

**State:** District of Columbia **Filing Company:** LifeShield National Insurance Co.  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** Survivor Life APP5 and GDB  
**Project Name/Number:** /

## Filing at a Glance

Company: LifeShield National Insurance Co.  
Product Name: Survivor Life APP5 and GDB  
State: District of Columbia  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Rate  
Date Submitted: 11/22/2016  
SERFF Tr Num: HSIC-130816395  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num:  
  
Implementation: On Approval  
Date Requested:  
Author(s): Dale Hoagland  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Implementation Date:

**State:** District of Columbia  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
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## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: This filing has been submitted as part of an IIPRC filing and is being reviewed. Oklahoma is our domiciliary state.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 11/22/2016  
 State Status Changed:  
 Deemer Date: Created By: Dale Hoagland  
 Submitted By: Dale Hoagland Corresponding Filing Tracking Number:

### Filing Description:

This is a Rate Filing submission to be used in conjunction with Forms submitted under SERFF Filing Number HSIC-130816396.

Policy Form Number LN-1001 GDB is a new policy form that will provide Graded Death Benefits. This will be an option to Policy Form LN-1001 filed under SERFF filing number RDWS-127990536 filed and approved in the District of Columbia on February 10, 2012.

Application Form Number LN-1001 APP5 will replace application form number LN-1001 APP4 DC filed under SERFF filing number HSIC-130448044 filed in the District of Columbia and approved on February 19, 2016. We are referring to this application as our "yes / no" application which should provide ease of completion by the applicant and simplified underwriting. This application will be used with both policy forms, LN-1001 and LN-1001 GDB.

## Company and Contact

### Filing Contact Information

Dale Hoagland, dhoagland@uflic.com  
 PO Box 18223 512-963-5203 [Phone]  
 Oklahoma City, OK 73154-0223

### Filing Company Information

LifeShield National Insurance Co.	CoCode: 99724	State of Domicile: Oklahoma
5701 N Shartel Avenue	Group Code: 2858	Company Type: Life And
1st Floor	Group Name:	Health
Oklahoma City, OK 73118	FEIN Number: 73-1155182	State ID Number: 10002356
(405) 236-2640 ext. [Phone]		

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

SERFF Tracking #:

HSIC-130816395

State Tracking #:

Company Tracking #:

State: District of Columbia

Filing Company:

LifeShield National Insurance Co.

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Survivor Life APP5 and GDB

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## Form Schedule

Lead Form Number: LN-1001

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Modified Whole Life Policy, Graded Death Benefit	LN-1001 GDB	POL	Initial		69.900	LN-1001 GDB.pdf
2		Survivor Life Application	LN-1001 APP5	AEF	Initial		60.800	LN-1001 APP5.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**LifeShield National Insurance Company**

Administrative Offices: 815 West Ash, Duncan, OK 73533 1-800-366-8354

We will pay the death benefit to the beneficiary upon receiving proof of the Insured's death. Other rights and privileges are provided in the policy.

These agreements are subject to all provisions of the policy.



Vice President



President

Please Note: We have relied on the information in the application as being true and complete to the best of the knowledge and belief of the person giving it. A copy of the application is attached.

You may cancel this policy by returning it to us or our agent within 30 days after you receive it and we will refund all premiums paid.

**Modified Whole Life Policy  
Graded Death Benefits During the First Two Years  
Payable at Death  
Premiums Payable for Life  
Nonparticipating**

**SCHEDULE OF BENEFITS AND PREMIUMS**

FORM NUMBER	ULTIMATE AMOUNT	DESCRIPTION OF BENEFITS	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
ICC16 LN-1001 GDB	[\$10,000]	Modified Whole Life	[\$254.40]	Life

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**\*DEATH BENEFIT:**

- 1.For Accidental Death – Ultimate Amount in all policy years
- 2.For all other deaths:

Policy Year 1 – 110% of all premiums paid  
 Policy Year 2 – 110% of all premiums paid  
 Thereafter – Ultimate Amount

TOTAL PREMIUMS			
THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS.			
ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$254.40]	[\$131.01]	[\$66.78]	[\$21.62]

INSURED:	[John Doe]	JOINT INSURED (if applicable):	[ n/a]
INSURED SEX:	[Male]	JOINT INSURED SEX (if applicable):	[ n/a]
OWNER	[John Doe]	JOINT OWNER (if applicable):	[ n/a]
AGE (or Joint Equivalent Age, if applicable):	[45]	RATE CLASS:	[Non-Smoker/Standard]
POLICY NUMBER	[12345678]	POLICY DATE	[1/1/2012]

RESERVE BASIS: 2001 Commissioner’s Standard Ordinary Tables, ALB, Sex Distinct, Smoker Distinct

RESERVE INTEREST RATE: 3.50%  
 CASH VALUE INTEREST RATE: 4.50%

LN-1001 GDB

**TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT**

End of year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	[0]	[0]	[0]	[0]
2	[60]	[230]	[26]	[212]
3	[190]	[680]	[6]	[29]
4	[340]	[1,170]	[9]	[23]
5	[490]	[1,630]	[11]	[73]
6	[640]	[2,050]	[12]	[252]
7	[800]	[2,460]	[13]	[320]
8	[960]	[2,850]	[14]	[281]
9	[1,130]	[3,240]	[15]	[207]
10	[1,300]	[3,600]	[16]	[64]
11	[1,470]	[3,930]	[16]	[221]
12	[1,640]	[4,240]	[16]	[324]
13	[1,820]	[4,550]	[17]	[45]
14	[2,010]	[4,860]	[17]	[115]
15	[2,190]	[5,130]	[17]	[123]
16	[2,380]	[5,400]	[17]	[124]
17	[2,580]	[5,670]	[17]	[118]
18	[2,770]	[5,900]	[17]	[69]
19	[2,970]	[6,140]	[17]	[20]
20	[3,160]	[6,340]	[16]	[300]

## DEFINITIONS

**You, Your** means the Owner of this policy as shown on the Schedule of Benefits and Premiums.

**Insured** means the Insured shown on the Schedule of Benefits and Premium Page (or the Joint Insured if shown on the Schedule of Benefits and Premium Page.)

**We, Us, Our** means LifeShield National Insurance Company.

**Full Force** means the policy is in force and no premium payment is more than 31 days overdue. The policy is in full force, but not in force, if it is continuing under a Paid-up Option.

**Indebtedness** means an amount owed to us and secured by this policy, less any unearned interest paid in advance.

**Home Office** means LifeShield National Insurance Company, Oklahoma City, Oklahoma.

**Written Request** means a request in writing in a form satisfactory to us and filed at our Home Office.

## THE CONTRACT

**Entire Contract.** The entire contract consists of this policy and the application. We consider all statements in the application to be true representations and not warranties. No statement will be used to void this policy or to defend against a claim unless the statement is contained in the application.

**Incontestability.** We cannot contest this policy after it has been in force during the lifetime of the Insured for 2 years from the Policy Date. This limitation on our right to contest does not apply to nonpayment of premiums or to any rider providing benefits for disability or accidental death.

**Modifications.** Any modification of this policy must be in writing and signed by an officer of our Company. We do not authorize our agents to modify, waive, or extend any of the conditions of this policy.

## DEATH BENEFIT

The death benefit of this policy is the Amount shown on the Schedule of Benefits and Premiums page, if the policy is in full force. Otherwise, the death benefit is the amount of any paid-up life insurance in force. When two individuals are insured hereunder, we will pay one death benefit upon receipt of due proof of the death of either insured. Adjustments in the death benefit will be made as provided in the following paragraphs.

**Premium Refund.** We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

**Premium Due at Death.** If any Insured should die with a premium due and unpaid during the 31-day period allowed for payment, we will deduct an amount to pay premiums to the end of this period.

**Indebtedness.** We will deduct any indebtedness from the death benefit.

**Incorrect Age or Sex.** If any Insured's age or sex has been stated incorrectly, the benefits under this policy will be those the premium paid would have bought at the correct age and sex.

**Suicide.** If any Insured should die by suicide, while sane or insane, within 2 years from the Policy Date, the death benefit will be limited to the premiums paid.

**Interest.** If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the date of the payment. The interest rate will be determined by us and will not be less than 3% a year.

LN-1001 GDB

**Accidental Death.** If the death of the Insured occurs by accidental means, the Death Benefit will be equal to the Ultimate Amount as shown on the Schedule of Benefits and Premiums Page. Accidental death of the Insured must result from injury, directly and independently of all other causes, and occur within 90 days after the date of the injury. Unless prohibited by law, we shall have the right to examine the body of the Insured, or perform an autopsy on the body of the Insured.

Death will not be considered accidental when death of the Insured results from any of the following causes:

- 1) Bodily or mental infirmity or bacterial infection (other than infection occurring simultaneously with and through a cut or wound caused by an accident) or any kind of disease even though the proximate cause of death was accidental bodily injury;
- 2) Voluntarily taking any kind of poison or drugs or inhaling any kind of gas;
- 3) Medical or surgical treatment;
- 4) Intentional self destruction while either sane or insane;
- 5) Committing or attempting to commit a felony or participating in a riot;
- 6) Operating or riding in or descending from any kind of aircraft if the Insured:
  - a. was a pilot, officer or member of the crew of such aircraft,
  - b. was giving or receiving any kind of instruction or training, or
  - c. had any duties relating to such flight or was flown for the purpose of descent from such aircraft in flight;
- 7) Service in the armed forces of any country at war; or
- 8) War or insurrection or any act attributable thereto.

“War” means declared or undeclared war. “War” includes armed aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization.

## **PREMIUMS**

**Premium Payments.** The annual premiums and the premium paying period for this policy are shown in the Schedule of Benefits and Premiums. All premiums are payable in advance beginning on the Policy Date. Payment may be made at our Home Office, or to an authorized agent in exchange for a receipt signed by our President and countersigned by the agent. Premiums may be paid annually, semi-annually, or quarterly at the published rates for this policy, or by any other method with our consent. The premium for any method will be based on our rates in effect on the Policy Date.

**Grace Period.** We will allow a period of 31 days for the payment of each premium except the first. The policy will remain in full force during this grace period.

**If a Premium Is Not Paid.** If a premium is unpaid at the end of the grace period, the policy will immediately cease to be in force except as provided below.

**Automatic Premium Loan Agreement.** If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

If you did not elect this agreement in the application, you may do so by written request while the policy is in full force. You may cancel the agreement at any time by written request and return of the policy for endorsement.

**Automatic Paid-Up Insurance.** If the Automatic Premium Loan Agreement does not apply, the policy will cease to be in full force but we will use the surrender value to continue the policy in force under a Paid-Up Option, effective on the due date of the unpaid premium. The Automatic Paid Up option is Extended Term. However, during the 60-day period following the due date of the unpaid premium you may elect either the Reduced Life Insurance Paid-Up Option or the Surrender Option by written request and return of the policy.

**Reinstatement.** You may reinstate this policy to full force within 5 years of the due date of the unpaid premium, if it has not been returned for the surrender value. The requirements for reinstatement are:

1. evidence satisfactory to us of the insurability of the insured (or both insureds, if applicable),
2. payment of all past due premiums with interest at 6% a year, and
3. payment or reinstatement of any loan on the due date of the first unpaid premium, with interest at 6% a year from that date.

## POLICY VALUES

**Cash Value.** Cash values of this policy are shown in the Schedule of Benefits and Premiums. The assumption is made that all premiums have been paid to the end of the policy year and that there is no indebtedness. We will make allowance for premiums paid for a part of any policy year for which a cash value is shown in the table. During the 60-day period following the due date of an unpaid premium, the cash value will be the same as it was on the due date.

If this policy is being continued under one of the Paid-Up Options, the cash value at any given time is the actuarial cost for the remaining insurance at the current age. However, within 30 days after a policy anniversary the cash value will not be less than the value on the anniversary.

The values provided by this policy are not less than the minimum values required by the state where this policy is delivered.

**Surrender Value.** The surrender value is the cash value at the end of the current policy month, increased by the part of any premium paid for a period after that month and decreased by any indebtedness. However, there is no surrender value prior to the first policy anniversary.

**Surrender Option.** You may return this policy for its surrender value. The policy will cease to be in force when we receive it with your written request. We have the right to postpone payment of the surrender value for up to 60 months.

**Paid-Up Options.** While this policy is in full force with a surrender value, you may elect to stop paying premiums and continue the policy under one of the following options. You must make written request for the option and return the policy to us for endorsement.

**Reduced Life Insurance.** The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

**Extended Term Insurance.** The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

Amounts of paid-up life insurance and periods of paid-up term insurance, if available, are shown in the Schedule of Benefits and Premiums. The options will be effective on the due date of the next premium.

**Policy Loan.** While this policy has a cash value and is in force other than as paid-up term insurance, you can borrow any amount up to the maximum loan value less existing indebtedness. The maximum loan value is the cash value on the due date of the next premium, or on the next policy anniversary if no more premiums are due. The policy is the sole security for the loan.

