



## APPENDIX A DISCLOSURE STATEMENT

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

Name of Proposed Insured: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female

Name of Agent preparing disclosure: \_\_\_\_\_

Agent Home or Agency Address: \_\_\_\_\_

Telephone Number of Agent: \_\_\_\_\_

Home Office Address of Insurer (City and State): 4333 Edgewood Road NE, Cedar Rapids, IA 52499

	Descriptive Title of Coverage	Face Amount of Coverage (1) If not applicable, Description of Coverage	Annual Premium If not known, Premium for Mode Quoted (2)
* Policy			
* Rider(s)			
* Supplemental Benefit(s) (Built into policy)			The cost is included in the premium for the policy.

\*(1) The face amount of coverage of the \_\_\_\_\_ changes as follows \_\_\_\_\_  
(policy, rider, supplemental benefit)

\*(2) The premium for the \_\_\_\_\_ changes; the ultimate \_\_\_\_\_ premium will be \_\_\_\_\_ at \_\_\_\_\_  
(policy, rider) (annual, monthly, etc.)

policy year (age) [or representative \_\_\_\_\_ premiums will be \_\_\_\_\_ and \_\_\_\_\_, and the ultimate  
(annual, monthly, etc.)

\_\_\_\_\_ premium will be \_\_\_\_\_ at \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_  
(annual, monthly, etc.)

policy years (ages) respectively] [or the premium will (increase \_\_\_\_\_% each year) and the ultimate \_\_\_\_\_  
(annual, monthly, etc.)

premium will be \_\_\_\_\_ at \_\_\_\_\_ policy year (age).]

Total (Initial) \_\_\_\_\_ premium for the policy and rider will be \_\_\_\_\_.  
(annual, monthly, etc.)

\*Retirement Income. Your policy is designed to pay a guaranteed retirement income of \$ \_\_\_\_\_ starting at

\_\_\_\_\_ for life, but not for less than 10 years.  
(age, year)

\*Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). \*You may borrow against this cash value at an annual \_\_\_\_\_% loan interest charge.

Number of Years Policy Has Been in Force	5	10	20	Age 65
Total Accumulated Cash Value per \$1,000 (or Total Face Amount)				

\*Dividends. The following is a dividend illustration for your policy based on the current interest, mortality and expense experience of the Company or fraternal benefit society as reflected in the dividends currently paid. However, the illustrations are not a guarantee of what future dividends will be. Payment of a dividend is contingent upon the payment of the next premium due.

Number of Years Policy Has Been in Force	10	20
Illustrated Dividend for the Individual Year per \$1,000 (or Face Amount)		

\*A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This index provides one means of comparing the relative costs of two or more similar policies.

\*The prospective insured  has  has not requested an earlier delivery of the Index.

Upon request either the Company, fraternal benefit society or agent will furnish you with additional information about the insurance described.

\*If inapplicable to insurance being offered, section may be deleted entirely or clearly marked "Not Applicable."

I CERTIFY THAT I HAVE GIVEN THE ABOVE TO THE PROPOSED INSURED NOT LATER THAN THE TIME THE APPLICATION FOR INSURANCE WAS SIGNED BY THE ABOVE APPLICANT.

Agent \_\_\_\_\_

Date \_\_\_\_\_



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Agent \_\_\_\_\_ Date \_\_\_\_\_