

DIRECTIONS:

1. Complete a separate Conversion Kit for each applicant.
2. Complete all sections below and the attached conversion application.
3. Mail the completed form below, the completed application, the signed Important Information About Your Life Insurance Conversion, initial premium and bank draft form to the above address within 31 days of the date your group insurance terminates. Checks or Money Orders should be made payable to Texas Life Insurance Company.

In accordance with and subject to all the terms and conditions of the conversion privilege contained therein, I make application to Texas Life Insurance Company to convert my insurance under said Group Policy to an individual plan issued by Texas Life Insurance Company, such policy to be used in accordance with the following requests and statements of fact:

<i>To BE COMPLETED BY EMPLOYEE</i>		
Name of Employer:		Group Policy Number:
Name of Employee (Last, First, Middle):		Employee's Social Security Number:
Present Occupation:	Date and Reason for Termination:	
Group Life Insurance Amounts		
Employee: Basic \$ _____ Voluntary \$ _____	Spouse: Basic \$ _____ Voluntary \$ _____	Child(ren): Basic \$ _____ Voluntary \$ _____
<i>To BE COMPLETED BY EMPLOYER</i>		
Name of Employer:		Group Policy Number:
Employee Ineligible for Coverage: Date: _____	Group Policy Terminated: Date: _____	
Group Life Insurance Amounts		
Employee Effective Date: _____ Basic \$ _____ Voluntary \$ _____	Spouse Effective Date: _____ Basic \$ _____ Voluntary \$ _____	Child(ren) Effective Date: _____ Basic \$ _____ Voluntary \$ _____
Date Coverage Terminated		
Employee Date: _____	Spouse Date: _____	Child(ren) Date: _____

Name of Person Authorized to Certify for Group Policyholder (please print)

Telephone Number

Signature of Person Authorized to Certify for Group Policyholder

Date Signed

*For rates under age 17 and over age 70, please contact Texas Life Insurance Company at (800)283-9233, ext. 6819

Important Notice Regarding Your Accelerated Death Benefits

Important Notice

The Insurance proceeds, cash values and loan values will all be reduced to zero and will no longer be payable and Texas Life's obligation under the contract will terminate if Texas Life pays you the Accelerated Death Benefit under this Rider.

Important Tax Notice

The Accelerated Death Benefit under this rider is intended to qualify for favorable tax income treatment under the Internal Revenue Code of 1986 (as amended by Public Law 104-191 in Washington state). If the Accelerated Death Benefit qualifies for such favorable tax treatment, the benefit will be excludable from your income and not subject to federal income taxation. Tax laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor to determine the effect on you. Neither Texas Life nor its agents are authorized to give tax or legal advice.

Public Assistance Notice

Receipt of the Accelerated Death Benefit may affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and social services agencies concerning how receipt of such payment will affect you, your spouse's, and your family's eligibility for public assistance.

Rider Mechanics

The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider, Form ICC11-ULABR-11 in states which are members of the Interstate Insurance Compact (ICC*) and Form ULABR-11 in non-ICC states. If the insured becomes terminally ill you may elect to claim an accelerated death benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92.6% (92% in AR, AZ, CA, CT, FL, DE, MT, ND, OR, and SD) of the insurance proceeds less an administrative fee of \$150 (\$100 in Florida and \$150 premium in Montana). This is not a long term care benefit. Terminal illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months (See your rider for additional detail regarding the certification of terminal illness). A 90 day exclusion period applies in AZ, AR, CA, DE, DC, FL, MT, ND, and SD (30 days in CT) unless the terminal illness results from accidental bodily injury.

Other conditions and limitations apply. The right to accelerate benefits under this rider does not extend to any Family Term Life Insurance Rider. However, if the Accelerated Benefit is paid, The Family Term Life Insurance Rider results in coverage becoming paid-up as if the Insured had died. Payment of the Accelerated Death Benefit terminates the policy and all other optional benefit/riders without further value. In AZ, AR, CA, CT, DE, DC, FL, MT, ND, OR and SD, this rider cannot be reinstated after a policy lapses. So, pay your premiums faithfully.

