

0019703510

Ronnell E Johnson 136967
7466 Ahern Court
Saint Louis MO 63130

ENDORSEMENT/AMENDMENT SIGNATURE REQUIRED

Sponsored By:
American-Amicable Life
Insurance Company of Texas
425 Austin Ave.
Waco, TX 76701

Ken Brown
5963 Waterman
Saint Louis MO 63113

START SAVING TODAY!

To help you and your family manage your health care costs, we offer you the ScriptSave® Prescription Savings Card. The card provides instant savings at the register on brand name and generic prescriptions for the entire family - including pets. There are no limits on how many times you may use the card, it never expires. Your card is active now and ready to be used right away.

IT'S COMPLIMENTARY.

No enrollment or membership fees.

EASY-TO-USE.

Simply present this savings card at any participating pharmacy when filling or refilling a prescription.

REAL SAVINGS.

With the Best Price Advantage, you will always pay the lowest available price for medications. Seniors can save on prescriptions that are excluded from Medicare Part D.

SAVE ON OTHER SERVICES TOO.

Enjoy discounts on a variety of other services. To find out which services are available, visit scriptsave.com and log in with the group number shown on your card.

American-Amicable Life
Insurance Company of Texas



Ken Brown
ID # 1100019703510
Group # 442A

If any agent or representative of another company suggests that you **cash in** or **discontinue** paying premiums on your **Life Insurance Policy**, please let me know **IMMEDIATELY!**

Should a replacement attempt be made, **call me right away:**

Ronnell E Johnson @ 314-495-4073
American-Amicable Life Ins. Co. of Texas
1-800-736-7311, Prompt 1,1,2

There are many reasons a replacement may **NOT** be in your best interest and you need to have **ALL** the facts.

We suggest that you **keep** this Notice **with your policy** for future reference.

Thank you for choosing **American-Amicable Life Insurance Company of Texas**. I am pleased to have you as a policyholder and we are here to serve you.

American-Amicable Life Insurance Company of Texas

P.O. Box 2549 / Waco, Texas 76702-2549
254-297-2777 / 1-800-736-7311

Visit us at www.americanamicable.com
E-mail address pos@americanamicable.com

Dear Policy Owner:

The policy you recently applied for is now enclosed and we wish to congratulate you on being able to secure one of the very best insurance contracts issued by any company. By the acquisition of this contract, you have added a definite sum to your estate, which cannot be taken away from you so long as your premium payments are regularly made. In accepting these payments, the American-Amicable Life Insurance Company of Texas, your company, becomes the guardian of your insurance interests -- a trust which we assure you the Company will always endeavor to merit.

We stand ready at all times to render any service we are able to give and shall be glad to hear from you concerning any matter affecting your insurance. We want you to know and feel that you, as one of our policy owners, are a part of the Company and that we each have a common interest -- the Protection of your Dependents and future Security for YOURSELF.

You can check key information about your policy by visiting our web site, www.americanamicable.com. The site enables you to contact us by e-mail and offers general information about our company which may be useful when requesting forms or updating your policy.

We keep the information you provide confidential, and use it ourselves only in connection with matters involving your insurance and the services we provide. By "ourselves", we mean only employees of the company and insurance agents contracted with us. We do not release any non-public information about you to any non-affiliated third parties.

This includes any and all information you provide when applying for a policy. That information is not disclosed to anyone other than those authorized by you in your application, and then only to the extent necessary for underwriting and issuing your policy. All of that information is kept confidential with physical, electronic and procedural safeguards. In addition, when you are using our web site, you can do so with confidence that we do not track your use of it in any way, or collect any information that you do not intentionally send to us.

We appreciate this opportunity to serve your insurance needs.

Sincerely Yours,



Joe Dunlap
President

P.S. If this policy has been delivered to you by mail, please sign and return the enclosed policy receipt. A self-addressed envelope is enclosed for your convenience.



**INDUSTRIELLE
ALLIANCE**

ASSURANCE ET
SERVICES FINANCIERS INC.

**INDUSTRIAL
ALLIANCE**

INSURANCE AND
FINANCIAL SERVICES INC

PRIVACY POLICY FOR THE INDUSTRIAL ALLIANCE GROUP-US OPERATIONS

The Industrial Alliance Group-U.S. Operations is composed of Industrial Alliance Insurance and Financial Services Inc.'s U.S. Branch and Industrial Alliance Insurance and Financial Services Inc.'s subsidiaries, including but not limited to IA American Life Insurance Company, American-Amicable Life Insurance Company of Texas, Occidental Life Insurance Company of North Carolina, Pioneer American Insurance Company, Pioneer Security Life Insurance Company and Industrial Alliance Portfolio Management (U.S.) LLC ("we/us"). Together, we are committed to protecting our clients', employees' and representatives' ("you/your") privacy, and to ensuring the confidentiality of the personal information provided to us in the course of our business.

Our Privacy Policy sets out our standards for collecting, using, disclosing and storing your personal information. Our Privacy Policy also explains how we safeguard your personal information and your right to access that information.

PERSONAL INFORMATION: Personal Information is any information about an individual that identifies him or her, such as financial, lifestyle or health information, but not their name, title or business address, telephone or email.

Personal information has to be protected regardless of its characteristics or its form, whether written, graphic, audio, visual, computerized or any other form.

PURPOSE OF INFORMATION COLLECTION: Collecting information about you is necessary in order for us to provide you with high quality services. The nature and sensitivity of the information we collect about you varies according to the services we provide you and to legal requirements imposed on us (such as your social security number, where investment income is generated by a chosen product).

The purposes for which we collect personal information about you are identified at or before the time of collection. For example, information may be collected while submitting an application or a claim.

Purposes for collecting information generally include; providing products or services requested, confirming your identity, protecting against fraud, or dealing with matters concerning the relationship between us.

Any questions and concerns you may have regarding the purposes for collecting information may be directed to us at the address provided below.

CONSENT: When we collect personal information from you, we obtain your consent to use the information for the purposes collected. We will obtain your consent for any additional use or collection, or if the purpose of using the information is changed.

We generally seek your express written consent in order to collect, use or disclose personal information. Where appropriate, for less sensitive information, we may accept your verbal consent. Occasionally, we may imply consent where we can infer consent from your action or inaction.

Consent must be given by you or your authorized representative such as an attorney, legal guardian or a person having power of attorney.

You may withdraw your consent at any time, subject to legal or contractual restrictions (for example, your right to withdraw consent is necessarily limited where we need information to extend a loan against the value of a policy issued by us). We will inform you of the consequences of such withdrawal, including the possibility that we may not be able to provide a product or process a request. If you choose not to consent, we will record the decision in our file.

In limited circumstances, we have the right (or obligation) to collect, use or disclose personal information without your knowledge and consent. This occurs when legal, medical, or security reasons may make it impossible or impractical to seek consent. When information is being collected for the investigation of a potential breach of contract, possible money laundering, the prevention or detection of fraud, or for law enforcement purposes, seeking consent might defeat the purpose of the information collection. Similarly, seeking consent may be impossible or inappropriate when you are a minor, seriously ill or otherwise incapacitated.

LIMITS TO COLLECTION, USE AND DISCLOSURE: We limit the collection of your personal information to what we need in relation to the purposes identified to you.

We collect the information directly from you unless you allow us to collect information from a third party or in accordance with the law.

We limit the use of your personal information to the purposes we have identified to you. This means that we cannot use your personal information for other purposes without your consent, except as permitted or required by law.

We cannot disclose your personal information to anyone except with your consent or as permitted or required by law.

Your personal information is only accessible to certain authorized persons, and only to the extent necessary to perform their duties.

You have the right to know, on request, to whom the information was disclosed. Only in rare instances are we prevented by law from honoring such a request. We maintain accurate records, recording to whom we disclose personal information and in what circumstances it was disclosed.

We will occasionally share your personal information with service providers or agents to ensure the proper administration of products, or to provide you with the services you require. These

service providers or agents must agree to comply with privacy legislation before receiving any personal information.

Any questions concerning the collection, transfer or use of personal information can be forwarded to the Privacy Officer at the address provided below.

