

NOTICE OF PRIVACY PRACTICES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. It is important to us that you understand how we use and share your personal information. This Notice describes the data we collect and how we use, share, and protect it. The types of data we collect and share depend on the type of product or service you have with us. We also provide notices and terms on our websites and applications. Those notices and terms provide further detail regarding data use on our websites or applications. If your relationship with us ends, we will continue to use your data as set forth in this Notice.

Data That We Collect: We collect the following types of data from the following sources:

Data	Typical Data Sources
Contact information (e.g., name, phone number, email and physical addresses, etc.), date of birth, government ID (e.g., social security, passport and driver's license numbers), security credentials (e.g., password, voiceprint, etc.), employment, financial and health data and history, other general information (e.g., marital status, gender, etc.)	<ul style="list-style-type: none"> You directly, when you submit applications and forms and engage in communications with us Our affiliates (companies under common ownership) Employers, healthcare providers, other insurance companies and other authorized entities
Data about your transactions with us and/or Third Parties. ("Third Parties" are unaffiliated third parties. This includes agents, the company the agent represents, other financial organizations, and service providers.) Such transactional data can include, but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data	<ul style="list-style-type: none"> Our affiliates Third Parties Transamerica's websites, digital platforms, and applications Assistive technologies, mobile or wearable devices, or other similar technology
Credit history, employment information and other information about your creditworthiness, and medical or health data	<ul style="list-style-type: none"> Consumer reporting agencies and other service providers we use such as third party data suppliers Your employers, healthcare providers, insurance support organization (including reports prepared from such organizations which may retain and disclose such information), credit bureaus, other insurance companies and other authorized entities
Data about products and services you obtain or in which you might be interested	<ul style="list-style-type: none"> You Third Parties with whom we have joint marketing arrangements Other Third Parties as allowed
Third party data, including data you provide to Third Parties when you have authorized the Third Party to share such data with other parties, such as data collected through Third Party applications, websites, or other digital interfaces, data you have authorized us to receive, or data you have authorized Third Parties to share with us	<ul style="list-style-type: none"> Third Party applications, websites, or other digital interfaces where you have agreed to share your data Assistive technologies, mobile or wearable devices, or other similar technology

How We Use Your Data: We use data to provide our services and as allowed by law. This includes use authorized by you. For example, we may use your data to:

- Process claims and transactions,
- Research, develop, and market products and services,
- Prevent and prosecute fraud or criminal activities,
- Support online customer experiences, digital platforms, and/or applications in which you elect to participate.
- Maintain your accounts,
- Comply with applicable laws and for security purposes,
- Maintain, operate, and market our business, or

Sharing Data: We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. For example, we may share your data with:

- Those who provide services to support our business, including processing claims, account maintenance, and marketing and sales,
- Credit bureaus,
- Insurance regulators, law enforcement, governmental authorities, and other Third Parties in response to legal process or as required by law,
- Health care professionals, including to verify coverage or to provide information relating to a medical condition,

- Governmental agencies so they can decide if you are eligible for public benefits,
- Other financial companies in connection with joint marketing efforts,
- Other insurance companies (including successor insurers), agents and insurance support organizations to coordinate your benefits or in connection with insurance transactions involving you,
- Group policyholders, for example, regarding claims experience or to support service audits,
- Certificate or policyholders regarding the status of an insurance transaction,
- Those who have an interest in your assets (such as creditors with a lien on your account),
- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as permitted by law and only if you have established an account in connection with your employer),
- Your representatives and lawyers,
- Those to prevent and prosecute fraud or criminal activities,
- Those to conduct actuarial or research studies, and
- Those in connection with the sale or merger of all or part of our business.

You do not have the right to opt out of our sharing data with Third Parties for these legally permitted purposes.

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, investment advisors, and broker/dealers, some of whom may not be included in the scope of this Notice. You may have additional privacy notices from these professionals. We do not share information about your creditworthiness among our affiliates. However, we may share information about our transactions and experiences with you among affiliates for their everyday business purposes. For example, we may share your data with our affiliates:

- So they can tell you about products and services they offer,
- So they can determine which of their products and services may be of interest to you,
- So they can provide various services to us to support our business, such as claims processing, applying for insurance, opening and maintaining your account, or marketing products and services to you,
- So they can audit themselves or their agents, or
- So you can communicate with us or Transamerica affiliated companies about your accounts.

