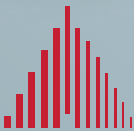


REAGIT

Insurance Solutions Built for Appraisal Institute Professionals



**GROUP 10-YEAR
LEVEL TERM LIFE
INSURANCE**



Endorsed by

**Appraisal
Institute[®]**

*Professionals Providing
Real Estate Solutions*

UNDERWRITTEN BY **New York Life Insurance Company**

Real Estate Appraisers Group Insurance Trust
Exclusive Benefit for AI Professionals

Why purchase **Group 10-Year Level Term Life Insurance** through Real Estate Appraisers Group Insurance Trust (REAGIT)?



With **REAGIT Group 10-Year Level Term Life Insurance**, designated members, candidates, practicing affiliates, and affiliates of the Appraisal Institute can apply for up to \$750,000 of coverage for both you and your spouse, at competitive rates guaranteed for the initial 10-year term. You'll also have access to the following benefits:

PORTABLE COVERAGE:

Maintain your valuable REAGIT Group 10-Year Level Term Life Insurance protection throughout your career, as long as you remain in good standing with the Appraisal Institute, you pay your premiums when due, and the policy is still in effect.

SEVERAL DISCOUNTS AVAILABLE: Applicants meeting the highest underwriting standards and who don't use tobacco or nicotine products may qualify for Preferred rates. Other non-tobacco, nicotine users may qualify for Select rates. In addition, you can benefit from volume discounts when you purchase higher coverage amounts.

ACCELERATED DEATH BENEFIT:

Enables you to apply for a portion of your benefits if you qualify as being terminally ill, subject to certain policy restrictions and limitations. These benefits are paid directly to you, and you may spend them any way you wish. (See information and rates for more details. Not available to residents of Massachusetts.)

RIGHT OF CONVERSION:

You may convert your coverage to an individual plan offered by New York Life, regardless of physical condition or history, under the conditions stated in your Certificate. This right of conversion is also available to your covered dependents. Conversion must be requested within 31 days of the date you become eligible for this provision.

ONLY ONE EXCLUSION:

Suicide, within two years after a person's coverage becomes effective, is not covered. The premiums paid for the person's coverage will be returned. (Missouri residents: Benefits will not be paid for death resulting from suicide within the first two years of coverage if New York Life can show that suicide was intended at the time of application.)

DEPENDENT COVERAGE CONTINUANCE: If an insured AI Professional dies, Life Insurance then in force on his/her dependents may be continued as long as they otherwise remain eligible by making timely premium payments.

How Much Coverage Can I Apply For?

To estimate a coverage level that's right for you, consider your present living expenses, your estate, and the future plans of your family. Choose a benefit level that will help protect you and your family for the next 10 years—without the worry of the benefit being lowered or your premiums going up. You are eligible to apply for \$100,000 to \$750,000 (in multiples of \$10,000)* of REAGIT Group 10-Year Level Term Life Insurance for both you and your lawful spouse if:

- **You're in good standing with the Appraisal Institute**
- **You and your spouse (if proposed for insurance) are under age 65**
- **You and your spouse are able to perform the normal activities of a person of like age**
- **You and your spouse reside in the United States of America,** the District of Columbia, Puerto Rico, or any province of the Dominion of Canada, except Quebec**

Each unmarried, dependent child from age 15 days through 24 years may also be insured for either \$5,000 or \$10,000 (15 days but before 6 months \$500). A dependent who is also a designated member, candidate, practicing affiliate or affiliate with the Appraisal Institute is eligible for either AI Professional or dependent coverage, but not both. If both the applicant and spouse are covered as AI Professionals, neither may insure the other as spouse and only one may insure any eligible children.

The total amount of coverage a professional may request under all Group Term Life Insurance plans underwritten by New York Life Insurance Company cannot exceed \$1,250,000. In addition, the total amount of coverage an individual insured may have by more than one group policy may not exceed plan maximums.