RETENTION: We only retain your personal information for as long as needed for the purpose it was collected. We must destroy this information in accordance with the law and our record retention guidelines. When we destroy your personal information, we make sure that confidentiality is secured and that no unauthorized person can access the information during the destruction process.

CLIENT LIST: The Company does not disclose an individual's personal information to any non-affiliated third party except as authorized by that individual. We may disclose personal information to one of our affiliated companies within the Industrial Alliance Group with the individual's written permission, or to process a transaction, such as a claim, or otherwise as permitted by law. The Company does not sell client lists to third parties.

ACCURACY: We make every possible effort to ensure that your personal information is as accurate and complete as necessary for the purposes it is collected, used, or disclosed.

ACCOUNTABILITY: We are responsible for your personal information in our possession or control, including information that may be transferred by us to third parties for processing. We require such third parties to keep personal information under strict standards of privacy and protection.

We adhere to legislated and self-imposed rules, aimed to safeguard your privacy. The rules are established by this Privacy Policy, the Company's privacy compliance program, the Code of Business Conduct (applicable to directors, officers and employees), and the Compliance Guidelines For Our Producers In Today's Market Place (applicable to agents and brokers) as well as insurance industry guidelines and applicable law.

Our staff is trained on these processes and procedures and is provided with information about privacy laws.

SAFEGUARDS: We have implemented and continue to implement rigorous safeguards so that your personal information remains strictly confidential and is protected against loss or theft, as well as unauthorized access, disclosure, copying, use, or modification.

Protection methods include organizational measures such as requiring security clearances and limiting access to a "need-to-know" basis, physical measures (e.g. building access cards for employees, visitor registration and identification cards, off-site backups and archiving), and technological measures such as the use of password and encryption (e.g. the use of routinely changing passwords, firewalls and segmented operator access).

REQUEST FOR ACCESS TO INFORMATION AND AMENDMENTS: You have the right to be informed whether we hold personal information about you and to see that information. You also have the right to enquire as to how we collected your information, how we used it and to whom it may have been disclosed.

This information will be provided to you within a reasonable time from the date we receive your written request. We may charge a reasonable fee for processing your request.

In certain limited and specific circumstances, we may refuse to provide to you the requested information. Exceptions to your access right can include information that contains references to other individuals, information that cannot be disclosed for legal, security or commercial proprietary reasons, information that has been obtained in the course of an investigation of a potential breach of contract, money laundering or fraud, and information that is subject to attorney-client or litigation privilege.

In cases where we hold medical information about you, we may refuse to provide you with direct access to this information and may instead request that a health care professional be designated to provide the information to you.

You may challenge the accuracy and completeness of your personal information. We will respond to an amendment request within a reasonable time.

Any request for access to information or request for amendment must be sent to the following address:

Privacy Officer

IA American Life Insurance Company
425 Austin Avenue / Waco, Texas 76702

COMPLAINTS AND CONCERNS: Our employees and representatives are trained to respond to your questions or concerns about personal information. Should you be unsatisfied with our employee's or representative's response, you may contact the Privacy Officer at the address mentioned above.

A complaint concerning the protection of personal information should be addressed to the Privacy Officer at the address provided above.

NEW MEXICO RESIDENTS ONLY

CONFIDENTIALITY OF ABUSE INFORMATION: You have the right to be considered a protected person. A "protected person" is a victim of domestic abuse who has notified us that he or she is or has been the victim of domestic abuse and who is either: (1) a present or proposed principal insured or certificate holder; (2) a present or proposed policyowner; (3) a present applicant; (4) a present claimant; (5) one who derives or is proposed to derive insurance coverage under an insurance policy subject to the New Mexico domestic abuse regulations; or (6) an individual or entity that provides shelter, advocacy, counseling or protection to victims of domestic abuse.

Please send your written request for "protected person" status and the confidentiality of abuse information to the address on the preceding page.

LIFE INSURANCE BUYER'S GUIDE

THIS GUIDE CAN SHOW YOU HOW TO SAVE MONEY WHEN YOU SHOP FOR LIFE INSURANCE. IT HELPS YOU TO:

- DECIDE HOW MUCH LIFE INSURANCE YOU SHOULD BUY.
- DECIDE WHAT KIND OF LIFE INSURANCE POLICY YOU NEED, AND
- COMPARE THE COST OF SIMILAR LIFE INSURANCE POLICIES.

Prepared by the
National Association of Insurance Commissioners

Reprinted by:
American-Amicable Life Insurance Company of Texas
P.O. Box 2549
Waco, TX 76702-2549

BUYING LIFE INSURANCE

When you buy life insurance, you want a policy which fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes which are described in this guide. A good life insurance agent or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand which kinds are available. If one kind does not seem to fit your needs, ask about the other kinds which are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance agent or company or books on life insurance in your public library.

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this Guide in making a life insurance purchase.

This Guide Does Not Endorse Any Company or Policy

CHOOSING THE AMOUNT

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. You should think of life insurance as a source of cash needed for expenses of final illnesses, paying taxes, mortgages or other debts. It can also provide income for your family's living expenses, educational costs and other future expenses. Your new policy should come as close as you can afford to making up the difference between (1) what your dependents would have if you were to die now, and (2) what they would actually need.

CHOOSING THE RIGHT KIND

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole life insurance
3. Endowment insurance

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the agent or company if it combines more than one kind of life insurance. The following is a brief description of the three basic kinds:

Term Insurance

Term insurance is death protection for a “term” of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provides the largest immediate death protection for your premium dollar.

Some term insurance policies are “renewable” for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also “convertible”. This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Whole Life Insurance

Whole life insurance gives death protection for as long as you live. The most common type is called “straight life” or “ordinary life” insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term insurance policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums, to begin with, for whole life insurance than for term insurance, whole life insurance policies develop “cash values” which you may have if you stop paying premiums. You can generally either take the cash, or use it to buy some continuing insurance protection. Technically speaking, these values are called “nonforfeiture benefits”. This refers to benefits you do not lose (or “forfeit”) when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money which you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

Endowment Insurance

An endowment insurance policy pays a sum or income to you – the policyholder – if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than for the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

FINDING A LOW COST POLICY

After you have decided which kind of life insurance fits your needs, look for a good buy. Your chances of finding a good buy are better if you use two types of index numbers that have been developed to aid in shopping for life insurance. One is called the “Surrender Cost Index” and the other is the “Net Payment Cost Index”. It will be worth your time to try to understand how these indexes are used, but in any event, use them only for comparing the relative costs of similar policies. **LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.**

What is Cost?

“Cost” is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called “participating” policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called “guaranteed cost” or “non-participating” policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

What Are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance agents and companies.

1. *LIFE INSURANCE SURRENDER COST INDEX* – This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.
2. *LIFE INSURANCE NET PAYMENT COST INDEX* – This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy’s Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a non-participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the non-participating policy will not change.

How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

- (1) Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.
- (2) Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for *all* types of insurance at *all* ages and for *all* amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a “shopper’s guide” tells you that one company’s policy is a good buy for a particular age and amount, you should not assume that all of that company’s policies are equally good buys.
- (3) Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choices should be based on something other than cost.
- (4) In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.

- (5) These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for awhile, in favor of a new one. If such a replacement is suggested, you should ask for information from the company which issued the old policy before you take action.

IMPORTANT THINGS TO REMEMBER – A SUMMARY

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums most closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar competing policies, your chances of finding a relatively good buy will be better than if you do not shop. **REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS.** A good life insurance agent can help you to choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you can make cost comparisons of similar policies.

Don't buy life insurance unless you intend to stick with it. A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the agent or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
WACO, TEXAS

IMPORTANT - PLEASE READ

POLICY NO.: 0019703510

Thank you for your insurance application. After careful consideration, it has been determined that we are unable to provide coverage as applied for. Upon review of your application for insurance, we have found it necessary to take the following action:

COVERAGE IS BEING ISSUED WITH AN AMENDMENT. SHOULD THE ANSWER BE "YES", PLEASE PROVIDE DETAILS AND RETURN WITH THE POLICY TO OUR OFFICE. THIS INFORMATION WAS VERIFIED BY THE PROPOSED INSURED AGE, PLAN AND COVERAGE AMOUNT.