We deduct from the loan amount:

1. interest on the total indebtedness to the end of the policy year, and
2. any premium due and unpaid when the loan is made.

The interest rate for loans is 10% a year, payable in advance. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

We have the right to postpone making a loan for up to 6 months after the request therefore unless the loan is made to pay a premium on a policy with us.

Whenever the indebtedness exceeds the maximum loan value, the policy will terminate without value. The termination will take effect 31 days after we mail notice to you and to any assignee on records at our Home Office.

**Basis of Values.** Values, reserves and net single premiums on this policy are based on the tables shown on the Schedule of Benefits and Premiums page.

Values are computed by the Standard Nonforfeiture Value Method, assuming that premiums are on a level basis, that death occurs at the end of the policy year and that premiums are paid annually. Values are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

A detailed explanation of the method of computation of policy values is on file with the insurance supervisory official of the state in which this policy has been delivered.

Reserves are computed by the Commissioner's Reserve Valuation Method. Reserves are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

All values and reserves equal or exceed those required by law.

#### **OWNERSHIP AND BENEFICIARY**

**Ownership.** During any Insured's lifetime, you may exercise any right given by this policy or that we allow. You may transfer ownership of this policy by written request. The transfer will take effect on the day you sign the request, but it will not apply to any payment made or action taken before we receive the request. A transfer of ownership does not change the beneficiary. We will not be responsible for the validity of a change of ownership.

**Collateral Assignment.** You may assign this policy as collateral security. An assignment is not binding on us unless it is in writing and filed at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment does not transfer ownership, but your rights will be subject to the terms of the assignment.

**Beneficiary.** The original beneficiary designation is in the application. You may change the beneficiary designation by signing an application for such change during the Insured's lifetime and filing it at our Home Office. The change will be effective on the date you signed the application whether or not the Insured is living when we receive the application at our Home Office. However, any payment made by us in settlement of the policy prior to such receipt will fully discharge us to the extent of the payment. If no beneficiary survives the Insured, payment will be made to you, if living, or your estate.

#### **OPTIONAL METHODS OF PAYMENT**

**Payment Options.** You may elect to have the proceeds of this policy paid under any of the payment options described below by making written request during the Insured's lifetime. If no election is in effect at the Insured's death, the beneficiary may elect a payment option not later than 6 months after the death benefit is payable and before it is paid. Payment Option Tables are shown below. The proceeds may be paid in any other manner agreed to by us.

**Option 1. Payment for a Guaranteed Period.** Equal monthly payments for the number of years elected, from 1 to 50. We may increase the payments by surplus interest earnings.

**Option 2. Payments for Life.** Equal monthly payments for the guaranteed period elected and thereafter during the lifetime of the person on whose life payments are based. The guaranteed period may be 10, 15, or 20 years, or until the total amount paid equals the proceeds (Installment Refund).

**Option 3. Payments of Specified Amount.** Equal annual, semiannual, quarterly, or monthly payments until the proceeds, together with interest at a rate of not less than 3% a year, are paid in full.

**Option 4. Interest.** Payment of the proceeds may be deferred for up to 50 years, but not beyond the payee's lifetime. Interest earnings on the proceeds at a rate of not less than 3% a year will be paid periodically at the selected interval or added to the proceeds each year.

**Limitations.** Election of an option may be made only with our consent if

- (1) The option would provide guaranteed payments of less than \$240 a year, or
- (2) proceeds are payable to a corporation, association, partnership, estate, or assignee.

We will require satisfactory proof of age for Option 2.

**PAYMENT OPTION TABLES**  
Monthly Payments for Each \$1,000 of Proceeds

OPTION 1				OPTION 2											
Monthly Yrs. Payments	Yrs.	Monthly Payments	Age Last Birthday	Guaranteed Period				Age Last Birthday	Guaranteed Period						
				M	F	10 Years	15 Years		20 Years	Install- ment Refund	M	F	10 Years	15 Years	20 Years
1	\$84.47	26	\$4.59	41	45	\$3.82	\$3.80	\$3.76	\$3.74	65	69	\$6.39	\$5.85	\$5.24	\$5.98
2	42.86	27	4.47	42	46	3.88	3.85	3.81	3.79	66	70	6.57	5.96	5.28	6.14
3	28.99	28	4.37	43	47	3.94	3.91	3.87	3.85	67	71	6.75	6.06	5.33	6.32
4	22.06	29	4.27	44	48	4.00	3.97	3.92	3.90	68	72	6.93	6.16	5.36	6.51
5	17.91	30	4.18	45	49	4.07	4.03	3.97	3.96	69	73	7.12	6.25	5.39	6.71
6	15.14	31	4.10	46	50	4.14	4.10	4.03	4.02	70	74	7.32	6.34	5.42	6.93
7	13.16	32	4.02	47	51	4.21	4.16	4.09	4.08	71	75	7.51	6.42	5.44	7.15
8	11.68	33	3.95	48	52	4.29	4.23	4.15	4.15	72	76	7.70	6.49	5.46	7.39
9	10.53	34	3.88	49	53	4.37	4.31	4.21	4.22	73	77	7.89	6.56	5.48	7.65
10	9.61	35	3.82	50	54	4.45	4.39	4.28	4.29	74	78	8.08	6.62	5.49	7.91
11	8.86	36	3.76	51	55	4.55	4.47	4.34	4.37	75	79	8.26	6.67	5.49	8.21
12	8.24	37	3.70	52	56	4.64	4.55	4.41	4.45	76	80	8.43	6.72	5.50	8.51
13	7.71	38	3.65	53	57	4.74	4.64	4.48	4.54	77	81	8.60	6.75	5.51	8.84
14	7.26	39	3.60	54	58	4.85	4.72	4.55	4.62	78	82	8.75	6.78	5.51	9.20
15	6.87	40	3.55	55	59	4.96	4.82	4.62	4.72	79	83	8.90	6.81	5.51	9.57
16	6.53	41	3.50	56	60	5.07	4.91	4.69	4.82	80	84	9.02	6.83	5.51	9.97
17	6.23	42	3.46	57	61	5.19	5.01	4.75	4.92	81	85+	9.14	6.84	5.51	10.41
18	5.96	43	3.42	58	62	5.32	5.11	4.82	5.03	82		9.24	6.85	5.51	10.86
19	5.73	44	3.38	59	63	5.45	5.21	4.89	5.14	83		9.32	6.86	5.51	11.35
20	5.51	45	3.34	60	64	5.60	5.32	4.95	5.26	84		9.39	6.86	5.51	11.90
21	5.32	46	3.31	61	65	5.74	5.43	5.02	5.39	85+		9.45	6.87	5.51	12.44
22	5.15	47	3.28	62	66	5.89	5.53	5.08	5.53						
23	4.99	48	3.25	63	67	6.05	5.64	5.14	5.67						
24	4.84	49	3.22	64	68	6.22	5.75	5.19	5.82						
25	4.71	50	3.19												
				+ and over      M = Male      F = Female											
Annual = 11.839 x monthly Semiannual = 5.963 x monthly Quarterly = 2.993 x monthly				For Option 2 Annual = 11.688 x monthly Semiannual = 5.923 x monthly Quarterly = 2.985 x monthly											

# LifeShield National Insurance Co.

Administrative Office: 815 W. Ash Ave., Duncan, Oklahoma 73533

**Individual Whole Life Application - Survivor Life Application**  
 (If applying for Joint Life, please complete both Applicant 1 and Applicant 2 information)  
 Please Print Clearly

APPLICANT 1				APPLICANT 2			
Proposed Insured's Name:				Proposed Insured's Name:			
First		Middle		Last		Last	
Address				Address			
City		State		Zip Code		Zip Code	
Home Phone: (     )				Home Phone: (     )			
Cell Phone: (     )				Cell Phone: (     )			
Sex:	Date of Birth	Height:	Weight:	Sex:	Date of Birth	Height:	Weight:
<input type="checkbox"/> M <input type="checkbox"/> F	/ /			<input type="checkbox"/> M <input type="checkbox"/> F	/ /		
Social Security Number		State or Country of Birth:	Occupation:	Social Security Number		State or Country of Birth:	Occupation:
- -				- -			
Primary Beneficiary 1			Relationship	Primary Beneficiary 1			Relationship
			%				%
Primary Beneficiary 2			Relationship	Primary Beneficiary 2			Relationship
			%				%
Contingent Beneficiary 1			Relationship	Contingent Beneficiary 1			Relationship
Contingent Beneficiary 2			Relationship	Contingent Beneficiary 2			Relationship
Do you have any existing life insurance or annuity contract(s) with the company or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have any existing life insurance or annuity contract(s) with the company or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete section below.				Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete section below.			
Existing Coverage Insurer's Name:				Existing Coverage Insurer's Name:			
Policy/Certificate Number:				Policy/Certificate Number:			
Termination Date:				Termination Date:			
Benefit Amount:				Benefit Amount:			
Within the past 12 months, have you used tobacco in any form?				Within the past 12 months, have you used tobacco in any form?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Physician for Applicant 1				Primary Physician for Applicant 2			
Name: _____				Name: _____			
Address: _____				Address: _____			
City: _____		State: _____		City: _____		State: _____	

**If any question in Section A is answered “Yes”, the proposed insured is not eligible for any coverage.**

**Section A**

**Applicant 1 Applicant 2**

1. Is the Proposed Insured currently a resident of a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; confined to a correctional facility; receiving or been advised by a member of the medical profession to receive skilled nursing care, hospice care, or home health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for (including prescription medications) congestive heart failure, peripheral neuropathy, epilepsy, schizophrenia, ALS (Lou Gehrig’s disease), or does the Proposed Insured have a cardiac defibrillator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Proposed Insured been diagnosed by a member of the medical profession for an un-operated aneurysm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for Alzheimer’s disease, dementia or been prescribed Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the Proposed Insured use a wheelchair due to chronic illness or disease, or does the Proposed Insured require assistance (from anyone) with Activities of Daily Living: bathing, dressing, eating, toileting, walking, moving about, getting in or out of bed or chairs or taking medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for internal cancer or melanoma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Has the Proposed Insured ever been diagnosed, treated for (including prescription medications), or advised to receive treatment by a member of the medical profession for Parkinson’s disease, multiple sclerosis, lupus, liver failure, Hepatitis C, cirrhosis of the liver, or kidney disease requiring dialysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Has the Proposed Insured ever had or been advised by a member of the medical profession to have an organ transplant, bone marrow transplant, or is the Proposed Insured being treated for any terminal illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the Proposed Insured have diabetes and use or been advised by a member of the medical profession to use insulin or has the Proposed Insured ever had an amputation due to diabetes or other disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has the Proposed Insured had any diagnostic testing or any medical procedure recommended by a member of the medical profession that hasn’t been completed, or test results that the Proposed Insured has not yet received? If yes, please postpone application until results are received or procedures are completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Within the past 12 months, has the Proposed Insured been diagnosed, hospitalized, treated or advised by a member of the medical profession to have treatment for: heart attack, stroke or Transient Ischemic Attack (TIA), aneurysm, angina pectoris, any cardiovascular surgery, or has the Proposed Insured had or been advised by a member of the medical profession to have an implanted pacemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Within the past 12 months, has the Proposed Insured used or been advised by a member of the medical profession to use OXYGEN in connection with treatment for Chronic Obstructive Pulmonary Disease (COPD), Chronic bronchitis, emphysema, asthma or other lung disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Within the past 12 months, has the Proposed Insured been treated or advised by a member of the medical profession to receive treatment for alcohol or drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the Proposed Insured under age 65 AND receiving social security disability benefits for sickness or disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Within the past 12 months, has the Proposed Insured CHEWED TOBACCO or SMOKED AND been diagnosed, treated (including prescription medications) or advised by a member of the medical profession to have treatment for Chronic Obstructive Pulmonary Disease (COPD), Chronic bronchitis, emphysema, asthma or other lung disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the Proposed Insured’s weight fall outside the guidelines for the Proposed Insured’s height on the Weight Table below?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Weight Table																			
HGT	4'11	5'0	5'1	5'2	5'3	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3	6'4	6'5
Min	88	90	93	95	98	101	104	106	110	113	117	120	125	129	133	136	140	143	148
Max	206	213	220	227	234	241	248	256	263	271	279	287	295	303	312	320	329	337	346

\* If all questions in Section A are answered "NO", proceed to Section B

If all questions in Section A are answered "NO", and any question in Section B is answered "Yes", the Proposed Insured is only eligible for the Graded Death Benefit, Form Number LN-1001 GDB.

