

AMERILIFE MARKETING GROUP LLC
1542 PARK AVENUE

ORANGE PARK, FL 32073

AMW0000013M

PAMMY R CONNER
123 TEST DRIVE

HOT SPRINGS, AR 71901

Life Insurance Buyer's Guide



INSURANCE

DECEMBER
INSURANCE

Life Insurance *Buyer's Guide*



Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy

Life Insurance *Buyer's Guide*

Before You Buy Life Insurance

Understand What Life Insurance Is

Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from the NAIC InsureU Life Insurance website --

www.insureuonline.org/insureu_type_life.htm

If You Need Life Insurance, Decide How Much Coverage to Buy

How much life insurance to buy depends on the financial needs that will continue after your death. Examples include supporting your family, paying for child(ren)'s education, and paying off a mortgage. Some questions you may want to ask about your own needs include:

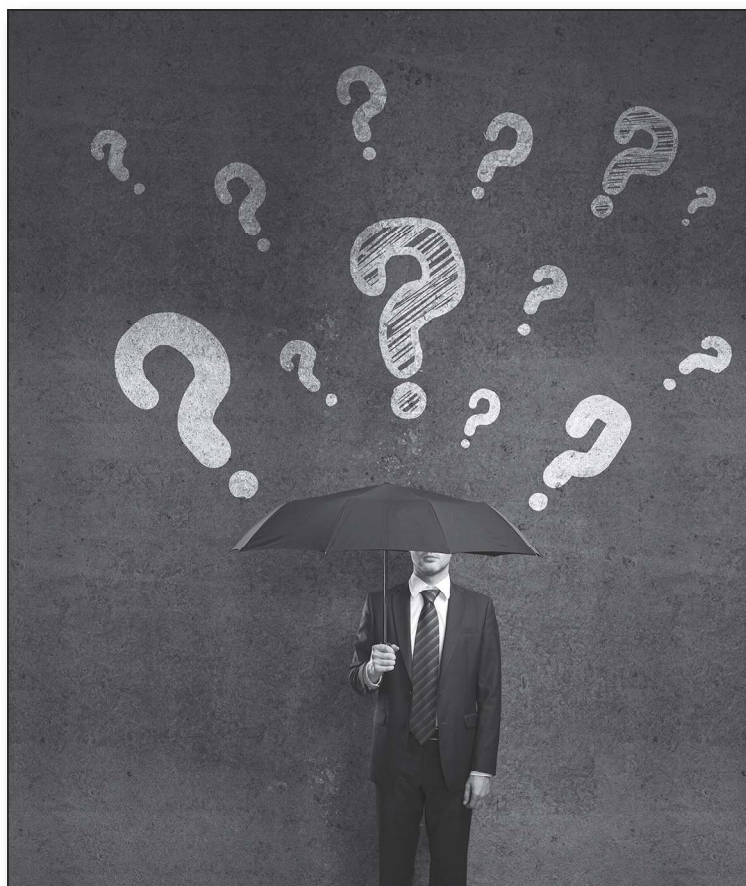
- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

The answers to these questions can help you decide how much coverage you need. An insurance agent, financial advisor, or insurance company representative can help you evaluate your insurance needs and give you information about available policies.

If You Already Have Life Insurance, Assess Your Current Life Insurance Policy

It's important to compare your current policy with any new policy you might buy. Keep in mind that you may be able to change your current policy to get benefits you want. Also, know that any changes in your health may impact your ability to get a new policy or the premium you'll pay. Don't cancel your current policy until you get the new one.

Also, while you may have free or low-cost life insurance through your employer, the death benefit usually is less than you need. And if you leave the employer, you may not be able to take this coverage with you.



Life Insurance *Buyer's Guide*



Compare the Different Types of Insurance Policies

There are many types of life insurance policies. You should choose a policy with features that fit your individual needs. Some things to consider are:

- **Term Insurance vs. Cash Value Insurance.** Term insurance is intended to provide lower-cost coverage for a specific period of time (“a term”). If you want coverage for a longer period of time, such as for your lifetime, cash value insurance may be more cost effective. Most term policies don’t build up cash values that you can use in the future.



- **Renewable Term vs. Non-renewable Term.** Most term life insurance coverage can be continued (“renewed”) at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you’ll lose the right to renew the policy at a certain age. A Non-renewable term policy can’t be continued. You’ll have to apply for a new policy if you still want coverage.
- **Whole Life vs. Universal Life.** Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.
- **Variable Life vs. Non-variable Life.** The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable life policies.

Life Insurance *Buyer's Guide*

Be Sure You Can Afford the Premium

Before you buy a life insurance policy, be sure you can pay the premiums. Can you afford the initial premium? If the premium increases later, will you still be able to afford it? The premiums for many life insurance policies are sensitive to changes in the company's investment earnings, claims costs, and other expenses. If those are worse than expected, you may have to pay a much higher premium. Ask what might be the highest premium you'd have to pay to keep your coverage.

Understand the Application Process

You can apply for life insurance through life insurance agents, the mail, and online. In addition to basic information, such as your name, address, employer, job title, and date of birth, you'll be asked for more personal information. Depending on the type of policy, the insurer may require you to see a doctor, answer health-related questions, or have a medical professional come to your home or office to assess your health. Usually a policy that doesn't require detailed health information will cost more and provide less coverage than one that does.

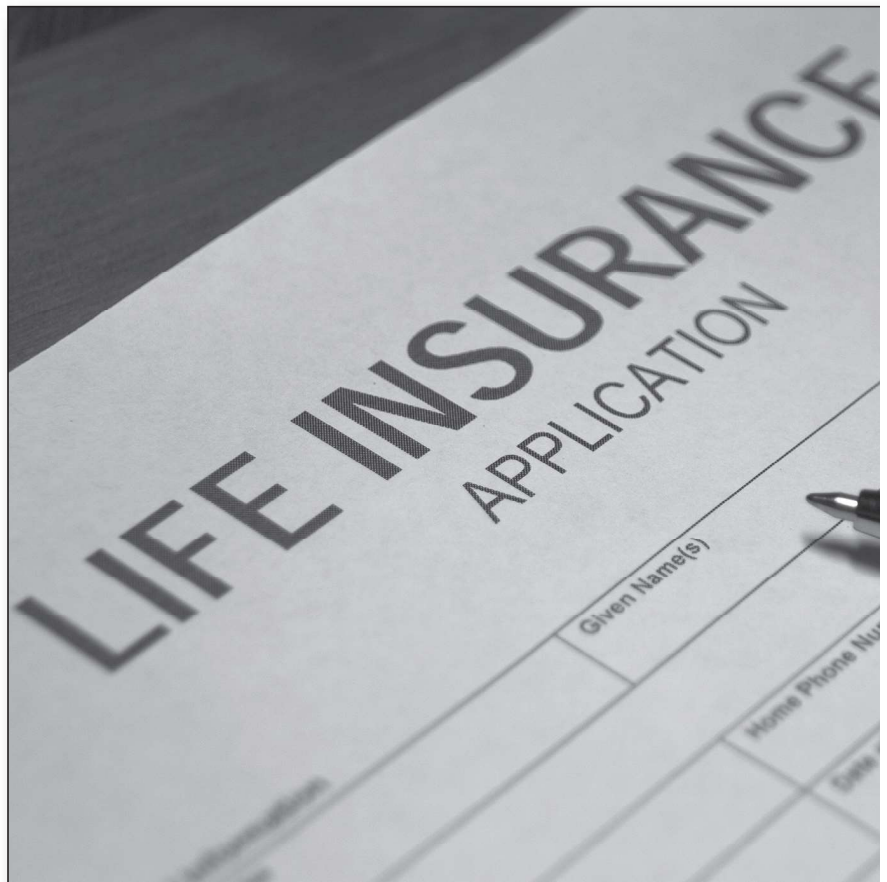
It's important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.