Instructions for Completing Application

1. On the Individual Life Insurance Application, complete all highlighted areas. (complete only the highlighted areas)
2. Print your Last Name, First Name, Middle Initial, Sex (M/F), Social Security Number, Birth Date, and your age as of the 1st of the month following the completion of this application. If completing this application for a minor child (under the age of 18), please provide their information instead of your own.
3. Answer the tobacco question “Yes” if you have used **any form of tobacco** within the last 12 months and “No” if you have not.
4. Print your mailing address, daytime phone number, evening phone number and email address in the boxes provided. This will only be used in the processing of this application and the ongoing administration of this plan.
5. Print the full name and relationship of your beneficiary in the boxes provided.
6. Use the attached rate sheet to select your face amount and the monthly premium. Locate your age as of the 1st of the month following the completion of this application and follow across to the appropriate face amount and the applicable tobacco usage column. This will be your monthly bank draft premium. If your requested face amount is not listed on the rate sheet, see attached instructions on calculating your premium.
7. Record the face amount (not to exceed the lesser of your Group Life insurance amount or \$150,000), premium and total premium in the boxes provided.
8. If you would like to include the “Automatic Contract Loan” provision, check the appropriate box. You may choose to include an “Automatic Contract Loan” provision which pays any unpaid premiums for a policy that has sufficient cash value when the premium is overdue 30 days or more.
9. **Turn to the back of** the application; review the appropriate disclosure notices and then sign the application as the Proposed Insured. For applicants under the age of 18, the application must be signed by the legal guardian, making them the owner of the policy. Date the signature with the current date, and then add the City and State where the application was signed.
10. Attach a check or money order **made payable to Texas Life Insurance Company** to the application for the 1st month’s premium. Your initial premium will be the bank draft premium amount. See step 9 for all subsequent premiums. **Your application is incomplete without the 1st premium attached.**
11. Read and sign the “Important Information About Your Life Insurance Conversion” form that follows the application. **Your application is incomplete without this form being signed.**
12. Please complete the attached bank draft form, attach a voided check or deposit slip and mail with your completed application. If you choose not to complete the bank draft form, you will receive a monthly bill which will include a \$2.00 monthly billing fee.
13. Use the attached postage paid envelope to mail the completed cover sheet, completed application, signed Important Information About Your Life Insurance Conversion, initial premium and bank draft form to the address below within 31 days of the date your group insurance terminates:

Texas Life Insurance Company
Conversion Application – New Business
P. O. Box 830
Waco, TX 76703

For assistance with your conversion application, please call 1-800-283-9233, ext. 6814 and ask for LifeMap Conversion Expert assistance.

Additional Statements

For residents of IN, LA, KS, MA, MI, MS, NC, OH, OK, VA, and WA: I received a summary description of the accelerated death benefit and Important Notice regarding Accelerated Death Benefit.

For residents of ME, NH, WA, and WI: I acknowledge receipt of a Life Insurance Buyer's Guide.

For residents of Massachusetts: I acknowledge receipt of the Disclosure Regarding Right to Notice of Adverse Underwriting Decision Form 03M019MA and the Massachusetts Electronic Signature Disclosure Form 05M117 (for application taken with an electronic signature).

For residents of Pennsylvania: I acknowledge receipt of the Disclosure Notice for Accelerated Death Benefit Due to Terminal Illness Form 08M003PA.

For residents of West Virginia: I acknowledge receipt of the Agent Written Proposal Form 04M013 and discussed with the agent the insurance need and ability to pay the premium, and believe the insurance applied for is suitable.

REPRESENTATIONS: I believe to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured. Insurance is effective under the policy only when it is delivered to the owner and the full first premium is paid in cash. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Proposed Insured
(Owner) Signature **X** _____ Date _____ City _____ State _____

Agent Only: To the best of my knowledge the insurance applied for is is not to replace existing insurance or annuity. I have delivered to the Proposed Insured the applicable forms and information described in Additional Statements above.

