SLOVAK CATHOLIC SOKOL

SALES GUIDE - 01/2020

A tradition of providing sound financial protection and benefits to our members.



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Slovak Catholic Sokol

Few organizations survive to celebrate their 115th anniversary. However, truly great ones do. Not only has the Slovak Catholic Sokol survived, it has flourished due in no small part to generations of dedicated men and women in many parts of the United States and Canada who have championed its fraternal ideals.

From humble beginnings when 46 Slovak immigrants met in Passaic, NJ over a century ago, their foresight has given us a truly grand organization which has enjoyed unparalleled success.

Our immigrant founders came to America with few material assets. They did, however, possess great faith in God and love for their Slovak heritage. As immigrants they came to America with determination to succeed. Our founders' ideals were passed on to generations who came after them and today we do pride ourselves in the accomplishments enjoyed by our organization.

As a fraternal benefit society founded July 4, 1905, the Slovak Catholic Sokol has been recognized as "America's Greatest Slovak Gymnastic and Athletic Fraternity". To maintain our strong ties to our coveted heritage, no money is spared for the financial support for our gymnastic and athletic programs. Competitions on both the international and district levels are fostered and encouraged.

Mission Statement

"To provide our members with financial security through our sound and affordable products, and offer quality fraternal programs, which promotes our athletic, charitable, religious, cultural, and educational opportunities to them and their communities."

Our Motto

"For God and Nation"

Our Slogan

"A Sound Mind in a Sound Body"

Aims and Objectives

To administer our organization as a nonprofit fraternal insurance organization, providing low cost life insurance protection for our members.

To assist our brother and sister members who are ill or disabled, to ease the burden of widows and orphans of deceased members by comforting them in their bereavement, and to assist our needy aged members

To promote gymnastics and other athletic programs, and to support recreational, social, cultural and patriotic programs for its members and for the general public.

To form subordinate Assemblies with a ritualistic and representative form of government under the authority and supervision of the Supreme Assembly.

To foster education, brotherly love, and loyalty to one's country as a citizen of the United States or Canada.

To support the ideals of the Catholic faith, both of Latin and Byzantine rites.

To foster true democratic principles among our members.

To adhere strictly to the Fraternal Benefit Organization System and its rules and regulations.

To promote and preserve the Slovak heritage and culture in the United States and Canada.

Fraternal Programs

The Slovak Catholic Sokol fraternal benefits are jewels in the fraternal benefit society community. Our programs promote health, religion and ethnic pride. The basis for our programs is driven through our assembly and wreath system, which are deeply rooted in supporting their churches and communities.

Our athletic and gymnastic programs emphasize our belief in both physical and mental health as well as our commitment to our fraternal way of life. Fraternal programs exist on each level of the organization. International, Regional (Group) and Local (Assemblies/Wreaths) levels affords our members many opportunities to take advantage of programs offered.

International Slet (Gymnastics, Track & Field Meet)

The hallmark of our fraternal activities is the International Slet, a four-day event which brings our children and young adults from across the United States and Canada to compete in variety of gymnastic, calisthenics and track and field events. The inaugural "National Slet" took place in Wilkes-Barre, PA in 1912.

The International Slet takes place every two years in a selected city throughout the United States and Canada. Typically, a campus-like environment is utilized at either a college or university. Some of the athletes who have participated in this meet have gone on to compete at the collegiate, professional, and Olympic levels

International Bowling Tournament

For over 65-years men and women of all ages and backgrounds have gathered at various sites throughout the United States and Canada to enjoy their passion for bowling, friendship and fraternalism. This annual tournament has two divisions, one each for men and women. Events include Team, Doubles, Singles and All-Events.

International Golf Tournament

Mark your calendar the third weekend in August generally is the time when Sokol members both male and female golfers enjoy three rounds of golf with other fellow Sokol members. There are a number of flights established that meets most levels of play. The Slovak Catholic Sokol takes great pride in the quality of the courses where the tournament is played as well as the hospitality and fraternalism that prevails.

Fraternalist of the Year

The purpose of this fraternal award is to recognize those members that have gone that "extra mile" in volunteer fraternal service. Through their tireless volunteer efforts, those around them have benefited significantly and each year we honor one of our members for making a difference in their community.

Scholarships

Slovak Catholic Sokol has always been committed to promoting higher education among our members through an annual scholarship program making a total of \$64,000 in scholarship grants available to eligible members each year. Scholarship opportunities are offered at three levels:

Catholic Grades School Students - A total of (38) thirty-eight scholarships are awarded at \$250 for each.

Catholic High School Students - (19) Nineteen scholarships are awarded at \$500 each to each recipient.

College Level Scholarships -

- Slovak Catholic Sokol (30) Thirty, \$1,000 grants
- Slovak Catholic Sokol Memorial Scholarship, (3) three grants in the amount of \$1,000 are awarded to the applicant that best exemplifies the spirit of volunteerism.

Scholarships - Established and Provided by Members:

- Emily Slavik, (2) Two, one (1) male and one (1) female grant in amount of \$2,000 each.
- Theodore and Mary Jane Rich, (2) one male and (1) one female grant in the amount of \$2,500
- Krista L Glugosh Memorial Scholarship, (1) one in the amount of \$1,000
- The Doctor Lesko Medical Memorial Scholarship, (1) one grant in the amount of \$1,000
- The Yencha Scholarship Grant, (1) one in the amount of \$1,000

Slovak Catholic Sokol Museum

Our Home Office is the location of the Slovak Catholic Sokol Museum. This museum contains various forms our organizations rich history. Original uniforms, hats and badges are just some of the items that date back to early days of the society through the current times. A visitor will find many photo albums documenting the many fraternal and social activities throughout the years. The museum is open during the office hours of the Home Office Monday through Friday.

Fraternal Publications

Established in 1911 as the official organ of the society is the "Slovak Catholic Falcon" This publication which is either mailed or emailed to each requesting household keeps our members informed of upcoming and previously held events, on the assembly, regional and national levels. In addition, it reports news about the achievements of our members, of the Catholic Church and Slovakia.

Fraternal Affiliations

As a Fraternal Benefit Society, we are extremely proud of the following organizations in which we hold membership:

American Fraternal Alliance

Illinois Fraternal Congress

Indiana Fraternal Congress

New England Fraternal Congress

New Jersey & New York Fraternal Congress

Michigan Fraternal Congress

Ohio Fraternal Congress

Pennsylvania Fraternal Congress

Wisconsin Fraternal Congress

Fraternal Societies of Greater Pittsburgh

Pennsylvania Northeast Fraternals

Philadelphia Fraternals

National Association of Fraternal Insurance Counselors

Friends of Slovakia

Slovak Catholic Federation

Slovak Foundation at University of Pittsburgh

Slovak League of America

Western Pennsylvania Slovak Cultural Association

State Insurance Affiliations

Currently the Slovak Catholic Sokol holds licenses in the following states in order to sell our insurance and annuity products:

State of Connecticut

State of Illinois

State of Indiana

Commonwealth of Massachusetts

State of Michigan

State of New Jersey

State of New York

State of Ohio

Commonwealth of Pennsylvania

State of Wisconsin

Directory Information

Home Office

Address Slovak Catholic Sokol

PO Box 899

205 Madison Street Passaic, NJ 07055

Services: Accounting

Administration

Annuity Newspaper Cash Surrender Customer Service Death Claims Dividends/1099

Fraternal Loans Premiums Settlements Underwriting Withdrawal

 Toll Free
 800-886-7656

 Local
 973-777-2605

 Fax
 973-779-8245

Web Site: www.scslife.org

Email: <u>info@scslife.org</u>

Sales & Marketing Office

Address 2403 Sidney Street

Suite 200

Pittsburgh, PA 15203

Services: Agent Licensing

Commissions

Sales and Marketing

Toll Free (855) 874-9179

Local (412) 381-5431

Fax (412) 381-6793

Email <u>sales@scslife.org</u>

INSURANCE & ANNUITY POLICY GUIDELINES

Basic Objectives:

The primary objectives of the Insurance and Annuity Policy guidelines are:

To provide current and future members quality life insurance and annuity products that meets their individual needs and the needs of their beneficiaries.

To oversee and manage those member assets entrusted to our care with the highest standard of fiduciary responsibility and to provide them courteous and professional service.

To comply with all of the laws of the New Jersey Insurance Department and those states in which we are licensed, as well as the National Association of Insurance Commissioners (NAIC).

Life Insurance & Annuity Products:

We currently offer to our clients the following life and annuity products:

Legacy <u>Life Plans</u> :	Vantage <u>Annuity Plans</u> :	Term Plans:
Whole Life Single Premium Life 20 Payment Life	Vantage 1 Vantage 2 Vantage 3 Vantage 5 Vantage 7 SPIA	10 Year Term 20 Year Term Term to 30

Qualified Plans: Traditional IRA, Roth (IRA)

Riders: Waiver of Premium

Accidental Death Benefit Payor Waiver of Premium

Agent Commissions & Bonus:

- 1. Authorized agents that have been appointed through the Slovak Catholic Sokol Sales Department and hold a current life and annuity license, in the state(s) they are producing, are permitted to sell our products.
- 2. Only appointed and licensed agents, under contract, shall be entitled to receive commissions and bonuses.
- 3. No commissions are payable in advance. These are paid as earned.
- 4. Commission payments are generated the 15th and the last business day of each month. The minimum commission issued is \$10.00
- 5. Adjustments to commissions owed or recaptured shall be reflected in the following month's commission check.
- 6. In the event that a life or annuity contract or withdrawn, surrendered, or returned under the "Right to Cancel" provision, within twelve (12) months of issue date, a charge-back of the agent's commission will be pro-rated on a monthly basis and deducted from the agent's next commission check.
- 7. With respect to any subsequent deposits made to an annuity account for which a commission has been paid, a pro-rated commission refund will be due the Society for any withdrawals of \$5,000.00 or more that are made within one year of the deposit. For purposes of this paragraph, any partial withdrawals will be applied against those funds most recently deposited.
- 8. If a Legacy Single Premium certificate is surrendered during the first two certificate years, the commission refund will be prorated based on the balance of the two-year period.

Underwriting Requirements

- 1. Society reserves the right to require an APS, medical exam, saliva/urine specimen, blood profile, EKG or to request any other evidence of insurability at any time prior to issuing a life insurance certificate.
- 2. For life insurance applications over \$100,000, the Home Office is to be contacted.
- 3. In most cases, any medical tests or exams required for underwriting, will be ordered by and paid for by the Society.
- 4. Medical tests and exams conducted by another insurance company will be accepted provided they are not more than forty-five (45) days old.
- 5. Any life insurance application, that is a 1035 Exchange, which includes prior medical tests and exams, and is older than sixty (60) days, must be accompanied by new medical tests and exams and will be subject to all current underwriting requirements.
- 6. Definition of Non-Tobacco classification: An individual that has not used any tobacco related products within one (1) year.

Reinsurance:

- 1. Face amounts in excess of \$100,000 are reinsured. This includes the aggregate totals of all enforce life certificates with the Slovak Catholic Sokol.
- 2. The society cannot cede any life certificate as reinsurance, if amount to be reinsured is less than \$5,000.

Minimum Limits:

1. The face amount of life insurance for a 1035 Exchange must conform to each plan's minimum requirement. However, on Single Premium Life, if the premium is \$1,000 or more, the face amount may be less than \$5,000. The Supreme Secretary has the authority to make exceptions to this rule under documented extenuating circumstances.

Annuity Interest Rates:

Interest rates on all annuity contracts are set by the Board of Directors on a quarterly basis, after reviewing market conditions and discussions with other consultants. However, the interest rates can be changed at any time by the Board of Directors. Interest is compounded on a daily basis and posted the 1st of every month.

Annuity Rollovers & 1035 Exchanges:

- 1. Definition: "The transfer of annuity funds from one annuity account to another or the cash surrender value of a life insurance policy to purchase another". The annuity rollover can be inhouse or a 1035 exchange from another company.
- 2. Full commissions are paid on all 1035 life insurance and annuity exchanges from another company.

Annuity Waiver of Early Surrender Penalties:

- Only the Supreme Secretary may approve a waiver of early surrender penalties for the following reasons:
 - a. Spousal rollover due to death.
 - b. Proven full disability of the annuitant.
 - c. Benefits payable to a nursing facility.

Annuity Statements:

1. Annuity statements are mailed to certificate holders annually. The annuitant may, however, request a statement of their account at any time.

Conversion Discount Credits:

1. Youth Term: Premium discount (conversion) credits are granted on any current term plan converted to a permanent Legacy life plan as a fraternal benefit. The premium conversion credit is applied according to the following formula:

- 2. The insured will receive \$1.00 per \$1,000 per year of the converted amount of insurance toward the premium to be paid on the new permanent plan. This credit will be given only when the Term to 30 certificate is converted to a permanent plan at age 25.
- 3. First year commissions shall not be affected by any conversion discount credit.