Choose a Beneficiary

A beneficiary is the person(s) or organization(s) you name to receive your life insurance policy's death benefit. You'll need to know the Social Security or tax identification number for all beneficiaries. Experts advise you not to name a minor child as a beneficiary. Insurance companies won't pay a minor. Instead, consider leaving the money to your estate or trust.

Evaluate the Future of Your Policy

Does your policy have a cash value? In some cash value policies, the values are low in the early years but build later on. In other policies the values build up gradually over the years. Most term policies have no cash value. Ask your insurance agent, financial advisor, or an insurance company representative for an illustration showing future values and benefits.



Life Insurance *Buyer's Guide*



After You Buy Life Insurance

Read Your Policy Carefully

After you carefully read your policy, you should be able to answer the following important questions:

- Is your personal information correct?
- Do premiums or policy values vary from year to year?
- What part of the premium or policy value isn't guaranteed?
- How will the timing of money paid and received affect any interest the policy might earn?

Your insurance agent, financial advisor, or an insurance company representative can help you understand anything that isn't clear.

If you're not satisfied with your new policy, you can return it for a full refund within a certain period, usually 10 days after you receive it. The review period usually is stated on the first page of the policy.

Review Your Life Insurance Program Every Few Years

Review your policy with your insurance agent, financial advisor, or an insurance company representative every few years to keep up with changes in your policy and your needs.

- Have the premiums or benefits changed since your policy was issued?
- Do the death benefits still meet your needs?
- Do you need more or less coverage after life events, such as birth, adoption, marriage, job change, death, or divorce?

The insurance company can provide policy statements and illustrations to help with this review. As the policy owner, you can change beneficiaries at no cost. Be sure to review your beneficiaries every few years, especially after major life events that affect your life insurance needs.



Life Insurance *Buyer's Guide*

Notes

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National Association of Insurance Commissioners

1100 Walnut Street, Suite 1500
Kansas City, MO 64106-2197
(816) 842-3600

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LIG-LP-18



WELCOME

Dear valued policyholder,

Thank you from all of us at The American Home Life Insurance Company (AMH) for becoming a member of our policyholder family. Enclosed is your Final Expense Insurance policy. Please take a few minutes to look over the copy of your application on the back of your policy. It is important that all information, including your date of birth and answers to health and medical questions, is correct. Incorrect answers could jeopardize your coverage under this policy. Notify us immediately with any corrections or additions. Also, make sure you review your policy and keep it handy for future reference.

Thank you once again for being part of the AMH family. If you have questions regarding your policy benefits, or if there is anything we can do to make your experience with us better, please let us hear from you. Our staff of dedicated professionals is ready to assist you. Please call us at 800-259-0468.

Our Commitment

As a company committed to protecting what matters most, AMH delivers peace of mind through individual insurance products designed to meet your lifestyle, budget, and healthcare needs. Backing up our commitment is 24x7 services and superior customer support to ensure a seamless, uncomplicated experience, from initial application and enrollment to payment of a claim. Whether you prefer to manage your policy using your computer or mobile device or talk to a friendly, knowledgeable representative, AMH will make sure you have the best experience possible. When life doesn't go as planned, we've got your back.

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS



PATRIOT SERIES FINAL EXPENSE PLANS

STRENGTH PROTECTION SECURITY SERVICE



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PATRIOT SERIES FINAL EXPENSE PLAN
The American Home Life Insurance Company of Kansas

A MUTUAL COMPANY

Administrative Office
PO Box 534
Brownwood TX 76804
1-800-259-0468

We will pay the Beneficiary the death proceeds as defined in this policy. Payment will not be made until all of the following have been received at the administrative office:

- due proof that the Insured died while this policy was in force in the form of a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information.
- proof of the claimant's interest in the proceeds.

Any payment is subject to the provisions on this page and on the following pages.

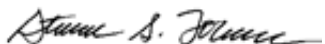
The consideration for this policy is the application and payment of the initial total premium on or before policy delivery.

RIGHT TO CANCEL

The Owner may return this policy within 30 days after its delivery by taking it or mailing it to the Company or to the agent through whom it was purchased. Immediately upon delivery or mailing, this policy will be deemed void from the beginning. Any premium paid will be returned.

Contact The American Home Life Insurance Company of Kansas at:
P.O. Box 534, Brownwood, TX 76804
1-800-259-0468

Signed by the company at its administrative office at P.O. Box 534, Brownwood, TX 76804 on the Date of Issue.



President



Secretary

LEVEL WHOLE LIFE INSURANCE POLICY
Death Proceeds Payable at Death
Premiums Payable during Insured's Lifetime
Nonparticipating – No Dividends

Insured	PAMMY R CONNER	AMH6214265	Policy Number
Face Amount	\$10,000	07/01/2022	Policy Effective Date
Total Annual Premium	\$1,006.50	07/06/2022	Date of Issue

This policy is a legal contract between the Owner and The American Home Life Insurance Company of Kansas.

READ YOUR POLICY CAREFULLY.