**Section B**

Applicant 1 Applicant 2

1. Within the past 24 months was the Proposed Insured diagnosed, treated for, or advised to receive treatment by a member of the medical profession for heart attack, stroke, Transient Ischemic Attack (TIA), aneurysm, angina pectoris, or any cardiovascular surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Within the past 24 months was the Proposed Insured diagnosed, treated for, or advised to receive treatment by a member of the medical profession for Chronic bronchitis, emphysema, asthma, Chronic Obstructive Pulmonary Disease (COPD), or any other lung disease or disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Within the past 24 months was the Proposed Insured diagnosed, treated for, or advised to receive treatment by a member of the medical profession for liver disorder or kidney disease without dialysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Within the past 24 months has the Proposed Insured had or been advised by a member of the medical profession to receive treatment for alcohol and/or drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Within the past 24 months did the Proposed Insured receive treatment by a member of the medical profession or have a surgery for an aneurysm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the Proposed Insured have a pacemaker that was implanted more than 12 months prior to the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If all questions in sections A and B are answered "No", the proposed insured qualifies for the Survivor Level Benefit Plan, Form Number LN-1001.



#### 4. Payment Information

First Premium Payment Provided by  Pre-Authorized Check (PAC) (Complete Payment Form)

Subsequent Premium Payments Made by:  Pre-Authorized Check (PAC) (Complete Payment Form)  Direct Bill

Payment Mode:  Monthly (PAC Only)  Quarterly  Semi-Annual  Annual

Draft date being requested: Draft on the \_\_\_\_\_ day (choose between 1<sup>st</sup> and 28<sup>th</sup>) of the month, beginning in \_\_\_\_\_ (month and year).

Send Premium Notices to:  Owner  Other: \_\_\_\_\_

#### 5. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me, and that they are true and complete to the best of my knowledge and belief. The statements and answers in this application are the basis for an insurance contract (defined as a policy), if any, issued by LifeShield National Insurance Co. A Material Misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except LifeShield National Insurance Co.'s President or Vice-President, has power on behalf of LifeShield National Insurance Co. to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. LifeShield National Insurance Co. will have no liability until the policy date of the policy issued based on this application, the first premium due is paid in full on the policy date, and provided that there has been no change in either an answer to an application question or the proposed insured's health between the date this application was signed and the policy date of the insurance contract. This application shall form part of the entire contract with LifeShield National Insurance Co.. This application and related documents may be sent by electronic means. If I have chosen to provide an email address in this application or choose to provide one in the future, LifeShield National Insurance Co. may use that address to send messages or documents to me electronically. LifeShield National Insurance Co. may require and obtain information about me to validate my identification.

**FRAUD NOTICE/WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## 6. Authorization to Obtain and Disclose Information

“Authorized persons” means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage and/or benefit claim, I, the proposed insured, authorize LifeShield National Insurance Co. and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer, benefit plan, other insurer, or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize LifeShield National Insurance Co. and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among LifeShield National Insurance Co. and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization shall remain valid from the date this application is signed for the amount of time permitted by the applicable law in the state where the policy is delivered or issued. A copy of this authorization shall be valid as the original. This authorization may be revoked at any time by written notice to LifeShield National Insurance Co., except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

## 7. Signature Section (Review entire Application before signing)

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed at: \_\_\_\_\_  
Applicant 1's Signature Date (mm/dd/yyyy) (City, State)

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed at: \_\_\_\_\_  
Applicant 2's Signature Date (mm/dd/yyyy) (City, State)

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed at: \_\_\_\_\_  
Owner's Signature (If other than Proposed Insureds) Date (mm/dd/yyyy) (City, State)

## 8. Producer Certification

I certify the following: I am not aware of undisclosed information about the health, personal information, or lifestyle of the proposed insured(s) that might affect insurability. All questions, to which an answer is shown, were asked as written in this application, by me in person. The answers given by the proposed insured(s) were recorded as shown on this application which was reviewed with him/her before it was signed.

AGENT STATEMENT – I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Proposed Insured(s). To the best of my knowledge replacement  is  is not involved in this transaction.

Producer's Full Name: \_\_\_\_\_ Producer's Number: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

**Notices**

For purposes of these Notices the following words are defined: "Application" means the Application for Life Insurance to which this notice relates; "Producer" means the licensed individual who signed that application as the producer; "LifeShield National Insurance Co.", "we", "our", and "us" mean LifeShield National Insurance Co.; "You" and "Your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly by writing to LifeShield National Insurance Co. PO Box 1626, Duncan, OK 73534.

Privacy - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern or consultation for AIDS information.

MIB PRE-NOTICE - Information regarding your insurability will be treated as confidential. LifeShield National Insurance Co., or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file. Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866- 692-6901 (TTY 866-346-3642). If you question the accuracy of information to the MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Information for consumers about MIB, Inc. may be obtained on its website at: www.mib.com. LifeShield National Insurance Co., or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



Administrative Office: 815 W Ash, Duncan, OK 73533  
US Mailing Address: PO Box 1627, Duncan, OK 73534-1627  
1-800-366-8354

**Acknowledgement of First Premium (This page must be given to the owner.)**

It is acknowledged that an amount of \$\_\_\_\_\_ will be provided as the 1<sup>st</sup> premium payment for the policy issued, if any, in response to the Application for Life insurance on the life of \_\_\_\_\_  
Proposed Insured's Name

There is no conditional or temporary insurance coverage as no amount was provided or collected for the initial premium.

Insurance will only come into effect on the policy date of the policy issued, if any, and subject to the terms of that policy, provided a) that first premium payment is honored when presented to the financial institution from which it is to be collected, and b) that there has been no change in either an answer to the application questions or the proposed insured's health or habits between the date the application was signed and the policy date of that insurance contract.

Producer's signature: X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Applicant 1's signature: X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Applicant 2's signature: X \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Call 1-800-366-8354 if you have not received your LifeShield National Insurance Co. policy within 30 days from the date of this receipt.

**SERFF Tracking #:**

HSIC-130816395

**State Tracking #:**

**Company Tracking #:**

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**State:**

District of Columbia

**Filing Company:**

LifeShield National Insurance Co.

**TOI/Sub-TOI:**

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

**Product Name:**

Survivor Life APP5 and GDB

**Project Name/Number:**

/

## Rate Information

Rate data does NOT apply to filing.

**SERFF Tracking #:**

HSIC-130816395

**State Tracking #:****Company Tracking #:****State:**

District of Columbia

**Filing Company:**

LifeShield National Insurance Co.

**TOI/Sub-TOI:**

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

**Product Name:**

Survivor Life APP5 and GDB

**Project Name/Number:**

/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memorandum	LN-1001 GDB	New		LN-1001 GDB Actuarial Memo.pdf,
2		Rate Example	LN-1001 GDB	New		LN-1001 GDB.pdf,

# LIFESHIELD NATIONAL INSURANCE COMPANY

Form No. LN-1001 GDB  
Modified Whole Life

## Actuarial Memorandum

### Overview of the Policy Form:

- A. Guaranteed level premium for life
- B. Issue ages 45 to 85
- C. Death benefit as follows:
  - 1. First two policy years, the death benefit is as follows:  
Policy year 1 – 110% of all premiums paid  
Policy year 2 – 110% of all premiums paid
  - 2. Third policy year and thereafter: The death benefit is the ultimate face amount

### Actuarial Assumptions:

- A. Mortality
  - 1) 2001 CSO, ultimate, smoker and sex distinct mortality
  - 2) Age last birthday, curtate functions
- B. Interest
  - 1) 4.50% for cash and nonforfeiture values
  - 2) 3.50% for reserves

### General Formulas:

- A. Nonforfeiture Adjusted Premium

$$P_x^{NL} = 1000 * A_x / \ddot{a}_x \quad \text{Where } A_x \text{ is based on a nonlevel death benefit}$$

$${}^{NNL}P_x^A = \{ 1000 * A_x + (.01) (ELDB) + (1.25) * [ \begin{matrix} (.04) * 1000 \\ P_x^{NL} \end{matrix} ] \} / \ddot{a}_x$$

ELDB = Equivalent Level Death Benefit

- B. Statutory Net Premium

$$\alpha_x^{CRVM} = 1000 * C_x / D_1 \quad DB_1 = \text{Death benefit in policy year 1}$$

$$\beta^{CRVM} = 1000 * A_{x+1} / \ddot{a}_{x+1}, \text{ since } \beta^{CRVM} \text{ is always } \leq {}_{19}P_{x+1}$$

- C. Cash Values

$$\text{Minimum cash values: } {}_tCV_x = 1000 * A_{x+t} - {}^{NNL}P_t^A * \ddot{a}_{x+t}$$

D. Reserves: Commissioner's Reserve Valuation Method:

$$\text{For } t = 0, \quad {}_tV_x = 1000 * A_x - \infty_x^{\text{CRVM}} - \beta_x^{\text{CRVM}} * \ddot{a}_x$$

$$\text{For } t \geq 0, \quad {}_tV_x = 1000 * A_{x+t} - \beta_x^{\text{CRVM}} * \ddot{a}_{x+t}$$

E. Reduced Paid-Up

$${}_t\text{RPU}_x = {}_t\text{CV}_x / A_{x+t}$$

F. Extended Term

Years = solve for "n" such that

$$1000 * A_{x+t:n+1} > {}_t\text{CV}_x \geq 1000 * A_{x+t:n}$$

$$\text{Days} = 365 * ({}_t\text{CV}_x - 1000 * A_{x+t:n}) / (1000 * A_{x+t:n+1} - 1000 * A_{x+t:n})$$

Sample Calculations – Male age 45

See attached

I certify that the nonforfeiture values stated for this policy equal or exceed the minimums required under the NAIC Standard Nonforfeiture Law for Life Insurance, model #808.

10/5/2016

Date



\_\_\_\_\_  
Edward A. Mire, FSA MAAA  
Rudd and Wisdom, Inc.  
Consulting Actuaries

**LifeShield National Insurance Company**

Administrative Offices: 815 West Ash, Duncan, OK 73533 1-800-366-8354

We will pay the death benefit to the beneficiary upon receiving proof of the Insured's death. Other rights and privileges are provided in the policy.

These agreements are subject to all provisions of the policy.



Vice President



President

Please Note: We have relied on the information in the application as being true and complete to the best of the knowledge and belief of the person giving it. A copy of the application is attached.

You may cancel this policy by returning it to us or our agent within 30 days after you receive it and we will refund all premiums paid.

**Modified Whole Life Policy  
Graded Death Benefits During the First Two Years  
Payable at Death  
Premiums Payable for Life  
Nonparticipating**

**SCHEDULE OF BENEFITS AND PREMIUMS**

FORM NUMBER	ULTIMATE AMOUNT	DESCRIPTION OF BENEFITS	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
ICC16 LN-1001 GDB	[\$10,000]	Modified Whole Life	[\$254.40]	Life

**\*DEATH BENEFIT:**

1.For Accidental Death – Ultimate Amount in all policy years

2.For all other deaths:

Policy Year 1 – 110% of all premiums paid

Policy Year 2 – 110% of all premiums paid

Thereafter – Ultimate Amount

**TOTAL PREMIUMS**

THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS.

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$254.40]	[\$131.01]	[\$66.78]	[\$21.62]

INSURED:	[John Doe]	JOINT INSURED (if applicable):	[ n/a]
INSURED SEX:	[Male]	JOINT INSURED SEX (if applicable):	[ n/a]
OWNER	[John Doe]	JOINT OWNER (if applicable):	[ n/a]
AGE (or Joint Equivalent Age, if applicable):	[45]	RATE CLASS:	[Non-Smoker/Standard]
POLICY NUMBER	[12345678]	POLICY DATE	[1/1/2012]

RESERVE BASIS: 2001 Commissioner’s Standard Ordinary Tables, ALB, Sex Distinct, Smoker Distinct

RESERVE INTEREST RATE: 3.50%

CASH VALUE INTEREST RATE: 4.50%

LN-1001 GDB

**TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT**

End of year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	[0]	[0]	[0]	[0]
2	[60]	[230]	[26]	[212]
3	[190]	[680]	[6]	[29]
4	[340]	[1,170]	[9]	[23]
5	[490]	[1,630]	[11]	[73]
6	[640]	[2,050]	[12]	[252]
7	[800]	[2,460]	[13]	[320]
8	[960]	[2,850]	[14]	[281]
9	[1,130]	[3,240]	[15]	[207]
10	[1,300]	[3,600]	[16]	[64]
11	[1,470]	[3,930]	[16]	[221]
12	[1,640]	[4,240]	[16]	[324]
13	[1,820]	[4,550]	[17]	[45]
14	[2,010]	[4,860]	[17]	[115]
15	[2,190]	[5,130]	[17]	[123]
16	[2,380]	[5,400]	[17]	[124]
17	[2,580]	[5,670]	[17]	[118]
18	[2,770]	[5,900]	[17]	[69]
19	[2,970]	[6,140]	[17]	[20]
20	[3,160]	[6,340]	[16]	[300]

## DEFINITIONS

**You, Your** means the Owner of this policy as shown on the Schedule of Benefits and Premiums.

**Insured** means the Insured shown on the Schedule of Benefits and Premium Page (or the Joint Insured if shown on the Schedule of Benefits and Premium Page.)