You have the right to obtain the specific reason(s) for this decision by submitting a written request within ninety (90) days of the date this notice was mailed to you. A response to the request for additional information will be furnished within twenty-one (21) days from the date of receipt of such written request.

You have the right to know the specific item(s) of information that support the reason(s) given for this decision and the identity of the source of that information. You also have the right to see and obtain copies of the documents relating to this decision. However, medical record information supplied by a medical care institution or professional shall only be disclosed to a medical professional designated by you in writing. The medical professional you designate to receive the information must be licensed to provide medical care with respect to the condition to which the information relates. Be sure to include the name and address of the medical professional with your written request.

If you ask us to correct, amend or delete any information about you in our files and if we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it.

Underwriting Department

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
WACO, TEXAS

IMPORTANT - PLEASE READ

ENDORSEMENT

ATTACHED TO AND MADE A PART OF POLICY NO.: 0019703510

This endorsement is part of the insurance contract being added to your policy. The endorsement in the policy and this copy should be signed, dated by the owner, and witnessed by the agent. In order to start this valuable insurance coverage, this copy must be completed and returned to the New Business Department.

In consideration of the issuance of this Policy, it is hereby understood and agreed that insurance coverage hereunder has been amended as follows:

THE POLICY IS BEING ISSUED TO SHOW THAT THE ANSWER TO THE QUESTION "DURING THE PAST 12 MONTHS HAVE YOU USED TOBACCO IN ANY FORM (EXCLUDING OCCASIONAL PIPE AND CIGAR USE)?" IS AMENDED TO READ "NO". THE MONTHLY PREMIUM IS \$79.04.

Nothing contained in this Agreement shall be held to vary, alter, waive or extend any of the provisions of this Policy other than expressed herein.

This Agreement and the Policy to which it is attached shall not be effective until it has been signed by the Insured and the Company has received a copy.

SIGNED at the Home Office of the Company as of the Date of Issue.



President

I understand and agree that any insurance granted on this application will include the Endorsement shown above. I agree that this amendment will form a part of the original application and of any policy that may be issued from it, and will be binding on any person who may have or claim any interest under the policy.

Witness

Signature of Applicant

Date

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
P.O. BOX 2549 / WACO, TEXAS 76702-2549

POLICY RECEIPT

POLICY NUMBER: 0019703510

INSURED NAME: KEN BROWN

DEAR POLICYOWNER:

Please sign below and return this receipt to us, or **if you prefer, go to our web site at www.americanamicable.com and click on Customer, then click on Policy Owner Login. You will be able to complete the receipt card there.** While at our web site, also view the other services that we provide regarding your policy.

Thank you.

DATE: _____

SIGNED: _____

If your address has changed, please indicate below:

F=099AAX, P=1100019703510L

Statement of Policy Cost and Benefit Information for Policy #0019703510

Any correspondence regarding this policy summary may be forwarded either to our home office or the agent listed below.

Prepared by

American-Amicable Life Ins. Co. of Texas
 P.O. Box 2549
 Waco, TX 76702-2549

Ronnell E Johnson
 7466 Ahern Court
 Saint Louis MO 63130

Date of Issue: Sep 01, 2016

Statement Preparation Date: Aug 25, 2016

Insured: Ken Brown

Age: 27

Premium Class: Non-Tobacco

Payment Mode: Monthly

Form Number	Basic Benefit	Amount or Units	Maturity or Expiry Date	Premium	Years Payable
AA12-MO-9970	Level Term to Age 95	200,000.00	Sep 01, 2084	891.00	30*
Additional Benefits					
AA7180-R6	Waiver of Premium		Sep 01, 2049	9.48	33
AA8375-R3	Children's Insurance Agreement	15,000.00	Sep 01, 2054	48.00	38

* Premiums are level for the first 30 policy years. After 30 policy years, the premium will increase each year until the expiry date. The premiums after 30 policy years are shown on the following pages.

Total Annualized Premium at Issue: 948.48

Policy Loan Interest Rate: 7.40% Payable in Advance

Annual	840.83
Semiannual	451.53
Quarterly	229.55
Monthly	79.04

Statement of Policy Cost and Benefit Information for Policy #0019703510

Date of Issue: Sep 01, 2016

Statement Preparation Date: Aug 25, 2016

Insured: Ken Brown

Age: 27

Premium Class: Non-Tobacco

Payment Mode: Monthly

----- Level Term to Age 95 -----

Year	Annualized Premium	Guaranteed Cash Value*	Guaranteed Death Benefit	Year	Annualized Premium	Guaranteed Cash Value*	Guaranteed Death Benefit
1	891.00	0.00	200,000	35	5,662.56	0.00	200,000
2	891.00	0.00	200,000	36	6,350.64	0.00	200,000
3	891.00	0.00	200,000	37	7,124.40	0.00	200,000
4	891.00	0.00	200,000	38	7,936.56	0.00	200,000
5	891.00	211.75	200,000	39	8,793.96	0.00	200,000
6	891.00	779.23	200,000	40	9,662.52	0.00	200,000
7	891.00	1,372.95	200,000	41	10,542.36	0.00	200,000
8	891.00	1,993.99	200,000	42	11,489.88	0.00	200,000
9	891.00	2,643.78	200,000	43	12,471.24	0.00	200,000
10	891.00	3,323.79	200,000	44	13,660.08	0.00	200,000
11	891.00	4,035.37	200,000	45	14,991.12	0.00	200,000
12	891.00	4,780.29	200,000	46	16,739.52	0.00	200,000
13	891.00	5,560.19	200,000	47	18,585.00	0.00	200,000
14	891.00	6,376.83	200,000	48	20,525.16	0.00	200,000
15	891.00	7,232.47	200,000	49	22,645.80	0.00	200,000
16	891.00	8,129.20	200,000	50	24,958.20	0.00	200,000
17	891.00	9,069.42	200,000	51	27,642.84	0.00	200,000
18	891.00	10,055.83	200,000	52	30,778.68	0.00	200,000
19	891.00	11,091.37	200,000	53	34,399.56	0.00	200,000
20	891.00	12,178.72	200,000	54	38,347.56	0.00	200,000
21	891.00	13,320.92	200,000	55	42,841.44	0.00	200,000
22	891.00	14,520.18	200,000	56	47,522.64	0.00	200,000
23	891.00	15,779.61	200,000	57	52,571.64	0.00	200,000
24	891.00	17,103.56	200,000	58	58,159.68	0.00	200,000
25	891.00	18,496.71	200,000	59	64,404.36	0.00	200,000
26	891.00	19,965.39	200,000	60	71,323.44	0.00	200,000
27	891.00	21,514.90	200,000	61	78,881.04	0.00	200,000
28	891.00	23,152.99	200,000	62	86,980.08	0.00	200,000
29	891.00	24,888.90	200,000	63	95,525.88	0.00	200,000
30	891.00	26,730.00	200,000	64	104,441.52	0.00	200,000
31	3,920.88	0.00	200,000	65	112,829.40	0.00	200,000
32	4,252.44	0.00	200,000	66	121,571.40	0.00	200,000
33	4,635.96	0.00	200,000	67	130,791.60	0.00	200,000
34	5,098.56	0.00	200,000	68	140,533.08	0.00	200,000

10th Year	20th Year	
3.20	2.70	Life Insurance Surrender Cost Index
4.46	4.46	Life Insurance Net Payment Cost Index

Explanation of the intended use of the cost indexes is included in the life insurance buyers guide. The values shown above are based up on the assumption there will be no change in the issued method of payment.

* Values shown at the end of the policy year

**American-Amicable Life
Insurance Company of Texas**

P.O. Box 2549 / Waco, Texas 76702-2549 / (254) 297-2777

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Insured dies while this Policy is in force. Payment will be made after we receive due proof of the Insured's death and the right of the claimant to the Policy Proceeds, and will be subject to the terms of this Policy.