A child may not be insured for more than one \$10,000 benefit under all policies issued by New York Life Insurance Company to the Trustee of the REAGIT Life Insurance Plan.

Accelerated Death Benefit:

Available to help terminally ill insureds and their families, this feature is designed to provide an insured one advance payment equal to 50% of their inforce Life Insurance while that person is still alive. To qualify, the insured must be diagnosed as having a life expectancy of 24 months or less, as well as provide any other necessary medical information requested. For additional details and limitations, please see the Certificate of Insurance. Please note that receipt of accelerated death benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of tax counsel.

Note: This benefit is not available to residents of Massachusetts.

*Spouse coverage cannot exceed 100% of member's coverage.

**Certain state eligibility restrictions apply.





What Else Should I Know?

Ownership of Insurance: “Owner” means the person or entity with rights of ownership of this insurance as described in the Certificate of Insurance. If a transfer of ownership has been recorded by or on behalf of New York Life Insurance Company, or initial ownership is by other than the AI Professional, according to the information provided in the application, references throughout this plan information to “you” or “AI Professional” will mean “owner,” as applicable.

You Name Your Beneficiary: Your beneficiary is the person(s) last designated by you in writing, and recorded by or on behalf of New York Life Insurance Company. You are the automatic beneficiary for dependent insurance, as described in the Certificate of Insurance. If you wish to name a different beneficiary for spouse coverage, contact the Plan Administrator, at 1.800.222.9958 for the appropriate form.

Effective Date: Note: (Residents of MD and NC: Any reference to “performing normal activities of a person in good health of like age” is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application.) Insurance will take effect on the date your application is approved, provided the initial premium contribution is paid within 31 days after you are billed and any person to be insured is performing the normal activities of a person of like age on the date of approval. (Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by New York Life Insurance Company.)

Premiums are guaranteed for the initial 10-year term. At the end of a 10-year period, your coverage can continue on a non-guaranteed basis, or you can reapply for another 10-year period (if you are under age 65), at your then-current age and based on your evidence of insurability.

When Coverage Ends: Coverage will end when the insured AI Professional or spouse reaches age 75 (25 for children) or earlier if: (a) the premiums are not paid when due, (b) you are no longer in good standing with the Appraisal Institute, (c) the group plan is terminated or modified by the Policyholder to end insurance for the group of insureds to which the member belongs, or (d) the insured requests to terminate insurance. In addition, dependent coverage will terminate when the dependent spouse or child ceases to be an eligible dependent.

Renewal Payments and Claims: Once you are accepted into the plan, you will have a 31-day grace period for your payment of renewal premium contributions. When you want to submit a claim, call the Plan Administrator at 1.800.222.9958 for claim forms.

Certificate of Insurance: This brochure is only a brief description of the principal provisions and features of the REAGIT Group Term Life Insurance Plan. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustees of the REAGIT Life Insurance Plan. When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the plan.

30-Day Free Look: When you become insured you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your Certificate, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!



Exclusions: Benefits are paid for death from any cause, at any time, anywhere in the world, except if relating to suicide within 24 months of coverage approval date. (Missouri residents: suicide is not excluded unless intended when you applied.) The validity of any amount of your life insurance, which has been in force for two years during an insured's lifetime, will not be contested except for insurance eligibility provisions and non-payment of premium contributions.

Where Can I Find More Information? To find out more about features, costs, eligibility, renewability, limitations, and exclusions, call the REAGIT Plan Administrator at: 1.800.222.9958 or visit us at **REAGIT.com/10LTL**.



How Do I Apply?

Now, applying is easier than ever! Review the premium contribution chart and complete the enclosed application or apply online by visiting us at **REAGIT.com/10LTL**.

Complete the Group 10-Year Level Term Life Insurance application form included with this brochure and return it in the postage-paid envelope provided. In order to expedite claim payments we request that you provide the following information for everyone you are requesting coverage on, as well as on any named beneficiary: full name, address, date of birth, social security number, and telephone number. Please call 800.222.9858 to complete this request. If you prefer, enclose a separate piece of paper with this information together with your application.