**We, Us, Our** means LifeShield National Insurance Company.

**Full Force** means the policy is in force and no premium payment is more than 31 days overdue. The policy is in full force, but not in force, if it is continuing under a Paid-up Option.

**Indebtedness** means an amount owed to us and secured by this policy, less any unearned interest paid in advance.

**Home Office** means LifeShield National Insurance Company, Oklahoma City, Oklahoma.

**Written Request** means a request in writing in a form satisfactory to us and filed at our Home Office.

## THE CONTRACT

**Entire Contract.** The entire contract consists of this policy and the application. We consider all statements in the application to be true representations and not warranties. No statement will be used to void this policy or to defend against a claim unless the statement is contained in the application.

**Incontestability.** We cannot contest this policy after it has been in force during the lifetime of the Insured for 2 years from the Policy Date. This limitation on our right to contest does not apply to nonpayment of premiums or to any rider providing benefits for disability or accidental death.

**Modifications.** Any modification of this policy must be in writing and signed by an officer of our Company. We do not authorize our agents to modify, waive, or extend any of the conditions of this policy.

## DEATH BENEFIT

The death benefit of this policy is the Amount shown on the Schedule of Benefits and Premiums page, if the policy is in full force. Otherwise, the death benefit is the amount of any paid-up life insurance in force. When two individuals are insured hereunder, we will pay one death benefit upon receipt of due proof of the death of either insured. Adjustments in the death benefit will be made as provided in the following paragraphs.

**Premium Refund.** We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

**Premium Due at Death.** If any Insured should die with a premium due and unpaid during the 31-day period allowed for payment, we will deduct an amount to pay premiums to the end of this period.

**Indebtedness.** We will deduct any indebtedness from the death benefit.

**Incorrect Age or Sex.** If any Insured's age or sex has been stated incorrectly, the benefits under this policy will be those the premium paid would have bought at the correct age and sex.

**Suicide.** If any Insured should die by suicide, while sane or insane, within 2 years from the Policy Date, the death benefit will be limited to the premiums paid.

**Interest.** If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the date of the payment. The interest rate will be determined by us and will not be less than 3% a year.

LN-1001 GDB

**Accidental Death.** If the death of the Insured occurs by accidental means, the Death Benefit will be equal to the Ultimate Amount as shown on the Schedule of Benefits and Premiums Page. Accidental death of the Insured must result from injury, directly and independently of all other causes, and occur within 90 days after the date of the injury. Unless prohibited by law, we shall have the right to examine the body of the Insured, or perform an autopsy on the body of the Insured.

Death will not be considered accidental when death of the Insured results from any of the following causes:

- 1) Bodily or mental infirmity or bacterial infection (other than infection occurring simultaneously with and through a cut or wound caused by an accident) or any kind of disease even though the proximate cause of death was accidental bodily injury;
- 2) Voluntarily taking any kind of poison or drugs or inhaling any kind of gas;
- 3) Medical or surgical treatment;
- 4) Intentional self destruction while either sane or insane;
- 5) Committing or attempting to commit a felony or participating in a riot;
- 6) Operating or riding in or descending from any kind of aircraft if the Insured:
  - a. was a pilot, officer or member of the crew of such aircraft,
  - b. was giving or receiving any kind of instruction or training, or
  - c. had any duties relating to such flight or was flown for the purpose of descent from such aircraft in flight;
- 7) Service in the armed forces of any country at war; or
- 8) War or insurrection or any act attributable thereto.

“War” means declared or undeclared war. “War” includes armed aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization.

## **PREMIUMS**

**Premium Payments.** The annual premiums and the premium paying period for this policy are shown in the Schedule of Benefits and Premiums. All premiums are payable in advance beginning on the Policy Date. Payment may be made at our Home Office, or to an authorized agent in exchange for a receipt signed by our President and countersigned by the agent. Premiums may be paid annually, semi-annually, or quarterly at the published rates for this policy, or by any other method with our consent. The premium for any method will be based on our rates in effect on the Policy Date.

**Grace Period.** We will allow a period of 31 days for the payment of each premium except the first. The policy will remain in full force during this grace period.

**If a Premium Is Not Paid.** If a premium is unpaid at the end of the grace period, the policy will immediately cease to be in force except as provided below.

**Automatic Premium Loan Agreement.** If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

If you did not elect this agreement in the application, you may do so by written request while the policy is in full force. You may cancel the agreement at any time by written request and return of the policy for endorsement.

**Automatic Paid-Up Insurance.** If the Automatic Premium Loan Agreement does not apply, the policy will cease to be in full force but we will use the surrender value to continue the policy in force under a Paid-Up Option, effective on the due date of the unpaid premium. The Automatic Paid Up option is Extended Term. However, during the 60-day period following the due date of the unpaid premium you may elect either the Reduced Life Insurance Paid-Up Option or the Surrender Option by written request and return of the policy.

**Reinstatement.** You may reinstate this policy to full force within 5 years of the due date of the unpaid premium, if it has not been returned for the surrender value. The requirements for reinstatement are:

1. evidence satisfactory to us of the insurability of the insured (or both insureds, if applicable),
2. payment of all past due premiums with interest at 6% a year, and
3. payment or reinstatement of any loan on the due date of the first unpaid premium, with interest at 6% a year from that date.

## POLICY VALUES

**Cash Value.** Cash values of this policy are shown in the Schedule of Benefits and Premiums. The assumption is made that all premiums have been paid to the end of the policy year and that there is no indebtedness. We will make allowance for premiums paid for a part of any policy year for which a cash value is shown in the table. During the 60-day period following the due date of an unpaid premium, the cash value will be the same as it was on the due date.

If this policy is being continued under one of the Paid-Up Options, the cash value at any given time is the actuarial cost for the remaining insurance at the current age. However, within 30 days after a policy anniversary the cash value will not be less than the value on the anniversary.

The values provided by this policy are not less than the minimum values required by the state where this policy is delivered.

**Surrender Value.** The surrender value is the cash value at the end of the current policy month, increased by the part of any premium paid for a period after that month and decreased by any indebtedness. However, there is no surrender value prior to the first policy anniversary.

**Surrender Option.** You may return this policy for its surrender value. The policy will cease to be in force when we receive it with your written request. We have the right to postpone payment of the surrender value for up to 60 months.

**Paid-Up Options.** While this policy is in full force with a surrender value, you may elect to stop paying premiums and continue the policy under one of the following options. You must make written request for the option and return the policy to us for endorsement.

**Reduced Life Insurance.** The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

**Extended Term Insurance.** The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

Amounts of paid-up life insurance and periods of paid-up term insurance, if available, are shown in the Schedule of Benefits and Premiums. The options will be effective on the due date of the next premium.

**Policy Loan.** While this policy has a cash value and is in force other than as paid-up term insurance, you can borrow any amount up to the maximum loan value less existing indebtedness. The maximum loan value is the cash value on the due date of the next premium, or on the next policy anniversary if no more premiums are due. The policy is the sole security for the loan.

We deduct from the loan amount:

1. interest on the total indebtedness to the end of the policy year, and
2. any premium due and unpaid when the loan is made.

The interest rate for loans is 10% a year, payable in advance. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

We have the right to postpone making a loan for up to 6 months after the request therefore unless the loan is made to pay a premium on a policy with us.

Whenever the indebtedness exceeds the maximum loan value, the policy will terminate without value. The termination will take effect 31 days after we mail notice to you and to any assignee on records at our Home Office.

**Basis of Values.** Values, reserves and net single premiums on this policy are based on the tables shown on the Schedule of Benefits and Premiums page.

Values are computed by the Standard Nonforfeiture Value Method, assuming that premiums are on a level basis, that death occurs at the end of the policy year and that premiums are paid annually. Values are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

A detailed explanation of the method of computation of policy values is on file with the insurance supervisory official of the state in which this policy has been delivered.

Reserves are computed by the Commissioner's Reserve Valuation Method. Reserves are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

All values and reserves equal or exceed those required by law.

#### **OWNERSHIP AND BENEFICIARY**

**Ownership.** During any Insured's lifetime, you may exercise any right given by this policy or that we allow. You may transfer ownership of this policy by written request. The transfer will take effect on the day you sign the request, but it will not apply to any payment made or action taken before we receive the request. A transfer of ownership does not change the beneficiary. We will not be responsible for the validity of a change of ownership.

**Collateral Assignment.** You may assign this policy as collateral security. An assignment is not binding on us unless it is in writing and filed at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment does not transfer ownership, but your rights will be subject to the terms of the assignment.

**Beneficiary.** The original beneficiary designation is in the application. You may change the beneficiary designation by signing an application for such change during the Insured's lifetime and filing it at our Home Office. The change will be effective on the date you signed the application whether or not the Insured is living when we receive the application at our Home Office. However, any payment made by us in settlement of the policy prior to such receipt will fully discharge us to the extent of the payment. If no beneficiary survives the Insured, payment will be made to you, if living, or your estate.

#### **OPTIONAL METHODS OF PAYMENT**

**Payment Options.** You may elect to have the proceeds of this policy paid under any of the payment options described below by making written request during the Insured's lifetime. If no election is in effect at the Insured's death, the beneficiary may elect a payment option not later than 6 months after the death benefit is payable and before it is paid. Payment Option Tables are shown below. The proceeds may be paid in any other manner agreed to by us.

**Option 1. Payment for a Guaranteed Period.** Equal monthly payments for the number of years elected, from 1 to 50. We may increase the payments by surplus interest earnings.

**Option 2. Payments for Life.** Equal monthly payments for the guaranteed period elected and thereafter during the lifetime of the person on whose life payments are based. The guaranteed period may be 10, 15, or 20 years, or until the total amount paid equals the proceeds (Installment Refund).

**Option 3. Payments of Specified Amount.** Equal annual, semiannual, quarterly, or monthly payments until the proceeds, together with interest at a rate of not less than 3% a year, are paid in full.

**Option 4. Interest.** Payment of the proceeds may be deferred for up to 50 years, but not beyond the payee's lifetime. Interest earnings on the proceeds at a rate of not less than 3% a year will be paid periodically at the selected interval or added to the proceeds each year.

**Limitations.** Election of an option may be made only with our consent if

- (1) The option would provide guaranteed payments of less than \$240 a year, or
- (2) proceeds are payable to a corporation, association, partnership, estate, or assignee.

We will require satisfactory proof of age for Option 2.

**PAYMENT OPTION TABLES**  
Monthly Payments for Each \$1,000 of Proceeds

OPTION 1				OPTION 2											
Monthly Yrs. Payments	Yrs.	Monthly Payments	Age Last Birthday	Guaranteed Period				Age Last Birthday	Guaranteed Period						
				M	F	10 Years	15 Years		20 Years	Install- ment Refund	M	F	10 Years	15 Years	20 Years
1	\$84.47	26	\$4.59	41	45	\$3.82	\$3.80	\$3.76	\$3.74	65	69	\$6.39	\$5.85	\$5.24	\$5.98
2	42.86	27	4.47	42	46	3.88	3.85	3.81	3.79	66	70	6.57	5.96	5.28	6.14
3	28.99	28	4.37	43	47	3.94	3.91	3.87	3.85	67	71	6.75	6.06	5.33	6.32
4	22.06	29	4.27	44	48	4.00	3.97	3.92	3.90	68	72	6.93	6.16	5.36	6.51
5	17.91	30	4.18	45	49	4.07	4.03	3.97	3.96	69	73	7.12	6.25	5.39	6.71
6	15.14	31	4.10	46	50	4.14	4.10	4.03	4.02	70	74	7.32	6.34	5.42	6.93
7	13.16	32	4.02	47	51	4.21	4.16	4.09	4.08	71	75	7.51	6.42	5.44	7.15
8	11.68	33	3.95	48	52	4.29	4.23	4.15	4.15	72	76	7.70	6.49	5.46	7.39
9	10.53	34	3.88	49	53	4.37	4.31	4.21	4.22	73	77	7.89	6.56	5.48	7.65
10	9.61	35	3.82	50	54	4.45	4.39	4.28	4.29	74	78	8.08	6.62	5.49	7.91
11	8.86	36	3.76	51	55	4.55	4.47	4.34	4.37	75	79	8.26	6.67	5.49	8.21
12	8.24	37	3.70	52	56	4.64	4.55	4.41	4.45	76	80	8.43	6.72	5.50	8.51
13	7.71	38	3.65	53	57	4.74	4.64	4.48	4.54	77	81	8.60	6.75	5.51	8.84
14	7.26	39	3.60	54	58	4.85	4.72	4.55	4.62	78	82	8.75	6.78	5.51	9.20
15	6.87	40	3.55	55	59	4.96	4.82	4.62	4.72	79	83	8.90	6.81	5.51	9.57
16	6.53	41	3.50	56	60	5.07	4.91	4.69	4.82	80	84	9.02	6.83	5.51	9.97
17	6.23	42	3.46	57	61	5.19	5.01	4.75	4.92	81	85+	9.14	6.84	5.51	10.41
18	5.96	43	3.42	58	62	5.32	5.11	4.82	5.03	82		9.24	6.85	5.51	10.86
19	5.73	44	3.38	59	63	5.45	5.21	4.89	5.14	83		9.32	6.86	5.51	11.35
20	5.51	45	3.34	60	64	5.60	5.32	4.95	5.26	84		9.39	6.86	5.51	11.90
21	5.32	46	3.31	61	65	5.74	5.43	5.02	5.39	85+		9.45	6.87	5.51	12.44
22	5.15	47	3.28	62	66	5.89	5.53	5.08	5.53						
23	4.99	48	3.25	63	67	6.05	5.64	5.14	5.67						
24	4.84	49	3.22	64	68	6.22	5.75	5.19	5.82						
25	4.71	50	3.19												
				+ and over      M = Male      F = Female											
Annual = 11.839 x monthly Semiannual = 5.963 x monthly Quarterly = 2.993 x monthly				For Option 2 Annual = 11.688 x monthly Semiannual = 5.923 x monthly Quarterly = 2.985 x monthly											

SERFF Tracking #:

HSIC-130816395

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

LifeShield National Insurance Co.