This Policy is a legal contract between the Owner and the Company. The consideration for this contract is the application and payment of the first premium. The first premium must be paid on or before delivery of this Policy.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Treasurer



President

CANCELLATION DURING FIRST 30 DAYS

You may return this Policy within 30 days after delivery if you are not satisfied with it for any reason. The Policy may be returned to us or to the agent through whom it was purchased. Upon surrender of the Policy within the 30 day period, it will be void from the beginning, and we will refund any premium paid.

**LEVEL TERM LIFE INSURANCE TO AGE 95
CONVERTIBLE
PREMIUMS INCREASE AFTER LEVEL PREMIUM PERIOD
NON-PARTICIPATING**

LIFE INSURANCE PAYABLE AT DEATH BEFORE AGE 95. SEE BENEFIT DESCRIPTION PAGE FOR AMOUNT OF INSURANCE AND PREMIUMS. GUARANTEED CASH VALUES PROVIDED.

READ YOUR POLICY CAREFULLY

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DEFINITIONS

Where used in this Policy:

"American-Amicable", "we", "our", "us", or "the Company" means American-Amicable Life Insurance Company of Texas.

"You" or "Your" means the Owner of this Policy as defined.

"Net Cash Value" is the Cash Value less any Indebtedness on this Policy.

"Due Proof of Death" means those documents and written instruments required by the Company to verify the death of the Insured, as well as the documents and written instruments necessary to establish the right of the person or persons claiming the benefits to receive those benefits claimed.

"Recorded by the Company" or "Recorded" means actual receipt and modification of the Company's records according to normal Company procedures.

"Indebtedness" means the principal of any outstanding policy loan on this Policy, together with due and accrued policy loan interest.

"Policy Anniversary Date" means the same day and month as the Date of Issue shown on Page 3 for each succeeding year.

"Policy Year" means the period from the Date of Issue to the first Policy Anniversary Date, or from one Policy Anniversary Date to the next.

"Home Office" means American-Amicable Life Insurance Company of Texas, located in Waco, Texas.

"Expiry Date" means the date on which the coverage under this Policy expires. This is the date when the Insured's Age turns 95, as shown on Page 3.

Benefit Description	Annual Premium
Basic Policy - Level Term to Age 95	\$ 790.00 for 30 Years*
Supp Ben - Waiver of \$840.83 Premium per Year Expiring in 33 Years	\$ 8.33 for 33 Years
Plan E16 - \$15,000 Children's Insurance Agreement Level Term Rider	\$ 42.50 for 38 Years
Total Annual Premium	\$ 840.83
Issued Method of Payment-----Monthly	\$ 79.04
Other Methods of Payment	
Annual	\$ 840.83
Semiannual	\$ 451.53
Quarterly	\$ 229.55

Premium Class: Non-Tobacco

* Premiums are level for the first 30 policy years. After 30 policy years, the premium will increase each year until the expiry date. The premiums after 30 years are shown in the Table of Guaranteed Annual Premiums on page 3B of the policy.

Return of Premium Period: 30 Years

Insured: Ken Brown	Face Amount: \$200,000
Age: 27	Date of Issue: September 01, 2016
Sex: Male	Expiry Date: September 01, 2084
Policy Number: 0019703510	

Insured: Ken Brown

Face Amount: \$200,000

Age: 27

Date of Issue: September 01, 2016

Sex: Male

Expiry Date: September 01, 2084

Policy Number: 0019703510

Table of Guaranteed Values

Level Term to Age 95

End of Policy Year	Guaranteed Cash Value	Extended Term Years	Extended Term Insurance Days
1-4	0.00	0	0
5	211.75	0	14
6	779.23	4	16
7	1,372.95	7	151
8	1,993.99	10	148
9	2,643.78	12	302
10	3,323.79	14	238
11	4,035.37	16	9
12	4,780.29	17	25
13	5,560.19	17	314
14	6,376.83	18	168
15	7,232.47	18	340
16	8,129.20	19	107
17	9,069.42	19	208
18	10,055.83	19	284
19	11,091.37	19	341
20	12,178.72	20	14
21	13,320.92	20	36
22	14,520.18	20	46
23	15,779.61	20	45
24	17,103.56	20	35
25	18,496.71	20	18
26	19,965.39	19	358
27	21,514.90	19	327
28	23,152.99	19	292
29	24,888.90	19	252
30	26,730.00	19	209
31-68	0.00	0	0

Nonforfeiture Interest Rate: 4.50%

Nonforfeiture Table: 2001 CSO ANB Male Nonsmoker

Extended Term Mortality Table: 2001 CSO ANB Male Nonsmoker

Reinstatement Interest Rate: 6.00% Annual Rate

Insured: Ken Brown

Face Amount: \$200,000

Age: 27

Date of Issue: September 01, 2016

Sex: Male

Expiry Date: September 01, 2084

Policy Number: 0019703510

Table of Guaranteed Annual Premiums

Level Term to Age 95

Policy Year	Annual Premium	Policy Year	Annual Premium
31	3,476.00	50	22,126.00
32	3,770.00	51	24,506.00
33	4,110.00	52	27,286.00
34	4,520.00	53	30,496.00
35	5,020.00	54	33,996.00
36	5,630.00	55	37,980.00
37	6,316.00	56	42,130.00
38	7,036.00	57	46,606.00
39	7,796.00	58	51,560.00
40	8,566.00	59	57,096.00
41	9,346.00	60	63,230.00
42	10,186.00	61	69,930.00
43	11,056.00	62	77,110.00
44	12,110.00	63	84,686.00
45	13,290.00	64	92,590.00
46	14,840.00	65	100,026.00
47	16,476.00	66	107,776.00
48	18,196.00	67	115,950.00
49	20,076.00	68	124,586.00

GENERAL PROVISIONS

CONFORMITY WITH STATE STATUTES AND REGULATIONS. Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time that the application for this Policy is approved for issue by the Company at its Home Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

CONTRACT. This Policy is a legal contract that you have entered into with us. You have paid the first premium and have submitted an application. We have relied on the statements made in the application for this Policy. These statements, in the absence of fraud, are considered representations and not warranties. A copy of such application is attached to this Policy. In return, we promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

1. The basic Policy; and
2. The riders that add benefits to the basic Policy, if any; and
3. Endorsements, if any; and
4. The attached copy of your application, and any amendments or supplemental applications.

DATE OF ISSUE - EFFECTIVE DATE. The Date of Issue, which is the effective date of this Policy, is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and premium due dates are determined.

OWNER. The Owner of this Policy will be the Insured unless another person is designated Owner in the application for this Policy. During the Insured's lifetime, the Owner may exercise every right the Policy confers or we allow (subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights).

BENEFICIARY. The Beneficiary as named in the application, or later changed by the Owner, will receive the Death Benefit Proceeds upon the death of the Insured. Unless the Owner has stated otherwise, in writing, to the Home Office of the Company:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will terminate.
2. If no Beneficiary survives the Insured, Proceeds will be paid to the Owner, if then living; otherwise to the estate of the Owner.

If more than one Beneficiary is alive at the death of the Insured, the Company will divide the proceeds equally if not otherwise directed in the application.

CHANGE OF OWNERSHIP OR BENEFICIARY. The Owner, or someone authorized to act for the Owner by valid court order, may change the Ownership or the Beneficiary at any time during the lifetime of the Insured, unless a previous designation provides otherwise. Applicable law may require a Beneficiary or a Successor Owner to have an insurable interest in the life of the Insured. To make a change, the Owner must send a written request to our Home Office in a form acceptable to us. The change will go into effect when we have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of the written request for change. The change will be subject to any payment made, or action taken, by us before the request is recorded. The Company assumes no responsibility for the legality or sufficiency of any Beneficiary designation or ownership change.

COMMON DISASTER. If we cannot determine whether a Beneficiary or the Insured died first in a common disaster, we will assume that the Beneficiary died first, unless applicable law or an endorsement to this Policy provides otherwise.

GENERAL PROVISIONS (Continued)

ASSIGNING THE POLICY. During the lifetime of the Insured and while this Policy is in force, the Owner may assign this Policy as security for an obligation, subject to the written consent of any irrevocable beneficiary. We will not be bound by an assignment unless it is received in writing at our Home Office in a form acceptable to us. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

NON-PARTICIPATION. This Policy will not pay dividends. It will not participate in any of our surplus or earnings.

