



INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIES™

Graded Death Benefit Whole Life Annual Premiums Per \$1,000* of Face Amount

Issue Ages: 50 through 85
 Endow Age: 121
 Minimum Face Amount: \$3,000
 Maximum Face Amount: \$10,000

Graded Benefit:
 30% Year 1, 100% if death is Accidental
 70% Year 2, 100% if death is Accidental
 100% Thereafter

(Accidental Death Provision not approved in Arkansas)

Restricted Issue Ages:

Pennsylvania

Male: Non-Smoker 50-75
 Smoker 50-70

Female: Non-Smoker 50-81
 Smoker 50-76

Missouri

Male: Non-Smoker 50-75
 Smoker 50-75

Female: Non-Smoker 50-75
 Smoker 50-75

Issue Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
50	36	31	59	44
51	37	31	62	47
52	39	32	66	49
53	42	33	70	51
54	45	36	74	54
55	48	37	77	56
56	50	37	82	59
57	52	40	87	61
58	55	42	92	65
59	59	43	98	69
60	62	46	104	72
61	66	48	111	77
62	70	50	119	82
63	75	53	126	87
64	81	56	134	92
65	87	60	141	97
66	94	64	150	103
67	101	68	161	109
68	109	73	173	115
69	119	78	185	121
70	130	83	198	129
71	141	89	213	137
72	153	97	231	146
73	167	105	251	156
74	181	112	271	167
75	196	121	295	178
76	212	130	324	190
77	230	140	353	203
78	251	153	384	219
79	274	167	415	236
80	299	182	442	256
81	317	198	464	272
82	334	213	486	288
83	350	230	508	305
84	365	248	530	323
85	368	265	552	343

* Additional \$30 Certificate Fee

Modal Factors:	Monthly EFT - .087	Quarterly - .265	Semi-Annual - .52	Annual - 1.0
Modal Certificate Fee:	Monthly EFT - \$2.61	Quarterly - \$7.95	Semi-Annual - \$15.60	Annual - \$30.00
<p>[(Rate X Modal Factor) rounded to 2 places X (Units)] rounded 2 places + Modal Certificate Fee = Modal Premium [(36 X 0.087) = 3.132 -> 3.13 X 10 -> 31.30] + 2.61 = 33.91 monthly EFT premium</p>				

NEIGHBORS GRADED DEATH BENEFIT WHOLE LIFE

Non Tobacco

HOW MUCH WILL IT COST?