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

Survivor Life APP5 and GDB

Project Name/Number:

/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please find attached the required actuarial memorandum. The Policy form attached shows an example of the rating.
<b>Attachment(s):</b>	LN-1001 GDB Actuarial Memo.pdf LN-1001 GDB.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Detailed of Revisions from previously approved Application
<b>Comments:</b>	Please find attached a detailed explanation of changes from the previously approved application.  The changes are extensive. These details follow the redlined version of the previously approved Application which is also being submitted.
<b>Attachment(s):</b>	LN-1001 APP5 Detail of revisions from previously filed LN-1001 APP4 DC.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Redlined version of previously approved Application
<b>Comments:</b>	Please find attached a redlined version of the previously approved Application.
<b>Attachment(s):</b>	LN-1001 APP4 DC redline.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Statement of Readability
<b>Comments:</b>	Please see Statement of Readability attached.
<b>Attachment(s):</b>	LifeShield Survivor GDB and APP5 Readability Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	LN-1001 GDB - statement of variability.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

# LIFESHIELD NATIONAL INSURANCE COMPANY

Form No. LN-1001 GDB  
Modified Whole Life

## Actuarial Memorandum

### Overview of the Policy Form:

- A. Guaranteed level premium for life
- B. Issue ages 45 to 85
- C. Death benefit as follows:
  - 1. First two policy years, the death benefit is as follows:  
Policy year 1 – 110% of all premiums paid  
Policy year 2 – 110% of all premiums paid
  - 2. Third policy year and thereafter: The death benefit is the ultimate face amount

### Actuarial Assumptions:

- A. Mortality
  - 1) 2001 CSO, ultimate, smoker and sex distinct mortality
  - 2) Age last birthday, curtate functions
- B. Interest
  - 1) 4.50% for cash and nonforfeiture values
  - 2) 3.50% for reserves

### General Formulas:

- A. Nonforfeiture Adjusted Premium

$$P_x^{NL} = 1000 * A_x / \ddot{a}_x \quad \text{Where } A_x \text{ is based on a nonlevel death benefit}$$

$${}^{NNL}P_x^A = \{ 1000 * A_x + (.01) (ELDB) + (1.25) * [ \begin{matrix} (.04) * 1000 \\ P_x^{NL} \end{matrix} ] \} / \ddot{a}_x$$

ELDB = Equivalent Level Death Benefit

- B. Statutory Net Premium

$$\alpha_x^{CRVM} = 1000 * C_x / D_1 \quad DB_1 = \text{Death benefit in policy year 1}$$

$$\beta^{CRVM} = 1000 * A_{x+1} / \ddot{a}_{x+1}, \text{ since } \beta^{CRVM} \text{ is always } \leq {}_{19}P_{x+1}$$

- C. Cash Values

$$\text{Minimum cash values: } {}_tCV_x = 1000 * A_{x+t} - {}^{NNL}P_t^A * \ddot{a}_{x+t}$$

D. Reserves: Commissioner's Reserve Valuation Method:

$$\text{For } t = 0, \quad {}_tV_x = 1000 * A_x - \infty_x^{\text{CRVM}} - \beta_x^{\text{CRVM}} * \ddot{a}_x$$

$$\text{For } t \geq 0, \quad {}_tV_x = 1000 * A_{x+t} - \beta_x^{\text{CRVM}} * \ddot{a}_{x+t}$$

E. Reduced Paid-Up

$${}_t\text{RPU}_x = {}_t\text{CV}_x / A_{x+t}$$

F. Extended Term

Years = solve for "n" such that

$$1000 * A_{x+t:n+1} > {}_t\text{CV}_x \geq 1000 * A_{x+t:n}$$

$$\text{Days} = 365 * ({}_t\text{CV}_x - 1000 * A_{x+t:n}) / (1000 * A_{x+t:n+1} - 1000 * A_{x+t:n})$$

Sample Calculations – Male age 45

See attached

I certify that the nonforfeiture values stated for this policy equal or exceed the minimums required under the NAIC Standard Nonforfeiture Law for Life Insurance, model #808.

10/5/2016

Date



\_\_\_\_\_  
Edward A. Mire, FSA MAAA  
Rudd and Wisdom, Inc.  
Consulting Actuaries

**LifeShield National Insurance Company**

Administrative Offices: 815 West Ash, Duncan, OK 73533 1-800-366-8354

We will pay the death benefit to the beneficiary upon receiving proof of the Insured's death. Other rights and privileges are provided in the policy.

These agreements are subject to all provisions of the policy.



Vice President



President

Please Note: We have relied on the information in the application as being true and complete to the best of the knowledge and belief of the person giving it. A copy of the application is attached.

You may cancel this policy by returning it to us or our agent within 30 days after you receive it and we will refund all premiums paid.

**Modified Whole Life Policy  
Graded Death Benefits During the First Two Years  
Payable at Death  
Premiums Payable for Life  
Nonparticipating**

**SCHEDULE OF BENEFITS AND PREMIUMS**

FORM NUMBER	ULTIMATE AMOUNT	DESCRIPTION OF BENEFITS	ANNUAL PREMIUM	PREMIUM PAYING PERIOD
ICC16 LN-1001 GDB	[\$10,000]	Modified Whole Life	[\$254.40]	Life

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**\*DEATH BENEFIT:**

- 1.For Accidental Death – Ultimate Amount in all policy years
- 2.For all other deaths:

Policy Year 1 – 110% of all premiums paid  
 Policy Year 2 – 110% of all premiums paid  
 Thereafter – Ultimate Amount

TOTAL PREMIUMS			
THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS.			
ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$254.40]	[\$131.01]	[\$66.78]	[\$21.62]

INSURED:	[John Doe]	JOINT INSURED (if applicable):	[ n/a]
INSURED SEX:	[Male]	JOINT INSURED SEX (if applicable):	[ n/a]
OWNER	[John Doe]	JOINT OWNER (if applicable):	[ n/a]
AGE (or Joint Equivalent Age, if applicable):	[45]	RATE CLASS:	[Non-Smoker/Standard]
POLICY NUMBER	[12345678]	POLICY DATE	[1/1/2012]

RESERVE BASIS: 2001 Commissioner’s Standard Ordinary Tables, ALB, Sex Distinct, Smoker Distinct

RESERVE INTEREST RATE: 3.50%  
 CASH VALUE INTEREST RATE: 4.50%

LN-1001 GDB

**TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT**

End of year	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
1	[0]	[0]	[0]	[0]
2	[60]	[230]	[26]	[212]
3	[190]	[680]	[6]	[29]
4	[340]	[1,170]	[9]	[23]
5	[490]	[1,630]	[11]	[73]
6	[640]	[2,050]	[12]	[252]
7	[800]	[2,460]	[13]	[320]
8	[960]	[2,850]	[14]	[281]
9	[1,130]	[3,240]	[15]	[207]
10	[1,300]	[3,600]	[16]	[64]
11	[1,470]	[3,930]	[16]	[221]
12	[1,640]	[4,240]	[16]	[324]
13	[1,820]	[4,550]	[17]	[45]
14	[2,010]	[4,860]	[17]	[115]
15	[2,190]	[5,130]	[17]	[123]
16	[2,380]	[5,400]	[17]	[124]
17	[2,580]	[5,670]	[17]	[118]
18	[2,770]	[5,900]	[17]	[69]
19	[2,970]	[6,140]	[17]	[20]
20	[3,160]	[6,340]	[16]	[300]

## DEFINITIONS

**You, Your** means the Owner of this policy as shown on the Schedule of Benefits and Premiums.

**Insured** means the Insured shown on the Schedule of Benefits and Premium Page (or the Joint Insured if shown on the Schedule of Benefits and Premium Page.)

**We, Us, Our** means LifeShield National Insurance Company.

**Full Force** means the policy is in force and no premium payment is more than 31 days overdue. The policy is in full force, but not in force, if it is continuing under a Paid-up Option.

**Indebtedness** means an amount owed to us and secured by this policy, less any unearned interest paid in advance.

**Home Office** means LifeShield National Insurance Company, Oklahoma City, Oklahoma.

**Written Request** means a request in writing in a form satisfactory to us and filed at our Home Office.

## THE CONTRACT

**Entire Contract.** The entire contract consists of this policy and the application. We consider all statements in the application to be true representations and not warranties. No statement will be used to void this policy or to defend against a claim unless the statement is contained in the application.

**Incontestability.** We cannot contest this policy after it has been in force during the lifetime of the Insured for 2 years from the Policy Date. This limitation on our right to contest does not apply to nonpayment of premiums or to any rider providing benefits for disability or accidental death.

**Modifications.** Any modification of this policy must be in writing and signed by an officer of our Company. We do not authorize our agents to modify, waive, or extend any of the conditions of this policy.

## DEATH BENEFIT

The death benefit of this policy is the Amount shown on the Schedule of Benefits and Premiums page, if the policy is in full force. Otherwise, the death benefit is the amount of any paid-up life insurance in force. When two individuals are insured hereunder, we will pay one death benefit upon receipt of due proof of the death of either insured. Adjustments in the death benefit will be made as provided in the following paragraphs.

**Premium Refund.** We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

**Premium Due at Death.** If any Insured should die with a premium due and unpaid during the 31-day period allowed for payment, we will deduct an amount to pay premiums to the end of this period.

**Indebtedness.** We will deduct any indebtedness from the death benefit.

**Incorrect Age or Sex.** If any Insured's age or sex has been stated incorrectly, the benefits under this policy will be those the premium paid would have bought at the correct age and sex.

**Suicide.** If any Insured should die by suicide, while sane or insane, within 2 years from the Policy Date, the death benefit will be limited to the premiums paid.

**Interest.** If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the date of the payment. The interest rate will be determined by us and will not be less than 3% a year.

LN-1001 GDB

**Accidental Death.** If the death of the Insured occurs by accidental means, the Death Benefit will be equal to the Ultimate Amount as shown on the Schedule of Benefits and Premiums Page. Accidental death of the Insured must result from injury, directly and independently of all other causes, and occur within 90 days after the date of the injury. Unless prohibited by law, we shall have the right to examine the body of the Insured, or perform an autopsy on the body of the Insured.

Death will not be considered accidental when death of the Insured results from any of the following causes:

- 1) Bodily or mental infirmity or bacterial infection (other than infection occurring simultaneously with and through a cut or wound caused by an accident) or any kind of disease even though the proximate cause of death was accidental bodily injury;
- 2) Voluntarily taking any kind of poison or drugs or inhaling any kind of gas;
- 3) Medical or surgical treatment;
- 4) Intentional self destruction while either sane or insane;
- 5) Committing or attempting to commit a felony or participating in a riot;
- 6) Operating or riding in or descending from any kind of aircraft if the Insured:
  - a. was a pilot, officer or member of the crew of such aircraft,
  - b. was giving or receiving any kind of instruction or training, or
  - c. had any duties relating to such flight or was flown for the purpose of descent from such aircraft in flight;
- 7) Service in the armed forces of any country at war; or
- 8) War or insurrection or any act attributable thereto.

“War” means declared or undeclared war. “War” includes armed aggression by one or more countries resisted by or on orders of any country, combination of countries or international organization.