INCONTESTABILITY. We will not contest the validity of this Policy after this Policy has been in force during the Insured's life for 2 years from the Date of issue.

If the Owner reinstates this Policy as provided by the Reinstatement provision, this Policy will be incontestable as to material misstatements made in the reinstatement application after 2 years from the effective date of the reinstatement.

This incontestability provision does not apply to any Disability or Accidental Death Benefit.

SUICIDE. If the Insured dies as a result of suicide, within 1 year from the Date of Issue, we will limit the Death Benefit Proceeds to the premiums paid less any Indebtedness on this Policy.

AGE OR SEX INCORRECTLY STATED. If the Insured's age or sex has been incorrectly stated in the application, we will adjust the Death Benefit Proceeds. The Proceeds payable will be that which the premium would have purchased at the Date of Issue for the correct age and sex. By age we mean age near birthday as of the Date of Issue.

PAYMENTS. All payments of benefits under this Policy will be made from our Home Office.

WHEN THIS POLICY TERMINATES. This Policy will terminate if:

1. The Owner requests that this Policy be terminated; or
2. The Insured dies; or
3. The Policy expires; or
4. The premium is in default at the end of the grace period, except as otherwise provided in the Guaranteed Values provisions. The date of default will be the due date of the premium in default.

REINSTATEMENT. If the Grace Period ends without sufficient premium being paid, and the Policy has not been surrendered for cash, this Policy may be reinstated within five years after the expiration of the Grace Period, but before the Expiry Date, and while the Insured is living. The reinstatement is subject to:

1. Evidence of insurability, satisfactory to the Company; and
2. Payment of all past due premiums with compound interest at the reinstatement interest rate of 6% a year; and
3. Payment of any Indebtedness with interest at the annual policy loan interest rate of 7.4% payable in advance, from the date of default to the date of reinstatement.

The effective date of reinstatement will be the date we approve the application for reinstatement.

If a rider is attached to this Policy, its coverage will be reinstated according to the Reinstatement provision of this Policy, unless such provision conflicts with the express provision of the rider.

CHANGING THE TERMS OF THE POLICY. Any change in the Policy must be approved in writing at our Home Office by one of our officers. Any approved change will be endorsed on the Policy. No agent has the authority to make any changes or waive any of the terms of the Policy.

RATED PREMIUM CLASS. If this Policy is issued in a Rated Premium Class it will be shown on Page 3 of this Policy.

PREMIUMS

PAYMENT OF PREMIUMS. The premium amounts to be paid are shown in the Benefit Description Page. Premiums are payable in advance at our Home Office. A premium receipt signed by an Officer of the Company will be furnished upon request.

Premiums may be paid annually, semi-annually, quarterly or monthly. The Owner may change the frequency of payment provided a premium payment will become due on each policy anniversary. A premium paid by check will be considered paid only after the bank has credited our account with collected funds.

GRACE PERIOD. The grace period is a period of 31 days following the due date of each premium after the first. The Owner may pay the premium at any time during the grace period without interest. During the grace period, the Policy will remain in force, but the premium will be in default. The date of default is the date the unpaid premium is due. If the premium is not paid by the end of the grace period, this Policy will terminate, as of the date of default, except as provided in the Guaranteed Values provisions. If death occurs during the grace period, the premium for the policy month in which death occurred will be deducted from the Death Benefit Proceeds.

RETURN OF PREMIUM

RETURN OF PREMIUM PERIOD. The Return of Premium Period is the number of Policy Years from the Date of Issue of the Policy until the Return of Premium Benefit is paid. The Return of Premium Period is shown on Page 3 of this Policy.

RETURN OF PREMIUM BENEFIT. If all the premiums for this Policy have been paid, an endowment benefit equal to the sum of the base Policy premiums during the Return of Premium Period, excluding any attached riders, substandard ratings or flat extra premiums, will be paid to the Owner at the end of the Return of Premium period. This endowment benefit is included in the calculation of the guaranteed cash value as shown in the Table of Guaranteed Values on Page 3A of the Policy.

DEATH BENEFIT PROCEEDS

The Company will pay the Proceeds of this Policy on the death of the Insured while this Policy is in full force. Payment will be made to the named Beneficiary when the Home Office of the Company receives Due Proof of the Insured's Death, subject to the terms of this Policy. The Proceeds will be:

1. The Face Amount shown on Page 3; plus
2. Any insurance on the life of the Insured provided by an additional agreement attached to and made a part of this Policy; plus
3. The portion of any premium paid which applies to a period beyond the month of death of the Insured; less
4. The portion of a premium due and unpaid which applies to a period prior to the date of death of the Insured; less
5. Any Indebtedness on this Policy.

If Proceeds under this Policy are not paid within 30 days after submission of proof of death and receipt of all necessary proofs of loss, the Company will pay interest on such proceeds at the rate of 9% per year from the date of death of the Insured until the date such proceeds are paid.

GUARANTEED VALUES PROVISIONS

CASH VALUE. The Owner may surrender this Policy for its Net Cash Value as defined on Page 2. If all premiums have been paid, the guaranteed cash value is as shown in the Table of Guaranteed Values on page 3A of the Policy. The Table shows values at the end of the policy years. The Cash Value is:

1. The Guaranteed Cash Value; plus
2. Any part of a premium paid for coverage beyond the policy month in which the Owner surrenders this Policy.

GUARANTEED VALUES PROVISIONS (Continued)

OPTIONS UPON DEFAULT OF PAYMENT OF PREMIUM. The Owner may elect one of the following options, effective on the default in the payment of premium. Election must be made by written request to the Company at its Home Office no later than 60 days after the unpaid premium was due. If an election is not made, Option 2 of this section will be effective. If this Policy is issued in a Rated Premium Class, Option 2 will be effective.

Option 1 -- Surrender this policy for the Net Cash Value. The Net Cash Value within 60 days of default is the Net Cash Value on that date. The Company may defer payment of the Net Cash Value for a period of up to 6 months from the date of request.

Option 2 -- Continue this Policy as Extended Term Insurance. The amount of insurance will be the face amount of this Policy less any Indebtedness. The term of Extended Term Insurance will begin on the date the unpaid premium was due. It will continue for such term as the Net Cash Value will purchase at net single premium rates. Extended Term Insurance may be surrendered for its Net Cash Value as of the date of surrender.

BASIS OF VALUES. Guaranteed values and net single premiums are based on the mortality tables and interest rate shown on Page 3A. Net single premiums for Extended Term Insurance are based on the extended term table and interest rate shown on Page 3A. All net single premiums are at the then attained age of the Insured. The Cash Values are calculated by using the mortality table and interest rate shown on Page 3A. Computations assume that premiums are paid annually and the deaths occur at the end of a policy year.

The Cash Value within a policy year is adjusted for lapse of time and premiums paid for any portion of the policy year. When continued as Extended Term Insurance, this Policy's Cash Value is the present value of future benefits. Within 31 days after any policy anniversary, and in the absence of a policy loan, the Cash Value will not be less than the Cash Value on such anniversary. Any additional agreement which is part of this Policy will not increase the Cash Value unless specifically provided by the agreement. All values are greater than or equal to those required by the insurance law of the state in which this Policy is delivered. The detailed method of calculation of values is on file at the insurance department in the state in which this Policy is delivered.

POLICY LOAN PROVISIONS

You may take a policy loan at any time while this Policy is in force. You may borrow an amount which is equal to or less than the Policy's Loan Value. The Loan Value will be the Cash Value less:

1. Any prior outstanding loan, plus interest accrued; and
2. Interest on the amount to be borrowed to the next policy anniversary.

LOAN INTEREST. The Annual Policy Loan Interest Rate is 7.4% payable in advance. On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

HOW YOU MAY REPAY A POLICY LOAN. You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this Policy is in force and prior to the death of the Insured; and
2. A partial repayment must be at least \$10.00.

Any Indebtedness will be deducted from any settlement of this Policy.

At any time your policy loan exceeds the Cash Value, this Policy will lapse. However, at least 31 days prior notice must be mailed by us to your last known address and to any assignee of record, if any.