Dividends:

- 1. All dividends are declared annually by the Board of Directors. Dividends are not guaranteed.
- 2. Members select their dividend option on the application for their policy. Participating Dividends may begin at the end of the second anniversary year of policy. If a member does not select an option, the default option shall be "Paid-up Additions".
- 3. Those members receiving their dividends in cash will receive a check each year on the anniversary date of their policy. However, the check must be more than \$2.00 for it to be issued. If it is less, it will accumulate on each anniversary date, until it grows to more than \$2.00, and will then be paid.

Policy Loans:

- The loan ratio of an amount borrowed to Cash Value is outlined in each policy. If no ratio is defined in the policy, the loan ratio shall be no more than seventy-five percent (75%) of the policy's Cash Value. A loan agreement must be signed by the owner before any payment is made.
- 2. The minimum loan that will be allowed is \$100.00.
- 3. At the time of death, any unpaid loan balance will be deducted from the death benefit.
- 4. On cash surrenders, any unpaid loan balances will be deducted from the surrendered value.

Life Insurance Premiums and Annuity Deposits:

- 1. Slovak Catholic Sokol will only accept cash insurance premium payments or annuity deposits directly from a member when brought into the Home Office.
- 2. Cash deposits will be subject to federal Anti-Money Laundering procedures.
- 3. The society will only accept checks from an agent's business account; agent's personal checks are not accepted.
- 4. We strongly prohibit agents from sending a member's insurance premium payment or annuity deposit in cash through any mail or delivery service.
- 5. The maximum amount of a deposit accepted by the Society for an existing annuity certificate within a one-year period is \$500,000. Any exceptions must be approved and authorized by the Supreme Secretary.

INSURANCE & ANNUITY APPLICATION

Membership Qualifications

To become an active member, an individual must meet the underwriting standards of the organization and furnish satisfactory evidence of insurability.

Any person, who supports the ideas of the Catholic Faith, preserves the Slovak Heritage and upholds the Bylaws of the Society.

When an application has been approved by the Supreme Officers of the society and the initial payment of premium is received, shall cause the benefit certificate to be issued. The applicant may be formally admitted in accordance with the Constitution and By-Laws of the Society.

New Membership Application

The insurance laws of the State of New Jersey require that a "New Membership" application be completed on all prospects that are joining the Society for the first time. The regulation states that the prospect first must be a "member" of the Society before he or she can purchase either our insurance or annuity products. All Slovak Catholic Sokol Life and Annuity Applications include a new membership request. There is no charge or premium for membership.

Completing Insurance and Annuity Applications

Every application must be completed in its entirety, printed in ink or on a typewriter, legible and signed by a Proposed Insured and Agent. If Proposed Insured is under age 18, either the parent or guardian <u>must</u> sign as Adult and/or Member Applicant.

Ask every question contained on applications and answer with what the Applicant or Proposed Insured replies. If the question does not apply, use the initials "N/A"; make sure you fill out every inquiry on the application.

If a mistake is made completing application, DO NOT ERASE. Draw a line thru the error. Replace with the correct information. Proposed Insured or Applicant must initial that question/response.

When calculating premium payment, use either the charts (Life Insurance Descriptions and Rates) contained within this sales guide or use the illustration software.

Deliver or mail the application with the required premium to the Home Office for underwriting.

When required for underwriting, the Home Office will order any medical exams, tests or records.

Conditional Receipt

Under the terms of insurability conditional receipt, the insurance coverage becomes effective as of the date of the receipt provided that the application is approved for the plan applied for, the amount of coverage applied for and the premium rate applied for. This receipt is provided to an applicant when he or she pays the initial premium at the time of application.

- Explanation of this Receipt The agent must explain how this type of receipt functions. He must inform the applicant that they are covered immediately, or when the medical examination is completed (if exam is required) provided the insurer determines that, at this time or at the time of exam, the applicant qualifies for the policy as applied for. If the applicant qualifies, they do not have to wait for coverage until the policy is issued and delivered: protection starts immediately.
- Coverage and the Receipt If the applicant fills out the life insurance application and pays the
 initial premium to the agent, they will be issued a conditional receipt. If the applicant is injured
 (or suffers illness) as a result of an accident after the date on the receipt and before being
 issued the policy, the applicant will still qualify for coverage under the terms of the Conditional
 Receipt.

Annuity Suitability Questionnaire

Every Application for Annuity submitted requires a completed and signed Annuity Suitability Questionnaire (ASQ 0410) Form.

Annuity Disclosure Form

Every Application for Annuity submitted requires a completed and signed Annuity Disclosure Form (AD 0111).

Transfers and Rollovers

- **Agreement Exchange 1035** of Insurance Policies under Section 1035 of the Internal Revenue Code (Form 1035EXC-1210) Used when exchanging certificates between companies:
 - Life Insurance to Life Insurance
 - Life Insurance to Annuity (Non-Qualified)
 - Annuity (Non-Qualified) to Annuity (Non-Qualified)
- **Authorization to Transfer Funds** (Form AT1210)- Used when exchanging certificates between companies:
 - Annuity (Non-Qualified) to Annuity (Non-Qualified)
 - Annuity (Qualified) to Annuity (Qualified)
 - Life Insurance to Annuity (Non-Qualified)
 - Mutual Fund to Annuity (Non-Qualified & Qualified)
 - Money Market Account to Annuity (Non-Qualified & Qualified)
 - Certificates of Deposit to Annuity (Non-Qualified & Qualified)
- Notice Regarding Replacement of Life Insurance and Annuities (Form REP 1210) Used when exchanging certificates between companies:
 - Life Insurance for Life Insurance
 - Life Insurance for Annuity (Non-Qualified)
 - Annuity for Annuity

When transferring funds for a Non-Qualified Annuity, the Agreement for the Exchange 1035, the Authorization to Transfer Funds and the Notice Regarding Replacement (when required) must be completed and sent to the transferring company. It is recommended that the Writing Agent process and send the necessary forms (as instructed below) when possible to the transferring company. It has proven to decrease the processing time of the transfer of funds. Copies of the paperwork should be sent to the Underwriter.

Application for Annuity

Annuity Application Forms:

AA-Series - These applications are used for all the Vantage Series of Annuity Plans.

AA -10 - For use only in the following states:

CT - Connecticut

IN - Indiana

MI - Michigan

NJ - New Jersey

OH - Ohio

PA - Pennsylvania

WI - Wisconsin

AA-10 MA - For use in the Commonwealth of Massachusetts Only

AA -14 IL - For use only in the State of Illinois Only

R-93 - Annuity Receipt: used in all states that requires the use of a receipt.

ASQ 0410 - Annuity Suitability Questionnaire: Required Form with all annuity applications.

AD 0111 - Annuity Disclosure Form: Required Form with all annuity applications.

AA-10 & AA-14 Application for Annuity Instructions:

Proposed Annuitant personal information, all questions must be answered. - Required.

Membership Question: Respond "Yes" or "No" to existing Slovak Catholic Sokol membership. If response is "No", application for membership will be occur if all conditions are meant.

Owner – Applicant If, other than Proposed Annuitant, all questions must be answered. – Required.

Plan: Indicate the annuity plan desired and check if the plan is a Non-Qualified or Qualified account.

Amount Paid with Application - Record the dollar amount if money is submitted with application.

Rollover - Check the appropriate selection box and record the anticipated amount if there is a rollover from another company or from another Slovak Catholic Sokol account.

Reminder Notice - If the Annuitant wishes to receive periodic premium notice reminders to make additional deposits, select the yes or no selection box the premium reminder amount and the frequency.

If Annuitant wishes to immediately or has determined that a future settlement of the contract will occur, complete the date or age to receive the desired proceeds and select the income options, frequency and settlement terms.

Beneficiary: List all requested primary beneficiaries and/or contingent beneficiaries, completing each field, if there is no relationship use "None". Share: indicate percentage based on 100%. *Example:* Robert Jones. Share: 75% and Elizabeth Jones. Share: 25%. – Required.

Replacement Question As stated respond "No" or "Yes". If "Yes", state the insurer and the policy number. – Required. If response is "Yes", then a Replacement Form REP 1210 is required.

Ensure that the Proposed Annuitant reads and understands the section "The undersigned".

Signed at: record the actual city, state and date where and when application is taken and completed with agent. – *Required*.

Signature of the Proposed Annuitant is required, if an "Owner" exists, said owner must sign as Applicant.

If the Proposed Annuitant is under eighteen (18) years of age, an adult must sign the application on the Member/Adult Signature line.

Only at the time of application can an owner be designated <u>other</u> than the annuitant. Any change of owner afterwards reverts to the annuitant.

Witness signature CANNOT be the Proposed Annuitant or Beneficiary. – Required.

Ensure that the Proposed Annuitant/Owner reads and understands the appropriate State Warning section.

Agent's Statement: All questions must be answered and legible, on the application, or application will be returned. Agent's signature and Slovak Catholic Sokol Agent Number are required.

Annuity Receipt Instructions:

Received From: Name of Proposed Annuitant or the Proposed Owner of the Annuity that completes application and presents premium. – Required.

The sum of: Amount of check received. – Required.

Receipt for: Name of Proposed Annuitant. – Required.

Date: Date money received. - Required.

Agent: Agent's signature and Slovak Catholic Sokol Agent Number. - Required.

Give completed Receipt to Annuitant.

Application for Life Insurance Long Form

LAL-Series- This insurance application is used whenever the face amount of Application for Life Insurance exceeds the Slovak Catholic Sokol's \$50,000, or whenever the Application for Life Insurance exceeds the Society's defined medical limits.

Insurance Application approved for use only in the following states:

LAL-14- For use only in the following states:

MI- Michigan NJ- New Jersey

OH- Ohio

PA- Commonwealth of Pennsylvania

WI- Wisconsin

LAL-14 CT- For use only in the State of Connecticut LAL-14 IL- For use only in the State of Illinois LAL-14 IN- For use only in the State of Indiana

LAL-19 MA- For use only in the Commonwealth of Massachusetts

LAL-10 NY- For use only in the State of New York

LA-03R- Conditional Receipt

DTPN CT- Designation of Third-Party Notice – Required with State of Connecticut

Application for Life Insurance

InfoPractices-2019 Notice of Information Practices Massachusetts Only, required to be provided

when Applicant completes Life Insurance Application.

STOLI-2OH- Insurable Interest & Ohio Guaranty Association Statement – Required for the

State of Ohio with Life Insurance Application

LAL-10, LAL-14 & LAL-19 Insurance Application Instructions:

Membership: If answer to question, "Are you a member of ..." is "No", Proposed Insurer must complete Membership Application. – Required.

Assembly No.: Completed by Home Office Staff Certificate No.: Completed by Home Office Staff

Proposed Insured: Proposed Insured personal information; all questions must be answered. – Required.

Owner: Owner information - required in all cases for Proposed Insured 17 years of age and under and for adults only if other than the Proposed Insured above is the owner. If Owner is an Entity, name a contact person and their telephone number. If a Trust is the Entity, the tax identification number and a copy of the Trust Agreement must be submitted with the application

Beneficiary: Insurable interest must exist between a named beneficiary and an insured at the time of application. List all requested Primary Beneficiaries and/or Contingent Beneficiaries. Complete each requested field. Indicate relationship and percentage based on 100% (example: Robert Jones, Share: 75% and Elizabeth Jones, Share: 25%) If additional primary or contingent beneficiaries are requested, list names on a separate sheet of paper and have the insured sign and date. – Required.

If a Trust is named as a beneficiary, the tax identification number and a copy of the Trust Agreement must be submitted with the application. – Required.

Coverage Information:

Base Coverage: Select Plan Name and Face Amount. Identify any Riders/Benefits and the amount of each that is to be added to the base policy. In the Premium Received area, list all premiums received and the code that identifies each Base Plan, Rider and/or Benefit. The total premium listed should be the amount submitted with the application. – Required.

Include Automatic Premium Loan: Check "Yes" to have certificate include Automatic Premium Loan.

Premium Mode Information: Select the mode of payment for payment of premiums. If monthly, complete an EFT (Electronic Funds Transfer) Authorization Form for direct debit from a checking account. – Required.

Dividend Election: Select an option. - Required.

Replacement or Change: If answer to question "Will the insurance applied for ..." is "Yes", show name of Company and Policy Number(s). Replacement regulations and forms apply. – Required.

General Information:

Foreign Travel, Aviation, and Military: Answer questions. Give details on any "Yes" answers. – Required.

Avocation and Sports: Answer question. Give details on any "Yes" answer. – Required.

Driving Information: (a) Proposed Insured's Driver's License # and State. (b) Answer question. Give details on any "Yes" answer. – Required.