## **PREMIUMS**

**Premium Payments.** The annual premiums and the premium paying period for this policy are shown in the Schedule of Benefits and Premiums. All premiums are payable in advance beginning on the Policy Date. Payment may be made at our Home Office, or to an authorized agent in exchange for a receipt signed by our President and countersigned by the agent. Premiums may be paid annually, semi-annually, or quarterly at the published rates for this policy, or by any other method with our consent. The premium for any method will be based on our rates in effect on the Policy Date.

**Grace Period.** We will allow a period of 31 days for the payment of each premium except the first. The policy will remain in full force during this grace period.

**If a Premium Is Not Paid.** If a premium is unpaid at the end of the grace period, the policy will immediately cease to be in force except as provided below.

**Automatic Premium Loan Agreement.** If you have elected this agreement, we will automatically make a policy loan to pay premiums and interest to the next policy anniversary if the loan value is sufficient. Otherwise, we will pay premiums and interest to the end of the last month in the current policy year for which the loan value is sufficient. If the loan value is not sufficient to pay one-twelfth of an annual premium, we will pay premiums and interest for a fraction of a month.

If you did not elect this agreement in the application, you may do so by written request while the policy is in full force. You may cancel the agreement at any time by written request and return of the policy for endorsement.

**Automatic Paid-Up Insurance.** If the Automatic Premium Loan Agreement does not apply, the policy will cease to be in full force but we will use the surrender value to continue the policy in force under a Paid-Up Option, effective on the due date of the unpaid premium. The Automatic Paid Up option is Extended Term. However, during the 60-day period following the due date of the unpaid premium you may elect either the Reduced Life Insurance Paid-Up Option or the Surrender Option by written request and return of the policy.

**Reinstatement.** You may reinstate this policy to full force within 5 years of the due date of the unpaid premium, if it has not been returned for the surrender value. The requirements for reinstatement are:

1. evidence satisfactory to us of the insurability of the insured (or both insureds, if applicable),
2. payment of all past due premiums with interest at 6% a year, and
3. payment or reinstatement of any loan on the due date of the first unpaid premium, with interest at 6% a year from that date.

## POLICY VALUES

**Cash Value.** Cash values of this policy are shown in the Schedule of Benefits and Premiums. The assumption is made that all premiums have been paid to the end of the policy year and that there is no indebtedness. We will make allowance for premiums paid for a part of any policy year for which a cash value is shown in the table. During the 60-day period following the due date of an unpaid premium, the cash value will be the same as it was on the due date.

If this policy is being continued under one of the Paid-Up Options, the cash value at any given time is the actuarial cost for the remaining insurance at the current age. However, within 30 days after a policy anniversary the cash value will not be less than the value on the anniversary.

The values provided by this policy are not less than the minimum values required by the state where this policy is delivered.

**Surrender Value.** The surrender value is the cash value at the end of the current policy month, increased by the part of any premium paid for a period after that month and decreased by any indebtedness. However, there is no surrender value prior to the first policy anniversary.

**Surrender Option.** You may return this policy for its surrender value. The policy will cease to be in force when we receive it with your written request. We have the right to postpone payment of the surrender value for up to 60 months.

**Paid-Up Options.** While this policy is in full force with a surrender value, you may elect to stop paying premiums and continue the policy under one of the following options. You must make written request for the option and return the policy to us for endorsement.

**Reduced Life Insurance.** The policy continues in force as paid-up life insurance. The death benefit is whatever amount the surrender value will buy using the actuarial cost of life insurance at the current age.

**Extended Term Insurance.** The policy continues in force as paid-up term insurance with a death benefit equal to the Face Amount less indebtedness. The term runs for whatever period the surrender value will buy using the actuarial cost of term insurance at the current age.

Amounts of paid-up life insurance and periods of paid-up term insurance, if available, are shown in the Schedule of Benefits and Premiums. The options will be effective on the due date of the next premium.

**Policy Loan.** While this policy has a cash value and is in force other than as paid-up term insurance, you can borrow any amount up to the maximum loan value less existing indebtedness. The maximum loan value is the cash value on the due date of the next premium, or on the next policy anniversary if no more premiums are due. The policy is the sole security for the loan.

We deduct from the loan amount:

1. interest on the total indebtedness to the end of the policy year, and
2. any premium due and unpaid when the loan is made.

The interest rate for loans is 10% a year, payable in advance. Interest not paid when due is added to the loan amount and will bear interest at the same rate.

We have the right to postpone making a loan for up to 6 months after the request therefore unless the loan is made to pay a premium on a policy with us.

Whenever the indebtedness exceeds the maximum loan value, the policy will terminate without value. The termination will take effect 31 days after we mail notice to you and to any assignee on records at our Home Office.

**Basis of Values.** Values, reserves and net single premiums on this policy are based on the tables shown on the Schedule of Benefits and Premiums page.

Values are computed by the Standard Nonforfeiture Value Method, assuming that premiums are on a level basis, that death occurs at the end of the policy year and that premiums are paid annually. Values are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

A detailed explanation of the method of computation of policy values is on file with the insurance supervisory official of the state in which this policy has been delivered.

Reserves are computed by the Commissioner's Reserve Valuation Method. Reserves are based on interest at the rate shown on the Schedule of Benefits and Premiums page.

All values and reserves equal or exceed those required by law.

#### **OWNERSHIP AND BENEFICIARY**

**Ownership.** During any Insured's lifetime, you may exercise any right given by this policy or that we allow. You may transfer ownership of this policy by written request. The transfer will take effect on the day you sign the request, but it will not apply to any payment made or action taken before we receive the request. A transfer of ownership does not change the beneficiary. We will not be responsible for the validity of a change of ownership.

**Collateral Assignment.** You may assign this policy as collateral security. An assignment is not binding on us unless it is in writing and filed at our Home Office. We are not responsible for the validity of any assignment. A collateral assignment does not transfer ownership, but your rights will be subject to the terms of the assignment.

**Beneficiary.** The original beneficiary designation is in the application. You may change the beneficiary designation by signing an application for such change during the Insured's lifetime and filing it at our Home Office. The change will be effective on the date you signed the application whether or not the Insured is living when we receive the application at our Home Office. However, any payment made by us in settlement of the policy prior to such receipt will fully discharge us to the extent of the payment. If no beneficiary survives the Insured, payment will be made to you, if living, or your estate.

#### **OPTIONAL METHODS OF PAYMENT**

**Payment Options.** You may elect to have the proceeds of this policy paid under any of the payment options described below by making written request during the Insured's lifetime. If no election is in effect at the Insured's death, the beneficiary may elect a payment option not later than 6 months after the death benefit is payable and before it is paid. Payment Option Tables are shown below. The proceeds may be paid in any other manner agreed to by us.

**Option 1. Payment for a Guaranteed Period.** Equal monthly payments for the number of years elected, from 1 to 50. We may increase the payments by surplus interest earnings.

**Option 2. Payments for Life.** Equal monthly payments for the guaranteed period elected and thereafter during the lifetime of the person on whose life payments are based. The guaranteed period may be 10, 15, or 20 years, or until the total amount paid equals the proceeds (Installment Refund).

**Option 3. Payments of Specified Amount.** Equal annual, semiannual, quarterly, or monthly payments until the proceeds, together with interest at a rate of not less than 3% a year, are paid in full.

**Option 4. Interest.** Payment of the proceeds may be deferred for up to 50 years, but not beyond the payee's lifetime. Interest earnings on the proceeds at a rate of not less than 3% a year will be paid periodically at the selected interval or added to the proceeds each year.

**Limitations.** Election of an option may be made only with our consent if

- (1) The option would provide guaranteed payments of less than \$240 a year, or
- (2) proceeds are payable to a corporation, association, partnership, estate, or assignee.

We will require satisfactory proof of age for Option 2.

**PAYMENT OPTION TABLES**  
Monthly Payments for Each \$1,000 of Proceeds

OPTION 1				OPTION 2											
Monthly Yrs. Payments	Yrs.	Monthly Payments	Age Last Birthday	Guaranteed Period				Age Last Birthday	Guaranteed Period						
				M	F	10 Years	15 Years		20 Years	Install- ment Refund	M	F	10 Years	15 Years	20 Years
1	\$84.47	26	\$4.59	41	45	\$3.82	\$3.80	\$3.76	\$3.74	65	69	\$6.39	\$5.85	\$5.24	\$5.98
2	42.86	27	4.47	42	46	3.88	3.85	3.81	3.79	66	70	6.57	5.96	5.28	6.14
3	28.99	28	4.37	43	47	3.94	3.91	3.87	3.85	67	71	6.75	6.06	5.33	6.32
4	22.06	29	4.27	44	48	4.00	3.97	3.92	3.90	68	72	6.93	6.16	5.36	6.51
5	17.91	30	4.18	45	49	4.07	4.03	3.97	3.96	69	73	7.12	6.25	5.39	6.71
6	15.14	31	4.10	46	50	4.14	4.10	4.03	4.02	70	74	7.32	6.34	5.42	6.93
7	13.16	32	4.02	47	51	4.21	4.16	4.09	4.08	71	75	7.51	6.42	5.44	7.15
8	11.68	33	3.95	48	52	4.29	4.23	4.15	4.15	72	76	7.70	6.49	5.46	7.39
9	10.53	34	3.88	49	53	4.37	4.31	4.21	4.22	73	77	7.89	6.56	5.48	7.65
10	9.61	35	3.82	50	54	4.45	4.39	4.28	4.29	74	78	8.08	6.62	5.49	7.91
11	8.86	36	3.76	51	55	4.55	4.47	4.34	4.37	75	79	8.26	6.67	5.49	8.21
12	8.24	37	3.70	52	56	4.64	4.55	4.41	4.45	76	80	8.43	6.72	5.50	8.51
13	7.71	38	3.65	53	57	4.74	4.64	4.48	4.54	77	81	8.60	6.75	5.51	8.84
14	7.26	39	3.60	54	58	4.85	4.72	4.55	4.62	78	82	8.75	6.78	5.51	9.20
15	6.87	40	3.55	55	59	4.96	4.82	4.62	4.72	79	83	8.90	6.81	5.51	9.57
16	6.53	41	3.50	56	60	5.07	4.91	4.69	4.82	80	84	9.02	6.83	5.51	9.97
17	6.23	42	3.46	57	61	5.19	5.01	4.75	4.92	81	85+	9.14	6.84	5.51	10.41
18	5.96	43	3.42	58	62	5.32	5.11	4.82	5.03	82		9.24	6.85	5.51	10.86
19	5.73	44	3.38	59	63	5.45	5.21	4.89	5.14	83		9.32	6.86	5.51	11.35
20	5.51	45	3.34	60	64	5.60	5.32	4.95	5.26	84		9.39	6.86	5.51	11.90
21	5.32	46	3.31	61	65	5.74	5.43	5.02	5.39	85+		9.45	6.87	5.51	12.44
22	5.15	47	3.28	62	66	5.89	5.53	5.08	5.53						
23	4.99	48	3.25	63	67	6.05	5.64	5.14	5.67						
24	4.84	49	3.22	64	68	6.22	5.75	5.19	5.82						
25	4.71	50	3.19												
				+ and over      M = Male      F = Female											
Annual = 11.839 x monthly Semiannual = 5.963 x monthly Quarterly = 2.993 x monthly				For Option 2 Annual = 11.688 x monthly Semiannual = 5.923 x monthly Quarterly = 2.985 x monthly											

## **LifeShield National Insurance Co.**

### **Detail of revisions to previously approved LN-1001 APP4 DC included in LN-1001 APP5 submitted for approval**

Revisions to the Application Form are extensive and a redlined version is provided to assist in your review.

General information appearing on Page 1 has been reformatted and revised for clarity and to simplify application completion by the applicant.

Payment modes and premium information previously on Page 1 has been relocated to Page 5 under Section 4. Payment Information.

Medical questions previously appearing on Page 2 now appear on application Pages 2 and 3. "Yes / No" questions now determine an applicant's eligibility for Standard or Graded Death Benefits. The wording "...may be eligible for coverage" has been removed.

The previous requirement to provide details of medical conditions and questions regarding prescription drugs taken by an applicant have been removed.

Previous application Pages 4 – 6 have been completely reorganized and reformatted beginning on Page 4 on new application LN-1001 APP5. The revisions provide clarity and a better flow for when completing the application.



