falls on or next follows the date we approve the supplemental application.
3. For any insurance that has been reinstated, the effective date shall be the Monthly Anniversary Day that falls on or next follows the date we approve the reinstatement.

Suicide. If any Covered Insured commits suicide while sane or insane within two years from the effective

date of this rider, the total liability shall be the cost of insurance for such person.

If any Covered Insured commits suicide while sane or insane within two years from the effective date of any increase in insurance, the total liability with respect to such increase shall be its cost.

Incontestability. This rider shall be incontestable after it has been in force during the lifetime of the Covered Insured for two years from its effective date.

Any increase in coverage effective after the Policy Date shall be incontestable only after such increase has been in force during the lifetime of the Covered Insured for two years from its effective date.

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

Marilyn A. Vachon

Marilyn A. Vachon, Secretary

ILWP EXEN EIV DOAPHI 4370

Amendment of Application

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

FORT WAYNE, INDIANA

I, JOHN T. WAREHIME, hereby amend my application to

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY, dated AUGUST 9TH, 1982,

as follows.

I AGREE THAT QUESTION 23A ON PART ONE SHOULD BE ANSWERED - "NO."

I agree that these changes will be an amendment to and form a part of the original application and of any policy issued as a result of that application and that they will be binding on any person who may have or claim any interest under that policy.

Dated at Missoula, MT. this 28th. day of Sept., 1982

Witness [Signature] (To be signed by Witness) Signed x [Signature] (To be signed by Applicant)

Policy Number 80 815370 _____
(To be signed by Proposed Insured if other than the Applicant)

1. Full Name of Proposed Insured JOHN T. WAREHIME 2. Social Security Number [REDACTED]

3. Residence No. and Street or R.R. City County State Zip Code
Address 21350 Wallace Ct Rd. Clinton Missoula MT 59822

4a. Birthdate b. Age c. Birthplace 5a. Male Female b. Married Divorced Single Separated Widows
8-1-42 40 CA.

Questions 6 thru 9 refer to Proposed Insured if age 15 or over, to Applicant if Proposed Insured is under age 15.

5. Name of Employer City of Missoula 7. Business Address Broadway Ave. Missoula

6a. Occupation TRUCK DRIVER b. Time in occupation 13 Years Months
c. Describe duties TRUCK DRIVER d. List any other occupation

9. Approximate Annual Income (If self-employed, list income after business expenses.) a. From occupation \$ 18,000. b. From other sources \$ c. List other sources

LIFE INSURANCE

10. Policy Rider Annual Dividends (Par) Nonpar

UL. Basic
Plan ADVANTAGE Amt. \$ 50,000.00

Yr. Renewable Term \$ _____
 Yr. Family Security \$ _____ mo. inc.
 Yr. Mortgage Insurance \$ _____ init. amt.
Interest rate _____ %
 Yr. Uniform Decr. Term \$ _____ init. amt.
 Term to 65 \$ _____
 Units-Guaranteed Insurability
 Waiver of Premium Benefit
 Accidental Death Benefit Amt. \$ _____
 Payor Benefits

HEALTH INSURANCE

15. Plan Mo. Indem. Amt. \$
Supp. Mo. Indem. 6 Months 12 Months \$
Partial Disability
Lifetime Monthly Indemnity \$
Options to Increase Amt. of Mo. Indemnity \$
Principal Sum Benefit \$
Hospital Benefit Month Day \$
Surgical Benefit \$ Deductible Amt. \$
Accident Medical Expense Benefit
Physicians Fee Ben. \$ Nursing Period Ben. \$
Catastrophic Benefit Deductible Amt. \$
Major Medical Ben. \$ Hospital Limit \$

11. Is Automatic Premium Loan Provision to be in effect? Yes No

12. If Annual Dividends, indicate dividend option desired
 Paid in cash One year term-full amount N/A
 Reduce premiums One year term-bal. to reduce premiums
 Paid-up additions One year term-bal. to buy pd.-up additions
 Left at interest One year term-bal. left at interest

13. Premiums payable: Annually Semiannually Quarterly
Monthly: Regular ABC PRD Gov. Allot.

14. Send premium notices on Life to:
 Residence Address Business Address Owner

16. Do you understand and agree that under the terms of the plan of the policy hereby applied for no monthly indemnity payable for the first _____ days of any period of disability?