REAGIT also offers members Expedited Issuance—you can obtain coverage quicker than ever before with a new streamlined application process available for level term life products with a maximum benefit of \$250,000 —*less hassle, quicker coverage!*

Please note, before you request coverage, you must be a designated member, candidate, practicing affiliate, or affiliate in good standing with the Appraisal Institute. Please wait until your application with the Appraisal Institute is accepted before initiating your insurance requests.

The REAGIT Group 10-Year Level Term Life Insurance Plan is medically underwritten based on the information provided by you on the application. It is important that you complete the form truthfully and completely. Your request is subject to New York Life Insurance Company's approval, and more medical information may be requested. A physical exam, EKG, blood test, or other information may be required. If so, we will arrange for a professional paramedic to contact you to perform these simple tests at your convenience, free of charge. The shorter application works in conjunction with a "tele-underwriter."

The service provider that contacts you will take your personal health information confidentially over the phone while you're at home or at the office. If needed, your provider will make arrangements for any medical requirements with you during this call. New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your request form may be used as the basis for rescinding your insurance.

Review the premium contribution chart and complete the enclosed application or apply online by visiting us at **REAGIT.com/10LTL**. You may fax your completed and signed application toll-free to 866.817.9009 or send it via mail to:

**REAGIT Group Insurance
Program Administrator
1200 E. Glen Avenue
Peoria Heights, IL 61616-5348**

License: CA# 0F76076, AR# 1322

For residents of Puerto Rico, completed applications and premium payments should be sent to:

**Global Insurance Agency, P.O. Box 9023918,
San Juan, Puerto Rico 00902-3918**

REAGIT Group 10-Year Level Term Life Insurance Plan is underwritten by the New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010, under policy number GMR-G-13777-0/FACE.

Pearl Insurance solicits insurance on behalf of New York Life and receives compensation, which may vary depending on certain factors, based on the sale of insurance. For additional compensation information, please call Pearl Insurance at 800.222.9858.

IMPORTANT NOTICE: How New York Life Obtains Information and Underwrites Your Request For Group 10-Year Level Term Life Insurance

In this notice, references to “you” and “your” include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, Inc. (“MIB”). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory, or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries, or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a “need to know” basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901 (TTY 866 346-3642). For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: PROTECTED PERSONS¹ have a right of access to certain CONFIDENTIAL ABUSE INFORMATION² we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth, and address.

¹ PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

² CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer, or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family, or abuse-related relationship.

New York Life Insurance Company

8.12 ed.

This brochure is intended to describe only principle features of the REAGIT Group Term Life Insurance Plan and is not a contract.

The REAGIT Trust incurs certain administrative expenses in connection with this sponsored program for Appraisal Institute Professionals. To provide and maintain this valuable benefit the Trust is reimbursed for such expenses.

Underwritten by:



New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

On Policy Form GMR, under Group Policy G-13777-0/FACE

Brokered and Administered by:



PEARL INSURANCE®

1200 E. Glen Avenue
Peoria Heights, IL 61616-5348

License: CA# 0F76076, AR# 1322

REAGIT Group 10-Year Level Term Life Insurance

Current 2016 Annual Premium Contributions

Annual rate per \$1,000 of insurance

The cost of this Life Insurance is based upon the AI Professional and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the option chosen. Only non-smokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other non-smokers may qualify for "Select" or "Standard" rates. Smokers qualify for "Standard" rates only. Upon approval of your application, you will be notified of the rate classification for each approved person.