WE CAN DELAY PAYMENT. We can delay loaning you money for up to 6 months, or the period allowed by law, whichever is less. However, we cannot delay loaning you money if the amount is to be used to pay a premium to us.

POLICY LOAN PROVISIONS (Continued)

OBTAINING A LOAN. You may obtain a policy loan by written request and assignment of the Policy as sole security for the loan.

CONVERSION PROVISIONS

PRIVILEGE TO CONVERT. While this Policy is in force by payment of premiums, it may be converted to any plan of Whole Life or Endowment insurance issued by the Company upon receipt of:

1. written request, acceptable to the Company;
2. payment of the required premium; and
3. surrender of this Policy for cancellation on or before the earlier of:

- (a) the Expiry Date; or (b) the policy anniversary following the Insured's attained age 75; or (c) within five years from the Policy Date if later than the policy anniversary following the Insured's attained age 75.

Evidence of insurability will not be required.

The Net Cash Value of this Policy, if any, will be paid to the Owner upon conversion.

The face amount of the new policy may be equal to or less than the Face Amount of this Policy; however, the face amount of the new policy may not be less than the Company's minimum required on the date of conversion for the plan selected.

The new policy will be issued as of the date of conversion. The premium rate for the new policy will be based on: (a) the rate then in effect for the Insured's attained age; and (b) the same mortality classification that applied to the Insured under this Policy.

Any agreement included in this Policy granting additional benefits for accidental death may be included in the new policy. Benefits may be included in the new policy for waiver of premium for total and permanent disability, without evidence of insurability, provided:

- (a) this Policy contains such benefits on the date of conversion; and
- (b) on the date of conversion, the Insured is not disabled as defined in the waiver of premium benefit; and
- (c) the new policy is on a Whole Life plan with premiums payable for life.

Otherwise, the inclusion of waiver of premium benefits will be subject to: (a) the submission of evidence of insurability; and (b) consent of the Company.

DISABILITY CONVERSION. If, on the last day that this Policy can be converted in accordance with the "Privilege to Convert" provision, premiums for this Policy are being waived under an agreement included in this Policy granting benefits in the event of total and permanent disability, this Policy may be exchanged for a new policy. Any premium for the new policy which becomes due during the continuance of such disability shall be waived.

The new policy will:

1. be on the Whole Life continuous premium plan; and
2. be for the death benefit amount of this Policy at the date of exchange; and
3. include any agreements in force under this Policy at the date of exchange granting benefits for: (a) total and permanent disability; or (b) additional benefits for accidental death.

The date of issue of the new policy will be the date of exchange. The premium for the new policy will be based on: (a) the Company's rates then in effect for the Insured's attained age on such date; and (b) the same mortality classification as this Policy.

SETTLEMENT OPTIONS

ELECTION OF A SETTLEMENT OPTION. The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

PAYEE. The Payee is the person or persons entitled to receive payments under a Settlement Option.

AVAILABILITY OF OPTIONS. The Company may pay the then balance of the Proceeds in one sum if:

1. The Proceeds are less than \$5,000; or
2. The amount on deposit under Option 1 or 2 below becomes less than \$2,000; or
3. Periodic payments are, or become, less than \$100; or
4. The Payee is not the person first entitled to payment; or
5. The Payee is an assignee, estate, trustee, partnership, corporation or association.

EFFECTIVE DATE OF SETTLEMENT OPTION. If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, or 6 below, will be paid by the Company upon receipt of Due Proof of the Death of the Insured.

BASIS OF PAYMENT OPTIONS. The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

LIFE INCOME AND AGE. When Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

OPTION 1 -- DEPOSIT -- Left on deposit with interest to accumulate. Interest is compounded annually. Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

OPTION 2 -- INTEREST INCOME -- Left on deposit, with interest payable periodically. Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

OPTION 3 -- INSTALLMENTS OF SPECIFIED AMOUNT -- Paid as an income of a specified amount mutually agreed upon, until the Proceeds and interest are exhausted.

OPTION 4 -- INSTALLMENTS FOR SPECIFIED PERIOD -- Paid as an income for a specified period mutually agreed upon.

OPTION 5 -- LIFE INCOME WITH GUARANTEED PERIOD -- Paid as an income for life. Payments are guaranteed for 120 months.

OPTION 6 -- LIFE INCOME WITHOUT GUARANTEED PERIOD -- Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

DEATH OF PAYEE. After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

PROTECTION AGAINST CREDITOR. To the extent permitted by law, Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

SETTLEMENT OPTIONS (Continued)

**OPTION 2
INTEREST INCOME**

Payable	Interest Payable
Monthly	\$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

**OPTION 4
INSTALLMENTS**

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

OPTIONS 5 AND 6
MONTHLY LIFE INCOMES

		Option 5 120 Installments Guaranteed		Option 6 Life Only				Option 5 120 Installments Guaranteed		Option 6 Life Only	
Age	Male	Female	Male	Female	Age	Male	Female	Male	Female		
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18		
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32		
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47		
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64		
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82		
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01		
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21		
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44		
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68		
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94		
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22		
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52		
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85		
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21		
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60		
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02		
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47		
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96		
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50		
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07		
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69		
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36		
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08		
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84		
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65		
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50		
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38		
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31		
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26		
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26		
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30		
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39		
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57		
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86		
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31		
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97		
61	4.99	4.63	5.10	4.69							
62	5.10	4.73	5.23	4.80							
63	5.23	4.84	5.37	4.92							
64	5.35	4.95	5.52	5.04							

NOTICE OF PROTECTION PROVIDED BY MISSOURI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a *brief summary* of the Missouri Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Missouri law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Missouri law, with funding from assessments paid by other insurance companies.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is as follows:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of basic hospital, medical, and surgical insurance or major medical insurance
- \$500,000 in aggregate for basic hospital, medical, and surgical insurance or major medical insurance
- \$5,000,000 to one policy owner of multiple nongroup policies of life insurance, whether the policy owner is an individual, firm, corporation, or other person, and whether the persons insured are officers, managers, employees, or other persons

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Missouri law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association’s web site at www.mo-iga.org, or contact:

Missouri Life and Health Insurance
Guaranty Association
994 Diamond Ridge, Suite 102
Jefferson City, Missouri 65109
Ph.: 573-634-8455
Fax: 573-634-8488

Missouri Department of Insurance,
Financial Institutions and
Professional Registration
301 West High Street, Room 530
Jefferson City, Missouri 65101
Ph.: 573-522-6115

Insurance companies and agents are not allowed by the Missouri law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Missouri law, then Missouri law will control.

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
WACO, TEXAS

CHILDREN'S INSURANCE AGREEMENT

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS has issued this supplemental agreement (the "Agreement") as a part of the policy (the "Policy") to which it is attached. The provisions of the Policy apply to this Agreement except where such provisions conflict with the express provisions hereof, in which event the provisions of the Agreement will control. Terms defined in the policy which are used herein shall have the meaning specified in the Policy. The term "Insured", as used herein means the person who is insured under the policy to which this Agreement is attached.

THE COMPANY WILL PAY the amount of Children's Insurance shown on page 3 of the Policy upon receipt of due proof that the death of a Dependent Child occurred: (a) while this Agreement is in force; and (b) prior to the policy anniversary nearest the child's 25th birthday; and (c) prior to the Expiry Date of this Agreement. The Expiry Date of this Agreement is the policy anniversary nearest the Insured's attained age 65.

Any benefits payable under this Agreement will also include:

1. the portion of any premium paid which applies to a period beyond the month of death of the child insured under this Agreement, unless the premium was waived under the additional agreement providing waiver of premium; less
2. any portion of a premium due and unpaid which applies to a period prior to the date of death of said child.

DEPENDENT CHILD means a child, stepchild, or legally adopted child of the Insured, who is 15 or more days old; that is, the child has survived for not less than 360 hours, but has not reached the policy anniversary nearest that child's 25th birthday. Such child must either be: (a) named in the application for this Agreement and not have reached his or her 18th birthday on the date of such application; or (b) acquired by the Insured after the date of the application but before the child's 18th birthday.