17. Premiums payable: Annually Semiannually Quarterly
Monthly: Regular ABC PRD

18. Send premium notices on Health to:
 Residence Address Business Address

19. To be completed for both Life and Principal Sum Benefit, if applicable.
Beneficiary who will receive proceeds upon death of the insured, unless changed by the Owner.
(List full name, relationship, and birthdate. If no relationship, give address.)
VALARIE L. WAREHIME SPOUSE

Contingent Beneficiary, if any Children

20. If Owner of the Policy is to be other than Proposed Insured, state:
Owner's Name _____ Mailing Address _____
Relationship to Proposed Insured _____ Social Security Number _____
Contingent Owner _____ Relationship to Proposed Insured _____
If Proposed Insured is a minor, will policy ownership pass as a gift to Proposed Insured at age 21? Yes No (Unless amended by Owner, policy ownership will pass automatically to Proposed Insured on prior death of Owner and any Contingent Owner named above.)

21. State here any special requests indicating Life or Health.
25,000 Other Insured Rider on Insured, John T. Warehime, 8-1-42.

a. Amount of Life Insurance in Force

Company	Yr. of Issue	Plan	Current Amount	Accidental Death
<i>ITC</i>	<i>78</i>	<i>WL</i>	<i>7500.</i>	<i>D</i>

b. Amount of Disability Income Insurance in Force

Company	Accidental Death	Monthly Indemnity	Benefit Period

c. Amount of Hospital, Surgical, and Major Medical Insurance in Force

Company	Hospital	Surgical	Major Medical
<i>Group</i>			

Will any existing life (including paid-up additions), health, or annuity contracts be lapsed, surrendered, reissued, or converted (to reduce amount, premium, or period of coverage-including surrender options) if the proposed policy is issued? Yes No
 Will proposed policy be financed by loans from this or any other policy? Yes No
 Details (Furnish complete name of issuing company; rating, if not standard; and if Health Insurance being replaced, include date of termination.) *23 + 24) Currently applying for 75000 Sec. Conn Term.*

Items 24a. thru f. refer to Proposed Insured (AND Applicant if Payor Benefits requested).

Is any person on whom insurance is applied for in this application:
 ever been declined, postponed, rated, or charged an extra premium for Life or Health insurance or offered a policy different from that applied for, or been refused reinstatement or renewal of Life or Health insurance?
 any application for any other Life or Health insurance now pending or contemplated?
 ever received or claimed indemnity, benefits, or a pension for any injury, sickness, or impaired condition?
 made, or does that person contemplate making, any flight as a pilot, student pilot, or member of the crew of any aircraft? (If "Yes", complete form 9689.)
 engaged in, or does that person contemplate engaging in, parachuting, hang gliding, vehicle racing, skin or scuba diving, or any hazardous sport or hobby? (If "Yes", complete appropriate questionnaire.)
 any intention of traveling or living outside the U.S.A. and Canada in the next 2 years?

Yes	No	Details - Specify Person
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>This pol. will replace Sec. Conn. has not been issued yet.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Answer questions 25 thru 34 only for life insurance on child under age 15 (also complete ownership question 20).

Applicant _____ 26. Social Security Number _____

Relationship to Child _____

Residence Address (if different from No. 3) _____

Applicant's Birthdate (Mo., Day, Yr.) _____ Age _____

Birthplace _____

Total amount of Life Insurance in force on the Applicant \$ _____

Child's Height ft. _____ ins. _____ Weight lbs. _____

1. Is child now in good health? Yes No
 2. Is child normal in every way? Yes No

33. Had child any birth injury or do you know of any congenital or hereditary abnormality, disease, or trait which may affect the child's future health? Yes No

34. Regarding child, name below all causes for which a physician has been consulted in the last 5 years. (If none, say "None".)