| AI Individual/ Spouse Issue Age | Amounts of \$100,000 – \$249,000 | | | | | | Amounts of \$250,000 – \$499,000 | | | | | | Amounts of \$500,000 – \$750,000 | | | | | |
|---------------------------------------|-------------------------------------|--------|--------|--------|----------|--------|-------------------------------------|--------|--------|--------|----------|--------|-------------------------------------|--------|--------|--------|----------|--------|
| | Preferred | | Select | | Standard | | Preferred | | Select | | Standard | | Preferred | | Select | | Standard | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| 20-23 | \$0.76 | \$0.68 | \$0.86 | \$0.78 | \$2.09 | \$1.78 | \$0.51 | \$0.44 | \$0.61 | \$0.53 | \$1.82 | \$1.53 | \$0.45 | \$0.39 | \$0.56 | \$0.48 | \$1.75 | \$1.46 |
| 24-25 | 0.76 | 0.68 | 0.86 | 0.78 | 2.10 | 1.78 | 0.51 | 0.44 | 0.61 | 0.53 | 1.84 | 1.53 | 0.45 | 0.39 | 0.56 | 0.48 | 1.76 | 1.46 |
| 26-27 | 0.76 | 0.68 | 0.86 | 0.78 | 2.11 | 1.78 | 0.51 | 0.44 | 0.61 | 0.53 | 1.85 | 1.53 | 0.45 | 0.39 | 0.56 | 0.48 | 1.77 | 1.46 |
| 28 | 0.76 | 0.68 | 0.86 | 0.78 | 2.12 | 1.79 | 0.51 | 0.44 | 0.61 | 0.53 | 1.86 | 1.54 | 0.45 | 0.39 | 0.56 | 0.48 | 1.79 | 1.47 |
| 29 | 0.76 | 0.68 | 0.86 | 0.78 | 2.15 | 1.79 | 0.51 | 0.44 | 0.61 | 0.53 | 1.87 | 1.54 | 0.45 | 0.39 | 0.56 | 0.48 | 1.80 | 1.47 |
| 30-34 | 0.76 | 0.68 | 0.86 | 0.78 | 2.16 | 1.83 | 0.51 | 0.44 | 0.61 | 0.53 | 1.89 | 1.55 | 0.45 | 0.39 | 0.56 | 0.48 | 1.82 | 1.49 |
| 35 | 0.76 | 0.68 | 0.86 | 0.78 | 2.22 | 1.86 | 0.51 | 0.44 | 0.61 | 0.53 | 1.96 | 1.60 | 0.45 | 0.39 | 0.56 | 0.48 | 1.88 | 1.53 |
| 36 | 0.77 | 0.69 | 0.89 | 0.80 | 2.32 | 1.95 | 0.52 | 0.45 | 0.64 | 0.56 | 2.05 | 1.68 | 0.46 | 0.40 | 0.58 | 0.51 | 1.97 | 1.62 |
| 37 | 0.79 | 0.74 | 0.92 | 0.84 | 2.46 | 2.09 | 0.53 | 0.47 | 0.66 | 0.58 | 2.18 | 1.82 | 0.48 | 0.43 | 0.61 | 0.53 | 2.10 | 1.75 |
| 38 | 0.84 | 0.77 | 0.96 | 0.88 | 2.62 | 2.26 | 0.56 | 0.52 | 0.70 | 0.63 | 2.34 | 1.99 | 0.51 | 0.46 | 0.65 | 0.57 | 2.26 | 1.91 |
| 39 | 0.88 | 0.80 | 1.01 | 0.94 | 2.84 | 2.46 | 0.58 | 0.56 | 0.76 | 0.67 | 2.55 | 2.18 | 0.53 | 0.51 | 0.70 | 0.63 | 2.46 | 2.10 |
| 40 | 0.92 | 0.85 | 1.07 | 0.98 | 3.06 | 2.64 | 0.63 | 0.59 | 0.81 | 0.73 | 2.78 | 2.35 | 0.57 | 0.54 | 0.76 | 0.67 | 2.70 | 2.28 |