Your Choice to Limit Marketing by Transamerica Affiliates: You may limit our affiliates' use of certain types of data to market their own products and services to you ("Opt Out"). To do this, choose one of the Opt Out methods set forth below. This data includes information about your transactions and experiences with us. For example, this may include information about your account history. Your choice to limit marketing offers from our affiliates will apply for at least 5 years from when you Opt Out. Once that period expires, we may send you a renewal Notice. That renewal Notice will allow you to continue to limit marketing offers from our affiliates for at least another 5 years. If you have already provided an Opt Out, you do not need to Opt Out again until you receive a renewal Notice. If you hold a policy or account jointly with someone else, your Opt Out elections will apply to everyone on the account. When you are no longer our customer, we will continue to share your data as described in this Notice (subject to your Opt Out, if applicable). However, you may contact us at any time to elect to Opt Out.

To Opt Out: To limit our sharing of data with affiliates for marketing by affiliates as described above, you may:

- Call us at **877-257-4690** and our menu will prompt you through your choice(s), or
- Visit us online at **www.transamerica.com/optout**

Your Right of Access and Correction: You may have a right of access and correction with respect to data we collect. To exercise these rights, please list the account or policy numbers with the data you are requesting to access. If you tell us of an error in the data, we will review it. If we agree, we will correct our records. If we don't agree, you may dispute our findings in writing and send your statement to us. We will include your statement whenever we provide your disputed information to anyone outside Transamerica. This is a summary of your rights. For a copy of our more detailed Notice of Insurance Information Practices as applicable to your product or service, please send a written request to 6400 C St. SW, Cedar Rapids, IA 52499-0001.

Protecting Your Data: We maintain appropriate controls to limit access to data to persons who need access to it. These persons access your data so that they can do their jobs or provide products and services to you. We train our workforce to properly handle data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

For Vermont Residents only: We will not share data we collect about you with Third Parties, except as permitted by Vermont law or authorized by you. We may still share data about our transactions or experiences with you with our affiliates.

For California Residents only: If you are a California resident, you will receive a separate notice with additional choices.

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the Transamerica companies below. Transamerica companies that are not covered by this notice may make available other applicable notices.

Transamerica Capital, Inc
Transamerica Financial Life Insurance Company

Transamerica Casualty Insurance Company
Transamerica Life Insurance Company

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: 6400 C Street SW, Cedar Rapids, IA 52499
Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219
Telephone: 1-888-763-7474
Email Address: TEBcustresp@Transamerica.com
www.transamerica.com

TITLE PAGE (POLICY COVER PAGE)

Policyholder: NC DEPARTMENT OF PUBLIC SAFETY
Address: 2020 YONKERS ROAD
RALEIGH NC 27699
Policy Number: IL00086918
Policy Effective Date: MARCH 1 2025
Policy Anniversary Date: MARCH 1
Premium Rate Guarantee Date: MARCH 1 2026
Governing Jurisdiction: NC

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Group Master Policy ("Policy"), subject to all terms, conditions, and limitations, in consideration of:

1. The Policyholder Application, a copy of which is attached to and made a part of this Policy; and
2. The payment of the first premium.

By our acceptance of the first premium paid by the Policyholder and by the Policyholder's receipt of this Policy, the Policyholder agrees:

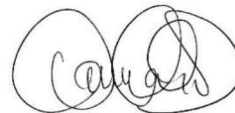
1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is a legal contract between the Policyholder and us. **Read This Policy Carefully.** This Policy is subject to the laws of the governing jurisdiction in which it is issued. This is not a policy of workers' compensation insurance.

This Policy is signed for the Company at our Home Office to take effect on the Policy Effective Date.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

Group Master Policy for Interest Sensitive Whole Life Insurance

Fixed Premiums Payable During the Life of the Insured to the Maturity Date (Age 120)
Life Insurance Proceeds Payable at Death of Insured Prior to the Maturity Date (Age 120)
Life Insurance Proceeds and Accumulation Value May Vary
Cash Surrender Value, if any, Payable at the Maturity Date (Age 120)
Nonparticipating - No Annual Dividends

See next page for important state notices.

TITLE PAGE (POLICY COVER PAGE) – Continued

Florida Policyholders: QUESTIONS OR COMPLAINTS TELEPHONE NUMBER: If an Insured has any questions concerning the benefits available under this Certificate or needs to express a complaint, they may contact us at our toll-free Customer Service telephone number, 1-888-763-7474.

Premium Rates May Change on Any Premium Due Date After the First Premium Payment

Oklahoma Policyholders: NOTICE: If the Master Policy is issued in a state other than Oklahoma, then the Certificates delivered in Oklahoma in conjunction with such Policy are subject to the terms and conditions of the Certificates and not the Policy.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Utah Policyholders:

This Group Master Policy is subject to the laws of the governing jurisdiction in which it is delivered.