Disease, Injury, or Operation	Date	Result	Name and Address of Physicians

Questions 35 thru 45 refer to Proposed Insured if age 15 or over, or to Applicant if Payor Benefits requested. May be omitted if medically examined.

a. Height ft. _____ ins. _____ Weight lbs. _____

b. Weight gained in past year lbs. _____
 Weight lost in past year lbs. _____
 Cause _____

Family Record	Living		Dead	
	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers and Sisters				
No. Living _____				
No. Dead _____				

37. Have any of your parents, brothers, or sisters ever had heart disease, diabetes, or mental illness?

38. In the past 5 years, have you used:
 a. alcoholic beverages to excess or intoxication?
 b. barbiturates, sedatives, or tranquilizers habitually?
 c. L.S.D., marijuana, cocaine, or any amphetamine?
 d. heroin, morphine, or other narcotic drug?

39. In the past 10 years, have you been treated for alcoholism or any drug habit?

40. In the past 10 years, have you been in a hospital, clinic, sanatorium, or institution for examination, observation, diagnosis, operation, or treatment?

41. In the past 5 years, have you had an X-ray, electrocardiogram, blood study, or other diagnostic test?

Give complete information regarding Yes answers to questions 37 thru 45 under "Details" below. Specify conditions, severity, date, duration, frequency of attacks, aftereffects, and name and address of each doctor and of each hospital.

To the best of your knowledge and belief:	Yes	No	Details
In the past 10 years, have you had or been told that you had: 1. dizziness, fainting spells, epilepsy, nervous breakdown, severe headaches, or any disease or disorder of the brain or nervous system? 2. asthma, hay fever, chronic cough, spitting of blood, tuberculosis, or any disease or disorder of the lungs or respiratory system? 3. high blood pressure, chest pain, shortness of breath, heart murmur, or any disease or disorder of the heart or circulatory system? 4. any disease or disorder of the stomach, intestines or bowel, rectum, appendix, liver, or gall bladder? 5. nephritis, kidney stone, any disease or disorder of the kidneys or bladder, or any tumor or disease of the prostate, testes, breast, uterus, ovaries, or complications of pregnancy? 6. gout, arthritis, rheumatism, or any disease or disorder of the back, spine, bones, joints, or muscles? 7. anemia, goiter, or any disease or disorder of the blood or glands? 8. rheumatic fever, diabetes, or sugar, albumin, or blood in the urine? 9. cancer, or a tumor or ulcer of any kind, or venereal disease? 10. varicose veins, phlebitis, or a hernia of any kind? 11. any disease or disorder of the eyes, ears, nose, or throat?			
a. have you now any abnormality, deformity, disease, or disorder? b. are you receiving treatment or taking medication of any kind?			
a. When did a physician or practitioner last examine, advise, or treat you?			
Name _____			
Address _____			
b. Give reason _____			
In the past _____			
any physician _____			

The Proposed Insured and the Applicant, if other than the Proposed Insured, represent, each to the best of his or her knowledge and belief, that all statements and answers contained in this application, consisting of Parts One and Two (if such Part Two is required by the Company), are complete and true and expressly agree as follows:

- Any policy issued as a result of this application shall together with this application constitute a single and entire contract of insurance. Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company may make a contract on its behalf. No waiver or modification of a contract provision or of any of the Company's rights or requirements shall be binding upon the Company unless it is in writing signed by one of such officers. NEITHER THE AGENT WHOSE SIGNATURE APPEARS BELOW, NOR ANY OTHER AGENT OR BROKER, NOR ANY MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS, PASS UPON INSURABILITY, MAKE OR MODIFY CONTRACTS, OR WAIVE ANY OF THE COMPANY'S RIGHTS OR REQUIREMENTS.
- Any life insurance policy issued as a result of this application shall be owned by the Applicant or by such person or persons as may receive ownership from the Applicant. Any health insurance policy issued as a result of this application shall be owned by the Proposed Insured.
- Any insurance approved by the Company for issue as a result of this application, unless effective prior to policy delivery in the manner specified in the conditional receipt attached to this application, shall be considered in force only when a policy shall have been issued by the Company and that policy manually received and accepted by the Applicant and the full first premium for that policy paid, and then only if, since completion of this application, no change shall have occurred in the health or in any other factor affecting the insurability of the Proposed Insured (and of the Applicant if Payor Benefits are applied for), all subject to the policy provision or provisions entitled "Not Contestable After Two Years", "Incontestable", or "Time Limit on Certain Defenses". If insurance (life insurance, accidental death benefits, and principal sum benefits under health insurance) becomes effective prior to policy delivery in the manner specified in the conditional receipt attached to this application, the amount of such insurance shall not exceed \$100,000.
- With respect to life insurance applied for, the Company may amend this application by an appropriate notation in the space designated "Home Office Endorsement" in order to correct apparent errors or omissions and to conform it with any policy that may be issued. The acceptance of any life insurance policy issued as a result of this application shall constitute acceptance and ratification of any such amendments and of the beneficiary designation, ownership, and mode of payment of the proceeds in such policy. Any change in plan or amount of insurance, premium, classification of risk, or benefits will be made only upon written acceptance by the Applicant.