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SCHEDULE PAGE

Benefit		Annual Premium	Premium Period	
Whole Life Policy		\$867.00	Policy Years	56
Form Number:	AMHFELP-AR			
Riders:	AMHFEABR-AR	\$0.00		56
	AMHFEADR-AR	\$96.00		10
	AMHFECR-AR	\$7.50		22
Total Rider Premium		\$103.50		
Annual Administrative Fee		\$36.00		
Total Annual Premium		\$1,006.50		

MODAL PREMIUMS (includes annual administrative fee on a prorated basis)

ANNUALLY	\$1,006.50	QUARTERLY	\$266.72
SEMI-ANNUALLY	\$523.38	MONTHLY BANK DRAFT	\$88.07

ISSUED IN: Arkansas

INSURANCE DEPARTMENT: 1-501-371-2600

Insured	PAMMY R CONNER	AMH6214265	Policy Number
Face Amount	\$10,000	07/01/2022	Policy Effective Date
Premium	\$88.07		
Underwriting Class	STANDARD NS	07/06/2022	Date of Issue
Age Last Birthday	65		
Sex	Male	07/01/2078	Maturity Date

ADDITIONAL BENEFITS

RIDER EFFECTIVE DATE

BENEFIT AMOUNT

ACCELERATED DEATH BENEFIT RIDER

(Form Number AMHFEABR-AR)

See rider for benefit information

07/01/2022

ACCIDENTAL DEATH BENEFIT RIDER

(Form Number AMHFEADR-AR)

Benefit amount

07/01/2022

\$10,000.00

(Equal to 100% of the Face Amount of base policy)

CHILDREN'S TERM INSURANCE RIDER

(Form Number AMHFECR-AR)

Benefit amount per child

07/01/2022

\$2,500.00

Pol No AMH6214265
SCHEDULE PAGE *CONTINUED*

Additional Insured based on Children's Term Insurance Rider:

	Insured Person(s)	Effective Date	Issue Age	Maturity date	Premium
Insured Children:	ERICKSON, HAYNES R	07/01/2022	3	07/01/2044	\$7.50
Total Premium					\$7.50

SCHEDULE PAGE *CONTINUED*

Beneficiary AS DESIGNATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED BY THE OWNER
 Owner AS DESIGNATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED BY THE OWNER

The Beneficiary and Owner are subject to change as provided herein.

Table Of Guaranteed Values

End of Policy Year	Guaranteed Cash Surrender Value	Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	0	0	0	0
2	64	120	0	238
3	374	700	3	78
4	689	1,240	4	360
5	1,008	1,780	6	79
6	1,331	2,280	7	44
7	1,656	2,760	7	285
8	1,981	3,220	8	93
9	2,307	3,660	8	211
10	2,631	4,080	8	285
11	2,954	4,460	8	321
12	3,276	4,840	8	327
13	3,597	5,200	8	307
14	3,915	5,540	8	266
15	4,230	5,860	8	208
16	4,541	6,160	8	138
17	4,847	6,440	8	56
18	5,145	6,700	7	332
19	5,435	6,960	7	243
20	5,715	7,200	7	151
(Age 90)	6,879	8,100	6	85
(Age 92)	7,216	8,320	5	298
(Age 95)	7,623	8,600	5	69
(Age 100)	8,170	8,960	4	91
(Age 120)	9,247	9,600	0	351

Interest Rates

Reinstatement Interest Rate – 6% per year, compounded annually.

Policy Loan Interest Rate Charged – The rate charged will be 7.4% per year in advance.

Nonforfeiture Values Interest Rate – 3.75%

Mortality Tables

All guaranteed cash surrender values and single premium rates referred to in the policy are based on the Commissioner's 2017 Standard Ordinary CSO Table, Age Last Birthday, Male/Female, Smoker/Non-Smoker.

DEFINITIONS

Attained Age	The Insured's age as of his or her last birthday.
Beneficiary	The individual You have designed to receive proceeds under this policy. The Beneficiary is designated in the application unless later changed by written notice to Us.
Contingent Owner	An individual You have designated to become Owner if You die before the Insured. Any Contingent Owner is designated in the application unless later changed by written notice to Us.
Insured	The individual whose life is covered under this policy. The Insured is named in the Schedule Page.
We, Our, Us, the Company	The American Home Life Insurance Company.
You, Yours, the Owner	The individual who owns this policy. The Owner is designated in the application unless later changed by written notice to Us.

GENERAL PROVISIONS

THE CONTRACT

The entire contract consists of:

- this policy, including any applicable endorsements, amendments and riders;
- the application;
- any supplemental application; and
- any application for reinstatement.

Any application includes all parts of the application itself and any other forms designated by the Company to be part of the application. The application is evidenced by the copy that was attached to this policy at issue or delivery. Any supplemental application or application for reinstatement will be evidenced by the copy sent to the Owner for attachment to this policy following Company approval. For purposes of this section, any applications sent to the Owner will be considered to have been attached to this policy at issue or delivery.

All statements made in an application are, in the absence of fraud, deemed representations and not warranties. No statement will void this policy or be used in defense of a claim unless it is contained in an application attached to, or considered to have been attached to, this policy when issued or delivered.

Only the president, a senior vice president, or the secretary of the Company can change or waive any provision of this policy. Any change or waiver must be made in writing.

POLICY EFFECTIVE DATE

Policy anniversaries, policy years, and policy months are measured from the Policy Effective Date. The first policy year begins on the Policy Effective Date. Subsequent policy years begin on the same date each year thereafter. A policy anniversary occurs at the beginning of each policy year after the first policy year.

The first policy month begins on the Policy Effective Date. Subsequent policy months begin on the same day of the month as the Policy Effective Date.

OWNER AND BENEFICIARY

The designations of Owner and Beneficiary are as shown in the application or a notice of change that has been received at the administrative office in a form acceptable to the Company. The designation of Contingent Owner is shown in the application or as subsequently elected by the Owner in a written notice received at the administrative office in a form acceptable to the Company.

The Owner has all rights stated in this policy. The Owner may amend this policy during the Insured's lifetime with the Company's consent. The rights of the Owner are subject to the rights of an irrevocable Beneficiary.

If the Owner is other than the Insured and the Owner dies during the Insured's lifetime, all rights of the Owner vest in the Contingent Owner, if living or in existence, and the Contingent Owner becomes the Owner. If the Contingent Owner is not alive or in existence at the Owner's death, all ownership rights vest in the Owner's estate or successors.

The interest of a Beneficiary terminates if the Beneficiary dies or ceases to exist before the Insured dies. If no Beneficiary survives or is in existence at the Insured's death, payment will be made to the Owner or the Owner's estate or successors.

CHANGE OF OWNER AND BENEFICIARY

The Owner may change the designations of Owner, Contingent Owner, and Beneficiary during the Insured's lifetime. Any change is subject to the consent of an Irrevocable Beneficiary. Written notice of change of the Owner, Contingent Owner, and Beneficiary must be received at the administrative office in a form acceptable to the Company.

The new designation will then take effect as of the date the Owner signed the notice, unless otherwise specified by the Owner, provided such date is during the Insured's lifetime. Such a change does not affect any payment made or other action taken by the Company before the notice is received.