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ELIGIBILITY

Employee or Member Eligibility – To be eligible for coverage under the Policy, an employee or member must:

1. Be at least 18 years old and under the age of 70;
2. Meet the eligibility requirements listed on the Policyholder Application;
3. Be in Active Service; and
4. Provide satisfactory evidence of insurability to us, if required.

Dependent Eligibility – To be eligible under the Policy a Dependent must:

1. Meet the definition of a Spouse, Other Adult Dependent, or Child;
2. Not be: (a) hospitalized; (b) confined at home under a physician's care; or (c) receiving or applying to receive disability benefits from any source;
3. Not be eligible as an employee or member under the Policy; and
4. Provide satisfactory evidence of insurability to us, if required.

If an Insured and his or her Spouse/Other Adult Dependent are both eligible as an employee or member, the Children may be insured as a Child of either Insured, but not both.

Evidence of Insurability – We may ask for evidence of insurability when:

1. Applying for coverage more than 31 days after becoming eligible for coverage;
2. Applying for an amount of life insurance that exceeds the guaranteed issue limit, if applicable;
3. Applying for an increase in coverage; or
4. Applying for reinstatement of coverage after such coverage has terminated.

PREMIUMS

Premium Calculation and Due Dates – The premium due will be the sum of the premiums applicable for all Insureds. The Policyholder must pay the premiums to us at our administrative office. The premiums are due and payable to us in advance by the Policyholder on each premium due date. The first premium due date is the Policy Effective Date.

Grace Period – A Grace Period of 31 days (60 days for **Georgia, and Tennessee Policyholders**) (61 days for **District of Columbia Policyholders**) will be allowed for each premium payment after the first premium. Coverage will stay in force during the Grace Period. This Policy will terminate the day after the Grace Period ends if the premium due has not been paid in full. The Policyholder must still pay us all premiums due through the termination date, including the premium due for the time the Policy was in force during the Grace Period.

Premium Rate Guarantee – The premium rates are guaranteed until the Premium Rate Guarantee Date and are subject to the Change in Premium Rates provision.

Change in Premium Rates – We have the right to change the premium rates effective as of any premium due date after the Premium Rate Guarantee Date shown on the Policy cover page. If the rates are changed, we will give the Policyholder at least a 60-day advance written notice.

Louisiana, Maryland, and Montana Policyholders: We will not change the premiums more frequently than once in a 12-month period.

GENERAL PROVISIONS

Clerical Error – A clerical error will not invalidate insurance otherwise in force, nor continue or make insurance otherwise not validly in force.

Conformity With State and Federal Laws – Any provision of the Policy or the Certificate that conflicts with the requirements of any state or federal law of the governing jurisdiction is hereby changed to meet the minimum standards of such laws.

Alaska, Missouri, and Nebraska Policyholders: **Policyholders:** Any provision of the Policy or Certificate that conflict with the law of the state in which the Covered Person resides is hereby automatically changed to meet the minimum standards of such laws.

Montana Policyholders: **Conformity With Montana Laws** – The provisions of the Policy or Certificate that conform to the minimum requirements of Montana law and control over any conflicting statutes of any state in which the Covered Person resides on or after the Effective Date.

Entire Contract – The entire contract consists of: this Policy; Policyholder Application; the Certificate Provisions; and any attached Amendments, Endorsements, or Riders.

Indiana Policyholders: Any individual applications of the persons insured are added to documents that constitute the entire contract. A copy of the Policyholder Application shall be attached to the Policy when issued.

Montana Policyholders: This Policy; Policyholder Application; the Certificates; and any attached Amendments, Endorsements, Riders; and Insureds' Applications constitutes the entire contract of insurance. No change in this Policy will be valid until approved by us, and unless such approval is endorsed or attached thereto.

New Insureds – The Policyholder may add or remove Insureds from coverage under this Policy from time to time to add newly eligible persons or remove ineligible persons in accordance with the terms of this Policy.

Non-Participating – No Dividends Payable - This is non-participating insurance. Neither the Policyholder nor any Insured participates in our profits or surplus.

Purchase of Recordkeeping Services – If You have already purchased or elect to purchase recordkeeping services from Us or one of Our affiliates, which may include the purchase of a group annuity contract issued by Us in conjunction with such recordkeeping services, then We or Our affiliates may reduce the recordkeeping fee or related fees otherwise payable to Us and/or Our affiliates.

Recordkeeping services are required services of a retirement plan and may include but are not limited to services such as tracking participant balances and transactions, call center support, website support and loan services. Any potential recordkeeping fee reductions would be determined based on factors including, but not limited to: client management cost savings, marketing savings, number of eligible employees, products offered, and goodwill.