Non Tobacco

ISSUE AGE	\$3,000		\$4,000		\$5,000		\$6,000		\$7,000		\$8,000		\$9,000		\$10,000	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
50	12.00	10.71	15.13	13.41	18.26	16.11	21.39	18.81	24.52	21.51	27.65	24.21	30.78	26.91	33.91	29.61
51	12.27	10.71	15.49	13.41	18.71	16.11	21.93	18.81	25.15	21.51	28.37	24.21	31.59	26.91	34.81	29.61
52	12.78	10.95	16.17	13.73	19.56	16.51	22.95	19.29	26.34	22.07	29.73	24.85	33.12	27.63	36.51	30.41
53	13.56	11.22	17.21	14.09	20.86	16.96	24.51	19.83	28.16	22.70	31.81	25.57	35.46	28.44	39.11	31.31
54	14.37	12.00	18.29	15.13	22.21	18.26	26.13	21.39	30.05	24.52	33.97	27.65	37.89	30.78	41.81	33.91
55	15.15	12.27	19.33	15.49	23.51	18.71	27.69	21.93	31.87	25.15	36.05	28.37	40.23	31.59	44.41	34.81
56	15.66	12.27	20.01	15.49	24.36	18.71	28.71	21.93	33.06	25.15	37.41	28.37	41.76	31.59	46.11	34.81
57	16.17	13.05	20.69	16.53	25.21	20.01	29.73	23.49	34.25	26.97	38.77	30.45	43.29	33.93	47.81	37.41
58	16.98	13.56	21.77	17.21	26.56	20.86	31.35	24.51	36.14	28.16	40.93	31.81	45.72	35.46	50.51	39.11
59	18.00	13.83	23.13	17.57	28.26	21.31	33.39	25.05	38.52	28.79	43.65	32.53	48.78	36.27	53.91	40.01
60	18.78	14.61	24.17	18.61	29.56	22.61	34.95	26.61	40.34	30.61	45.73	34.61	51.12	38.61	56.51	42.61
61	19.83	15.15	25.57	19.33	31.31	23.51	37.05	27.69	42.79	31.87	48.53	36.05	54.27	40.23	60.01	44.41
62	20.88	15.66	26.97	20.01	33.06	24.36	39.15	28.71	45.24	33.06	51.33	37.41	57.42	41.76	63.51	46.11
63	22.20	16.44	28.73	21.05	35.26	25.66	41.79	30.27	48.32	34.88	54.85	39.49	61.38	44.10	67.91	48.71
64	23.76	17.22	30.81	22.09	37.86	26.96	44.91	31.83	51.96	36.70	59.01	41.57	66.06	46.44	73.11	51.31
65	25.32	18.27	32.89	23.49	40.46	28.71	48.03	33.93	55.60	39.15	63.17	44.37	70.74	49.59	78.31	54.81
66	27.15	19.32	35.33	24.89	43.51	30.46	51.69	36.03	59.87	41.60	68.05	47.17	76.23	52.74	84.41	58.31
67	28.98	20.37	37.77	26.29	46.56	32.21	55.35	38.13	64.14	44.05	72.93	49.97	81.72	55.89	90.51	61.81
68	31.05	21.66	40.53	28.01	50.01	34.36	59.49	40.71	68.97	47.06	78.45	53.41	87.93	59.76	97.41	66.11
69	33.66	22.98	44.01	29.77	54.36	36.56	64.71	43.35	75.06	50.14	85.41	56.93	95.76	63.72	106.11	70.51
70	36.54	24.27	47.85	31.49	59.16	38.71	70.47	45.93	81.78	53.15	93.09	60.37	104.40	67.59	115.71	74.81
71	39.42	25.83	51.69	33.57	63.96	41.31	76.23	49.05	88.50	56.79	100.77	64.53	113.04	72.27	125.31	80.01
72	42.54	27.93	55.85	36.37	69.16	44.81	82.47	53.25	95.78	61.69	109.09	70.13	122.40	78.57	135.71	87.01
73	46.20	30.03	60.73	39.17	75.26	48.31	89.79	57.45	104.32	66.59	118.85	75.73	133.38	84.87	147.91	94.01
74	49.86	31.83	65.61	41.57	81.36	51.31	97.11	61.05	112.86	70.79	128.61	80.53	144.36	90.27	160.11	100.01
75	53.76	34.20	70.81	44.73	87.86	55.26	104.91	65.79	121.96	76.32	139.01	86.85	156.06	97.38	173.11	107.91
76	57.93	36.54	76.37	47.85	94.81	59.16	113.25	70.47	131.69	81.78	150.13	93.09	168.57	104.40	187.01	115.71
77	62.64	39.15	82.65	51.33	102.66	63.51	122.67	75.69	142.68	87.87	162.69	100.05	182.70	112.23	202.71	124.41
78	68.13	42.54	89.97	55.85	111.81	69.16	133.65	82.47	155.49	95.78	177.33	109.09	199.17	122.40	221.01	135.71
79	74.13	46.20	97.97	60.73	121.81	75.26	145.65	89.79	169.49	104.32	193.33	118.85	217.17	133.38	241.01	147.91
80	80.64	50.10	106.65	65.93	132.66	81.76	158.67	97.59	184.68	113.42	210.69	129.25	236.70	145.08	262.71	160.91
81	85.35	54.30	112.93	71.53	140.51	88.76	168.09	105.99	195.67	123.22	223.25	140.45	250.83	157.68	278.41	174.91
82	89.79	58.20	118.85	76.73	147.91	95.26	176.97	113.79	206.03	132.32	235.09	150.85	264.15	169.38	293.21	187.91
83	93.96	62.64	124.41	82.65	154.86	102.66	185.31	122.67	215.76	142.68	246.21	162.69	276.66	182.70	307.11	202.71
84	97.89	67.35	129.65	88.93	161.41	110.51	193.17	132.09	224.93	153.67	256.69	175.25	288.45	196.83	320.21	218.41
85	98.67	71.79	130.69	94.85	162.71	117.91	194.73	140.97	226.75	164.03	258.77	187.09	290.79	210.15	322.81	233.21

NEIGHBORS GRADED DEATH BENEFIT WHOLE LIFE

Tobacco

How Much Will It Cost?