Other Insurance: Answer all questions. Give detail on any "Yes" answers. – Required.

Annual Income Information: Answer Question. List the annual income of Proposed Insured and the Proposed Insured's spouse or other. – Required.

Personal Measurements: Height and weight of Proposed Insured. – Required.

Medical Information: Questions 1-10: Answer all questions. Give details for all "Yes" answers by indicating question #, dates, explanation of answer and name, address, phone # of the Doctor. Please place additional information on a separate sheet and attach it to the application. - Required.

Fraud Warning: Ensure that the Proposed Insured/Owner reads the Fraud Warning. - Required.

Acknowledgement: Ensure that each person signing the application reads and understands the Acknowledgement statement. - Required

Authorization: Ensure that the Proposed Insured/Owner reads the Authorization. – Required.

Signed At: Indicate the City, State and Date where and when the application was taken and completed with the agent. – Required.

Proposed Insured: Signature of the Proposed Insured, if eighteen (18) years of age or older. – Required.

Owner: If Owner is other than Proposed Insured, signature of Owner. If Insured is under eighteen (18) years of age (under fifteen and the Owner is other than Parent, Parent is required to sign as Adult and/or Member Applicant. – Required.

Witness: Witness signature to be that of a Licensed Agent. Include Slovak Catholic Sokol Agent number. Witness CANNOT be the Proposed Insured or Beneficiary. – Required.

Adult and/or Member Applicant: Signature of a Parent or Guardian, if Proposed Insured is under eighteen (18) years of age. – Required.

Agent's Statement: Agent to answer statement. If answer to question is "Yes", replacement regulations will apply.

Conditional Receipt Instructions:

Received From: Name of Proposed Insured or the Proposed Owner that completes application and remits premiums. – Required.

Application on the life of: Name of Proposed Insured. - Required.

The sum of: Amount of check received. - Required.

 $\label{eq:decomposition} \mbox{Date: Date money received.} - \mbox{Required.}$

Agent: Agent's signature. - Required.

Application for Life Insurance – Short Form

LA-Series - This simplified insurance application is used for all applications with a face amount less than \$50,000.

Insurance Application approved for use only in the following states:

LA-10- For use only in the following states:

CT - Connecticut IN - Indiana MI - Michigan NJ - New Jersey WI - Wisconsin

LA-14 IL- For use only in the State of Illinois

LA-19- MA- For use only in the Commonwealth of Massachusetts.

LA-10 NY - For use only in the State of New York. LA-10 OH - For use only in the State of Ohio.

LA-10 (PA Only) For use only in the Commonwealth of Pennsylvania.

LA-03R- Conditional Receipt

DTPN CT- Designation of Third-Party Notice – Required with State of Connecticut

Application for Life Insurance

InfoPractices-2019 Notice of Information Practices Massachusetts Only, required to be provided

when Applicant completes Life Insurance Application.

STOLI-2OH- Insurable Interest & Ohio Guaranty Association Statement – Required for the

State of Ohio with Life Insurance Application

LA-10 & LA-14 Insurance Application Instructions:

Part I:

Proposed Insured personal information, all questions must be answered. – Required.

Optional Secondary Addressee Name and address of an additional individual to receive notice of past due premium.

Owner Information recommended in all cases for Proposed Insured 17 years of age and under and for adults only if the Proposed Insured above is not the owner. If Owner is an Entity, name a contact person and their telephone number. If a Trust is the Entity, the tax identification number and a copy of the Trust Agreement must be submitted with the application.

Insurance Coverage: Enter desired face amount of coverage and select appropriate Insurance Plan. - Required

Payment Dollar: Amount received from Proposed Insured. – Required.

Riders: Check the appropriate box, if Proposed Insured is electing to add a rider to their policy. If selecting Accidental Death Benefit (ADB), it is required to enter desired amount of coverage.

Premium Mode is the desired frequency of submitting payments. Select one of the mode options. – Required (unless selecting one of the Single Premium Life products).

Automatic Premium Loan: Select either yes or no.

Dividend Election: Select one of the listed options. - Required

Replacement question: "Will the insurance applied for...", if response is "YES", print the Company(s) Name and Policy(s) numbers. – Required. If "YES", state specific replacement regulations and forms will apply.

Beneficiary: Insurable interest must exist between a named beneficiary and an insured at the time of application. List all requested Primary Beneficiaries and/or Contingent Beneficiaries, completing each requested field. Indicate relationship and percentage based on 100% (example: Robert Jones, Share: 75% and Elizabeth Jones, Share: 25%) If additional primary or contingent beneficiaries are requested, list names on separate sheet of paper and have insured sign and date. – Required.

If a Trust is named as a beneficiary, the tax identification number and a copy of the Trust Agreement must be submitted with the application. – Required.

Part II:

Height & Weight – Required

Insurability

A - Respond No or Yes. If "YES", state details to that response, use an additional paper if needed. – Required.

B - E Answer all questions regarding medical information, if "YES", state details to that response, and attach an extra paper if needed. – Required.

Fraud Warning & Insured/Applicant Statement Ensure that the Proposed Insured reads and understands the following sections beginning with #7, Fraud Warning through the Authorization section. – Required.

Signed at: Indicates the actual City, State, and the Date where and when application is taken and completed with agent. – Required.

Signature of the Proposed Insured: Proposed Insured signature when 18 years of age or older – Required.

If Owner is other than Proposed Insured, signature of Owner is needed. – Required.

Witness signature cannot be the Proposed Insured or Beneficiary. – Required.

Adult and/or Member Applicant signature is required if the Proposed Insured is under eighteen (18) years of age.

If Insured is under eighteen (18) years of age and the Owner is other than Parent, Parent is required to sign as Adult and/or Member Applicant.

Agent's Statement: All questions must be answered, legible and signed. - Required.

PRODUCT DESCRIPTION AND RATES

Computation for Modes of Premium Payment

Semi-Annual Rate = Annual Premium x 51%

Quarterly Rate = Annual Premium x 26%

Monthly Rate = Annual Premium x 9%

Riders

Accidental Death

If death is the result of accidental body injury while the contract is in force within ninety (90) days of such injury, the Society will pay, in addition to the face amount of the policy, an additional sum insured to the Beneficiary. Rider remains in force till contract anniversary date or age 70.

Issue Ages: 0 to 55

Available Plans: Legacy Life 20 Pay Life

Disability Waiver of Fremium

Benefits are granted providing the rider is part of the premium charged. If the Waiver of Premium is in force, premiums due on the policy will be waived for the remainder of the premium paying period, even for life in some cases, should the insured become totally disabled prior to age 60. Said disability must prevent the insured from working at any occupation for wage or profit and must continue for a period of six (6) months to qualify. Any premiums paid during the six-month period will be refunded to the member once disability has been established. The contract remains in full force with all the options available to the insured exactly as if the member were paying their premiums regularly. The Society may require proof of continuance of disability.

Issue Ages: 16 to 55

Available Plans: Legacy Life 20 Pay Life

Payor Waiver of Premium

Provides Two Benefits:

Payor Benefit: The payment of premium, for the contract and for any Riders attached to the contract, will be waived upon receipt by the Society of notice and due proof of the death or Total Disability of the Payor. The Death or Total Disability of the Payor must occur: (1) while the contract and this Rider is in force, and (2) prior to the contract anniversary nearest the 25th birthday of the Insured.

In the event of death of the Payor or during the continuance of the Total Disability of the Payor, premium will be waived to either: (1) the contract anniversary nearest the 25th birthday of the Insured; or (2) the end of the Premium paying period for the contract, whichever occurs first.

Waiver of Premium Benefit: On and after the contract anniversary nearest the 25th birthday of the Insured, the payment of premium for the contract and for any Riders attached to the contract will be waived upon receipt by the Society of notice and due proof of the Total Disability of the Insured. Such Total Disability must: (1) occur while the contract and this Rider are in force; and (2) occur on or before the contract anniversary nearest the 60th birthday of the Insured.

During the continuance of the Total Disability of the Insured, premium will be waived to the end of the premium paying period for the contract.

Issue Ages: 16 to 55

Available Plans: Legacy Life 20 Pay Life

In Conjunction

10 Year Term & 20 Year Term

When a 10 Year or a 20 Year Term is purchased and maintained with either a Legacy Life or Legacy 20 life insurance certificate, the annual \$25 certificate fee is waived.

The Irrevocable Burial Trust

An Irrevocable Burial Trust is a valuable option that protects the insured's assets that they want to designate for their final expenses. Upon naming the Irrevocable Burial Trust, as the irrevocable beneficiary, the Trust becomes the Owner of the policy and as Trustee, is obligated to apply the policy proceeds towards burial, funeral, and end of life needs up to the face amount of the policy.

Expenses that qualify for payment from the Irrevocable Burial Trust *

- Funeral home personnel
- Embalming/cosmetology
- Casket and/or other containers
- Clergy honorarium
- · Transportation of deceased
- Cremation
- Obituary notices
- Musicians and flowers
- Death certificates
- Other legitimate funeral and burial expenses
- * Burial insurance funding should be within the limits of actual funeral costs. Excess proceeds not spent on funeral costs must go back to the estate. Funeral trust burial insurance plans should be used to fund funerals, and not to pass additional money to heirs.

An Irrevocable Burial Trust compared to a Prepaid Funeral as sold through a Funeral Home?

- If the funeral home goes out of business Money invested might not be recovered.
- The funeral home might be sold or merge with another, less-personal funeral home that the insured would not want to handle their final arrangements and they might not grant a refund
- What if you move, making your pre-paid funeral in a certain locality impractical or obsolete?
- A funeral trust allows for their arrangements to be handled by anyone they wish, such as their personal representative, a relative, friend, or funeral home anywhere at the time of their passing.

THE LEGACY COLLECTION OF LIFE INSURANCE PROTECTION

Legacy Life

Our Legacy Life Insurance Plan is our lowest premium permanent whole life insurance plan. It provides you with the benefit, a guaranteed rate of return on your cash values and a level premium that is guaranteed to never increase

Rates are "banded", which means that a person purchasing a larger amount of insurance will pay less premium per thousand-dollar face amount. Entitles member to all fraternal benefits of the Society.

Plan Features:

- Coverage continues for life when premium payments are made on a timely basis.
- Premium rates are fixed.
- Cash Values accumulates at a guaranteed interest rate.
- Policy Loan Provision allows borrowing money from the policy's cash value.
- Non-Forfeiture Options Cash Surrender, Paid-Up Insurance or Extended Term.
- Dividends declared as earned, options include: Paid-up Additions, Cash and Left at Interest.

Premium Payment Options:

- Monthly
- Quarterly
- Semi Annual
- Annual

Medical Requirements:

<u>Age</u>	No Medical Examination
0 - 40	\$100,000
41 – 55	50,000
56 – 65	15,000
66 - 80	5,000

Underwriting Rate Classifications:

- Gender Issue
- Ages 0 80 (Actual Age)
- Tobacco
- Non-Tobacco

Face Amount: Minimum - \$5,000 Maximum - \$100,000*

Available Riders:

- Accidental Death
- Waiver of Premium
- Payor Waiver of Premium

States Licensed: CT, IL, IN, MA, MI, NJ, NY, OH, PA, WI

^{*} Face Amounts over \$100,000 contact Home Office

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17 8.81 7.71 6.92 5.72 58 35.24 34.14 28.68 28.11 18 9.05 7.95 7.03 5.83 59 36.75 35.65 30.08 29.54 19 9.24 8.14 7.17 5.97 60 38.33 37.23 31.52 31.04 20 9.47 8.37 7.35 6.15 61 39.97 38.87 32.97 32.56 21 9.68 8.58 7.54 6.34 62 41.67 40.57 34.48 34.15 22 9.91 8.81 7.74 6.54 63 43.45 42.35 36.07 35.81 23 10.14 9.04 7.94 6.74 64 45.30 44.20 37.75 37.55 24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.		8.60				56				25.44
18 9.05 7.95 7.03 5.83 59 36.75 35.65 30.08 29.54 19 9.24 8.14 7.17 5.97 60 38.33 37.23 31.52 31.04 20 9.47 8.37 7.35 6.15 61 39.97 38.87 32.97 32.56 21 9.68 8.58 7.54 6.34 62 41.67 40.57 34.48 34.15 22 9.91 8.81 7.74 6.54 63 43.45 42.35 36.07 35.81 23 10.14 9.04 7.94 6.74 64 45.30 44.20 37.75 37.55 24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>26.74</td></td<>										26.74
19 9.24 8.14 7.17 5.97 60 38.33 37.23 31.52 31.04 20 9.47 8.37 7.35 6.15 61 39.97 38.87 32.97 32.56 21 9.68 8.58 7.54 6.34 62 41.67 40.57 34.48 34.15 22 9.91 8.81 7.74 6.54 63 43.45 42.35 36.07 35.81 23 10.14 9.04 7.94 6.74 64 45.30 44.20 37.75 37.55 24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>28.11</td></td<>										28.11
20 9.47 8.37 7.35 6.15 61 39.97 38.87 32.97 32.56 21 9.68 8.58 7.54 6.34 62 41.67 40.57 34.48 34.15 22 9.91 8.81 7.74 6.54 63 43.45 42.35 36.07 35.81 23 10.14 9.04 7.94 6.74 64 45.30 44.20 37.75 37.55 24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 <										29.54
21 9.68 8.58 7.54 6.34 62 41.67 40.57 34.48 34.15 22 9.91 8.81 7.74 6.54 63 43.45 42.35 36.07 35.81 23 10.14 9.04 7.94 6.74 64 45.30 44.20 37.75 37.55 24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24										31.04
22 9.91 8.81 7.74 6.54 63 43.45 42.35 36.07 35.81 23 10.14 9.04 7.94 6.74 64 45.30 44.20 37.75 37.55 24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68										32.56
23 10.14 9.04 7.94 6.74 64 45.30 44.20 37.75 37.55 24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16										34.15
24 10.38 9.28 8.14 6.94 65 47.23 46.13 39.50 39.37 25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72										35.81
25 10.65 9.55 8.34 7.14 66 49.65 48.55 41.58 41.48 26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>37.55</td>										37.55
26 10.95 9.85 8.52 7.32 67 52.20 50.70 43.82 43.72 27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>39.37</td>										39.37
27 11.20 10.10 8.69 7.49 68 54.87 53.37 46.18 46.08 28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
28 11.51 10.41 8.88 7.68 69 57.68 56.18 48.66 48.56 29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
29 11.84 10.74 9.10 7.90 70 60.63 58.65 51.28 51.18 30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
30 12.24 11.14 9.36 8.16 71 64.26 62.06 54.42 54.32 31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
31 12.68 11.58 9.66 8.46 72 68.10 65.66 57.74 57.64 32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
32 13.16 12.06 9.98 8.78 73 72.16 69.47 61.27 61.17 33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
33 13.72 12.62 10.31 9.11 74 76.47 73.51 65.03 64.93 34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
34 14.22 13.12 10.66 9.47 75 81.03 77.77 69.02 68.92 35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
35 14.76 13.66 11.01 9.84 76 85.57 84.10 73.00 72.90										
36 15.39 14.29 11.42 10.28 77 91.00 90.55 77.22 77.12										
07 40 00 44 00 44 00 40 74 70 00 40 07 70 04 70										
										81.59
										86.33
						80	114.97	114.41	91.44	91.34
40 17.82 16.72 13.28 12.22	40	17.82	16.72	13.28	12.22					

Legacy Life Rates: Male – Tobacco

Α					Α				
G	<	10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	10,000	24,999	<u>49,999</u>	<u>& Over</u>	<u>E</u>	10,000	24,999	49,999	<u>& Over</u>
18	12.99	11.49	8.99	7.99	50	30.83	29.33	26.83	25.83
19	13.31	11.81	9.31	8.31	51	31.91	30.41	27.91	26.91
20	13.66	12.16	9.66	8.66	52	33.24	31.74	29.24	28.24
21	14.04	12.54	10.04	9.04	53	34.62	33.12	30.62	29.62
22	14.44	12.94	10.44	9.44	54	36.03	34.53	32.03	31.03
23	14.73	13.23	10.73	9.73	55	37.48	35.98	33.48	32.48
24	15.02	13.52	11.02	10.02	56	38.83	37.33	34.83	33.83
25	15.28	13.78	11.28	10.28	57	40.34	38.84	36.34	35.34
26	15.57	14.07	11.57	10.57	58	41.93	40.43	37.93	36.93
27	15.85	14.35	11.85	10.85	59	43.20	41.70	39.20	38.20
28	16.05	14.55	12.05	11.05	60	44.95	43.45	40.95	39.95
29	16.25	14.75	12.25	11.25	61	46.77	45.27	42.77	41.77
30	16.47	14.97	12.47	11.47	62	48.83	47.33	44.83	43.83
31	16.80	15.30	12.80	11.80	63	50.62	49.12	46.62	45.62
32	17.00	15.50	13.00	12.00	64	52.44	50.94	48.44	47.44
33	17.35	15.85	13.35	12.35	65	54.76	53.26	50.76	49.76
34	17.74	16.24	13.74	12.74	66	57.02	55.52	53.02	52.02
35	18.24	16.74	14.24	13.24	67	59.43	57.93	55.43	54.43
36	18.77	17.27	14.77	13.77	68	62.02	60.52	58.02	57.02
37	19.33	17.83	15.33	14.33	69	64.82	63.32	60.82	59.82
38	19.91	18.41	15.91	14.91	70	68.60	67.10	64.60	63.60
39	20.52	19.02	16.52	15.52	71	72.67	71.17	68.67	67.67
40	21.15	19.65	17.15	16.15	72	77.06	75.56	73.06	72.06
41	21.82	20.32	17.82	16.82	73	81.82	80.32	77.82	76.82
42	22.46	20.96	18.46	17.46	74	86.99	85.49	82.99	81.99
43	23.29	21.79	19.29	18.29	75	92.63	91.13	88.63	87.63
44	24.17	22.67	20.17	19.17	76	98.77	97.27	94.77	93.77
45	25.10	23.60	21.10	20.10	77	105.44	103.94	101.44	100.44
46	26.09	24.59	22.09	21.09	78	112.63	111.13	108.63	107.63
47	27.30	25.80	23.30	22.30	79	120.36	118.86	116.36	115.36
48	28.23	26.73	24.23	23.23	80	128.65	127.15	124.65	123.65
49	29.40	27.90	25.40	24.40					

Α					Α				
G	<	10,000 -	25,000 -	- 50,000 -	G	<	10,000 -	25,000 -	- 50,000 -
<u>E</u>	10,000	24,999	49,999	& Over	<u>E</u>	10,000	24,999	49,999	& Over
0	6.45	4.95	3.52	3.08	41	16.73	15.63	12.43	11.89
1	6.54	5.04	3.63	3.20	42	2 17.40	16.30	12.90	12.39
2	6.63	5.13	3.74	3.31	43	18.06	16.96	13.56	13.07
3	6.74	5.24	3.85	3.43	44	18.70	17.60	14.20	13.74
4	6.85	5.35	3.96	3.54	45	19.35	18.25	14.85	14.41
5	6.98	5.48	4.07	3.66	46	20.09	18.99	15.59	15.16
6	7.08	5.58	4.19	3.77	47	20.90	19.80	16.40	16.00
7	7.19	5.69	4.29	3.87	48	21.76	20.66	17.26	16.88
8	7.32	5.82	4.41	3.99	49	22.65	21.55	18.15	17.78
9	7.43	5.93	4.51	4.09	50	23.52	22.42	19.02	18.68
10	7.55	6.05	4.62	4.19	51	24.39	23.29	19.89	19.57
11	7.70	6.30	4.77	4.34	52	25.32	24.22	20.82	20.53
12	7.82	6.42	4.92	4.48	53	26.30	25.20	21.80	21.55
13	7.95	6.55	5.06	4.62	54	27.30	26.20	22.80	22.58
14	8.08	6.68	5.21	4.76	55	28.30	27.20	23.80	23.62
15	8.22	7.12	5.35	4.90	56	29.31	28.21	24.81	24.67
16	8.34	7.24	5.47	4.99	57	30.32	29.22	25.82	25.71
17	8.49	7.39	5.59	5.08	58	31.34	30.24	26.84	26.74
18	8.67	7.57	5.72	5.17	59	32.40	31.30	27.90	27.80
19	8.88	7.78	5.83	5.25	60	33.30	32.20	28.80	28.70
20	9.07	7.97	5.96	5.34	61	34.10	33.00	29.60	29.50
21	9.24	8.14	6.14	5.50	62	34.79	33.69	30.29	30.19
22	9.41	8.31	6.33	5.66	63	35.58	34.48	31.08	30.98
23	9.61	8.51	6.46	5.83	64	36.55	35.45	32.05	31.95
24	9.84	8.74	6.67	5.98	65	37.69	36.59	33.19	33.09
25	10.07	8.97	6.84	6.14	66	38.81	37.71	34.31	34.21
26	10.29	9.19	7.15	6.45	67	39.98	38.48	35.08	34.98
27	10.56	9.46	7.40	6.70	68	41.34	39.84	36.44	37.14
28	10.88	9.78	7.77	7.07	69	43.40	41.90	38.50	39.48
29	11.25	10.15	8.07	7.37	70	46.30	44.32	40.92	41.99
30	11.63	10.53	8.42	7.72	71	49.35	47.15	43.75	44.72
31	12.02	10.92	8.66	7.96	72	52.70	50.26	46.86	47.65
32	12.40	11.30	8.95	8.25	73	56.06	53.37	49.97	50.82
33	12.77	11.67	9.23	8.53	74		56.73		
34	13.17	12.07	9.50	8.81	75		60.37	56.97	57.99
35	13.57	12.47	9.46	8.79	76		66.46	63.06	62.96
36	14.01	12.91	9.94	9.30	77		72.16	68.76	68.66
37	14.49	13.39	10.44	9.82	78		77.27	73.87	73.77
38	14.98	13.88	10.92	10.32	79		82.86	79.46	
39	15.51	14.41	11.42		80			85.55	
40	16.10	15.00	11.80	11.24					
				•					

Legacy Life Rates: Female – Tobacco

Α					Α				
G	<	10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	10,000	24,999	49,999	& Over	<u>E</u>	10,000	24,999	49,999	& Over
18	11.99	10.49	7.99	6.99	5 0	26.64	25.14	22.64	21.64
19	12.30	10.80	8.30	7.30	51	27.55	26.05	23.55	22.55
20	12.66	11.16	8.66	7.66	52	28.48	26.98	24.48	23.48
21	13.01	11.51	9.01	8.01	53	29.46	27.96	25.46	24.46
22	13.42	11.92	9.42	8.42	54	30.47	28.97	26.47	25.47
23	13.68	12.18	9.68	8.68	55	31.52	30.02	27.52	26.52
24	13.96	12.46	9.96	8.96	56	32.61	31.11	28.61	27.61
25	14.14	12.64	10.14	9.14	57	33.75	32.25	29.75	28.75
26	14.34	12.84	10.34	9.34	58	34.92	33.42	30.92	29.92
27	14.54	13.04	10.54	9.54	59	36.16	34.66	32.16	31.16
28	14.83	13.33	10.83	9.83	60	37.46	35.96	33.46	32.46
29	15.02	13.52	11.02	10.02	61	39.21	37.71	35.21	34.21
30	15.26	13.76	11.26	10.26	62	40.64	39.14	36.64	35.64
31	15.48	13.98	11.48	10.48	63	42.60	41.10	38.60	37.60
32	15.76	14.26	11.76	10.76	64	44.23	42.73	40.23	39.23
33	16.12	14.62	12.12	11.12	65	46.44	44.94	42.44	41.44
34	16.40	14.90	12.40	11.40	66	48.29	46.79	44.29	43.29
35	16.75	15.25	12.75	11.75	67	50.26	48.76	46.26	45.26
36	17.27	15.77	13.27	12.27	68	52.90	51.40	48.90	47.90
37	17.60	16.10	13.60	12.60	69	55.74	54.24	51.74	50.74
38	18.08	16.58	14.08	13.08	70	58.77	57.27	54.77	53.77
39	18.61	17.11	14.61	13.61	71	62.02	60.52	58.02	57.02
40	19.19	17.69	15.19	14.19	72	65.48	63.98	61.48	60.48
41	19.73	18.23	15.73	14.73	73	69.18	67.68	65.18	64.18
42	20.36	18.86	16.36	15.36	74	73.14	71.64	69.14	68.14
43	21.01	19.51	17.01	16.01	75	77.42	75.92	73.42	72.42
44	21.85	20.35	17.85	16.85	76	82.03	80.53	78.03	77.03
45	22.57	21.07	18.57	17.57	77	87.02	85.52	83.02	82.02
46	23.51	22.01	19.51	18.51	78	92.43	90.93	88.43	87.43
47	24.31	22.81	20.31	19.31	79	98.32	96.82	94.32	93.32
48	25.13	23.63	21.13	20.13	80	104.63	103.13	100.63	99.63
49	25.77	24.27	21.77	20.77					

Legacy Single Premium

With the Legacy Single Premium Life plan the premium is paid in one lump sum at the time of application. This plan provides a fully paid certificate at a great savings for the life of the certificate holder. It provides you with the certainty of a guaranteed amount of death benefit, and a guaranteed rate of return on your cash values. Entitles member to all fraternal benefits of the Society.