Right to Contest - Incontestability - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy or any Certificate or Rider after it has been in force for two years from its Effective Date. Any such statement must be in a signed form. All statements made are considered representations and not warranties. No such statement will be used in any contest, unless such statement is in writing and a copy has been furnished to the Policyholder or its representative.

Colorado, District of Columbia, Georgia, Indiana, Kentucky, Louisiana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, South Carolina, Utah, and Wisconsin Policyholders: We will not use any statement to void or reduce benefits under this Policy or any Certificate or Rider after it has been in force for two years from its Effective Date. Any such statement must be in a signed form. All statements made are considered representations and not warranties. No such statement will be used in any contest, unless such statement is in writing and a copy has been furnished to the Policyholder or its representative.

Idaho residents: Except for nonpayment of premium, we will not use any statement to void or reduce benefits under this Certificate after it has been in force during the Insured's lifetime for two years from the date coverage is issued. Any such statement would have to be in a signed form. This also applies to all Riders. For any increase in the Face Amount, our two year right to contest starts anew, but will only apply to the amount of the increase.

Maryland Policyholders: No statement made by any person insured under the Policy relating to that person's insurability will be used in contesting the validity of the insurance after such insurance has been in force for two years during such persons lifetime from its date of issue. Any such statement would have to be in a form signed by the Insured. This also applies to all Riders. All statements made are considered

representations and not warranties. No such statement will be used in any contest, unless such statement is in writing and a copy has been furnished to the Policyholder or its representative.

Minnesota Policyholders: This contract is incontestable after it has been in force for two years from its Effective Date, except for nonpayment of premiums. All statements are considered representations and not warranties. No statement will be used in any contest, unless such statement is in writing and a copy has been furnished to the Policyholder or its representative.

Montana Policyholders: The validity of the Policy or any Certificate or Rider may not be contested, except for nonpayment of premium, after it has been in force for two years from its Effective Date. All statements are considered representations and not warranties. No such statement will be used in any contest, unless such statement is in writing and a copy has been furnished to the Policyholder, the Owner, or his or her representative.

Tennessee Policyholders: The validity of the contract will not be contested, except for nonpayment of premium, after it has been in force for two years from the Effective Date. We will not use any statement made by the Insured relating to his or her insurability or the insurability of his or her Dependents, in contesting the validity of the contract, to void or reduce benefits, unless such statement is in a signed form and a copy of such statement has been furnished to the Policyholder or its representative. All statements are considered representations and not warranties.

For any increase in coverage, our two year right to contest starts anew, but only as it applies to the amount of the increase.

Time Effective – For any dates in this Policy, the effective time will be 12:01 a.m. at the Policyholder's main place of business.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

This contract between you and us consists of the provisions that appear in this Policy and the Certificate, including any Amendments, Endorsements, or Riders, that describe the insurance made available to the Insureds under this Policy.

POLICYHOLDER PROVISIONS

Duties – The Policyholder's primary duties include the following:

1. Give us any and all information necessary for the enrollment and determination of eligibility for all persons applying for coverage under this Policy, including Dependents, if applicable.
2. Maintain records pertaining to the insurance of the Insureds as we may reasonably require while this Policy is in force and for two years after this Policy terminates, and allow us the opportunity to examine these records at any reasonable time during normal business hours.
3. Pay premiums to us by the premium due date.
4. Cooperate with us in delivering Certificates, disclosures and notices regarding this coverage to Insureds under the Policy.

Certificates - A Certificate will be issued for delivery to each Insured. The Certificate will describe the benefits, terms, limitations and other essential features of the Policy. If more than one Certificate is issued to an Insured under this Policy, only the last one issued will be in effect.

Inspection of Policy – The Policyholder must make this Policy available for inspection by the Insureds at all reasonable times during normal business hours.

Notice of Right to Continue Coverage – The Policyholder is required to give each Insured a notice of the right to continue coverage after an Insured ceases to be eligible for coverage under this Policy. Details are set forth in the Conversion Option or Portability Option of the Certificate.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, the Policyholder acts as an agent of the Insured. The Policyholder does not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

POLICY CHANGES AND TERMINATION

Who May Change This Policy – The terms of this Policy may be changed at any time by written agreement between the Policyholder and us. The insurance provided by this Policy can be changed or terminated without the consent of or prior notice to any Insured. Any changes to the terms of this Policy can only be made by the addition of an Amendment, Endorsement or Rider signed by an executive officer of the Company. No agent has the authority to change or waive any terms of this Policy. All changes are subject to the laws of the governing jurisdiction.