Tobacco

ISSUE AGE	\$3,000		\$4,000		\$5,000		\$6,000		\$7,000		\$8,000		\$9,000		\$10,000	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
50	18.00	14.10	23.13	17.93	28.26	21.76	33.39	25.59	38.52	29.42	43.65	33.25	48.78	37.08	53.91	40.91
51	18.78	14.88	24.17	18.97	29.56	23.06	34.95	27.15	40.34	31.24	45.73	35.33	51.12	39.42	56.51	43.51
52	19.83	15.39	25.57	19.65	31.31	23.91	37.05	28.17	42.79	32.43	48.53	36.69	54.27	40.95	60.01	45.21
53	20.88	15.93	26.97	20.37	33.06	24.81	39.15	29.25	45.24	33.69	51.33	38.13	57.42	42.57	63.51	47.01
54	21.93	16.71	28.37	21.41	34.81	26.11	41.25	30.81	47.69	35.51	54.13	40.21	60.57	44.91	67.01	49.61
55	22.71	17.22	29.41	22.09	36.11	26.96	42.81	31.83	49.51	36.70	56.21	41.57	62.91	46.44	69.61	51.31
56	24.00	18.00	31.13	23.13	38.26	28.26	45.39	33.39	52.52	38.52	59.65	43.65	66.78	48.78	73.91	53.91
57	25.32	18.54	32.89	23.85	40.46	29.16	48.03	34.47	55.60	39.78	63.17	45.09	70.74	50.40	78.31	55.71
58	26.61	19.59	34.61	25.25	42.61	30.91	50.61	36.57	58.61	42.23	66.61	47.89	74.61	53.55	82.61	59.21
59	28.20	20.61	36.73	26.61	45.26	32.61	53.79	38.61	62.32	44.61	70.85	50.61	79.38	56.61	87.91	62.61
60	29.76	21.39	38.81	27.65	47.86	33.91	56.91	40.17	65.96	46.43	75.01	52.69	84.06	58.95	93.11	65.21
61	31.59	22.71	41.25	29.41	50.91	36.11	60.57	42.81	70.23	49.51	79.89	56.21	89.55	62.91	99.21	69.61
62	33.66	24.00	44.01	31.13	54.36	38.26	64.71	45.39	75.06	52.52	85.41	59.65	95.76	66.78	106.11	73.91
63	35.49	25.32	46.45	32.89	57.41	40.46	68.37	48.03	79.33	55.60	90.29	63.17	101.25	70.74	112.21	78.31
64	37.59	26.61	49.25	34.61	60.91	42.61	72.57	50.61	84.23	58.61	95.89	66.61	107.55	74.61	119.21	82.61
65	39.42	27.93	51.69	36.37	63.96	44.81	76.23	53.25	88.50	61.69	100.77	70.13	113.04	78.57	125.31	87.01
66	41.76	29.49	54.81	38.45	67.86	47.41	80.91	56.37	93.96	65.33	107.01	74.29	120.06	83.25	133.11	92.21
67	44.64	31.05	58.65	40.53	72.66	50.01	86.67	59.49	100.68	68.97	114.69	78.45	128.70	87.93	142.71	97.41
68	47.76	32.64	62.81	42.65	77.86	52.66	92.91	62.67	107.96	72.68	123.01	82.69	138.06	92.70	153.11	102.71
69	50.91	34.20	67.01	44.73	83.11	55.26	99.21	65.79	115.31	76.32	131.41	86.85	147.51	97.38	163.61	107.91
70	54.30	36.27	71.53	47.49	88.76	58.71	105.99	69.93	123.22	81.15	140.45	92.37	157.68	103.59	174.91	114.81
71	58.20	38.37	76.73	50.29	95.26	62.21	113.79	74.13	132.32	86.05	150.85	97.97	169.38	109.89	187.91	121.81
72	62.91	40.71	83.01	53.41	103.11	66.11	123.21	78.81	143.31	91.51	163.41	104.21	183.51	116.91	203.61	129.61
73	68.13	43.32	89.97	56.89	111.81	70.46	133.65	84.03	155.49	97.60	177.33	111.17	199.17	124.74	221.01	138.31
74	73.35	46.20	96.93	60.73	120.51	75.26	144.09	89.79	167.67	104.32	191.25	118.85	214.83	133.38	238.41	147.91
75	79.62	49.08	105.29	64.57	130.96	80.06	156.63	95.55	182.30	111.04	207.97	126.53	233.64	142.02	259.31	157.51
76	87.18	52.20	115.37	68.73	143.56	85.26	171.75	101.79	199.94	118.32	228.13	134.85	256.32	151.38	284.51	167.91
77	94.74	55.59	125.45	73.25	156.16	90.91	186.87	108.57	217.58	126.23	248.29	143.89	279.00	161.55	309.71	179.21
78	102.84	59.76	136.25	78.81	169.66	97.86	203.07	116.91	236.48	135.96	269.89	155.01	303.30	174.06	336.71	193.11
79	110.94	64.20	147.05	84.73	183.16	105.26	219.27	125.79	255.38	146.32	291.49	166.85	327.60	187.38	363.71	207.91
80	117.96	69.42	156.41	91.69	194.86	113.96	233.31	136.23	271.76	158.50	310.21	180.77	348.66	203.04	387.11	225.31
81	123.72	73.59	164.09	97.25	204.46	120.91	244.83	144.57	285.20	168.23	325.57	191.89	365.94	215.55	406.31	239.21
82	129.45	77.79	171.73	102.85	214.01	127.91	256.29	152.97	298.57	178.03	340.85	203.09	383.13	228.15	425.41	253.21
83	135.21	82.23	179.41	108.77	223.61	135.31	267.81	161.85	312.01	188.39	356.21	214.93	400.41	241.47	444.61	268.01
84	140.94	86.91	187.05	115.01	233.16	143.11	279.27	171.21	325.38	199.31	371.49	227.41	417.60	255.51	463.71	283.61
85	146.67	92.13	194.69	121.97	242.71	151.81	290.73	181.65	338.75	211.49	386.77	241.33	434.79	271.17	482.81	301.01