ASSIGNMENT

The Owner may request an assignment of this policy or its benefits by sending the Company written notice to the Company's administrative office. The Company is not responsible for the validity or effect of any assignment of this policy. Any assignment shall take effect on the date the notice of assignment is signed by the Owner, unless otherwise specified by the Owner, and does not affect any payment made or other action taken by the Company before the notice is received. No assignment will bind the Company until it is received at the administrative office.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex is misstated, the Company will adjust the proceeds to that amount which the most recent premium would have purchased based on the corrected information.

SUICIDE

If the Insured, while sane or insane, dies by suicide within two years after the Policy Effective Date shown in the Schedule Page, the death proceeds under this policy will be an amount equal to:

- the premiums paid; less
- the loan balance as of the date of death.

These proceeds may be adjusted as explained in the Amount of the Death Proceeds section.

INCONTESTABILITY

With respect to statements made in the application, this policy is not contestable after it has been in force during the Insured's lifetime for a period of two years beginning with the Policy Effective Date shown in the Schedule Page. With respect to statements made in a supplemental application, the applicable policy change is not contestable after it has been in force during the Insured's lifetime for a period of two years beginning with the Policy's Effective Date. With respect to statements made in an application for reinstatement, this policy is not contestable after it has been in force during the Insured's lifetime for a period of two years beginning with the date of reinstatement.

The Incontestability provision will not apply in the case of non-payment of premium or fraud in the procurement of the policy when permitted by applicable law in the state where the policy is delivered or issued for delivery.

PAYMENT OF PROCEEDS

Proceeds means:

- the amount that becomes payable upon the Insured's death; or
- the amount that becomes payable upon surrender of this policy.

The proceeds will be paid from the administrative office. This policy must be returned to the Company. The proceeds will be paid in one sum.

If the Insured is living on the Maturity Date, shown in the Schedule Page, and this policy is in force, the Company will pay the net cash surrender value to the Owner in one sum.

NONPARTICIPATING

This policy does not share in any distribution of surplus. No dividends are payable.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS

This policy was approved under the authority of the Interstate Insurance Product Regulation Commission (the "Commission") and is issued under the Commission standards. Any provision of this policy in conflict with the Commission standards is hereby amended to conform to the Commission standards as of the Effective Date of this policy.

PREMIUM PROVISIONS

PREMIUM PAYMENTS

Each premium after the first is payable in advance at the administrative office or at the Company's premium payment address.

The Owner may change the mode of premium payment with the Company's consent. Written notice must be filed at the administrative office. The modes available are annual, semiannual, and quarterly. Premiums may also be paid by monthly bank draft.

REFUND OF PREMIUM

No premium refunds will be made except as specifically stated in this policy.

GRACE PERIOD

A grace period of 31 days is provided under this policy for payment of any premium after the first. This policy and any riders will stay in force during a grace period. If the entire premium due is not paid by the end of the grace period, this policy and any riders will terminate as of the date this policy entered the grace period. Policy termination is subject to the Nonforfeiture Provision section of this policy.

If this policy enters a grace period, notice will be mailed to the Owner and any assignee of record at their last known addresses prior to termination. Any payments sent by U.S. mail shall be postmarked within the grace period. If the Insured dies during a grace period, the premium required to keep this policy in force to the end of the policy month of death will be deducted from the proceeds.

AUTOMATIC PREMIUM LOAN

This option may be elected in the application. It may also be elected by written notice received at the administrative office before the end of the grace period. The Owner may revoke the election by written notice to the administrative office.

If elected, this option provides automatic payment by policy loan of the premium for the mode then in effect. The loan will be made at the end of the grace period. After two consecutive premiums have been paid by loan, the Company may change to a less frequent mode of premium payment if there is sufficient cash value.

If there is not sufficient cash value to advance the premium as a policy loan, no automatic premium loan will be made. Any remaining value will be applied under the Nonforfeiture Options provision.

While this policy remains in force, the Owner may resume premium payments without furnishing evidence of insurability.

REINSTATEMENT

This policy may be reinstated unless:

- it has been surrendered;
- the period of extended term insurance has expired; or
- the loan balance has exceeded the guaranteed cash surrender value.

To reinstate, the following must be received at the administrative office within five years after the date as of which this policy entered the grace period:

- evidence of insurability satisfactory to the Company showing that the Insured is still insurable at the premium class applicable on the Policy Effective Date;
- payment of all past-due modal premiums with interest calculated from the due date of each at the Reinstatement Interest Rate shown in the Schedule Page; and
- payment or reinstatement of any loan balance, including interest from the date this policy entered the grace period to the date of reinstatement at the applicable policy loan interest rates.

After the Company has approved the application for reinstatement, this policy will be reinstated on the day the above conditions are satisfied, which is the date of reinstatement. The Face Amount on the date this policy is reinstated will be equal to the Face Amount at the beginning of the grace period. The guaranteed cash surrender value on the date this policy is reinstated, if applicable, is brought forward

assuming that all past-due modal premiums are paid on their respective due dates. The loan balance on the date this policy is reinstated, if not repaid at reinstatement, is the loan balance at the beginning of the grace period brought forward with interest at the applicable policy loan interest rate.

INSURANCE PROVISIONS

AMOUNT OF THE DEATH PROCEEDS

The proceeds payable at the death of the Insured will be:

- the Face Amount shown in the Schedule Page; plus
- accrued interest; less
- the loan balance as of the date of death.

The premiums received at the administrative office for any period beyond the policy month of death will be paid in addition to the death proceeds.

The death proceeds will also be adjusted due to any of the following:

- a successful contest of this policy in accordance with the Incontestability section;
- misstatement as explained in the Misstatement of Age or Sex section; and
- death during the grace period as explained in the Grace Period section.

If the Insured dies by suicide, the amount of the death proceeds may be determined in accordance with the Suicide section.

INTEREST ON DEATH PROCEEDS

Interest on death proceeds accrues and is payable from the date of death until the claim is paid. It accrues at the rate applicable to this policy for funds left on deposit with the Company as of the date of death.

Additional interest will accrue annually at a rate of 10% if the death proceeds are not paid within 31 days from the latest of:

- the date the Company receives proof of loss; or
- the date the Company receives sufficient information to determine liability, the extent of liability and the appropriate payee legally entitled to the proceeds; or
- the date all legal impediments to payment of proceeds that are dependent on parties other than the Company are resolved and sufficient evidence of such resolution is provided to the Company. Legal impediments include, but are not limited to:
 - the establishment of guardianships and conservatorships;
 - the appointment and qualification of trustees, executors and administrators; and
 - the submission of information required to satisfy state and federal reporting requirements.

NONFORFEITURE PROVISIONS

POLICY VALUE

The guaranteed cash surrender values of this policy are shown in the Table of Guaranteed Values in the Schedule Page. The guaranteed cash surrender values shown are as of the end of the policy year when all premium payments due have been made and when there are no loans. Guaranteed cash surrender values during the policy year are determined by allowing for time elapsed and premium payments made during that Year.