Utah Policyholders: If this Policy is terminated, the Insureds must receive a 31-day advance written notice.

When Policy Changes Are Effective – Unless the Policyholder and the Company agree otherwise in writing, the Effective Date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date we send notice to the Policyholder of the change in benefits and any corresponding change in premiums.

Termination – This Policy will end on the earliest of the following events:

1. If the Policyholder submits an advance written request to us to terminate this Policy, this Policy will terminate on the date specified in that request.
2. If we give a 60-day advance written notice to the Policyholder that we intend to terminate this Policy, this Policy will terminate on the date specified in that notice.
3. If any premium payable by the Policyholder is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period.
4. If the Policyholder (a) fails to comply with any terms of this Policy or the Policyholder Application; (b) fails to fulfill any obligations or duties under or pertaining to this insurance; or (c) fails to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance; this Policy will terminate on the 32nd day (61st day for **Nevada Policyholders**) after we have given the Policyholder written notice of our intent to terminate.

Termination of an Insured's coverage prior to the date the Policy terminates will be governed by the Certificate Termination Date provision of the Certificate. The Policyholder is required to notify us of any such termination.

Conversion upon Termination of Policy or a Class of Insureds – If this Policy terminates or is amended so as to terminate the insurance of any class of insured persons, every person insured under the Policy at that time is entitled to exercise the Conversion Option or Portability Option of the Certificate.

Minimum Participation Requirement – The Policyholder must maintain the participation levels described in the Policyholder Application. If participation falls below the minimum participation limit, we have the right to cancel this Policy.

DEFINITIONS

Terms important to understanding the Policy are defined in the Definitions section of the Certificate, which is a part of this Policy. Refer to the Certificate for the definition of any term capitalized in this Policy.

CONTRACT DATA PAGES (WHO PAYS WHAT)

POLICYHOLDER: NC DEPARTMENT OF PUBLIC SAFETY

GOVERNING JURISDICTION: NC

INSURED: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

CERTIFICATE NUMBER: XXXXXXXXX

FACE AMOUNT: \$XXX,XXX

PREMIUM PAYMENT: \$XXX.XX Monthly

INSURED ISSUE AGE: XX

PAYABLE TO: AGE 120

CERTIFICATE EFFECTIVE DATE: XXXXXXXXXXXX

OWNER: XXXXXXXXXX

CLASS OF RISK: XXXXXXXXXX

MATURITY DATE: XXXXXXXXXX

Please note that coverage may expire before the Maturity Date if Premiums are not paid when due.

The Monthly Premium includes the Premiums for any riders.

GUARANTEED CERTIFICATE FEE: \$5.00 Per Month

GUARANTEED MAXIMUM MONTHLY ADMINISTRATIVE FEE: \$X.XX Per \$1,000 of Face Amount
(Years 1-5) and \$X.XXX (Years 6+)

GUARANTEED MINIMUM INTEREST RATE FOR ACCUMULATION VALUE: 3.75% For Any One Year

Please refer to the Cost of Insurance (COI) provision for a description of how the COI is calculated. The Table of Guaranteed Monthly Cost of Insurance Rates is located in the tables section of the Contract Data Pages.

REINSTATEMENT PREMIUM: 6.00% All Past Due Premiums Plus Interest of
Per Contract Year, Compounded Annually

ACCUMULATION VALUE UPON REINSTATEMENT: 3.75% Current Interest Crediting Rate

INTEREST RATE ON ACCUMULATION VALUE
SECURING LOANS: 3.75% Effective Annual Interest Rate

MINIMUM LOAN AMOUNT*: \$250
**not applicable in IN, NJ & TN*

LOAN INTEREST RATE: 6.25% (5.88% in advance)

CONTRACT DATA PAGES (Continued)
SCHEDULE OF ADDITIONAL BENEFIT RIDERS

The Guaranteed Monthly Charge from the Accumulation Value for any additional benefits which are provided by Rider is shown below. Only a brief description is given. The complete provisions are included in the Rider.

<u>SCHEDULE OF ADDITIONAL RIDERS AND BENEFITS</u>	<u>MONTHLY CHARGE</u>
WAIVER OF PREMIUM FOR LAYOFF OR STRIKE RIDER Waiver Amount: \$XX.XX	\$ X.XX
ACCELERATED DEATH BENEFIT FOR TERMINAL CONDITION RIDER Maximum Benefit: lesser of (a) \$150,000 or (b) 75% of the applicable Death Benefit. Administrative Expense Charge: \$100	\$ X.XX

CONTRACT DATA PAGES (Continued)

Current cost of insurance rates, Certificate Fees, administrative fees, expense charges, rider charges and interest rates are not guaranteed, nor are they estimates or promises for the future.