Witnessed at Missoula, Mt.
 this 5th day of Aug., 1982

I hereby certify that I have truly and accurately recorded on this application the information supplied by the Applicant.

[Signature]
 Signature of Agent

[Signature]
 Signature of person applying for insurance (The Applicant)
 (If Proposed Insured is Applicant, sign only on this line.)

 Signature of Proposed Insured (if not Applicant)
 (Child under 15 need not sign)

414302

RECEIPT DETACHED AT H.O.



PLAN INFORMATION

PLEASE PRINT

To be made a supplement to Part One Application dated Aug 9th 82

Full Name of Proposed Insured John T. Warehime Date of Birth [REDACTED]

LIFE INSURANCE

Annual Dividends (Par) Nonpar

1. Rider _____ Plan _____ Amt. \$ _____

_____ Yr. Renewable Term \$ _____

Increasing Annual Renewable Term
_____ % Int. Rate \$ _____ Init. Amt.

Level Premium Annual Renewable Term
\$ _____ Premium \$ _____ Init. Amt.

_____ Yr. Decreasing Annual Renewable Term
_____ % Int. Rate \$ _____ Init. Amt.

Single Premium Whole Life Amt. \$ _____

Other Insured Rider 25,000

_____ Units-Family Insurance to Spouse's age 55 65

_____ Units-Children's Insurance

_____ Units-Guaranteed Insurability

Waiver of Premium Benefit

Accidental Death Benefit Amt. \$ _____

Payor - Death and Dis.

Payor - Death only

HEALTH INSURANCE

15. Plan _____ Mo. Ben. Amt. \$ _____
(For Pro-Add or Pro-Add-Adj. enter base policy 265 benefit;
For Flex-Pro include Rider Amt.)

Contingent Added Protection Rider (CAP) \$ _____

Initial Added Protection Rider (IAP) \$ _____

Added Income 60 Rider (AI-60) \$ _____

Options to Increase Amount of
Monthly Benefits Rider (OI) \$ _____

Lifetime Monthly Benefit Rider \$ _____

Increasing Benefit Rider _____ %

Regular Occupation Rider (4A only)

Accidental Death Benefit \$ _____

12. Is Automatic Premium Loan Provision to be in effect? Yes No

13. If Annual Dividends, indicate dividend option desired

Paid in cash One year term-full amount

Reduce premiums One year term-bal. to reduce premiums

Paid-up additions One year term-bal. to buy pd.-up additions

Left at interest One year term-bal. left at interest

Econolife 12-SPWL additions

14-Econo-SPWL 13-one year term-bal. to buy SPWL add'ns.

14. Premiums payable: Annually Semiannually Quarterly
Monthly: Regular ABC PRD Gov. Allot.

16a. Do you understand and agree that under the terms of the base plan of the policy applied for no Monthly Benefit is payable for the first _____ days of any period of disability? Yes

b. Are you eligible to receive:

	Yes	No
Benefits under the Social Security Act?	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation or similar "on the job" coverage?	<input type="checkbox"/>	<input type="checkbox"/>
State Cash Sickness Benefits? (in those states where applies)	<input type="checkbox"/>	<input type="checkbox"/>

17. Premiums payable: Annually Semiannually Quarterly
Monthly: Regular ABC PRD
Premiums paid by: Individual Insured
 Employer of Insured (Entire premium is paid by the employer and is not being deducted from Insured's salary)

Issued at Missouri, Mo.
6th day of Aug., 19 82

[Signature]
Signature of Agent

X John T. Warehime
Signature of person applying for insurance (The Applicant)
(If Proposed Insured is Applicant, sign only on this line.)