INTEREST RATE

The guaranteed interest rate used in the calculation of the policy values is shown in the Schedule Page.

NET CASH SURRENDER VALUE

The net cash surrender value of this policy is determined by subtracting the loan balance from the guaranteed cash surrender value. If the policy is surrendered during the grace period, the premium required to keep this policy in force to the end of the policy month of surrender will also be deducted.

NONFORFEITURE OPTIONS

A nonforfeiture option may be elected by written notice during the Insured's lifetime. The effective date of a nonforfeiture option will be:

- the date the notice was signed if the notice is received at the administrative office within 30 days after the date it was signed; or
- the date the notice is received if the notice is received more than 30 days after the date it was signed; or
- the beginning of the grace period when this policy has entered the grace period and the notice is received at administrative office within 60 days as measured from the beginning of the grace period; or
- the beginning of the grace period when the option is the Automatic Option.

The following options apply if this policy has a guaranteed cash surrender value.

Policy Surrender The Owner may surrender this policy at any time. The net cash surrender value on the effective date of this option will be the amount payable upon surrender. For paid-up or extended term insurance, this value is the net single premium at the Insured's attained age for any benefits remaining under such insurance less any loan balance. Payment may be deferred up to six months after notice is received at the administrative office. A surrender within 30 days after a policy anniversary will be for an amount not less than the value on such anniversary, less any loan made since the anniversary and the accrued interest on that loan.

Paid-Up Insurance This policy may be continued as level paid-up insurance from the effective date of this option. The amount of this paid-up insurance will be that which the net cash surrender value on the effective date of this option will provide when applied as a net single premium at the Insured's attained age. This paid-up insurance will be payable at the same time as the insurance under this policy. Such paid-up insurance will be subject to the applicable provisions of this policy.

Extended Term Insurance This option is available if extended term insurance values are shown in the Table of Guaranteed Values in the Schedule Page. The insurance will be continued in force as level term insurance from the effective date of this option. The amount of extended term insurance will be the Face Amount shown in the Schedule Page. The period of such term insurance will be that which the net cash surrender value will provide when applied as a net single premium at the Insured's attained age.

Automatic Option If extended term insurance is available, the automatic option is the Extended Term Insurance option; if not, it is the Paid-Up Insurance option. The appropriate option will automatically apply when:

- a premium remains unpaid at the end of the grace period; and
- no other available option has been elected.

The Owner may elect another available option within 60 days as measured from the beginning of the grace period.

**BASIS OF
GUARANTEED
POLICY VALUES**

All calculations, including net single premium calculations, are based on the Mortality Table and interest rate shown in the Schedule Page. Death is assumed to occur at the end of the policy month.

Values and benefits are at least equal to those required by the NAIC Standard Nonforfeiture Law for Life Insurance, model #808. A detailed statement of the method of computing these values has been filed with the Interstate Insurance Product Regulation Commission.

**TABLE OF
GUARANTEED
NONFORFEITURE
VALUES**

All values shown assume that:

- no policy loan is made; and
- an annual premium is paid each policy year.

If premiums are paid for part of the year, values will be prorated. Any values not shown will be furnished on request.

POLICY LOANS

CASH LOAN

The Company will make a loan upon the sole security and assignment of this policy. The Owner may obtain the loan while this policy is in force other than as extended term insurance. The amount advanced as a policy loan may not exceed:

- the guaranteed cash surrender value; less
- the loan balance on the date the loan is to be made; less
- loan interest to the end of the current policy year.

DEFERRAL

The Company may defer making a policy loan up to six months after written request is received at the administrative office; however, a loan for payment of premiums to the Company will not be deferred.

**INTEREST AND
REPAYMENT**

The Policy Loan Interest Rate Charged is shown in the Schedule Page.

Loan interest is due annually at the end of each policy year and on the earliest of these dates:

- the date of surrender of this policy;
- the date of termination of this policy; and
- the date of death of the Insured.

Interest accrues daily from the date a loan is made and is compounded annually. Interest not paid when due is added to the loan and bears interest at the same rate.

All or any part of a policy loan may be repaid during the Insured's lifetime while this policy is in force. Any amount paid to the Company that is not clearly marked as a loan repayment will be considered a premium payment.

This policy will terminate when the loan balance exceeds the guaranteed cash surrender value. At least thirty days prior to the termination date, notice of termination will be mailed to the Owner and to any assignee of record at their last known addresses.

POLICY PROCEEDS

POLICY PROCEEDS

Policy proceeds will be paid in a single sum.

The American Home Life Insurance Company of Kansas

LEVEL WHOLE LIFE INSURANCE POLICY
Death Proceeds Payable at Death
Premiums Payable during Insured's Lifetime
Nonparticipating – No Dividends

THE AMERICAN HOME LIFE INSURANCE COMPANY of Kansas

P.O. Box 534
Brownwood, TX 76804
1-800-259-0468

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED: PAMMY R CONNER	AGENT: AMERILIFE MARKETING GROUP LLC
AGE: 65	AGENT ADDRESS: 1542 PARK AVENUE
UNDERWRITING CLASS: STANDARD NS	ORANGE PARK, FL 32073
FORM NUMBER: AMHFELP-AR	
PAYABLE: Monthly	ANNUAL PREMIUM:
LEVEL WHOLE LIFE INSURANCE POLICY	\$1,006.50
ADDITIONAL BENEFITS:	
ACCELERATED DEATH BENEFIT RIDER	
ACCIDENTAL DEATH BENEFIT RIDER	\$10,000.00
CHILDREN'S TERM INSURANCE RIDER	\$2,500.00

This statement gives you basic information about your insurance. The table below shows annual premiums on a current and guaranteed basis. Current basis premiums are those we anticipate charging. Guaranteed basis premiums are the maximum the policy permits us to charge.

POLICY YEAR	DEATH BENEFIT	CASH VALUE	CURRENT	GUARANTEED	PAID-UP INSURANCE	EXTENDED TERM	
			BASIS	BASIS		INSURANCE	
			--ANNUAL PREMIUMS--			YEARS	DAYS
1	10,000	0	\$1,006.50	\$1,006.50	0	0	0
2	10,000	64	\$1,006.50	\$1,006.50	120	0	0
3	10,000	374	\$1,006.50	\$1,006.50	700	3	3
4	10,000	689	\$1,006.50	\$1,006.50	1,240	4	4
5	10,000	1,008	\$1,006.50	\$1,006.50	1,780	6	6
10	10,000	2,631	\$1,006.50	\$1,006.50	4,080	8	8
15	10,000	4,230	\$1,006.50	\$1,006.50	5,860	8	8
20	10,000	5,715	\$1,006.50	\$1,006.50	7,200	7	7
34	10,000	8,079	\$1,006.50	\$1,006.50	8,900	7	7

LIFE INSURANCE COST INDEXES PER \$1000 OF INSURANCE

	CURRENT BASIS		GUARANTEED BASIS	
	10YRS	20YRS	10YRS	20YRS
Net Payment Index	90.30	90.30	90.30	90.30
Surrender Index	70.38	73.84	70.38	73.84

An explanation of the intended use of these indexes is provided in the Life Insurance Buyers Guide.
The Policy Loan Interest Rate is 7.4% payable in advance.