| 41 | 0.97 | 0.90 | 1.13 | 1.06 | 3.34 | 2.84 | 0.67 | 0.65 | 0.88 | 0.79 | 3.06 | 2.55 | 0.63 | 0.59 | 0.81 | 0.74 | 2.97 | 2.46 |
| 42 | 1.03 | 0.96 | 1.22 | 1.12 | 3.67 | 3.04 | 0.76 | 0.70 | 0.96 | 0.86 | 3.38 | 2.75 | 0.70 | 0.65 | 0.90 | 0.80 | 3.28 | 2.66 |
| 43 | 1.10 | 1.03 | 1.30 | 1.21 | 4.05 | 3.28 | 0.84 | 0.77 | 1.03 | 0.95 | 3.74 | 2.98 | 0.78 | 0.72 | 0.98 | 0.88 | 3.63 | 2.88 |
| 44 | 1.17 | 1.10 | 1.41 | 1.29 | 4.46 | 3.51 | 0.91 | 0.84 | 1.14 | 1.02 | 4.14 | 3.22 | 0.86 | 0.78 | 1.08 | 0.97 | 4.03 | 3.12 |
| 45 | 1.28 | 1.16 | 1.52 | 1.38 | 4.87 | 3.77 | 1.01 | 0.90 | 1.24 | 1.10 | 4.55 | 3.48 | 0.95 | 0.85 | 1.19 | 1.05 | 4.43 | 3.38 |
| 46 | 1.39 | 1.23 | 1.64 | 1.44 | 5.36 | 4.05 | 1.10 | 0.97 | 1.36 | 1.18 | 5.02 | 3.74 | 1.05 | 0.91 | 1.30 | 1.12 | 4.90 | 3.63 |
| 47 | 1.51 | 1.29 | 1.78 | 1.53 | 5.87 | 4.35 | 1.20 | 1.02 | 1.52 | 1.27 | 5.53 | 4.03 | 1.13 | 0.97 | 1.45 | 1.20 | 5.40 | 3.92 |
| 48 | 1.62 | 1.35 | 1.94 | 1.62 | 6.42 | 4.66 | 1.29 | 1.09 | 1.66 | 1.35 | 6.06 | 4.33 | 1.22 | 1.02 | 1.60 | 1.29 | 5.93 | 4.22 |
| 49 | 1.77 | 1.43 | 2.10 | 1.71 | 7.00 | 4.98 | 1.41 | 1.16 | 1.82 | 1.43 | 6.62 | 4.65 | 1.34 | 1.09 | 1.75 | 1.36 | 6.48 | 4.53 |
| 50 | 1.93 | 1.52 | 2.30 | 1.83 | 7.57 | 5.31 | 1.54 | 1.23 | 2.00 | 1.54 | 7.18 | 4.97 | 1.47 | 1.18 | 1.94 | 1.47 | 7.03 | 4.85 |
| 51 | 2.09 | 1.62 | 2.50 | 1.93 | 8.13 | 5.65 | 1.71 | 1.33 | 2.21 | 1.65 | 7.73 | 5.30 | 1.63 | 1.27 | 2.12 | 1.57 | 7.56 | 5.18 |
| 52 | 2.24 | 1.74 | 2.71 | 2.05 | 8.67 | 6.01 | 1.89 | 1.45 | 2.42 | 1.77 | 8.26 | 5.65 | 1.82 | 1.39 | 2.33 | 1.69 | 8.09 | 5.52 |
| 53 | 2.42 | 1.86 | 2.95 | 2.17 | 9.24 | 6.37 | 2.09 | 1.56 | 2.64 | 1.89 | 8.82 | 6.02 | 2.01 | 1.50 | 2.56 | 1.82 | 8.64 | 5.87 |
| 54 | 2.64 | 1.99 | 3.20 | 2.31 | 9.88 | 6.74 | 2.31 | 1.71 | 2.89 | 2.04 | 9.46 | 6.37 | 2.23 | 1.63 | 2.81 | 1.96 | 9.25 | 6.23 |
| 55 | 2.85 | 2.12 | 3.49 | 2.48 | 10.62 | 7.13 | 2.55 | 1.84 | 3.18 | 2.18 | 10.16 | 6.75 | 2.46 | 1.76 | 3.08 | 2.10 | 9.96 | 6.60 |
| 56 | 3.10 | 2.24 | 3.78 | 2.64 | 11.44 | 7.47 | 2.79 | 1.96 | 3.48 | 2.34 | 10.97 | 7.10 | 2.71 | 1.88 | 3.38 | 2.26 | 10.74 | 6.93 |