This plan is ideal for young people, and useful for adults that either prefers to have their life insurance prepaid or using for wealth transfer.

Plan Features:

- Cash Values accumulates at a guaranteed interest rate.
- Policy Loan Provision allows borrowing money from the policy's cash value.
- Dividends declared as earned, options include: Paid-up Additions, Cash and left at interest.

Premium Payment Options: One-time

Medical Requirements:

<u>Age</u>	No Medical Examination
0 - 40	\$100,000
41 – 55	50,000
56 – 65	15,000
66 - 90	5,000

Underwriting Rate Classification:

Gender Issue

• Ages 0 – 90 (Actual Age)

Tobacco

Non-Tobacco

Face Amount: Minimum - \$5,000 Maximum - \$100,000*

Available Riders: None

States Licensed: CT, IL, IN, MA, MI, NJ, NY, OH, PA, WI

^{*} Face Amounts over \$100,000 contact Home Office

Legacy Single Premium Rates: Male – Non-Tobacco

Λ.					٨				
A		40.000	05.000	E0 000	A	_	40.000	05.000	50.000
G		10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	<u>10,000</u>	<u>24,999</u>	49,999	& Over	<u>E</u>	10,000	24,999	49,999	& Over
0	110.00	102.00	92.00	91.00	46	344.00	336.00	326.00	325.00
1	113.00	105.00	95.00	94.00	47	354.00	346.00	336.00	335.00
2	116.00	108.00	98.00	97.00	48	363.00	355.00	345.00	344.00
3	120.00	112.00	102.00	101.00	49	373.00	365.00	355.00	354.00
4	123.00	115.00	105.00	104.00	50	384.00	376.00	366.00	365.00
5	127.00	119.00	109.00	108.00	51	394.00	386.00	376.00	375.00
6	131.00	123.00	113.00	112.00	52	405.00	397.00	387.00	386.00
7	134.00	126.00	116.00	115.00	53	416.00	408.00	398.00	397.00
8	138.00	130.00	120.00	119.00	54	426.00	418.00	408.00	407.00
9	141.00	133.00	123.00	122.00	55	438.00	430.00	420.00	419.00
10		136.00	126.00	125.00	56	449.00	441.00	431.00	430.00
11		140.00	130.00	129.00	57	460.00	452.00	442.00	441.00
12		144.00	134.00	133.00	58	472.00	464.00	454.00	453.00
13		147.00	137.00	136.00	59	483.00	475.00	465.00	464.00
14		151.00	141.00	140.00	60	495.00	487.00	477.00	476.00
15		152.00	142.00	141.00	61	508.00	500.00	490.00	489.00
16		153.00	143.00	142.00	62	521.00	513.00	503.00	502.00
17		157.00	147.00	146.00	63	533.00	525.00	515.00	514.00
18		160.00	150.00	149.00	64	547.00	539.00	529.00	528.00
19		164.00	154.00	153.00	65	559.00	551.00	541.00	540.00
20		168.00	158.00	157.00	66	572.00	564.00	554.00	553.00
21		172.00	162.00	161.00	67	586.00	578.00	568.00	567.00
22		175.00	165.00	164.00	68	599.00	591.00	581.00	580.00
23		178.00	168.00	167.00	69	611.00	603.00	593.00	592.00
24		183.00	173.00	172.00	70	625.00	617.00	607.00	606.00
25		187.00	177.00	176.00	71	639.00	631.00	621.00	620.00
26		191.00	181.00	180.00	72	654.00	646.00	636.00	635.00
27		195.00	185.00	184.00	73	669.00	661.00	651.00	650.00
28		199.00	189.00	188.00	74	683.00	675.00	665.00	664.00
29		204.00	194.00	193.00	75	697.00	689.00	679.00	678.00
30		209.00	199.00	198.00	76	712.00	704.00	694.00	693.00
31		216.00	206.00	205.00	77	726.00	718.00	708.00	707.00
32		222.00	212.00	211.00	78	740.00	732.00	722.00	721.00
33		230.00	220.00	219.00	79	754.00	746.00	736.00	735.00
34		237.00	227.00	226.00	80	767.00	759.00	749.00	748.00
35		245.00	235.00	234.00	81	787.00	779.00	769.00	768.00
36		251.00	241.00	240.00	82	807.00	799.00	789.00	788.00
37		260.00	250.00	249.00	83	826.00	818.00	808.00	807.00
38	275.00	267.00	257.00	256.00	84	837.00	829.00	819.00	818.00
39		274.00	264.00	263.00	85	847.00	839.00	829.00	828.00
40		283.00	273.00	272.00	86	857.00	849.00	839.00	838.00
41		291.00	281.00	280.00	87	866.00	858.00	848.00	847.00
42		300.00	290.00	289.00	88	874.00	866.00	856.00	855.00
43		309.00	299.00	298.00	89	887.00	879.00	869.00	868.00
44		318.00	308.00	307.00	90	900.00	892.00	882.00	881.00
45	335.00	327.00	317.00	316.00					9 I D o g o

Legacy Single Premium Rates: Male – Tobacco

Α					Α				
G	<	10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	10,000	24,999	49,999	& Over	<u>E</u>	10,000	24,999	49,999	& Over
18	184.00	178.00	173.00	172.00	55	517.00	511.00	506.00	505.00
19	188.00	182.00	177.00	176.00	56	530.00	524.00	519.00	518.00
20	193.00	187.00	182.00	181.00	57	542.00	536.00	531.00	530.00
21	199.00	193.00	188.00	187.00	58	555.00	549.00	544.00	543.00
22	204.00	198.00	193.00	192.00	59	567.00	561.00	556.00	555.00
23	210.00	204.00	199.00	198.00	60	580.00	574.00	569.00	568.00
24	216.00	210.00	205.00	204.00	61	593.00	587.00	582.00	581.00
25	224.00	218.00	213.00	212.00	62	605.00	599.00	594.00	593.00
26	230.00	224.00	219.00	218.00	63	618.00	612.00	607.00	606.00
27	237.00	231.00	226.00	225.00	64	630.00	624.00	619.00	618.00
28	243.00	237.00	232.00	231.00	65	642.00	636.00	631.00	630.00
29	250.00	244.00	239.00	238.00	66	654.00	648.00	643.00	642.00
30	259.00	253.00	248.00	247.00	67	666.00	660.00	655.00	654.00
31	266.00	260.00	255.00	254.00	68	677.00	671.00	666.00	665.00
32	274.00	268.00	263.00	262.00	69	690.00	684.00	679.00	678.00
33	282.00	276.00	271.00	270.00	70	702.00	696.00	691.00	690.00
34	291.00	285.00	280.00	279.00	71	714.00	708.00	703.00	702.00
35	300.00	294.00	289.00	288.00	72	726.00	720.00	715.00	714.00
36	309.00	303.00	298.00	297.00	73	737.00	731.00	726.00	725.00
37	318.00	312.00	307.00	306.00	74	749.00	743.00	738.00	737.00
38	327.00	321.00	316.00	315.00	75	761.00	755.00	750.00	749.00
39	337.00	331.00	326.00	325.00	76	773.00	767.00	762.00	761.00
40	347.00	341.00	336.00	335.00	77	783.00	777.00	772.00	771.00
41	358.00	352.00	347.00	346.00	78	794.00	788.00	783.00	782.00
42	368.00	362.00	357.00	356.00	79	805.00	799.00	794.00	793.00
43	378.00	372.00	367.00	366.00	80	815.00	809.00	804.00	803.00
44	389.00	383.00	378.00	377.00	81	819.00	813.00	802.00	800.00
45	400.00	394.00	389.00	388.00	82	830.00	824.00	813.00	811.00
46	410.00	404.00	399.00	398.00	83	843.00	837.00	826.00	824.00
47	421.00	415.00	410.00	409.00	84	855.00	849.00	838.00	836.00
48	433.00	427.00	422.00	421.00	85	859.00	853.00	848.00	847.00
49	444.00	438.00	433.00	432.00	86	874.00	868.00	857.00	855.00
50	456.00	450.00	445.00	444.00	87	881.00	875.00	864.00	862.00
51	468.00	462.00	457.00	456.00	88	889.00	883.00	872.00	870.00
52	480.00	474.00	469.00	468.00	89	896.00	890.00	879.00	877.00
53	493.00	487.00	482.00	481.00	90	895.00	889.00	884.00	883.00
54	505.00	499.00	494.00	493.00					

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Α		40.000	07.000	- 0.000	Α		40.000	07.000	- 0.000
G	<	10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	<u>10,000</u>	<u>24,999</u>	49,999	& Over	<u>E</u>	<u>10,000</u>	<u>24,999</u>	<u>49,999</u>	& Over
0	94.00	88.00	80.00	79.00	46	309.00	303.00	295.00	294.00
1	96.00	90.00	82.00	81.00	47	318.00	312.00	304.00	303.00
2	99.00	93.00	85.00	84.00	48	327.00	321.00	313.00	312.00
3	103.00	97.00	89.00	88.00	49	336.00	330.00	322.00	321.00
4	105.00	99.00	91.00	90.00	50	345.00	339.00	331.00	330.00
5	109.00	103.00	95.00	94.00	51	355.00	349.00	341.00	340.00
6	112.00	106.00	98.00	97.00	52	366.00	360.00	352.00	351.00
7	115.00	109.00	101.00	100.00	53	376.00	370.00	362.00	361.00
8	118.00	112.00	104.00	103.00	54	387.00	381.00	373.00	372.00
9	120.00	114.00	106.00	105.00	55	398.00	392.00	384.00	383.00
10	123.00	117.00	109.00	108.00	56	408.00	402.00	394.00	393.00
11	126.00	120.00	112.00	111.00	57	420.00	414.00	406.00	405.00
12	130.00	124.00	116.00	115.00	58	431.00	425.00	417.00	416.00
13	132.00	126.00	118.00	117.00	59	442.00	436.00	428.00	427.00
14	136.00	130.00	122.00	121.00	60	454.00	448.00	440.00	439.00
15	137.00	131.00	123.00	122.00	61	466.00	460.00	452.00	451.00
16	139.00	133.00	125.00	124.00	62	478.00	472.00	464.00	463.00
17	143.00	137.00	129.00	128.00	63	490.00	484.00	476.00	475.00
18	146.00	140.00	132.00	131.00	64	503.00	497.00	489.00	488.00
19	150.00	144.00	136.00	135.00	65	515.00	509.00	501.00	500.00
20	153.00	147.00	139.00	138.00	66	528.00	522.00	514.00	513.00
21	156.00	150.00	142.00	141.00	67	540.00	534.00	526.00	525.00
22	160.00	154.00	146.00	145.00	68	553.00	547.00	539.00	538.00
23	164.00	158.00	150.00	149.00	69	567.00	561.00	553.00	552.00
24	168.00	162.00	154.00	153.00	70	579.00	573.00	565.00	564.00
25	172.00	166.00	158.00	157.00	71	593.00	587.00	579.00	578.00
26	176.00	170.00	162.00	161.00	72	605.00	599.00	591.00	590.00
27	180.00	174.00	166.00	165.00	73	619.00	613.00	605.00	604.00
28	184.00	178.00	170.00	169.00	74	632.00	626.00	618.00	617.00
29	188.00	182.00	174.00	173.00	75 70	646.00	640.00	632.00	631.00
30	193.00	187.00	179.00	178.00	76	659.00	653.00	645.00	644.00
31	199.00	193.00	185.00	184.00	77	672.00	666.00	658.00	657.00
32	205.00	199.00	191.00	190.00	78	686.00	680.00	672.00	671.00
33	212.00	206.00	198.00	197.00	79	698.00	692.00	684.00	683.00
34	219.00	213.00	205.00	204.00	80	712.00	706.00	698.00	697.00
35	226.00	220.00	212.00	211.00	81	732.00	726.00	718.00	717.00
36	232.00	226.00	218.00	217.00	82	752.00	746.00	738.00	737.00
37	239.00	233.00	225.00	224.00	83	773.00	767.00	759.00	758.00
38	245.00	239.00	231.00	230.00	84	786.00	780.00	772.00	771.00
39	253.00	247.00	239.00	238.00	85	801.00	795.00	787.00	786.00
40	260.00	254.00	246.00	245.00	86	812.00	806.00	798.00	797.00
41	267.00	261.00	253.00	252.00	87	822.00	816.00	808.00	807.00
42	276.00	270.00	262.00	261.00	88	834.00	828.00	820.00	819.00
43	284.00	278.00	270.00	269.00	89	845.00	839.00	831.00	830.00
44	291.00	285.00	277.00	276.00	90	856.00	850.00	842.00	841.00
45	301.00	295.00	287.00	286.00					