<u>Contingent Beneficiary 2</u> <u>Relationship</u>		<u>Contingent Beneficiary 2</u> <u>Relationship</u>	
Do you have any existing life insurance or annuity contract(s) with the company or any other company: <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have any existing life insurance or annuity contract(s) with the company or any other company: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO (If <u>"Yes" complete section yes please give details</u> below)		Do you intend to replace any existing life insurance or annuity contract: <input type="checkbox"/> YES <input type="checkbox"/> NO (If <u>"Yes" complete section yes please give details</u> below)	
<u>Existing Coverage Insurer's Name:</u> <u>Policy/Certificate Number:</u> <u>Termination Date:</u> <u>Benefit Amount:</u> <u>Company:</u>		<u>Existing Coverage Insurer's Name:</u> <u>Policy/Certificate Number:</u> <u>Termination Date:</u> <u>Benefit Amount:</u> <u>Company:</u>	
<u>Policy #:</u>	<u>Amount of Coverage:</u>	<u>Policy #:</u>	<u>Amount of Coverage:</u>
<u>Within the past 12 months, have you used tobacco in any form?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO		<u>Within the past 12 months, have you used tobacco in any form?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Primary Physician for Applicant <u>A 1</u> Name: _____ Address: _____ City: _____ State: _____		Primary Physician for Applicant <u>B 2</u> Name: _____ Address: _____ City: _____ State: _____	

	Applicant-A Circle	Applicant-B Circle
1. <del>Is the Proposed Insured currently: hospitalized, confined to a wheelchair, bed or nursing facility?</del>	YES <del>NO</del>	YES <del>NO</del>
2. <del>Has a member of the medical profession ever diagnosed or treated the Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)</del>	YES <del>NO</del>	YES <del>NO</del>
3. <del>Within the past 12 months has the Proposed Insured been diagnosed or treated by a member of the medical profession for a stroke, angina, heart attack, cardiac or circulatory surgery or diabetes (requiring insulin)?</del>	YES <del>NO</del>	YES <del>NO</del>
4. <del>Within the past 24 months has the Proposed Insured been diagnosed or treated by a member of the medical profession for Internal Cancer or Melanoma?</del>	YES <del>NO</del>	YES <del>NO</del>
5. <del>During the past 24 months has the Proposed Insured been diagnosed or treated by a member of the medical profession for Alzheimer's Disease, neuro-muscular disease, Senile Dementia or other cognitive disorder?</del>	YES <del>NO</del>	YES <del>NO</del>

***if any answers to questions 1-5 are "YES", the Proposed Insured is not eligible for ANY coverage.***

**IMPORTANT: Circle any health condition for which YES applies.**

6. During the past 5 years has the Proposed Insured requested or received a benefit, — military deferment, discharge or rejection, payment or pension because of a disability, — injury, or sickness?	YES — NO	YES — NO
7. During the past 12 months has the Proposed Insured had diagnostic testing — recommended by a member of the medical profession which has not been completed — or for which results have not been received, excluding those related to the Human — Immunodeficiency Virus (AIDS virus)?	YES — NO	YES — NO
8. During the past 12 months has the Proposed Insured received medical treatment or — counseling for, or been advised by a physician to discontinue, the use of alcohol or — prescribed or non-prescribed drugs?	YES — NO	YES — NO
9. During the past 36 months has the Proposed Insured been diagnosed or treated by a — member of the medical profession or been hospitalized for: stroke, angina, heart attack — or failure, cardiac or circulatory surgery, Internal Cancer or Melanoma?	YES — NO	YES — NO
10. During the past 24 months has the Proposed Insured been diagnosed or treated by a — member of the medical profession for cirrhosis, liver disease, kidney failure, emphysema, — chronic obstructive pulmonary disease (C.O.P.D.), chronic lung disease, or been using an — oxygen tank?	YES — NO	YES — NO
11. Is the Proposed Insured currently receiving home healthcare or need assistance — performing any of the following daily living activities: bathing, dressing, eating, toileting, — walking, moving about, getting in or out of bed or chairs, or taking medications?	YES — NO	YES — NO
12. In the past 12 months has the Proposed Insured used tobacco in any form?	YES — NO	YES — NO

***-If any answers to questions 6-12 are "YES", the Proposed Insured may be eligible for coverage.***

**Give complete details to any yes response in questions 6 through 11.**

Question Number	Name	Illness or Condition, treatment & operation type	Name & Address Physician /Hospital	Month/Year	Date Last Treated

**Please list all medications taken in the past 24 months and the condition for which each medication was prescribed.**

Medication	Dosage /Mg	Frequency	Reason for Medication /Diagnosis	Length of Time Taken

**If any question in Section A is answered "Yes", the proposed insured is not eligible for any coverage.**

**Section A**

**Applicant 1 Applicant 2**

<b><u>1. Is the Proposed Insured currently a resident of a nursing home or skilled nursing facility; a patient in a hospital or psychiatric facility; confined to a correctional facility; receiving or been advised by a member of the medical profession to receive skilled nursing care, hospice care, or home health care?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>2. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for (including prescription medications) congestive heart failure, peripheral neuropathy, epilepsy, schizophrenia, ALS (Lou Gehrig's disease), or does the Proposed Insured have a cardiac defibrillator?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>3. Has the Proposed Insured been diagnosed by a member of the medical profession for an un-operated aneurysm?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>4. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for Alzheimer's disease, dementia or been prescribed Aricept, Cognex, Donepezil, Exelon, Razadyne, or Namenda?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>5. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>6. Does the Proposed Insured use a wheelchair due to chronic illness or disease, or does the Proposed Insured require assistance (from anyone) with Activities of Daily Living: bathing, dressing, eating, toileting, walking, moving about, getting in or out of bed or chairs or taking medications?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>7. Has the Proposed Insured ever been diagnosed or treated by a member of the medical profession for internal cancer or melanoma?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>8. Has the Proposed Insured ever been diagnosed, treated for (including prescription medications), or advised to receive treatment by a member of the medical profession for Parkinson's disease, multiple sclerosis, lupus, liver failure, Hepatitis C, cirrhosis of the liver, or kidney disease requiring dialysis?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>9. Has the Proposed Insured ever had or been advised by a member of the medical profession to have an organ transplant, bone marrow transplant, or is the Proposed Insured being treated for any terminal illness?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>10. Does the Proposed Insured have diabetes and use or been advised by a member of the medical profession to use insulin or has the Proposed Insured ever had an amputation due to diabetes or other disease?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>11. Has the Proposed Insured had any diagnostic testing or any medical procedure recommended by a member of the medical profession that hasn't been completed, or test results that the Proposed Insured has not yet received? If yes, please postpone application until results are received or procedures are completed.</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>12. Within the past 12 months, has the Proposed Insured been diagnosed, hospitalized, treated or advised by a member of the medical profession to have treatment for: heart attack, stroke or Transient Ischemic Attack (TIA), aneurysm, angina pectoris, any cardiovascular surgery, or has the Proposed Insured had or been advised by a member of the medical profession to have an implanted pacemaker?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>13. Within the past 12 months, has the Proposed Insured used or been advised by a member of the medical profession to use OXYGEN in connection with treatment for Chronic Obstructive Pulmonary Disease (COPD), Chronic bronchitis, emphysema, asthma or other lung disease?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>14. Within the past 12 months, has the Proposed Insured been treated or advised by a member of the medical profession to receive treatment for alcohol or drug use?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>15. Is the Proposed Insured under age 65 AND receiving social security disability benefits for sickness or disease?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>16. Within the past 12 months, has the Proposed Insured CHEWED TOBACCO or SMOKED AND been diagnosed, treated (including prescription medications) or advised by a member of the medical profession to have treatment for Chronic Obstructive Pulmonary Disease (COPD), Chronic bronchitis, emphysema, asthma or other lung disease?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>
<b><u>17. Does the Proposed Insured's weight fall outside the guidelines for the Proposed Insured's height on the Weight Table below?</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>	<input type="checkbox"/> <b><u>Yes</u></b> <input type="checkbox"/> <b><u>No</u></b>

**Weight Table**

<b>HGT</b>	<b>4'11</b>	<b>5'0</b>	<b>5'1</b>	<b>5'2</b>	<b>5'3</b>	<b>5'4</b>	<b>5'5</b>	<b>5'6</b>	<b>5'7</b>	<b>5'8</b>	<b>5'9</b>	<b>5'10</b>	<b>5'11</b>	<b>6'0</b>	<b>6'1</b>	<b>6'2</b>	<b>6'3</b>	<b>6'4</b>	<b>6'5</b>
<b>Min</b>	<b>88</b>	<b>90</b>	<b>93</b>	<b>95</b>	<b>98</b>	<b>101</b>	<b>104</b>	<b>106</b>	<b>110</b>	<b>113</b>	<b>117</b>	<b>120</b>	<b>125</b>	<b>129</b>	<b>133</b>	<b>136</b>	<b>140</b>	<b>143</b>	<b>148</b>
<b>Max</b>	<b>206</b>	<b>213</b>	<b>220</b>	<b>227</b>	<b>234</b>	<b>241</b>	<b>248</b>	<b>256</b>	<b>263</b>	<b>271</b>	<b>279</b>	<b>287</b>	<b>295</b>	<b>303</b>	<b>312</b>	<b>320</b>	<b>329</b>	<b>337</b>	<b>346</b>

**\* If all questions in Section A are answered "NO", proceed to Section B**

**If all questions in Section A are answered "NO", and any question in Section B is answered "Yes", the Proposed Insured is only eligible for the Graded Death Benefit, Form Number LN-1001 GDB.**

**Section B**

**Applicant 1 Applicant 2**

<b>1. Within the past 24 months was the Proposed Insured diagnosed, treated for, or advised to receive treatment by a member of the medical profession for heart attack, stroke, Transient Ischemic Attack (TIA), aneurysm, angina pectoris, or any cardiovascular surgery?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>2. Within the past 24 months was the Proposed Insured diagnosed, treated for, or advised to receive treatment by a member of the medical profession for Chronic bronchitis, emphysema, asthma, Chronic Obstructive Pulmonary Disease (COPD), or any other lung disease or disorder?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>3. Within the past 24 months was the Proposed Insured diagnosed, treated for, or advised to receive treatment by a member of the medical profession for liver disorder or kidney disease without dialysis?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4. Within the past 24 months has the Proposed Insured had or been advised by a member of the medical profession to receive treatment for alcohol and/or drug use?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5. Within the past 24 months did the Proposed Insured receive treatment by a member of the medical profession or have a surgery for an aneurysm?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>6. Does the Proposed Insured have a pacemaker that was implanted more than 12 months prior to the date of this application?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**If all questions in sections A and B are answered "No", the proposed insured qualifies for the Survivor Level Benefit Plan, Form Number LN-1001.**

**1. Owner (Complete only if other than Proposed Insured)**

<b>Name:</b>			
<b>First</b>	<b>Middle</b>		<b>Last</b>
<b>Address:</b>			
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number:</b> ( )	<b>Social Security Number:</b> / /	<b>Date of Birth:</b> / / MM/ DD/ YYYY	
<b>Relationship to Proposed Insured:</b>			

**2. Insurance Applied For**

- Policy Type:**
- |  |  |
|--|--|
| <input type="checkbox"/> <b>LifeShield Individual Survivor (Level Benefit)</b> | <input type="checkbox"/> <b>LifeShield Individual Survivor or (Graded Death Benefit)</b> |
| <input type="checkbox"/> <b>LifeShield Joint Survivor (Level Benefit)</b>      | <input type="checkbox"/> <b>LifeShield Joint Survivor (Graded Death Benefit)</b>         |

**Insurance Amount:** \$ \_\_\_\_\_ **Initial Premium Amount:** \$ \_\_\_\_\_

Automatic selection and insurance amount adjustment – Owner agrees that if: (i) selecting but not qualifying for, based on the information in this application, LifeShield Survivor (Level Benefit) the owner is instead automatically applying this application for LifeShield Survivor (Graded Death Benefit).

Automatic premium loan provision elected? (“Yes” or “No” must be selected)  Yes  No  
If “Yes”, overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If “No”, the certificate’s Non-forfeiture provision will automatically apply, if premium is overdue at the end of the grace period, resulting in either reduced coverage or surrender.

**3. Settlement Options (Please select between Supplemental Income and One Time Payout.)**

**Supplemental Income:** Equal monthly payments for the number of months elected.

\$ \_\_\_\_\_ in Monthly Income for \_\_\_\_\_ months.

**One Time Payout:** One lump sum payout of the death benefit.

\$ \_\_\_\_\_ **Death Benefit**

\* Unless otherwise stated by the owner prior to the death of the Insured, the beneficiary at claim time can choose to have the face amount of the policy paid in cash or monthly income for selected monthly periods or combination of income and cash.

#### 4. Payment Information

First Premium Payment Provided by  Pre-Authorized Check (PAC) (Complete Payment Form)

Subsequent Premium Payments Made by:  Pre-Authorized Check (PAC) (Complete Payment Form)  Direct Bill

Payment Mode:  Monthly (PAC Only)  Quarterly  Semi-Annual  Annual

Draft date being requested: Draft on the \_\_\_\_\_ day (choose between 1<sup>st</sup> and 28<sup>th</sup>) of the month, beginning in \_\_\_\_\_ (month and year).