| 57 | 3.34 | 2.38 | 4.10 | 2.81 | 12.31 | 7.80 | 3.05 | 2.07 | 3.75 | 2.51 | 11.83 | 7.41 | 2.95 | 2.00 | 3.64 | 2.43 | 11.59 | 7.25 |
| 58 | 3.65 | 2.50 | 4.46 | 3.01 | 13.30 | 8.15 | 3.33 | 2.21 | 4.11 | 2.72 | 12.80 | 7.76 | 3.25 | 2.12 | 4.00 | 2.63 | 12.55 | 7.59 |
| 59 | 3.99 | 2.66 | 4.86 | 3.22 | 14.47 | 8.60 | 3.67 | 2.37 | 4.51 | 2.93 | 13.94 | 8.20 | 3.56 | 2.29 | 4.39 | 2.84 | 13.66 | 8.02 |
| 60 | 4.39 | 2.86 | 5.36 | 3.50 | 15.82 | 9.20 | 4.06 | 2.56 | 4.98 | 3.15 | 15.27 | 8.78 | 3.95 | 2.49 | 4.86 | 3.06 | 14.97 | 8.59 |
| 61 | 4.84 | 3.12 | 5.91 | 3.82 | 17.30 | 9.96 | 4.51 | 2.83 | 5.54 | 3.50 | 16.71 | 9.53 | 4.39 | 2.74 | 5.41 | 3.40 | 16.40 | 9.33 |
| 62 | 5.32 | 3.42 | 6.56 | 4.16 | 18.91 | 10.87 | 5.03 | 3.14 | 6.20 | 3.84 | 18.28 | 10.42 | 4.91 | 3.05 | 6.05 | 3.74 | 17.94 | 10.21 |
| 63 | 5.90 | 3.77 | 7.28 | 4.58 | 20.80 | 11.91 | 5.60 | 3.50 | 6.92 | 4.25 | 20.13 | 11.43 | 5.47 | 3.40 | 6.77 | 4.14 | 19.76 | 11.20 |
| 64 | 6.57 | 4.16 | 8.11 | 5.02 | 23.11 | 13.08 | 6.25 | 3.87 | 7.74 | 4.66 | 22.44 | 12.47 | 6.11 | 3.76 | 7.57 | 4.55 | 22.02 | 12.32 |

M=Male F=Female

Coverage is available in \$10,000 units from \$100,000 up to \$750,000 [dependent children are eligible for either \$5,000 at Annual Rate of \$7.80 or \$10,000 (the maximum) at an Annual Rate of \$15.60, of Life Insurance coverage for each child].

The premium contributions shown reflect the current annual rates and benefit structure and are payable semiannually or via monthly Pre-Authorized Check Payment Plan or credit card. Send no money now—you will be billed for the appropriate premium upon approval of your application.

Premiums are guaranteed to remain level for the first 10 years of coverage. At the end of the 10-year period, you may elect to reapply (if under 65) for a subsequent 10-year term based on your current age, health, and tobacco/nicotine use and would be guaranteed for 10 years. If you or your spouse is not approved—or you do not reapply for 10-year level term rates—coverage will continue in force on a non-guaranteed rate basis, and which rates increase as you age. Please call the Plan Administrator at 1.800.222.9958 for details.

Montana residents: Male rates apply to everyone regardless of gender.