POLICY NUMBER: AMH6214265

DATE PREPARED: 07/20/2022



Notice of Privacy Practices

Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.

This Notice of Privacy Practices applies to The American Home Life Insurance Company's insured health benefit plans. It does not apply to any plans that are self-funded by an employer. If you receive benefits through a group health insurance plan, your employer will be able to tell you if your plan is insured or self-funded. If your plan is self-funded, you may want to ask for a copy of your employer's privacy notice.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

The American Home Life Insurance Company¹ considers personal information confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

When we use the term "personal information," we mean information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By "health information," we mean information that identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care).

This notice became effective on October 9, 2018.

How The American Home Life Insurance Company Uses and Discloses Personal Information In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources – particularly you, your employer or benefits plan sponsor if applicable, other insurers, HMOs, or third-party administrators (TPAs), and health care providers. In administering your health benefits we may use and disclose personal information about you in various ways, including:

Health Care Operations: We may use and disclose personal information during the course of running our health business – that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma, or heart failure. Other operational activities requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of The American Home Life Insurance Company with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

Payment: To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured). We also use personal information to obtain payment for any mail order pharmacy services provided to you.

¹ For purposes of this notice, "The American Home Life Insurance Company" and the pronouns "we," "us" and "our" refer to all of the HMO and licensed insurer subsidiaries of The Capitol Life Insurance Company Inc., including the entities listed on the last page of this notice. These entities have been designated as a single affiliated covered entity for federal privacy purposes.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals, and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may use personal information in providing mail order pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

Disclosures to Other Covered Entities: We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, if you receive benefits through a group health insurance plan, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

Additional Reasons for Disclosure

We may use or disclose health information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- **Plan Administration** – to your employer (for group health insurance plans), when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Partners** – to persons who provide services to us and assure us they will protect the information.
- **Industry Regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- **Workers' Compensation** – to comply with workers' compensation laws.
- **Law Enforcement** – to federal, state, and local law enforcement officials.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).
- **As Required by Law** – to comply with legal obligations and requirements.
- **Decedents** – to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law; and to funeral directors as necessary to carry out their duties.
- **Organ Procurement** – to respond to organ donation groups for the purpose of facilitating donation and transplantation.

Required Disclosures: We **must** use and disclose your personal information in the following manner:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, as necessary, for HIPAA compliance and enforcement purposes.

Disclosure to Others Involved in Your Health Care

We may disclose personal information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Privacy Compliance Department number at **833-504-0334**.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the toll-free Privacy Compliance Department number at **833-504-0334** or have your provider contact us.

Uses and Disclosures Requiring Your Written Authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization: for marketing purposes that are unrelated to your benefit plan(s), before disclosing any psychotherapy notes, related to the sale of your health information, and for other reasons as required by law.

If you have given us an authorization, you may revoke it in writing at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free Privacy Compliance Department number at 833-504-0334.

Your Legal Rights

The federal privacy regulations give you several rights regarding your health information

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber. We will accommodate reasonable requests.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment, and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have the right to ask us to obtain a copy of health information that is contained in a “designated record set” – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management, and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to ask us to amend health information that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to know the reasons for an unfavorable underwriting decision. Previous unfavorable underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts. Your genetic information cannot be used for underwriting purposes.
- You have the right with very limited exceptions, not to be subjected to pretext interviews.²

You may make any of the requests described above, may request a paper copy of this notice, or ask questions regarding this notice by calling toll-free **833-504-0334**.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your request to the following address:

HIPAA Member Rights Team Aetna
151 Farmington Avenue – AN33
Hartford, CT 06156

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

Safeguarding Your Information

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

² We do not participate in pretext interviews.

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 in life and annuity benefits and \$500,000 in health insurance benefits – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within these overall limits, the Association will not pay more than \$300,000 in disability and long term care benefits, \$500,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

ACCELERATED DEATH BENEFITS RIDER

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS, in consideration of the application and payment of the required premium has caused this rider to be issued and made a part of the policy to which it is attached. It is subject to all of the policy's provisions which are not inconsistent with the provisions of this rider. If any inconsistencies occur, the provisions of this rider will apply.

ACCELERATED DEATH BENEFIT

If an Insured is diagnosed by a Physician after the Rider Effective Date and while this rider is in force, as being Terminally Ill, and a proper claim is made under this rider during the life of such Terminally Ill Insured, with the consent of any irrevocable beneficiary of such Terminally Ill Insured We will pay the Rider Benefit to You.

The Terminally Ill Insured's policy death benefit will be reduced by the Pre-Payment Amount. The Terminally Ill Insured's portion of the policy's cash value and premium (exclusive of any policy fee) will be reduced by the ratio of the Pre-Payment Amount to the Terminally Ill Insured's Face Amount, apart from any other riders. The Terminally Ill Insured's portion of any policy loan will be reduced by the amount We subtract from the Pre-Payment Amount to calculate the Rider Benefit. Payment of the Pre-Payment Amount will not change coverage provided by rider, including coverage for anyone other than the Terminally Ill Insured. Any accidental death insurance will not be affected by the payment of the Pre-Payment Amount.

Upon a request for the Pre-Payment Amount, and upon the payment of this benefit, We will provide a statement to You and any irrevocable beneficiary demonstrating the effect of the benefit payment on the policy death benefit, cash value, and any policy loan.

NOTICE: Death benefits and cash surrender values will be reduced upon payment of an Accelerated Benefit. Accelerated death benefits may be taxable by Your state. The Owner should seek additional information from his or her personal tax advisor about the tax status of the Pre-Payment Amount.

DEFINITIONS

PHYSICIAN means a practitioner of the healing arts performing an act within the scope of his license. A Physician must not be You, an Insured, or the parent, spouse or child of either You or an Insured.

PRE-PAYMENT AMOUNT means the amount selected by You when a claim is made under this rider. It may be up to 50% of the Terminally Ill Insured's Face Amount, apart from any other riders. The minimum benefit that may be requested is \$1,000. The maximum benefit that may be requested is \$15,000.