NEIGHBORS GRADED DEATH BENEFIT WHOLE LIFE

✓ CHECKLIST

- ✓ All questions on the application must be completed.
- ✓ Eligibility for the SIWL or GDB plan is dependent upon the answers provided in PART 2, SECTION 2 of the application. Your client must be able to answer questions 2 through 7 “NO” to be eligible for either plan. If the answer to questions 8 and/or 9 is “YES”, your client is only eligible for the Graded Death Benefit plan
- ✓ If the Owner is different than the Proposed Insured, the Owner and Insured must sign the application.
- ✓ Always include medications, dosages, and frequency of administration on all prescriptions currently prescribed to and/or taken by the Proposed Insured. If additional space is needed, include a separate page.
- ✓ If “Draft first payment” is requested (Section 5), indicate the quoted payment amount in the space provided.
- ✓ If the client requests premium be paid via “electronic payment” (Section 5), complete the “Authorization for Pre-Authorized Collection Plan” on page 4. Be sure to include a voided check or an encoded deposit slip with the application.
- ✓ If the certificate will be replacing another (or in some states, if the Proposed Insured has other insurance in force), note this in Section 1 and include any state required replacement forms (and form 1867 in many states).
- ✓ If the Accelerated Living Benefit Rider (ALBR) is approved in the state and the client elects to include the rider at no additional premium (Section 4), many states require a disclosure (Form 1767) be left with the client. NOTE: ALBR features may vary by state.

Review the current APPROVALS and REQUIRED FORMS for any forms required with the application in the state of issue.

Completed applications can be faxed or mailed to:

**Rock Island Sales
230 16th Street
Rock Island, IL 61201
Toll-free FAX: (866) 787-1450**

**Austin Division
4910 Courtyard Drive, Suite 240
Austin, TX 78731
Toll-free FAX: (866) 862-1070**