BENEFICIARIES. The beneficiary for the amount payable upon the death of a dependent child will be:

1. the Insured if then living; otherwise
2. the child's estate.

NO PREMIUMS AFTER DEATH OF INSURED. On the death of the Insured any insurance under this Agreement on the life of a Dependent Child will continue in force, without further payment of premiums, to the earlier of: (a) the Expiry Date of this Agreement; or (b) the policy anniversary nearest such child's 25th birthday.

CONVERSION OF INSURANCE ON DEPENDENT CHILDREN. If the insurance on a Dependent Child expires while this Agreement is in force, such insurance may be converted, without evidence of insurability, subject to the following:

1. Proper written application for the converted policy must be made to the Company at its Home Office. Such application must be received by the Company no later than the date when insurance under this Agreement would expire; however, in the event of the Insured's death, such application must be made within 31 days after such death. The Date of Issue of the converted policy will be the date when the insurance under this Agreement would expire;
2. The converted policy shall become binding upon the Company only upon payment of the first premium for such policy. The Company must receive the first premium: (a) no later than 31 days after the date when insurance under this Agreement would expire; and (b) while the person to be insured under such policy is living;
3. The converted policy will be for an amount up to five times the amount of insurance under this Agreement on such child;
4. The converted policy will be on any plan of Life or Endowment insurance then issued by the Company, except Term insurance. The policy will be subject to the Company's rules regarding minimum policy amounts. Conversion may not be made for an amount or plan of insurance prohibited by law. Premium rates for the converted policy will be based on: (a) the then attained age of such child; and (b) the same mortality classification as this Agreement; and

The converted policy shall not provide for Accidental
5. Death or Waiver of Premium Disability Benefits unless such benefits are: (a) agreed to by the Company; and (b) subject to the requirements the Company may make at the time of conversion.

If death of a Dependent Child occurs within 31 days after the insurance upon the life of such child expires but prior to the application for conversion, the company will pay a death benefit equal to the amount of insurance expiring on the life of such person. Such benefit will be paid as if the insurance had not expired.

THE ADDITIONAL BENEFITS that this Agreement provides shall not be considered when policy loan and nonforfeiture values are determined. Unless expressly stated, nothing contained in this Agreement will change, waive, or extend the terms of the Policy.

REINSTATEMENT. When a premium is not paid before the end of its grace period, this Agreement can be reinstated:

1. subject to all the provisions of the Policy to which this Agreement is attached relating to reinstatement;
2. with evidence of insurability acceptable to the Company of all persons to be insured; and
3. upon concurrent reinstatement of the Policy to which this Agreement is attached.

Upon reinstatement, no benefit will be paid because of the death of any Dependent Child formerly insured under this Agreement if such death occurred: (a) after the end of the grace period; and (b) prior to the date of reinstatement.

TERMINATION. Unless otherwise specified in this Agreement, this Agreement shall terminate upon the earlier of:

1. on the Expiry Date of this Agreement;

2. the death of the Insured;
3. upon the due date of a premium for this Agreement which is not paid before the grace period for the payment of such premium expires as provided in the Policy; or
4. when the Policy is surrendered, cancelled or otherwise terminated.


This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.

INCONTESTABILITY. This Agreement will be incontestable after it has been in force two years from the Agreement Date. The terms and conditions of the incontestability provisions of the Policy shall apply to this Agreement in that such provisions also relate to any insured Dependent Child.

CONSIDERATION. This Agreement is issued in consideration of: (a) the application, a copy of which is attached to the Policy; and (b) payment of the premium for this Agreement shown on page 3 of the Policy. Such premium is payable: (a) until the Agreement is terminated; or (b) for the period stated in the Policy, if such period is shorter. If a premium is paid after coverage under this Agreement has ceased, the Company's acceptance of the premium shall not be deemed a waiver of the termination of coverage. The Company will refund such premiums.

The effective date of this Agreement (the "Agreement Date") is the Policy Date, unless a different date is shown below.

SIGNED at the Home Office of the Company as of the Agreement Date.


Treasurer


President

Date: _____

ACCELERATED BENEFITS RIDER - CONFINED CARE

TAX IMPLICATIONS. The acceleration-of-life-insurance benefits offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

ANY MEDICAID OR OTHER GOVERNMENT ENTITLEMENT FOR WHICH YOU ARE ELIGIBLE MAY BE AFFECTED BY PAYMENTS RECEIVED UNDER THIS RIDER.

This Rider provides an accelerated payment of life insurance proceeds under conditions specified in this Rider. It is not intended to provide health, nursing home or long term care insurance. Cash values (if any), loan values (if any) and death benefits will be reduced if an accelerated benefit is paid. Benefit payments may affect qualifications for entitlement payments.

This Rider is attached to and made a part of the Policy to which it is attached. It is subject to the provisions of the Policy unless amended in this Rider.

DEFINITIONS

- 1. Confined Care:** Full time, permanent residence in a Nursing Home until death.
- 2. Monthly Accelerated Benefit Payment:** A fixed monthly payment equal to the lesser of 2.5% of the Policy Face Amount, reduced by any outstanding Policy loans, or \$5,000. The Monthly Accelerated Benefit Payment amount will be determined as of the date the Company receives the Owner's written request to receive the Rider Benefit.
- 3. Nursing Home:** An institution which is not primarily a residential facility and which
 - is a Medicare-approved Skilled Nursing Facility; or
 - is state licensed as a Skilled Nursing or Intermediate Care Facility; or
 - meets all the following:
 - is state licensed as a Nursing Home; and
 - primarily provides nursing care; and
 - is supervised by a registered or licensed practical nurse; and
 - keeps daily patient medical records; and
 - records and controls all medications it gives.
- 4. Physician:** A duly licensed physician practicing within the scope of his or her license. It does not include the Insured or family members of either the Insured or the Owner.
- 5. Physician's Statement:** A written statement signed by a Physician which
 - gives the Physician's diagnosis of the Insured's medical condition; and
 - states that the Insured is a full time, permanent resident of a Nursing Home and will continue full time, permanent residence in a Nursing Home until death.

RIDER BENEFIT

The Owner can elect to receive the Monthly Accelerated Benefit Payment during the Insured's life subject to the following requirements:

1. The election must be in writing.
2. The election must be sent to the Home Office.
3. A Physician's Statement must be provided.
4. The Face Amount of the Policy that will remain after the monthly Accelerated Benefit Payment must be at least \$5,000.

This Rider's Benefits are only available if the Owner elects it on his or her own. THE OWNER CANNOT ELECT UNDER THIS RIDER

1. if required by law to use this Rider to pay creditors' claims;
2. if the Owner is required by government to use this Rider to get a government benefit;
3. during the first 30 days from the Policy Date.

A request for an accelerated benefit will not be approved if the Policy is assigned or if the Beneficiary cannot be changed by the Owner. The Owner can elect to receive Rider Benefits only one time.

The Monthly Accelerated Benefit Payments will continue until the sum of all Monthly Accelerated Benefit Payments received subtracted from the unadjusted Policy Face amount equals \$5,000, or for a maximum of 60 months, whichever occurs first.

ADJUSTMENTS TO THE POLICY

The following adjustments will be made to the Policy after a Monthly Accelerated Benefit Payment is made:

1. The Policy's Face Amount will be reduced by the amount of the Monthly Accelerated Benefit Payment received. The Policy's guaranteed Cash Value (if any) will be reduced by the amount of the guaranteed Cash Value (if any) associated with the Face Amount accelerated.
2. The Company will provide the Owner with a Payment Statement that explains how the Company pays the Monthly Accelerated Benefit Payments.

TERMINATION

This Rider will terminate on the earlier of:

1. the termination date of the Policy to which this Rider is attached;
2. the death of the Insured;
3. the Face Amount of the Policy equals \$5,000;
4. 60 monthly benefit payments have been made; or
5. upon written request by the Owner.

This Rider is effective on the Policy Date.

Signed at the Home Office of the Company as of the Policy Date.



Treasurer



President

TERMINAL ILLNESS ACCELERATED BENEFIT RIDER

NOTE: PAYMENT OF AN ACCELERATED BENEFIT MAY BE TAXABLE. YOU SHOULD SEEK THE ASSISTANCE OF YOUR PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING THIS BENEFIT.