RIDER BENEFIT means (1) the Pre-Payment Amount; less (2) the ratio which the Pre-Payment Amount bears to the Terminally Ill Insured's Face Amount, apart from any other riders, times the Terminally Ill Insured's portion of policy loan less an administrative charge not to exceed \$200.

TERMINALLY ILL means that the Insured has a medical condition that, in the opinion of a Physician, is expected to result in a life span of less than twelve months.

CLAIMS

To receive the Pre-Payment Amount, You must send the following to our Administrative Office:

- (a) written request for the Pre-Payment Amount, specifying the amount of benefit You are requesting. This amount may not exceed 50% of the Terminally Ill Insured's Face Amount, apart from any other riders;
- (b) written certification from a Physician stating that the Insured has a medical condition that is expected to result in death within twelve months or less.

We have the right to require a second or third medical opinion to confirm benefit eligibility. Such additional opinions will be at Our expense. The second medical opinion may include a physical examination by a Physician designated by Us. In the case of conflicting opinions, eligibility for the benefit will be determined by a third medical opinion that is provided by a Physician mutually acceptable to the Insured and to Us.

Prior to payment of any Pre-Payment Amount, We will obtain a signed acknowledgement of concurrence for payout from any assignee or irrevocable beneficiary before benefits under this rider become payable. If We are the assignee under the policy, no acknowledgement will be required.

The Pre-Payment Amount will be paid immediately upon Our receipt of proof of eligibility. Payment will be made to You, or to Your estate while the Insured is living, unless otherwise designated by You. When the Pre-Payment Amount is paid, We will provide You a revised policy Schedule Page showing the changes to the cash values, policy loans, premium and death benefits.

If the Insured dies after the owner elects to receive the Pre-Payment Amount but before any such benefits are received, the election shall be cancelled and the death benefit paid pursuant to the policy.

EFFECTIVE DATE

This rider is endorsed and made a part of this policy as of the Policy Effective Date.

TERMINATION

Coverage under this rider will terminate on the earlier of:

- (a) lapse or termination of the policy; or
- (b) cancellation of this rider by You; or
- (c) pre-payment of a portion of such Insured's policy death benefit under this rider.

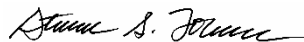
Termination of this rider shall not prejudice the payment of benefits for any loss that occurred while the form was in force.

OTHER PROVISIONS

Ownership. The Owner of the policy shall be the Owner of this rider.

Reinstatement. This rider may be reinstated if the policy is reinstated and is subject to the same terms.

Signed by the company at its administrative office at PO Box 323, Brownwood, TX 76804 on the Date of Issue.



President



Secretary

DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS RIDER

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS

Administrative Office: 1021 Reams Fleming Boulevard, Franklin, TN 37067

(Note: this disclosure only applies where the base policy has a face value of \$5,000 or greater, in which case the

Accelerated Benefits Rider is provided free of any additional premium charge.)

Q. What is an accelerated benefit?

A. An accelerated benefit is a portion of the death benefit paid because the insured is diagnosed as being terminally ill which results in the insured having a life expectancy of twelve months or less.

Q. What payment options are available?

A. Up to a maximum of 50% of the face amount if the insured is diagnosed with a terminal illness which results in the insured having a life expectancy of twelve months or less. The minimum benefit that may be requested is \$1,000. The maximum benefit that may be requested is \$15,000. This amount will be paid as a lump sum. The company may apply a portion of the accelerated death benefit to repay an outstanding policy loan by only up to the amount of the outstanding policy loan multiplied by the percentage of the policy death benefit that has been accelerated. There is an administrative fee of up to \$200 to use this benefit.

Q. What is the premium for the Accelerated Benefits Rider?

A. No additional premium is charged for an Accelerated Benefits Rider. Policy premiums are still due after taking the accelerated benefit.

Q. How will taking an accelerated benefit affect my policy?

A. The cash value, premium and death benefits will be reduced by the same percentage as the accelerated benefit is to the face amount of the policy. An example is as follows:

Values prior to acceleration	50% acceleration calculation	After receiving 50% acceleration
Face amount: \$10,000 Premium: \$400 Cash value: \$1,000 Loan Balance: \$200	1. Face amount = \$10,000 2. Maximum benefit available: 50% of face amount = \$5,000 3. Minus 50% of outstanding loan: $\$5,000 - 100 = \$4,900$ 4. Minus administrative fee: $\$4,900 - \$200 = \$4,700$ (accelerated benefit amount paid)	Face amount: \$5,000 Premium: \$200 Cash value: \$500 Loan Balance: \$100

The net face amount remaining at the insured's death will be paid to the named beneficiary if the policy is in force at that time. Upon a request to accelerate the policy death benefits and upon the payment of the accelerated death benefit, specific information about the effect of an accelerated benefit on policy values, death benefit, premium and loans will be provided to the policyowner and any irrevocable beneficiary. An amended policy schedule page will then be provided to the policyowner to reflect changes in death benefit and policy values as a result of any accelerated benefit payment.

Q. Are there any limitations on the use of the accelerated benefit proceeds?

A. There are no restrictions or limitations, except such proceeds may be subject to child support liens.

Q. Are the accelerated benefit proceeds taxable?

A. Benefits under this rider are intended to qualify for favorable tax treatment. However, there are circumstances under which these benefits may be taxable. You should consult a personal tax advisor. Receipt of accelerated benefit proceeds may adversely affect the recipient's eligibility for Medicaid or other governmental benefits or entitlements. The accelerated benefit proceeds do not and are not intended to qualify as long-term care insurance.

Q. Is the exercise of the rider voluntary?

A. You are not required to exercise the accelerated benefit and have the right to waive this benefit.

Applicant signature

Date

Owner signature (if not the proposed insured)

Date

Agent signature

Date

ACCIDENTAL DEATH BENEFIT RIDER

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS in consideration of the application and payment of the required premium has caused this rider to be issued and made a part of the policy to which it is attached. It is subject to all of the policy's provisions which are not inconsistent herewith. If any inconsistencies occur, the provisions of this rider will apply.

ACCIDENTAL DEATH BENEFIT

We will pay the proceeds of this rider to the beneficiary when we receive due proof of the Insured's Accidental Death. Payment will be made only if this policy and rider are in force on the date of the Insured's accidental bodily injury.

The proceeds will be the amount of Accidental Death Benefit shown on the policy Schedule Page.

The proceeds will be paid in addition to the other proceeds of this policy. We have the right to examine the body and to request an autopsy, at Our expense, unless prohibited by law.

This rider does not have any cash values or loan values.

DEFINITIONS

ACCIDENTAL DEATH means death of the Insured which occurs:

- (a) as the direct result of accidental bodily injury independent of all other causes;
- (b) within 180 days from the date of such injury; and
- (c) before the policy anniversary following the Insured's 75th birthday.