Legacy Single Premium Rates: Female – Tobacco

Α					Α				
G	<	10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	<u>10,000</u>	24,999	49,999	& Over	<u>E</u>	10,000	24,999	49,999	& Over
18	163.00	157.00	152.00	151.00	55	487.00	481.00	476.00	475.00
19	167.00	161.00	156.00	155.00	56	499.00	493.00	488.00	487.00
20	173.00	167.00	162.00	161.00	57	512.00	506.00	501.00	500.00
21	178.00	172.00	167.00	166.00	58	524.00	518.00	513.00	512.00
22	184.00	178.00	173.00	172.00	59	535.00	529.00	524.00	523.00
23	190.00	184.00	179.00	178.00	60	547.00	541.00	536.00	535.00
24	197.00	191.00	186.00	185.00	61	559.00	553.00	548.00	547.00
25	203.00	197.00	192.00	191.00	62	571.00	565.00	560.00	559.00
26	209.00	203.00	198.00	197.00	63	583.00	577.00	572.00	571.00
27	216.00	210.00	205.00	204.00	64	595.00	589.00	584.00	583.00
28	224.00	218.00	213.00	212.00	65	608.00	602.00	597.00	596.00
29	230.00	224.00	219.00	218.00	66	620.00	614.00	609.00	608.00
30	238.00	232.00	227.00	226.00	67	632.00	626.00	621.00	620.00
31	245.00	239.00	234.00	233.00	68	645.00	639.00	634.00	633.00
32	253.00	247.00	242.00	241.00	69	657.00	651.00	646.00	645.00
33	261.00	255.00	250.00	249.00	70	669.00	663.00	658.00	657.00
34	269.00	263.00	258.00	257.00	71	681.00	675.00	670.00	669.00
35	278.00	272.00	267.00	266.00	72	694.00	688.00	683.00	682.00
36	286.00	280.00	275.00	274.00	73	706.00	700.00	695.00	694.00
37	295.00	289.00	284.00	283.00	74	717.00	711.00	706.00	705.00
38	304.00	298.00	293.00	292.00	75	729.00	723.00	718.00	717.00
39	314.00	308.00	303.00	302.00	76	740.00	734.00	729.00	728.00
40	323.00	317.00	312.00	311.00	77	751.00	745.00	740.00	739.00
41	333.00	327.00	322.00	321.00	78	763.00	757.00	752.00	751.00
42	342.00	336.00	331.00	330.00	79	774.00	768.00	763.00	762.00
43	352.00	346.00	341.00	340.00	80	785.00	779.00	774.00	773.00
44	362.00	356.00	351.00	350.00	81	782.00	776.00	771.00	770.00
45	374.00	368.00	363.00	362.00	82	792.00	786.00	781.00	780.00
46	385.00	379.00	374.00	373.00	83	802.00	796.00	791.00	790.00
47	395.00	389.00	384.00	383.00	84	813.00	807.00	802.00	801.00
48	406.00	400.00	395.00	394.00	85	827.00	821.00	816.00	815.00
49	418.00	412.00	407.00	406.00	86	834.00	828.00	823.00	822.00
50	430.00	424.00	419.00	418.00	87	842.00	836.00	831.00	830.00
51	441.00	435.00	430.00	429.00	88	849.00	843.00	838.00	837.00
52	453.00	447.00	442.00	441.00	89	857.00	851.00	846.00	845.00
53	464.00	458.00	453.00	452.00	90	865.00	859.00	854.00	853.00
54	476.00	470.00	465.00	464.00					

Legacy 20

The Legacy 20 life insurance plan premiums are paid for 20 years. After 20 years, the policy is paid-up and will remain in force for the life of the certificate holder. Premiums for the 20 Pay Life plan are higher than for the ordinary life insurance plan, since the premium payments are condensed over a shorter period of time, but the cash value accumulates more quickly than the ordinary whole life plan.

It provides you with the certainty of a guaranteed amount of death benefit, and a guaranteed rate of return on your cash values. Rates are "banded", which means that a person purchasing larger amounts of insurance will pay less premium per thousand-dollar face amount. Entitles member to all fraternal benefits of the Society.

Plan Features:

- Coverage continues for life when premium payments are made on time.
- Premium rates are fixed.
- Cash Values accumulates at a guaranteed interest rate.
- Policy Loan Provision allows borrowing money from the policy's cash value.
- Non-Forfeiture Options Cash Surrender, Reduce Paid-Up or Extended Term.
- Dividends declared as earned, options include: Paid-up Additions, Cash and left at interest.

Premium Payment Options:

- Monthly
- Quarterly
- Semi-Annual
- Annual

Medical Requirements:

<u>Age</u>	No Medical Examination
0 - 40	\$100,000
41 – 55	50,000
56 – 65	15,000
66 - 80	5,000

Underwriting Rate Classification:

- Gender Issue
- Ages 0 80 (Actual Age)
- Tobacco
- Non-Tobacco

Face Amount: Minimum - \$5,000 Maximum - 100,000*

Available Riders:

- Accidental Death
- Waiver of Premium
- Payor Waiver of Premium

States Licensed: CT, IL, IN, MA, MI, NJ, NY, OH, PA, WI

^{*} Face Amounts over \$100,000 contact Home Office

Legacy 20 Rates: Male - Non-Tobacco

					_				
Α					Α				
G	<	-	25,000 -	-	G	<	•	25,000 -	•
<u>E</u>	<u>10,000</u>	24,999		<u>& Over</u>	<u>E</u>	<u>10,000</u>	24,999	<u>49,999</u>	<u>& Over</u>
0	11.86	7.86	7.58	6.48	41	24.57	20.57	19.75	18.65
1	12.06	8.06	7.77	6.70	42	25.22	21.22	20.37	19.27
2	12.28	8.28	7.99	6.93	43	25.87	21.87	20.98	19.88
3	12.50	8.50	8.21	7.14	44	26.55	22.55	21.60	20.50
4	12.72	8.72	8.41	7.36	45	27.23	23.23	22.21	21.11
5	12.96	8.96	8.65	7.59	46	27.93	23.93	22.89	21.79
6	13.17	9.17	8.90	7.81	47	28.68	24.68	23.58	22.48
7	13.39	9.39	9.15	8.03	48	29.47	25.47	24.27	23.17
8	13.63	9.63	9.41	8.24	49	30.32	26.32	24.95	23.85
9	13.89	9.89	9.68	8.46	50	31.24	27.24	25.64	24.54
10	14.17	10.17	9.91	8.66	51	32.19	28.19	26.45	25.35
11	14.47	10.47	10.17	8.92	52	33.18	29.18	27.26	26.16
12	14.76	10.76	10.42	9.17	53	34.21	30.21	28.08	26.98
13	15.04	11.04	10.66	9.41	54	35.29	31.29	28.89	27.79
14	15.30	11.30	10.90	9.65	55	36.41	32.41	29.70	28.60
15	15.57	11.57	11.14	9.89	56	37.57	33.57	30.96	29.88
16	15.82	11.82	11.35	10.10	57	38.81	34.81	32.21	31.15
17	16.08	12.08	11.56	10.31	58	40.13	36.13	33.48	32.44
18	16.35	12.35	11.76	10.51	59	41.52	37.52	34.73	33.71
19	16.63	12.63	11.96	10.71	60	42.99	38.99	35.99	34.99
20	16.92	12.92	12.09	10.91	61	44.55	40.55	37.55	36.55
21	17.15	13.15	12.36	11.18	62	46.21	42.21	39.21	38.21
22	17.39	13.39	12.66	11.45	63	47.99	43.99	40.99	39.99
23	17.63	13.63	12.95	11.73	64	49.91	45.91	42.91	41.91
24	17.86	13.86	13.24	11.99	65	51.98	47.98	44.98	43.98
25	18.11	14.11	13.49	12.24	66	54.20	50.20	47.20	46.20
26	18.36	14.36	13.82	12.57	67	56.58	52.58	49.58	48.58
27	18.62	14.62	14.14	12.89	68	59.15	55.15	52.15	51.15
28	18.89	14.89	14.45	13.20	69	61.93	57.93	54.93	53.93
29	19.17	15.17	14.76	13.51	70	64.93	60.93	57.93	56.93
30	19.46	15.46	15.06	13.81	71	68.22	64.22	61.22	60.22
31	19.76	15.76	15.40	14.18	72	71.82	67.82	64.82	63.82
32	20.08	16.08	15.74	14.55	73	75.83	71.83	68.83	67.83
33	20.40	16.40	16.05	14.89	74	80.33	76.33	73.33	72.33
34	20.75	16.75	16.37	15.24	75	85.27	81.27	78.27	77.27
35	21.12	17.12	16.69	15.59	76	90.80	86.80	83.80	82.80
36	21.62	17.62	17.17	16.07	77	97.02	93.02	90.02	89.02
37	22.16	18.16	17.66	16.56	78	104.27	100.27	97.27	96.27
38	22.73	18.73	18.16	17.06	79	112.89	108.89	105.89	104.89
39	23.32	19.32	18.65	17.55	80	123.27			
40	23.94	19.94	19.14	18.04					
			1						

Legacy 20 Rates: Male – Tobacco

Α					Α				
G	<	10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	10,000	24,999	49,999	& Over	<u>E</u>	10,000	24,999	49,999	& Over
18	18.95	14.95	14.24	12.73	50	36.54	32.54	30.63	29.33
19	19.12	15.12	14.32	12.82	51	37.62	33.62	31.54	30.24
20	19.28	15.28	14.38	12.90	52	38.77	34.77	32.48	31.18
21	19.47	15.47	14.62	13.15	53	40.01	36.01	33.47	32.17
22	19.70	15.70	14.89	13.43	54	41.39	37.39	34.52	33.39
23	19.97	15.97	15.21	13.75	55	42.96	38.96	35.96	34.96
24	20.27	16.27	15.54	14.07	56	44.43	40.43	37.43	36.43
25	20.61	16.61	15.88	14.41	57	45.98	41.98	38.98	37.98
26	20.96	16.96	16.32	14.84	58	47.61	43.61	40.61	39.61
27	21.30	17.30	16.73	15.25	59	49.31	45.31	42.31	41.31
28	21.65	17.65	17.13	15.65	60	51.08	47.08	44.08	43.08
29	22.01	18.01	17.52	16.04	61	52.95	48.95	45.95	44.95
30	22.37	18.37	17.89	16.41	62	54.96	50.96	47.96	46.96
31	22.73	18.73	18.30	16.85	63	57.12	53.12	50.12	49.12
32	23.11	19.11	18.71	17.29	64	59.46	55.46	52.46	51.46
33	23.51	19.51	19.09	17.71	65	61.96	57.96	54.96	53.96
34	23.93	19.93	19.48	18.14	66	64.61	60.61	57.61	56.61
35	24.36	20.36	19.85	18.55	67	67.44	63.44	60.44	59.44
36	24.97	20.97	20.43	19.13	68	70.46	66.46	63.46	62.46
37	25.59	21.59	21.00	19.70	69	73.67	69.67	66.67	65.67
38	26.25	22.25	21.57	20.27	70	77.10	73.10	70.10	69.10
39	26.94	22.94	22.14	20.84	71	80.83	76.83	73.83	72.83
40	27.64	23.64	22.69	21.39	72	84.89	80.89	77.89	76.89
41	28.36	24.36	23.39	22.09	73	89.44	85.44	82.44	81.44
42	29.11	25.11	24.10	22.80	74	94.61	90.61	87.61	86.61
43	29.90	25.90	24.85	23.55	75	100.62	96.62	93.62	92.62
44	30.74	26.74	25.61	24.31	76	107.39	103.39	100.39	99.39
45	31.63	27.63	26.42	25.12	77	114.75	110.75	107.75	106.75
46	32.54	28.54	27.30	26.00	78	122.59	118.59	115.59	114.59
47	33.48	29.48	28.17	26.87	79	131.02	127.02	124.02	123.02
48	34.46	30.46	29.02	27.72	80	140.00	136.00	133.00	132.00
49	35.49	31.49	29.85	28.55					