Maryland residents: Current charges will never exceed the Guaranteed Charges.

Please refer to the Nonforfeiture Options for a description of how the Surrender Charge is calculated. Surrender Charges are computed separately for the original Face Amount and each increase in Face Amount and then combined. The Table of Surrender Charge Factors is located in the tables section of the Contract Data Pages. Please use the Surrender Charge Base for the class of risk and Issue Age of the Insured on the Effective Date of coverage, and the Contract Year percentage from the Effective Date of coverage from the Table of Surrender Charge Factors to determine the applicable Surrender Charge in any given year.

The interest rate applicable to the Accumulation Value securing any Loan(s) may differ from the interest rate applicable to the Accumulation Value not securing the Loan(s).

The following tables are included in the tables section of the Contract Data Pages:

- Table of Guaranteed Contract Values
- Table of Surrender Charge Base Factors
- Table of Surrender Charge Factors
- Table of Guaranteed Monthly Cost of Insurance Rates
- Table of Death Benefit Factors
- Table of Maximum Net Single Premiums (NSP) For Paid Up Life Insurance

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED CONTRACT VALUES

END OF CONTRACT YEAR	AGE OF INSURED	GUARANTEED CASH VALUE	EXTENDED TERM INSURANCE		PAID-UP INSURANCE
			YEARS	DAYS	
1	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
2	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
3	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
4	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
5	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
6	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
7	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
8	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
9	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
10	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
11	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
12	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
13	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
14	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
15	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
16	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
17	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
18	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
19	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
20	XX	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
	@55	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
	@60	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX
	@65	\$XXX,XXX.XX	XX	XX	\$XXX,XXX.XX

These values are as of the end of the Contract Year shown. They assume that all Premiums due have been paid to the end of the Contract Year shown and there is no Loan balance outstanding.

Guaranteed Cash Values, Paid Up Life Insurance benefits and Extended Term Insurance benefits are based on the 2017 CSO gender blended (100% male), age last birthday, ultimate, XXXXXXXX mortality tables and 3.75% annual interest.

CONTRACT DATA PAGES (Continued)

TABLE OF SURRENDER CHARGE BASE FACTORS
SURRENDER CHARGE (SC) BASE PER \$1,000 FACE AMOUNT

XXXXXXXXXX			
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	XX.XX	36	XX.XX
1	XX.XX	37	XX.XX
2	XX.XX	38	XX.XX
3	XX.XX	39	XX.XX
4	XX.XX	40	XX.XX
5	XX.XX	41	XX.XX
6	XX.XX	42	XX.XX
7	XX.XX	43	XX.XX
8	XX.XX	44	XX.XX
9	XX.XX	45	XX.XX
10	XX.XX	46	XX.XX
11	XX.XX	47	XX.XX
12	XX.XX	48	XX.XX
13	XX.XX	49	XX.XX
14	XX.XX	50	XX.XX
15	XX.XX	51	XX.XX
16	XX.XX	52	XX.XX
17	XX.XX	53	XX.XX
18	XX.XX	54	XX.XX
19	XX.XX	55	XX.XX
20	XX.XX	56	XX.XX
21	XX.XX	57	XX.XX
22	XX.XX	58	XX.XX
23	XX.XX	59	XX.XX
24	XX.XX	60	XX.XX
25	XX.XX	61	XX.XX
26	XX.XX	62	XX.XX
27	XX.XX	63	XX.XX
28	XX.XX	64	XX.XX
29	XX.XX	65	XX.XX
30	XX.XX	66	XX.XX
31	XX.XX	67	XX.XX
32	XX.XX	68	XX.XX
33	XX.XX	69	XX.XX
34	XX.XX	70	XX.XX
35	XX.XX		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

**TABLE OF SURRENDER CHARGE FACTORS
CONTRACT YEAR PERCENTAGES**

CONTRACT YEAR	PERCENTAGE
1	100%
2	95%
3	90%
4	85%
5	80%
6	75%
7	70%
8	65%
9	60%
10	55%
11	50%
12	45%
13	40%
14	35%
15	30%
16	25%
17	20%
18	15%
19	10%
20+	0%