PHYSICIAN means a practitioner of the healing arts performing an act within the scope of his license. A Physician must not be You, an Insured, or the parent, spouse or child of either You or an Insured.

LIMITATIONS AND EXCLUSIONS

This rider does not cover death resulting directly or indirectly, in whole or in part, from:

- (a) disease, illness or infirmity of the body or mind;
- (b) war, whether declared or not, or any act or hazard of war;
- (c) participation in a riot or insurrection;
- (d) suicide, whether the Insured is sane or insane;
- (e) intentionally self-inflicted injury, whether the Insured is sane or insane;
- (f) committing or attempting to commit an illegal occupation or felony;
- (g) travel in or descent from any kind of aircraft, unless the Insured is being transported solely as a fare paying passenger;
- (h) travel in an aircraft or device used for testing or experimental purposes, used by any military authority or used for travel beyond the earth's atmosphere;
- (i) participation in any of the following high risk activities: parachuting, hang-gliding, bungee jumping, sail-gliding, parasailing, soaring, ballooning, parakiting, mountain climbing, driving or riding in any motor-driven vehicle in any race, stunt show or speed test or on any race course or speedway;
- (j) voluntarily taking any drug or medication, unless prescribed by a Physician and taken in accordance with the Physician's instructions;
- (k) intoxication as defined by the jurisdiction where the accident occurred;

- (l) any poison or gas voluntarily taken, administered or inhaled, except in the course of employment;
- (m) an infection not occurring as the direct result or consequence of accidental bodily injury,
or
- (n) medical or surgical treatment of disease or infirmity.

EFFECTIVE DATE

If You apply for this rider with this policy, it goes into effect on the Policy Effective Date. If You apply for this rider at a later time, it goes into effect on the Rider Effective Date shown on the revised policy Schedule Page.

TERMINATION

You may terminate this rider at any time by written request to Us. Coverage under this rider will terminate on the earlier of:

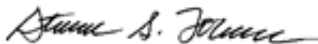
- (a) the premium due date if any premium is not paid by the end of the 31-day grace period; or
- (b) on the policy anniversary following the Insured's 75th birthday; or
- (c) when the policy is exchanged, lapsed, terminated, surrendered, is placed on a reduced paid-up or extended term basis, matures or expires.

Termination of this rider shall not prejudice the payment of benefits for any accident that occurred while the rider was in force.

INCONTESTABILITY

Any coverage under this rider will not be contestable after it has been in force for two years during the Insured's lifetime, except for non-payment of premiums.

Signed by the company at its administrative office at PO Box 323, Brownwood, TX 76804 on the Date of Issue.



President



Secretary

CHILDREN'S TERM INSURANCE RIDER

THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS, in consideration of the application and payment of the required premium has caused this rider to be issued and made a part of the policy to which it is attached. It is subject to all of the policy's provisions which are not inconsistent herewith. If any inconsistencies occur, the provisions of this rider will apply.

This rider does not provide any cash values or loan values.

CHILDREN'S TERM INSURANCE RIDER BENEFIT

Coverage is limited to 9 Insured Children. Coverage selected will be in the same amount for each child. We will pay the Benefit Amount to the Insured Child's beneficiary after these considerations are met:

- (a) We receive due proof of death of an Insured Child; and
- (b) death occurs while this coverage is in force for that Insured Child.

DEFINITIONS

The **BENEFIT AMOUNT** under this rider is the amount shown on the Schedule Page of Your policy for each Insured Child.

An **INSURED CHILD** under this policy is Your natural born child, stepchild, legally adopted child, grandchild, legally adopted grandchild, or great grandchild who is:

- (a) named in the application and is at least 30 days old, but less than 18 years of age on the date of application; and
- (b) a United States citizen.

EFFECTIVE DATE

If you apply for this rider with this policy, it goes into effect on the Policy Effective Date. If You apply for this rider at a later time, it goes into effect on the Rider Effective Date shown on the revised policy Schedule Page.

TERMINATION

Coverage on any Insured Child will terminate on the earliest of:

- (a) the date this policy ceases to be in force; or
- (b) the date You request termination of this rider; or
- (c) the Insured Child's 25th birthday; or
- (d) the death the Insured Child; or
- (e) the date the Insured Child converts his or her insurance, as described in the Conversion Right provision below; or
- (f) nonpayment of premium for this rider, subject to the grace period described in the policy.

We will refund any premium paid for a period beyond the date of termination. The termination of an Insured Child's coverage will not reduce Our liability for any claim originating prior to the termination.

If the policy is in force when an Insured Child's coverage terminates, such Insured Child may obtain a separate whole life policy being offered by us at that time, subject to the Conversion Right provision below.

We will, while this policy is in force, continue coverage on any Insured Child so long as he or she is:

- (a) incapable of self-sustained employment due to mental retardation or physical handicap; and
- (b) chiefly dependent upon You for support and maintenance.

You must submit satisfactory proof of incapacity and dependency to us within 31 days of the date such Insured Child's coverage would terminate if not incapacitated, and annually thereafter if We request it. Premiums will be due for any coverage continued on an Insured Child.

INCONTESTABILITY

Any Insured Child's coverage under this rider will not be contestable after it has been in force for two years during the lifetime of the Insured Child, except in the case of fraud in the procurement of the coverage when permitted by applicable law in the state where the policy is delivered or issued for delivery.

SUICIDE

If an Insured Child, while sane or insane, dies by suicide within two years after the date the Insured Child's coverage became effective under this rider, the death proceeds under this rider will be limited to an amount equal to the premiums paid for the Insured Child's coverage.

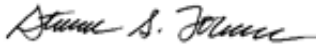
CONVERSION RIGHT

We will issue a separate whole life insurance policy to Your Insured Child who is at least 22 years of age, but less than 25 years of age. Written application with payment of the first premium for such New Policy must be made by the Insured Child within 61 days following his or her termination of coverage under this policy. The amount of the new policy will be from 1 to 5 times the amount of the Insured Child's coverage under this rider with a maximum coverage amount of \$35,000. The Insured Child's coverage under this rider must be in force for at least 2 years before becoming eligible for a new policy. The Suicide and Incontestability provisions of this rider will not begin anew for any policy issued as a result of this provision.

The new policy will be issued:

- (a) without evidence of insurability;
- (b) with a current Policy Effective Date;
- (c) with the premium determined by us based on this product's standard premium class and Our published rates on the date of application for the new policy; and
- (d) with benefits payable, if any, reduced by any benefits payable for the same whole life coverage under this policy.

Signed by the company at its administrative office at PO Box 323, Brownwood, TX 76804 on the Date of Issue.



President



Secretary

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Underwritten by
THE AMERICAN HOME LIFE INSURANCE COMPANY OF KANSAS

www.amhlifeco.com
800-259-0468