Send Premium Notices to:  Owner  Other: \_\_\_\_\_

#### 5. Agreements

I, the proposed insured and/or owner, declare that I have reviewed all of the statements and answers as they pertain to me, and that they are true and complete to the best of my knowledge and belief. The statements and answers in this application are the basis for an insurance contract (defined as a policy), if any, issued by LifeShield National Insurance Co. A Material Misrepresentation, or untrue declaration, or failure to disclose all material facts, may result in loss of coverage or cancellation of the insurance contract. No producer, medical examiner, or any other person, except LifeShield National Insurance Co.'s President or Vice-President, has power on behalf of LifeShield National Insurance Co. to make, modify, or discharge an insurance contract. No person is authorized to advise me that any untrue or incomplete answer or information is acceptable. LifeShield National Insurance Co. will have no liability until the policy date of the policy issued based on this application, the first premium due is paid in full on the policy date, and provided that there has been no change in either an answer to an application question or the proposed insured's health between the date this application was signed and the policy date of the insurance contract. This application shall form part of the entire contract with LifeShield National Insurance Co.. This application and related documents may be sent by electronic means. If I have chosen to provide an email address in this application or choose to provide one in the future, LifeShield National Insurance Co. may use that address to send messages or documents to me electronically. LifeShield National Insurance Co. may require and obtain information about me to validate my identification.

**FRAUD NOTICE/WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**6. Authorization to Obtain and Disclose Information**

“Authorized persons” means reinsurers, insurance agents and agencies and those performing services in relation to an application for insurance, insurance product or benefit claim. For purposes of assessing insurance coverage eligibility, coverage and/or benefit claim, I, the proposed insured, authorize LifeShield National Insurance Co. and its authorized persons, to obtain information, including previously restricted information, about me from any: physician, medical practitioner, hospital, clinic, or medical facility; employer, benefit plan, other insurer, or institution; consumer reporting agency; public records, pharmacy, pharmacy benefits manager, or other pharmacy related services organization; or MIB, Inc. This includes records or other information as to past, current, or future: diagnosis, treatment and prognosis of a physical or mental condition, drug, physical and mental health, and alcohol-related information that may be protected by federal or state laws and regulations. I, the proposed insured, authorize LifeShield National Insurance Co. and its authorized persons, to make a brief report of my personal and/or protected health information to MIB, Inc. Information may be disclosed: between and among LifeShield National Insurance Co. and its authorized persons; companies that I have applied or may apply to for life or health insurance, or benefits; as required or permitted by law. Obtained or disclosed information may no longer be protected by federal privacy laws. This authorization shall remain valid from the date this application is signed for the amount of time permitted by the applicable law in the state where the policy is delivered or issued. A copy of this authorization shall be valid as the original. This authorization may be revoked at any time by written notice to LifeShield National Insurance Co., except that action(s) taken before receipt of notice will not be affected. A copy of this authorization will be provided upon request. I have been provided the Notices.

**7. Signature Section (Review entire Application before signing)**

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed at: \_\_\_\_\_  
Applicant 1's Signature Date (mm/dd/yyyy) (City, State)

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed at: \_\_\_\_\_  
Applicant 2's Signature Date (mm/dd/yyyy) (City, State)

X \_\_\_\_\_ Signed on: \_\_\_\_\_ Signed at: \_\_\_\_\_  
Owner's Signature (If other than Proposed Insureds) Date (mm/dd/yyyy) (City, State)

**8. Producer Certification**

I certify the following: I am not aware of undisclosed information about the health, personal information, or lifestyle of the proposed insured(s) that might affect insurability. All questions, to which an answer is shown, were asked as written in this application, by me in person. The answers given by the proposed insured(s) were recorded as shown on this application which was reviewed with him/her before it was signed.

AGENT STATEMENT – I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Proposed Insured(s). To the best of my knowledge replacement  is  is not involved in this transaction.

Producer's Full Name: \_\_\_\_\_ Producer's Number: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

~~I understand the Company may conduct a telephone interview with the Proposed Insured regarding the answers above.~~

~~I understand and agree that the company shall have no liability until a policy is issued on this application and delivered to and accepted by the owner and the first premium due is paid in full while each Proposed Insured is alive. No agent is authorized to accept risk, pass on insurability or make, void, waive or change any conditions or provisions of the application, policy or receipt.~~

~~**I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.**~~

~~I understand and agree that the statements and answers in the application are the basis for any policy issued by the company, and that no information about me will be considered to have been given to the company unless it is stated in the application, and that I will notify the company of any changes in the statements or answers given in the application between the time of application and delivery of the policy.~~

~~**FRAUD NOTICE/WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.~~

~~**AUTHORIZATION:** In order to properly classify my application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities, the MIB, Inc. ("MIB") or other organization, institution or person that has knowledge or records of me and my health to give such information to: (a) LifeShield National Insurance Co.; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of: 815 W. Ash Ave., Duncan, Oklahoma 73533. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.~~

~~I authorize LifeShield National Insurance Co. to disclose any personal data, including Protected Health Information, gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application as legally authorized to do so; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid from the date the authorization is signed for the amount of time permitted by applicable law in the state where the policy is delivered or issued for delivery and may be revoked at any time. A copy of this authorization shall be as valid as the original.~~

~~I acknowledge receiving the Fair Credit Reporting Notice and the MIB Pre-Notice.~~

Signed at \_\_\_\_\_ Date Signed \_\_\_\_\_  
City County State

Applicant A's Signature \_\_\_\_\_ Applicant B's Signature \_\_\_\_\_  
(Must be signed by Applicant A) (Must be signed by Applicant B, if applicable)

AGENT STATEMENT—I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Insured. To the best of my knowledge replacement  is  is not involved in this transaction.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_ Agent's Number \_\_\_\_\_

## NOTICE

### ~~Printed in compliance with Public Law 91-508 — Fair Credit Reporting Act~~

~~Thank you for considering LifeShield National Insurance Co. for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.~~

### ~~MIB PRE NOTICE~~

~~Information regarding your insurability will be treated as confidential. LifeShield National Insurance Co., or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file.~~

~~Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information to the MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Information for consumers about MIB, Inc. may be obtained on its website at: [www.mib.com](http://www.mib.com). LifeShield National Insurance Co., or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.~~

**CONDITIONAL RECEIPT**

Received from \_\_\_\_\_  
for life insurance applied for from LifeShield National Insurance Co., with the application bearing the same date as this receipt:

A payment of \$ \_\_\_\_\_  Cash  Check  Other

~~IMPORTANT: No insurance will be effective unless all the conditions set forth on the bottom of this receipt are satisfied. The agent and medical examiner cannot accept risks or waive any of LifeShield National's rights or requirements. This receipt is not valid unless it is signed by an agent of LifeShield National Insurance Co., the Proposed Insured and the Owner. All premium checks shall be made payable to LifeShield National Insurance Co.. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.~~

~~I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.~~

\_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Date Proposed Insured A Proposed Insured B, if applicable

\_\_\_\_\_ X \_\_\_\_\_  
Agent Owner(s), if other than Proposed Insured

~~IMPORTANT: The insurance applied for will take effect on the latter of the completion of the application or the completion of any medical examination or tests required by LifeShield National Insurance Co., only if the following conditions are met:~~

- ~~1. All persons to be covered must be insurable as acceptable risks for the kind and amount of insurance applied for according to LifeShield National's rules on the date the insurance takes effect.~~
- ~~2. Any check or draft given in payment of the initial premium must be honored when first presented.~~
- ~~3. The premium paid and received must be sufficient to provide one month of the coverage applied for.~~
- ~~4. The total amount of life insurance provided under this receipt for all losses is limited to the amount applied for.~~
- ~~5. I understand and agree that the company shall have no liability until a policy is issued on this application and delivered to and accepted by the owner and the first premium due is paid in full while each Proposed Insured is alive. No agent is authorized to accept risk, pass on insurability or make, void, waive or change any conditions or provisions of the application, policy or receipt.~~

~~If you do not hear from LifeShield National Insurance Co. regarding the proposed insurance within 30 days, notify LifeShield National Insurance Co. at 815 W. Ash Ave., Duncan, Oklahoma 73533. Give your name, the agent's name, date and amount paid.~~

~~INSURANCE, IF ANY, PROVIDED UNDER THIS RECEIPT IS CONDITIONAL. IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THIS RECEIPT CONFERS NO INSURANCE AND THE PREMIUM PAID WILL BE RETURNED TO YOU.~~

**Notices**

For purposes of these Notices the following words are defined: "Application" means the Application for Life Insurance to which this notice relates; "Producer" means the licensed individual who signed that application as the producer; "LifeShield National Insurance Co.", "we", "our", and "us" mean LifeShield National Insurance Co.; "You" and "Your" mean the proposed insured. If you have questions, discuss them with your producer or contact us directly by writing to LifeShield National Insurance Co. PO Box 1626, Duncan, OK 73534.

Privacy - Personal information we obtain about you is confidential. As permitted by privacy laws, we may disclose information without further authorization to insurance companies to which you have applied for coverage or benefits, those providing services for us and those conducting bona fide actuarial, marketing or scientific studies or audits. We may also disclose information to your physician and MIB, Inc. ("MIB"). You can make a written request to review personal information about you in our file. However, we will not disclose information to you that was prepared for an anticipated claim, civil or criminal proceeding. You may request correction of information which you believe to be inaccurate or irrelevant. Upon written request, we will provide more information about these procedures.

Medical and Personal Information - The Underwriting process evaluates information about you to see if you qualify for the requested insurance. Answers in the Application are our principal source of information. We may contact other sources, such as a doctor, clinic, hospital, other insurers, or a lending institution. No adverse underwriting decision will be made based upon an individual's implied or confirmed sexual orientation or an individual's concern or consultation for AIDS information.

MIB PRE-NOTICE - Information regarding your insurability will be treated as confidential. LifeShield National Insurance Co., or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, Inc., upon request, will supply such company with the information in its file. Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866- 692-6901 (TTY 866-346-3642). If you question the accuracy of information to the MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Information for consumers about MIB, Inc. may be obtained on its website at: www.mib.com. LifeShield National Insurance Co., or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



Administrative Office: 815 W Ash, Duncan,  
OK 73533  
US Mailing Address: PO Box 1627, Duncan, OK  
73534-1627 1-800-366-8354

**Acknowledgement of First Premium (This page must be given to the owner.)**

It is acknowledged that an amount of \$ \_\_\_\_\_ will be provided as the 1<sup>st</sup> premium payment for the policy issued, if any, in response to the Application for Life insurance on the life of \_\_\_\_\_  
Proposed insured's Name

There is no conditional or temporary insurance coverage as no amount was provided or collected for the initial premium.

Insurance will only come into effect on the policy date of the policy issued, if any, and subject to the terms of that policy, provided a) that first premium payment is honored when presented to the financial institution from which it is to be collected, and b) that there has been no change in either an answer to the application questions or the proposed insured's health or habits between the date the application was signed and the policy date of that insurance contract.

Producer's signature: X \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

Applicant 1's signature: X \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

Applicant 2's signature: X \_\_\_\_\_ Date \_\_\_\_\_ (mm/dd/yyyy)

Call 1-800-366-8354 if you have not received your LifeShield National Insurance Co. policy within 30 days from the date of this receipt.



**LIFESHIELD**  
NATIONAL INSURANCE CO

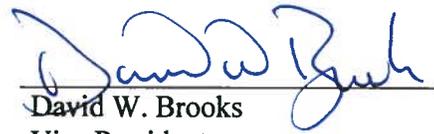
Member, The Medical Group

### FLESCH READABILITY SCORE CERTIFICATION

I hereby certify, that the forms listed below achieved the Flesch Reading Ease Score shown.

Form Number	Description	Score
LN-1001 GDB	Modified Whole Life GDB Policy	69.9
LN-1001 APP5	Survivor Life Application	60.8

Date: November 21, 2016

  
\_\_\_\_\_  
David W. Brooks  
Vice President

LIFESHIELD NATIONAL INSURANCE COMPANY  
Form LN-1001 GDB  
STATEMENT OF VARIABILITY

**Specification Page**

- 1) Ultimate Amount – will vary based upon the amount of insurance purchased.
- 2) Annual Premium - will vary based upon the age, sex, underwriting status, and amount of insurance purchased.
- 3) Modal premiums – will vary based upon total annual premium.
- 4) Insured – unique name for the Insured.
- 5) Insured Sex - will vary based upon the sex of Insured. Options are Male, Female only.
- 6) Owner – unique name for the Owner.
- 7) Joint Insured – unique name for the Joint Insured, if applicable.
- 8) Joint Insured Sex - will vary based upon the sex of Joint Insured, if applicable. Options are Male, Female only.
- 9) Joint Owner – unique name for the Owner, if applicable.
- 10) Age – will vary based upon the age of Insured, or the Joint Equivalent Age, if applicable. Issue age range is 45 to 85.
- 11) Rate Class - will vary based upon the underwriting basis of Insured. Options are Smoker, Non-smoker only.
- 12) Policy Number - unique policy number for each policy issued.
- 13) Policy Date - will vary based upon the date the insurance becomes in force.