Legacy 20 Rates: Female – Non-Tobacco

Α					Α				
G		10,000 -	25,000 -	50,000 -	G	<	10 000	25,000 -	50,000 -
	< 10.000	24,999	49,999	<u>& Over</u>			24,999	<u>49,999</u>	<u>& Over</u>
<u>E</u>	10,000 9.78	6.78	6.28	5.77	<u>E</u> 41	10,000 23.07	19.07	18.25	17.39
1	10.01	6.76	6.47	5.77	42	23.68	19.07	18.87	18.00
2	10.01	7.14	6.66	6.17	43	24.30	20.30	19.48	18.62
3	10.24	7.14	6.85	6.37	44	24.30	20.30	20.11	19.24
4	10.47	7.52	7.04	6.56	45	25.61	21.61	20.11	19.24
5	10.71	7.51	7.04	6.77	46	26.32	22.32	21.44	20.49
6	11.17	7.71	7.44	6.98	47	27.08	23.08	22.15	21.15
7	11.17	8.04	7.44	7.20	48	27.85	23.85	22.13	21.79
8	11.62	8.22	7.84	7.40	49	28.64	24.64	23.58	22.45
9	11.87	8.42	8.03	7.40	50	29.49	25.49	24.30	23.10
10	12.14	8.64	8.23	7.81	51	30.36	26.36	24.30	23.79
11	12.14	8.86	8.45	8.03	52	31.26	27.26	25.64	24.48
12	12.41	9.09	8.68	8.27	53	32.20	28.20	26.32	25.19
13	12.09	9.30	8.89	8.48	54	33.16	29.16	27.01	25.19
14	13.22	9.52	9.12	8.71	55	34.15	30.15	27.69	26.59
15	13.48	9.73	9.32	8.91	56	35.19	31.19	28.71	27.63
16	13.75	9.95	9.52	9.07	57	36.27	32.27	29.71	28.65
17	14.03	10.18	9.72	9.23	58	37.41	33.41	30.74	29.70
18	14.31	10.41	9.91	9.37	59	38.57	34.57	31.75	30.73
19	14.61	10.66	10.10	9.52	60	39.78	35.78	32.78	31.78
20	14.91	10.91	10.10	9.66	61	41.05	37.05	34.25	33.25
21	15.18	11.18	10.58	9.94	62	42.40	38.40	35.80	34.80
22	15.46	11.46	10.86	10.21	63	43.83	39.83	37.33	36.33
23	15.74	11.74	11.13	10.46	64	45.38	41.38	38.88	37.88
24	16.04	12.04	11.40	10.72	65	47.06	43.06	40.56	39.56
25	16.35	12.35	11.67	10.98	66	48.85	44.85	42.35	41.35
26	16.66	12.66	11.97	11.25	67	50.77	46.77	44.27	43.27
27	16.99	12.99	12.28	11.52	68	52.82	48.82	46.32	45.32
28	17.33	13.33	12.59	11.80	69	54.96	50.96	48.46	47.46
29	17.67	13.67	12.87	12.05	70	57.22	53.22	50.72	49.72
30	18.02	14.02	13.16	12.30	71	59.64	55.64	53.14	52.14
31	18.36	14.36	13.46	12.60	72	62.30	58.30	55.80	54.80
32	18.71	14.71	13.79	12.92	73	65.29	61.29	58.79	57.79
33	19.12	15.12	14.19	13.32	74	68.62	64.62	62.12	61.12
34	19.52	15.52	14.61	13.73	75	72.25	68.25	65.75	64.75
35	19.89	15.89	15.01	14.13	76	76.25	72.25	69.75	68.75
36	20.33	16.33	15.53	14.66	77	80.72	76.72	74.22	73.22
37	20.83	16.83	16.05	15.18	78	85.88	81.88	79.38	78.38
38	21.35	17.35	16.58	15.72	79	91.90	87.90	85.40	84.40
39	21.88	17.88	17.10	16.24	80	98.83	94.83	92.33	91.33
40	22.48	18.48	17.63	16.78					

Legacy 20 Rates: Female – Tobacco

Α					Α				
G	<	10,000 -	25,000 -	50,000 -	G	<	10,000 -	25,000 -	50,000 -
<u>E</u>	10,000	24,999	<u>49,999</u>	<u>& Over</u>	<u>E</u>	10,000	24,999	49,999	& Over
18	17.30	13.30	12.69	12.03	50	34.89	30.89	29.55	28.21
19	17.51	13.51	12.83	12.12	51	35.92	31.92	30.36	29.04
20	17.72	13.72	12.97	12.22	52	37.00	33.00	31.19	29.89
21	17.95	13.95	13.23	12.46	53	38.11	34.11	32.01	30.74
22	18.19	14.19	13.48	12.71	54	39.27	35.27	32.86	31.61
23	18.44	14.44	13.72	12.93	55	40.48	36.48	33.72	32.49
24	18.67	14.67	13.92	13.13	56	41.79	37.79	35.01	33.79
25	18.90	14.90	14.11	13.32	57	43.18	39.18	36.30	35.18
26	19.14	15.14	14.35	13.53	58	44.69	40.69	37.69	36.69
27	19.39	15.39	14.58	13.72	59	46.31	42.31	39.31	38.31
28	19.76	15.76	14.93	14.04	60	48.02	44.02	41.02	40.02
29	20.21	16.21	15.31	14.39	61	49.85	45.85	42.85	41.85
30	20.69	16.69	15.73	14.77	62	51.84	47.84	44.84	43.84
31	21.22	17.22	16.22	15.26	63	54.00	50.00	47.10	46.00
32	21.75	17.75	16.72	15.75	64	56.32	52.32	49.40	48.32
33	22.26	18.26	17.22	16.25	65	58.80	54.80	51.86	50.80
34	22.76	18.76	17.74	16.76	66	61.41	57.41	54.45	53.41
35	23.22	19.22	18.24	17.26	67	64.23	60.23	57.25	56.23
36	23.72	19.72	18.83	17.86	68	67.35	63.35	60.35	59.35
37	24.27	20.27	19.40	18.43	69	70.87	66.87	63.87	62.87
38	24.91	20.91	20.05	19.09	70	74.94	70.94	67.94	66.94
39	25.65	21.65	20.78	19.82	71	79.19	75.19	72.19	71.19
40	26.50	22.50	21.55	20.60	72	83.66	79.66	76.66	75.66
41	27.21	23.21	22.29	21.32	73	88.28	84.28	81.28	80.28
42	27.96	23.96	23.05	22.07	74	93.06	89.06	86.06	85.06
43	28.72	24.72	23.80	22.83	75	98.07	94.07	91.07	90.07
44	29.51	25.51	24.57	23.59	76	103.38	99.38	96.38	95.38
45	30.32	26.32	25.33	24.34	77	109.22	105.22	102.22	101.22
46	31.16	27.16	26.17	25.10	78	115.93	111.93	108.93	107.93
47	32.03	28.03	26.99	25.87	79	123.80	119.80	116.80	115.80
48	32.94	28.94	27.83	26.63	80	133.15	129.15	126.15	125.15
49	33.88	29.88	28.69	27.42					

10 Year Term

The 10 Year Renewable Term life plan has a premium for ten (10) years. It provides you with the certainty of a guaranteed amount of death benefit. The 10 Year Term is excellent low-cost life insurance protection for short-term needs.

At the expiry of the term, the plan can be renewed annually without proof or declaration of insurability, up to age 69, at a higher premium applicable to the attained age at the renewal date. This plan can be converted prior to the policy anniversary following the date that the Insured attains age 65 to a permanent life plan without proof or declaration of insurability. The face amount of the new certificate may be any amount not greater than that of the 10 Year Term Certificate.

Plan Features:

- ✓ Premium rates are fixed for the initial 10-year period
- ✓ Convertible to permanent life plan to Age 65 without proof of insurability

Premium Payment Options:

- Monthly
- Quarterly
- Semi-Annual
- Annual

Face Amount: Minimum - \$5,000 Maximum - \$100,000*

Underwriting Rate Classification:

- Ages 18 60 (Actual Age)
- Male & Female
- Tobacco & Non-Tobacco

Medical Requirements:

<u>Age</u>	No Medical Examination
0 - 40	\$100,000
41 – 55	\$ 50,000
56 - 60	\$ 15,000

Available Riders: None

States Licensed: CT, IL, IN, MA, MI, NJ, NY, OH, PA, WI

^{*} Face Amounts over \$100,000 contact Home Office

10 Year Term Rates

A MALE				FEMALE		
G	Non -	WALL		Non -		
<u>E</u>	Tobacco	Tobacco		Tobacco	Tobacco	
18	1.30	1.70	18	0.95	1.10	
19	1.30	1.70	19	0.95	1.10	
20	1.30	1.70	20	0.95	1.10	
21	1.30	1.70	21	0.95	1.12	
22	1.30	1.70	22	0.95	1.14	
23	1.30	1.70	23	0.95	1.15	
24	1.30	1.70	24	0.95	1.16	
25	1.30	1.70	25	0.95	1.17	
26	1.30	1.72	26	0.95	1.18	
27	1.30	1.74	27	0.95	1.20	
28	1.30	1.75	28	0.97	1.22	
29	1.30	1.77	29	0.98	1.24	
30	1.30	1.80	30	0.99	1.27	
31	1.30	1.85	31	1.02	1.32	
32	1.30	1.88	32	1.04	1.38	
33	1.30	1.93	33	1.06	1.43	
34	1.31	1.98	34	1.08	1.48	
35	1.32	2.06	35	1.10	1.53	
36	1.37	2.18	36	1.14	1.63	
37	1.50	2.44	37	1.20	1.75	
38	1.64	2.71	38	1.25	1.86	
39	1.74	2.94	39	1.31	2.00	
40	1.83	3.14	40	1.36	2.14	
41	1.94	3.38	41	1.45	2.35	
42	2.06	3.63	42	1.54	2.55	
43	2.19	3.92	43	1.65	2.80	
44	2.26	4.12	44	1.76	3.08	
45	2.34	4.34	45	1.88	3.37	
46	2.43	4.56	46	2.00	3.64	
47	2.52	4.79	47	2.12	3.93	
48	2.63	5.05	48	2.25	4.24	
49	2.75	5.36	49	2.39	4.57	
50	2.92	5.75	50	2.53	4.93	
51	3.15	6.51	51	2.66	5.32	
52	3.45	7.46	52	2.79	5.75	
53 54	3.77	8.56	53 54	2.94	6.20	
54 55	4.09 4.41	9.72 11.00	54 55	3.08	6.70 7.24	
55 56	4.41	12.01	55 56	3.24 3.47	8.05	
57	5.00	13.03	57	3.47	8.93	
58	5.32	14.20	58	3.70	9.96	
59	5.73	15.65	59	4.27	11.18	
60	6.23	17.40	60	4.63	12.62	
00	0.23	17.70	00	₹.03	12.02	

20 Year Term

The 20 Year Renewable Term life plan has a premium for twenty (20) years. It provides you with the certainty of a guaranteed amount of death benefit. The 20 Year Term is excellent low-cost life insurance protection needs.

At the expiry of the term, the plan can be renewed annually without proof or declaration of insurability, up to age 65, at a higher premium applicable to the attained age at the renewal date. This plan can be converted prior to the policy anniversary following the date that the Insured attains age 65 to a permanent life plan without proof or declaration of insurability. The face amount of the new certificate may be any amount not greater than that of the 20 Year Term Certificate.

Plan Features:

- Premium rates are fixed for the initial 20-year period
- Convertible to permanent life plan to Age 65 without proof of insurability

Face Amount: Minimum - \$10,000 Maximum - \$100,000*

Premium Payment Options:

- Monthly
- Quarterly
- Semi-Annual
- Annual

Underwriting Rate Classification:

- Ages 18 60 (Actual Age)
- Male & Female
- Tobacco & Non-Tobacco

Medical Requirements:

<u>Age</u>	<u>No Medical Examinatio</u>
0 - 40	\$100,000
41 – 55	\$ 50,000

Available Riders: None

States Licensed: CT, IL, IN, MA, MI, NJ, NY, OH, PA, WI

^{*} Face Amounts over \$100,000 contact Home Office

20 Year Term Rates

Α	MALE		Α	FEMALE	
G	Non -		G	Non -	
<u>E</u>	<u>Tobacco</u>	<u>Tobacco</u>	<u>E</u>	<u>Tobacco</u>	<u>Tobacco</u>
18	1.35	1.77	18	1.00	1.13
19	1.35	1.77	19	1.00	1.13
20	1.35	1.77	20	1.00	1.13
21	1.35	1.78	21	1.00	1.17
22	1.35	1.79	22	1.00	1.20
23	1.35	1.82	23	1.00	1.24
24	1.35	1.83	24	1.00	1.27
25	1.35	1.84	25	1.00	1.31
26	1.35	1.91	26	1.04	1.39
27	1.35	1.97	27	1.10	1.46
28	1.35	2.05	28	1.14	1.53
29	1.35	2.12	29	1.18	1.62
30	1.35	2.20	30	1.20	1.71
31	1.36	2.21	31	1.22	1.81
32	1.45	2.35	32	1.23	1.93
33	1.53	2.47	33	1.25	2.06
34	1.62	2.61	34	1.27	2.18
35	1.72	2.77	35	1.34	2.33
36	1.80	2.96	36	1.40	2.51
37	1.90	3.18	37	1.47	2.71
38	2.00	3.43	38	1.54	2.92
39	2.11	3.68	39	1.62	3.15
40	2.21	3.93	40	1.79	3.40
41	2.31	4.35	41	1.99	3.72
42	2.41	4.82	42	2.20	4.07
43	2.52	5.33	43	2.44	4.45
44	2.62	5.88	44	2.71	4.86
45	2.74	6.49	45	2.79	5.32
46	2.94	7.24	46	2.86	5.85
47	3.38	8.05	47	2.95	6.45
48	3.63	8.96	48	3.02	7.10
49	3.89	9.97	49	3.11	7.82
50	3.10	11.06	50	3.38	8.62