ANY MEDICAID OR OTHER GOVERNMENT ENTITLEMENT FOR WHICH YOU ARE ELIGIBLE MAY BE AFFECTED BY PAYMENTS RECEIVED UNDER THIS RIDER.

This Rider is attached to and made a part of the Policy to which it is attached. It is subject to the provisions of the Policy unless amended in this Rider.

TERMINAL ILLNESS BENEFIT

If the Insured is certified as being a Terminally Ill Individual, We will advance to You, if You so elect, up to one hundred percent (100%) of the Death Benefit of the Policy. The Benefit to be paid will be reduced by an Actuarial Adjustment Factor and an Administrative Charge of \$150. Certification must take place on or after 30 days from the Date of Issue of the Policy. We will deduct from the Benefit paid any outstanding Indebtedness, but only in proportion to the percentage of Death Benefit paid. We will also return to you a proportionate amount of any premium paid beyond the date any Benefit under this Rider is paid.

A payment under this Rider is payable only once. The Policy must be in force at the time this Benefit is applied for. Payment of this Benefit will reduce the Death Benefit proceeds by the amount of the Benefit paid under this Rider. The Cash Value, the amount available for loans, and the premium, excluding the Policy fee (if any), for the Policy will decrease in proportion to the amount of Benefit paid. Continued payment of the reduced premium is necessary for the Policy to remain in force. If the entire Death Benefit is paid, then the Policy will terminate with no further value. There is no Benefit to a non-insured Owner if the non-insured Owner is diagnosed as a Terminally Ill Individual.

Terminally Ill Individual - An insured will be considered as being a Terminally Ill Individual if the individual has been certified by a licensed physician as having an illness or physical condition that reasonably can be expected to result in death within 12 months of the date of certification. We must receive proof acceptable to Us. A written statement from the certifying physician will be required. We may require a second medical opinion by a physician of our choice at Our expense.

This Rider is effective on the Date of Issue of the Policy.

Signed at the Home Office of the Company as of the Effective Date.


Treasurer


President

WAIVER OF PREMIUM DISABILITY AGREEMENT

THE COMPANY WILL WAIVE the payment of each premium of this Policy which becomes due: (a) after the policy anniversary nearest the Insured's attained age 15; and (b) during the continuous, total and permanent disability of the Insured, provided:

1. due proof that the Insured became totally disabled while this Agreement was in force is furnished to the Company at its Home Office; and
2. such total disability has existed continuously for at least 180 days. All premiums paid subsequent to the commencement of disability will be refunded or credited to the contract. Total disability for such 180 days is sufficient to be considered permanent only in order to determine when benefits will begin; and
3. written notice of the claim is received by the Company at its Home Office not more than twelve months after the premium due date.

TOTAL DISABILITY DEFINED. As used in this Agreement, total disability means the complete inability of the Insured to perform the material and substantial duties of any business or occupation for which he is or becomes qualified through education, training or experience. Such disability must be due to bodily injuries sustained or disease first manifested while this Agreement was in force.

Within the meaning of this Agreement, the following shall qualify as total disability:

- (a) total and irrecoverable loss of the sight of both eyes; or
- (b) loss of the use of both hands; or
- (c) loss of the use of both feet; or
- (d) loss of the use of one hand and one foot.

RISKS NOT ASSUMED. No premiums shall be waived under this Agreement if disability results directly from:

1. injury which was intentional and self-inflicted; or attempted suicide while sane; or
2. service in the military, naval, or air forces of any of the following while engaged in war: (a) a country; (b) combination of countries; or (c) international organization. The term "war" includes war declared or undeclared.

NOTICE OF CLAIM. Written notice of the claim for benefits under this Agreement must be received by the Company at its Home Office. The notice must be received during the lifetime and continued disability of the Insured. Notice must be given within one year following any termination of coverage under this Agreement. Failure to give notice within such time shall not nullify a claim if it is shown that it was not possible to give notice within the prescribed time. Such notice must be given as soon as reasonably possible thereafter.

PROOF OF DISABILITY. The Company will require due proof of disability and continued disability at reasonable intervals; however, this will only be required once a year after premiums have been waived for two full years. The Company may require medical examinations of the Insured by an examiner specified by the Company. Premiums falling due shall not be waived and shall become payable as provided in the Policy in the event that:

- (a) the Insured fails to furnish proof of disability; or
- (b) the Insured fails to submit to examination upon request; or
- (c) total disability is interrupted at any time.

TERMINATION. This Agreement shall terminate:

1. on the policy anniversary after the number of years shown on page 3; however, any benefits for total disability which commenced prior to such termination shall continue; or
2. if any premium for the Policy or this Agreement remains unpaid at the end of its grace period; however, benefits under this Agreement shall be allowed: (a) if disability begins after the premium due date but before the last day of the grace period; and (b) if such due date was within twelve months immediately preceding the notice of claim.

Such benefits will be allowed as if the default had not occurred; but the premium in default, with interest at the rate specified in the Policy to which this Agreement is attached, shall be due the Company. If not paid, such sum shall be deducted from any amounts payable under

the Policy or this Agreement.

This Agreement may be terminated at any time by the Owner's written request. The Policy must be sent with the request for proper endorsement.

EFFECT OF WAIVER. The premium to be waived under this Agreement shall be the same as the mode of payment in effect when notice of claim hereunder is received. All benefits under the Policy shall be the same as if any premiums waived had been paid in cash.

ADDITIONAL BENEFITS. The Additional Benefits that

this Agreement provides shall not be considered when Policy loan or nonforfeiture values are determined. Unless expressly stated, nothing contained in this Agreement will change, waive, or extend the terms of the Policy.

CONSIDERATION. This Agreement is issued in consideration of the application and payment of an additional premium. A copy of the application is attached to the Policy; the extra premium is shown on page 3. Such premium is payable: (a) until the Agreement is terminated; or (b) for the period stated in the Policy, if such period is shorter.

SIGNED at the Home Office of the Company as of the Agreement date.



Treasurer



President

American-Amicable Life Insurance Company of Texas
P.O. Box 2549 / Waco, Texas 76702-2549 / (254) 297-2777

LEVEL TERM LIFE INSURANCE TO AGE 95

CONVERTIBLE

PREMIUMS INCREASE AFTER LEVEL PREMIUM PERIOD

NON-PARTICIPATING

LIFE INSURANCE PAYABLE AT DEATH BEFORE AGE 95. SEE BENEFIT DESCRIPTION PAGE FOR AMOUNT OF INSURANCE AND PREMIUMS. GUARANTEED CASH VALUES PROVIDED.

READ YOUR POLICY CAREFULLY

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
WACO, TEXAS

IMPORTANT - PLEASE READ

ENDORSEMENT

ATTACHED TO AND MADE A PART OF POLICY NO.: 0019703510

This endorsement is part of the insurance contract being added to your policy. The endorsement in the policy and this copy should be signed, dated by the owner, and witnessed by the agent. In order to start this valuable insurance coverage, this copy must be completed and returned to the New Business Department.

In consideration of the issuance of this Policy, it is hereby understood and agreed that insurance coverage hereunder has been amended as follows:

THE POLICY IS BEING ISSUED TO SHOW THAT THE ANSWER TO THE QUESTION "DURING THE PAST 12 MONTHS HAVE YOU USED TOBACCO IN ANY FORM (EXCLUDING OCCASIONAL PIPE AND CIGAR USE)?" IS AMENDED TO READ "NO". THE MONTHLY PREMIUM IS \$79.04.

Nothing contained in this Agreement shall be held to vary, alter, waive or extend any of the provisions of this Policy other than expressed herein.

This Agreement and the Policy to which it is attached shall not be effective until it has been signed by the Insured and the Company has received a copy.

SIGNED at the Home Office of the Company as of the Date of Issue.



President

I understand and agree that any insurance granted on this application will include the Endorsement shown above. I agree that this amendment will form a part of the original application and of any policy that may be issued from it, and will be binding on any person who may have or claim any interest under the policy.

Witness

Signature of Applicant

Date