Signature of Proposed Insured (if not Applicant)
(Child under 15 need not sign)



Every question must be asked by the Medical Examiner and the answers recorded in ink in the Examiner's own handwriting. Please print names and addresses. The Proposed Insured must sign in the Examiner's presence. Examinations must be made in private.

2A
Part Two of Application

1. Full Name of Proposed Insured Warehime, John 2. a. Birthdate [redacted] b. Age [redacted]

3. For how much insurance are you applying?

Family Record	Living		Dead	
	Age	State of Health	Age at Death	Cause of Death
Father	71	gd		
Mother	63	gd		
Brothers and Sisters	30 23			
No. Living	41			
No. Dead				

6. a. Have you smoked one or more cigarettes within the last 12 months?
b. Have you been a cigarette smoker within the past 10 years?
7. Have you ever received compensation for sickness or injury or been deferred or discharged from military service for physical reasons?
8. In the past 5 years, have you used:
a. alcoholic beverages to excess or intoxication?
b. barbiturates, sedatives, or tranquilizers habitually?
c. L.S.D., marijuana, cocaine, or any amphetamine?
d. heroin, morphine, or other narcotic drug?
9. In the past 10 years, have you been treated for alcoholism or any drug habit?

4. Have any of your parents, brothers, or sisters ever had heart disease, diabetes, or mental illness? Yes No

Give complete information regarding "Yes" answers to questions 5 thru 16, under "Details" below. Specify conditions, severity, date, duration, frequency of attacks, aftereffects, and name and address of each doctor and of each hospital.

1. In the past 5 years, have you been in a hospital, clinic, sanatorium, or institution for examination, observation, diagnosis, operation, or treatment?
2. In the past 5 years, have you had an X-ray, electrocardiogram, blood study, or other diagnostic test?
To the best of your knowledge and belief:
3. In the past 10 years, have you had or been told you had:
a. dizziness, fainting spells, epilepsy, nervous breakdown, severe headaches, or any disease or disorder of the brain or nervous system?
b. asthma, hay fever, chronic cough, spitting of blood, tuberculosis, or any disease or disorder of the lungs or respiratory system?
c. high blood pressure, chest pain, shortness of breath, heart murmur, or any disease or disorder of the heart or circulatory system?
d. any disease or disorder of the stomach, intestines or bowel, rectum, appendix, liver, or gall bladder?
e. nephritis, kidney stone, any disease or disorder of the kidneys or bladder, or any tumor or disease of the prostate, testes, breast, uterus, ovaries, or complications of pregnancy?
f. gout, arthritis, rheumatism, or any disease or disorder of the back, spine, bones, joints, or muscles?
g. anemia, goiter, or any disease or disorder of the blood or glands?
h. rheumatic fever, diabetes, or sugar, albumin, or blood in the urine?
i. cancer, or a tumor or ulcer of any kind, or venereal disease?
j. varicose veins, phlebitis, or a hernia of any kind?
k. any disease or disorder of the eyes, ears, nose, or throat?
4. a. have you now any abnormality, deformity, disease, or disorder?
b. are you receiving treatment or taking medication of any kind?
4. a. When did a physician or practitioner last examine, advise, or treat you?
Name [redacted]
Address [redacted]
b. Give re [redacted]
5. In the past 5 years, have you consulted or been treated or examined by any physician or practitioner (a) not named above?
(b) for any cause not recorded above?
6. Have you lost 10 or more pounds during past 12 months? (give amount)

I hereby agree that the above questions and answers shall form Part Two of my pending application for insurance, and also of any subsequent application by me for insurance in this Company, unless I then undergo another medical examination which by its terms is made a part of such application, and of subsequent applications.

Dated at Missoula (City) MT (State) this 30 day of August, 19 82

Witness Mary Jean Marwood P.M.E. John T. Warehime
Medical Examiner Signature of Proposed Insured
(Applicant if Proposed Insured is under 15)