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES

PER \$1,000*
XXXXXXXXXXXXXX

INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE	INSURED'S ATTAINED AGE	MONTHLY COST OF INSURANCE
0	XX.XXXXX	41	XX.XXXXX	82	XX.XXXXX
1	XX.XXXXX	42	XX.XXXXX	83	XX.XXXXX
2	XX.XXXXX	43	XX.XXXXX	84	XX.XXXXX
3	XX.XXXXX	44	XX.XXXXX	85	XX.XXXXX
4	XX.XXXXX	45	XX.XXXXX	86	XX.XXXXX
5	XX.XXXXX	46	XX.XXXXX	87	XX.XXXXX
6	XX.XXXXX	47	XX.XXXXX	88	XX.XXXXX
7	XX.XXXXX	48	XX.XXXXX	89	XX.XXXXX
8	XX.XXXXX	49	XX.XXXXX	90	XX.XXXXX
9	XX.XXXXX	50	XX.XXXXX	91	XX.XXXXX
10	XX.XXXXX	51	XX.XXXXX	92	XX.XXXXX
11	XX.XXXXX	52	XX.XXXXX	93	XX.XXXXX
12	XX.XXXXX	53	XX.XXXXX	94	XX.XXXXX
13	XX.XXXXX	54	XX.XXXXX	95	XX.XXXXX
14	XX.XXXXX	55	XX.XXXXX	96	XX.XXXXX
15	XX.XXXXX	56	XX.XXXXX	97	XX.XXXXX
16	XX.XXXXX	57	XX.XXXXX	98	XX.XXXXX
17	XX.XXXXX	58	XX.XXXXX	99	XX.XXXXX
18	XX.XXXXX	59	XX.XXXXX	100	XX.XXXXX
19	XX.XXXXX	60	XX.XXXXX	101	XX.XXXXX
20	XX.XXXXX	61	XX.XXXXX	102	XX.XXXXX
21	XX.XXXXX	62	XX.XXXXX	103	XX.XXXXX
22	XX.XXXXX	63	XX.XXXXX	104	XX.XXXXX
23	XX.XXXXX	64	XX.XXXXX	105	XX.XXXXX
24	XX.XXXXX	65	XX.XXXXX	106	XX.XXXXX
25	XX.XXXXX	66	XX.XXXXX	107	XX.XXXXX
26	XX.XXXXX	67	XX.XXXXX	108	XX.XXXXX
27	XX.XXXXX	68	XX.XXXXX	109	XX.XXXXX
28	XX.XXXXX	69	XX.XXXXX	110	XX.XXXXX
29	XX.XXXXX	70	XX.XXXXX	111	XX.XXXXX
30	XX.XXXXX	71	XX.XXXXX	112	XX.XXXXX
31	XX.XXXXX	72	XX.XXXXX	113	XX.XXXXX
32	XX.XXXXX	73	XX.XXXXX	114	XX.XXXXX
33	XX.XXXXX	74	XX.XXXXX	115	XX.XXXXX
34	XX.XXXXX	75	XX.XXXXX	116	XX.XXXXX
35	XX.XXXXX	76	XX.XXXXX	117	XX.XXXXX
36	XX.XXXXX	77	XX.XXXXX	118	XX.XXXXX
37	XX.XXXXX	78	XX.XXXXX	119	XX.XXXXX
38	XX.XXXXX	79	XX.XXXXX	120	XX.XXXXX
39	XX.XXXXX	80	XX.XXXXX		
40	XX.XXXXX	81	XX.XXXXX		

N/A = NOT APPLICABLE.

* TO DETERMINE THE AMOUNT OF THE MONTHLY COI DURING EACH CONTRACT YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS
XXXXXXXXXXXXX

INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR	INSURED'S ATTAINED AGE	FACTOR
0	X.XX	41	X.XX	82	X.XX
1	X.XX	42	X.XX	83	X.XX
2	X.XX	43	X.XX	84	X.XX
3	X.XX	44	X.XX	85	X.XX
4	X.XX	45	X.XX	86	X.XX
5	X.XX	46	X.XX	87	X.XX
6	X.XX	47	X.XX	88	X.XX
7	X.XX	48	X.XX	89	X.XX
8	X.XX	49	X.XX	90	X.XX
9	X.XX	50	X.XX	91	X.XX
10	X.XX	51	X.XX	92	X.XX
11	X.XX	52	X.XX	93	X.XX
12	X.XX	53	X.XX	94	X.XX
13	X.XX	54	X.XX	95	X.XX
14	X.XX	55	X.XX	96	X.XX
15	X.XX	56	X.XX	97	X.XX
16	X.XX	57	X.XX	98	X.XX
17	X.XX	58	X.XX	99	X.XX
18	X.XX	59	X.XX	100	X.XX
19	X.XX	60	X.XX	101	X.XX
20	X.XX	61	X.XX	102	X.XX
21	X.XX	62	X.XX	103	X.XX
22	X.XX	63	X.XX	104	X.XX
23	X.XX	64	X.XX	105	X.XX
24	X.XX	65	X.XX	106	X.XX
25	X.XX	66	X.XX	107	X.XX
26	X.XX	67	X.XX	108	X.XX
27	X.XX	68	X.XX	109	X.XX
28	X.XX	69	X.XX	110	X.XX
29	X.XX	70	X.XX	111	X.XX
30	X.XX	71	X.XX	112	X.XX
31	X.XX	72	X.XX	113	X.XX
32	X.XX	73	X.XX	114	X.XX
33	X.XX	74	X.XX	115	X.XX
34	X.XX	75	X.XX	116	X.XX
35	X.XX	76	X.XX	117	X.XX
36	X.XX	77	X.XX	118	X.XX
37	X.XX	78	X.XX	119	X.XX
38	X.XX	79	X.XX	120	X.XX
39	X.XX	80	X.XX		
40	X.XX	81	X.XX		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