10 Year Term and 20 Year Term Annual Renewal Rates

Α	MA	LE	Α	FEM	IALE
G	Non -		G	Non -	
<u>E</u>	Tobacco	Tobacco	E	Tobacco	Tobacco
28	2.15	4.11	28	1.69	1.91
29	2.25	4.23	29	1.73	2.02
30	2.35	4.35	30	1.78	2.13
31	2.47	4.47	31	1.83	2.26
32	2.61	4.76	32	2.02	2.40
33	2.78	4.95	33	2.29	2.78
34	3.21	5.28	34	2.64	3.33
35	3.74	5.72	35	3.00	3.86
36	4.30	6.25	36	3.41	4.55
37	4.87	6.86	37	3.74	5.28
38	5.32	7.59	38	4.02	5.97
39	5.64	8.61	39	4.14	6.50
40	5.93	9.66	40	4.18	6.98
41	6.29	10.76	41	4.22	7.39
42	6.70	11.77	42	4.22	7.84
43	7.11	12.67	43	4.22	8.28
44	7.35	13.32	44	4.26	8.73
45	7.59	14.05	45	4.34	9.42
46	7.88	14.94	46	4.51	10.31
47	8.16	15.92	47	4.75	11.33
48	8.53	17.01	48	5.03	12.42
49	8.93	18.23	49	5.40	13.64
50	9.46	19.65	50	5.89	14.98
51	10.23	21.23	51	6.50	16.52
52	11.21	23.06	52	7.23	18.15
53	12.22	25.05	53	8.12	20.02
54	13.28	27.32	54 55	9.09	22.05
55 56	14.29 15.23	29.92 32.85	55 56	10.03 10.96	24.32 26.92
57	16.20	36.17	57	11.86	29.84
58	17.26	39.95	58	12.83	33.09
59	18.55	44.29	59	13.84	36.66
60	20.18	49.25	60	15.04	40.68
61	22.33	54.93	61	16.44	45.15
62	24.81	61.31	62	18.03	50.02
63	27.65	68.29	63	19.85	55.38
64	30.73	76.00	64	21.80	61.18
65	34.06	84.41	65	23.95	67.48
66	37.60	93.30	66	26.27	74.22
67	41.49	102.60	67	28.74	81.40
68	45.84	112.58	68	31.51	88.91
69	50.87	123.55	69	34.71	96.99
*					

Term to 30

Life insurance protection designed to provide level coverage at a low cost for children and young adults between the ages of 0 - 30. The insured is eligible for a range of Slovak Catholic Sokol fraternal benefits and more importantly future insurability is guaranteed upon conversion to a permanent life insurance plan at any time up to age 25.

The Term to Age 30 life plan has a level premium until the expiry date, which is the anniversary nearest the 25th birthday. The plan can be purchased only in amounts of \$10,000, \$25,000, and \$50,000.

Policy Conversion

Prior to or at the expiry date of the policy, the insured has a guaranteed right to obtain new insurance on a permanent life plan, without proof or declaration of insurability. The face amount of the new certificate may be any amount not greater than three times the face amount of the original certificate.

The insured will receive \$1.00 per \$1,000 per year of the converted amount of insurance toward the premium to be paid on the new permanent plan.

Conversion Credit of \$1.00 per thousand of insurance coverage. Multiplied by the number of years the certificate is in force, up to a maximum credit of \$100 towards first year premium on converted Permanent Life certificate. If the annual premium on the new certificate is less than \$100 conversion credit, conversion credit is not extended beyond the first-year premium. This credit will only be given when the Term to 30 Certificate is converted to a permanent plan prior to Age 25

Plan Features:

- Premium rates are fixed for entire length of certificate
- Convertible to permanent life plan at Age 25 without proof of insurability

Premium Payment Options:

Annual

Underwriting Rate Classifications:

Blended rateAges 0 – 22

Minimum Face Amount: \$10,000

Available Riders: None

States Licensed: CT, IL, IN, MA, MI, NJ, NY, OH, PA, WI

* Dividends Not Guaranteed

Premium Rates

Face Amount	Annual Pay	Single Premium
\$10,000	\$17.00	\$125.00
\$25,000	\$27.00	\$300.00
\$50,000	\$50.00	\$500.00

THE VANTAGE COLLECTION OF ANNUITY FINANCIAL PRODUCTS

The Vantage 1 is a short term deferred annuity plan, designed for the individual looking for a solid short-term investment alternative with options. The interest rate is guaranteed for one year. If funds are not withdrawn after one year, the contract will continue. You may withdraw any portion, or all, of the Account Value without withdrawal charge within 30 days following an anniversary of the contract. The current credited interest rate declared is guaranteed for one year from date of issue. Thereafter, the credited interest rate will be determined annually at renewal.

Forty-five (45) days prior to the 1st anniversary date of the Vantage 1 Contract, a notice is sent that presents the options available which consists of:

- 1. Maintain contract as a Vantage 1,
- 2. purchase/transfer to a new annuity contract with the Slovak Catholic Sokol or
- 3. Withdraw or transfer funds.

Plan Features:

- Guaranteed interest rate for one-year contract.
- Interest accumulates on a tax-deferred basis.
- No sales or administrative fees.
- Avoids probate.
- Option to rollover to our other longer-term plans.
- Up to 10% of the prior anniversary's Account Value may be withdrawn each year without penalty, after the 1st year.

Available Qualified Plans: Traditional IRA, ROTH IRA

Premium Payment Options: One-time deposit, additional deposits allowed for 30 days.

Underwriting:

• Issue Ages 0 – 90

• Minimum Deposit: \$5,000

• Maximum Deposit: \$150,000

Guaranteed Minimum Interest Rate: 1 to 3% APY – As Declared at time of Contract.

Surrender Period & Charges:

• 1 Year

• Year 1 – 6%, Year 2 – 5%, Year 3 – 4%, Year 4 – 3%, Year 5 – 2%

Available Riders: None

The vantage 2 is a short term deferred annuity plan, designed for the individual looking for a solid short-term investment alternative. The interest rate is guaranteed for two years.

Plan Features:

- Guaranteed interest rate for two years.
- Interest accumulates on a tax-deferred basis.
- No sales or administrative fees.
- Avoids probate.
- Option to rollover to our other longer-term plans.
- If funds are not withdrawn after two years the contract will continue at the establish interest rate at the time.
- Up to 10% of the prior anniversary's Account Value may be withdrawn each year without penalty, after the 1st year.

Available Qualified Plans: Traditional IRA, ROTH IRA

Premium Payment Options: One-time deposit, additional deposits allowed for 30 days.

Underwriting:

• Issue Ages 0 – 90

Minimum Deposit: \$5,000Maximum Deposit: \$150,000

Guaranteed Minimum Interest Rate: 1 to 3% APY – As Declared at time of Contract.

Surrender Period & Charges:

2 Years

• Year 1 – 6%, Year 2 – 5%

Available Riders: None

The Vantage 3 is a short term deferred annuity plan, designed for the individual looking for a solid short-term investment alternative. The interest rate is guaranteed for three years.

Plan Features:

- Guaranteed interest rate for three years.
- Interest accumulates on a tax-deferred basis.
- No sales or administrative fees.
- Avoids probate.
- Option to rollover to our other longer-term plans.
- If funds are not withdrawn after three years the contract will continue at the establish interest rate at the time.
- Up to 10% of the prior anniversary's Account Value may be withdrawn each year without penalty, after the 1st year.

Available Qualified Plans: Traditional IRA, ROTH IRA

Premium Payment Options: One-time deposit, additional deposits allowed for 30 days.

Underwriting:

• Issue Ages 0 − 90

• Minimum Deposit: \$5,000

• Maximum Deposit: \$150,000

Guaranteed Minimum Interest Rate: 1 to 3% APY – As Declared at time of Contract.

Surrender Period & Charges:

• 3 Years

• Year 1 – 6%, Year 2 – 5%, Year 3 – 4%

Available Riders: None

Vantage 5 is our mid-term deferred annuity plan that allows for savings, investment or a retirement program. The interest rate is highly competitive with a guaranteed rate for the 1st two years. This flexible annuity plans allow for additional premium deposits that do not affect or extend the penalty withdrawal period.

Plan Features:

- Guaranteed interest rate for first two years.
- Interest accumulates on a tax-deferred basis.
- No sales or administrative fees.
- Avoids probate.
- If funds are not withdrawn contract will continue.
- Up to 10% of the prior anniversary's Account Value may be withdrawn each year without penalty, after the 1st year.

Available Qualified Plans: Traditional IRA, ROTH IRA

Premium Payment Options: Additional deposits accepted, without effecting penalty period.

Underwriting:

• Issue Ages 0 − 90

Minimum Deposit: \$1,000Maximum Deposit: \$350,000

Guaranteed Minimum Interest Rate: 1 to 3% APY – As Declared at time of Contract.

Surrender Period & Charges:

• 5 Years

• Year 1 – 6%, Year 2 – 5%, Year 3 – 4%, Year 4 – 3%, Year 5 – 2%

Available Riders: None

Our Vantage 7 is a long-term deferred annuity plan that allows for savings, investment or a retirement program. The interest rate is highly competitive with a guaranteed rate for the 1st two years. As a flexible annuity plan additional premium deposits are permitted and does not affect or extend the penalty withdrawal period.

Plan Features:

- Guaranteed interest rate for first two years.
- Interest accumulates on a tax-deferred basis.
- No sales or administrative fees.
- Avoids probate.
- If funds are not withdrawn contract will continue.
- Up to 10% of the prior anniversary's Account Value may be withdrawn each year without penalty, after the 1st year.

Available Qualified Plans: Traditional IRA, ROTH IRA.

Premium Payment Options: Additional deposits accepted, without effecting penalty period.

Underwriting:

• Issue Ages 0 – 90

• Minimum Deposit: \$1,000

• Maximum Deposit: \$350,000

Guaranteed Minimum Interest Rate: 1 to 3% APY – As Declared at time of Contract.

Surrender Period & Charges:

7 Years

• Year 1 – 8%, Year 2 – 7%, Year 3 – 6%, Year 4 – 5%, Year 5 – 4%, Year 6 – 3%, Year 7 – 2%

Available Riders: None

SPIA – Single Premium Immediate Annuity

This single premium contract when established pays a specified periodic distribution for a lifetime of income. An immediate annuity provides an income benefit almost instantly. With an immediate annuity, the Annuitant establishes the annuity with a single premium payment.

Plan Features:

- Uses annuitant's initial premium deposit as the basis for immediate contracted settlement payments.
- Annuitant is locked into the settlement option, payment amount, payment schedule selected, and rate in effect for settlements at the time of commencement.

Available Qualified Plans: Traditional IRA, ROTH IRA.

Underwriting:

• Issue Ages 0 − 90

Minimum Deposit: \$10,000Maximum Deposit: \$300,000

Guaranteed Minimum Interest Rate: The interest rate at the time of purchase is a fixed rate and is guaranteed throughout the term of the annuity contract.

Settlement Options

Life Only - Distribution of the income benefit is guaranteed for the life of the Annuitant only. There are no benefits left to a beneficiary upon the death of the Annuitant.

Specified Period - The Annuitant has the option to select a period between 5 and 20 years, to receive their income benefit. This period of time is considered their Distribution Period. Upon the completion date of the selected Distribution Period the Annuitant then ceases to receive an income benefit. If the Annuitant should pass away during the Distribution Period, the designated Beneficiary would then receive the income benefit for the remaining Distribution Period.

Life and Period Certain - Four options for the Proposed Annuitant to select from, the periods of guaranteed income distribution are either 5, 10, 15 or 20 years. The period of time selected is considered their Guaranteed Distribution Period. If the Annuitant should pass away during the Distribution Period, the designated Beneficiary would then receive the same monthly payments through the Distribution Period. Upon the completion date of the selected Distribution Period the Annuitant will continue to receive payments for the rest of their life. However, if the Annuitant passes away after the specified period there is no income benefit remaining for the designated Beneficiary.

Payments for Life, Joint and Survivor - The Society will make payments for the lifetime of the Payee and a Joint Payee. Survivor payments will continue at the following percentage of the joint amount (100%, 66 2/3%, and 50%) Joint and Survivor payments amounts include interest at the rate guaranteed in the Agreement.

Available Riders: None

States Licensed: CT, IL, IN, MA, MI, NJ, NY, OH, PA, WI

NOTES