**TABLE OF MAXIMUM NET SINGLE PREMIUMS (NSP) FOR PAID UP LIFE INSURANCE
PER \$1,000 FACE AMOUNT
XXXXXXXXXXXXX**

INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000	INSURED'S ATTAINED AGE	NSP PER \$1,000
0	X,XXX.XX	41	X,XXX.XX	82	X,XXX.XX
1	X,XXX.XX	42	X,XXX.XX	83	X,XXX.XX
2	X,XXX.XX	43	X,XXX.XX	84	X,XXX.XX
3	X,XXX.XX	44	X,XXX.XX	85	X,XXX.XX
4	X,XXX.XX	45	X,XXX.XX	86	X,XXX.XX
5	X,XXX.XX	46	X,XXX.XX	87	X,XXX.XX
6	X,XXX.XX	47	X,XXX.XX	88	X,XXX.XX
7	X,XXX.XX	48	X,XXX.XX	89	X,XXX.XX
8	X,XXX.XX	49	X,XXX.XX	90	X,XXX.XX
9	X,XXX.XX	50	X,XXX.XX	91	X,XXX.XX
10	X,XXX.XX	51	X,XXX.XX	92	X,XXX.XX
11	X,XXX.XX	52	X,XXX.XX	93	X,XXX.XX
12	X,XXX.XX	53	X,XXX.XX	94	X,XXX.XX
13	X,XXX.XX	54	X,XXX.XX	95	X,XXX.XX
14	X,XXX.XX	55	X,XXX.XX	96	X,XXX.XX
15	X,XXX.XX	56	X,XXX.XX	97	X,XXX.XX
16	X,XXX.XX	57	X,XXX.XX	98	X,XXX.XX
17	X,XXX.XX	58	X,XXX.XX	99	X,XXX.XX
18	X,XXX.XX	59	X,XXX.XX	100	X,XXX.XX
19	X,XXX.XX	60	X,XXX.XX	101	X,XXX.XX
20	X,XXX.XX	61	X,XXX.XX	102	X,XXX.XX
21	X,XXX.XX	62	X,XXX.XX	103	X,XXX.XX
22	X,XXX.XX	63	X,XXX.XX	104	X,XXX.XX
23	X,XXX.XX	64	X,XXX.XX	105	X,XXX.XX
24	X,XXX.XX	65	X,XXX.XX	106	X,XXX.XX
25	X,XXX.XX	66	X,XXX.XX	107	X,XXX.XX
26	X,XXX.XX	67	X,XXX.XX	108	X,XXX.XX
27	X,XXX.XX	68	X,XXX.XX	109	X,XXX.XX
28	X,XXX.XX	69	X,XXX.XX	110	X,XXX.XX
29	X,XXX.XX	70	X,XXX.XX	111	X,XXX.XX
30	X,XXX.XX	71	X,XXX.XX	112	X,XXX.XX
31	X,XXX.XX	72	X,XXX.XX	113	X,XXX.XX
32	X,XXX.XX	73	X,XXX.XX	114	X,XXX.XX
33	X,XXX.XX	74	X,XXX.XX	115	X,XXX.XX
34	X,XXX.XX	75	X,XXX.XX	116	X,XXX.XX
35	X,XXX.XX	76	X,XXX.XX	117	X,XXX.XX
36	X,XXX.XX	77	X,XXX.XX	118	X,XXX.XX
37	X,XXX.XX	78	X,XXX.XX	119	X,XXX.XX
38	X,XXX.XX	79	X,XXX.XX	120	X,XXX.XX
39	X,XXX.XX	80	X,XXX.XX		
40	X,XXX.XX	81	X,XXX.XX		

N/A = NOT APPLICABLE.