Enroller Signature **X** Regence Coordinated Services Inc Print Enroller Name _____ Agent # LM18721

Additional Notices

For residents of Minnesota: In your application for insurance, you do not have to disclose the following medical tests – (a) An HIV (AIDS) test administered to a criminal offender or crime victim as a result of a crime that was reported to the police., (b) A test to determine the presence of any bloodborne pathogen, such as hepatitis B virus, hepatitis C virus and HIV, if the test resulted from your function as: (i) a corrections employee or an inmate at a correctional facility; (ii) an employee or patient of a secure treatment facility; or (iii) an emergency medical services person. An “emergency medical services person” is (1) an individual employed or receiving compensation to provide out-of-hospital emergency medical services such as a firefighter, paramedic, emergency medical technician, licensed nurse, rescue squad person, or other individual who serves as an employee or volunteer of an ambulance service or a member of an organized first responder squad; (2) an individual employed as a licensed peace officer; (3) an individual employed as a crime laboratory worker while working outside the laboratory and involved in a criminal investigation; (4) any individual who renders emergency care or assistance at the scene of an emergency or while an injured person is being transported to receive medical care and who is acting under the Good Samaritan law; and (5) any individual executing a citizen’s arrest.

For residents of New Mexico: Notice of Confidential Abuse Information Practices For New Mexico Residents. This notice is provided to you by Texas Life Insurance Company as required by the Domestic Abuse Insurance Protection Act. It is designed to inform you of the rights you have pursuant to this act. During the process of making an application for life insurance or renewal or reinstatement of a life insurance policy and when making a claim for life insurance proceeds, we may ask you to authorize the release of medical and other records. We will review these records to determine your eligibility for insurance and evaluate your claim. During this review, it is possible that we may receive information that indicates that you have been the victim of domestic violence. We are prohibited by law from using your status as a victim of domestic violence as a basis for denying, refusing to issue, renew or reissue or canceling or otherwise terminating a policy, restricting or excluding coverage or benefits of a policy or charging a higher premium for a policy. You have the right to request access to and correction with respect to all confidential abuse information received by Texas Life Insurance Company. You may also request a more detailed Notice of Confidential Abuse Information Practices. Finally, you have the right to be designated as a protected person pursuant to the Domestic Abuse Insurance Protection Act. You may request additional information by calling the Texas Life Insurance Company Officer at 1-800-283-9233.

Interim Insurance

Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction or through your membership in a union or association; (2) you sign a Salary Deduction Authorization or Bank Draft Authorization Form (union and association members only); and, (3) you are insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify you that you are ineligible for interim insurance; or, (d) the 180th day after the application date. In Kansas, clauses (3) and (d) do not apply, and clauses (b) and (c) apply only when We refund all premiums.

Important Information About Your Life Insurance Conversion

You have decided to convert the life insurance coverage you had under the LifeMap Assurance Company (LifeMap) Group Life Insurance Policy (Group Policy) that you acquired through your former employer, to an individual life insurance policy (individual policy), to be issued by Texas Life Insurance Company (Texas Life), a Texas domestic insurance company which is authorized to do business in all states other than New York. Texas Life has a financial strength rating of "A" (Excellent) from AM Best Company. A Best's Financial Strength Rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. It is based on a quantitative and qualitative evaluation of a company's balance sheet strength, operating performance and business profile.

As part of the conversion process, Texas Life wants to make you aware of the following important items.

1. Coverage under the Group Policy extends for 31 days past the date you ceased to be eligible for such coverage. Should the insured die within that time period, life insurance coverage will still be provided by the Group Policy and not by Texas Life. If the insured dies during the conversion process only one death benefit will be paid; either through the Group Policy or by the Texas Life policy
2. The Interim Insurance provision set out on the back of the Texas Life application form does not apply to your Texas Life policy because its terms do not apply to a conversion. Instead, the following Interim Insurance provision will apply.

Interim Insurance

Interim Insurance will be in force on this application to convert the applicant's group policy voluntary coverage beginning on the first day after the applicant no longer has coverage under the Group Policy if these conditions are met: (1) the applicant submits an application to Texas Life for such conversion in accordance with the attached instructions; and (2) the first month's premium for the policy as shown on the enclosed monthly premium chart is paid. Interim Insurance will remain in effect until the Policy Date so long as all premiums therefore are paid.

3. Your Group Policy provides that any time period the insured was covered by the Group Policy will apply to any contestability or suicide exclusion provisions contained in the converted policy. Even though the Individual Policy that will be issued to you by Texas Life contains specific contestability period and suicide exclusion provisions, the time period that you were covered under the Group Policy will be considered in determining the incontestability or suicide exclusion time period under the Individual Policy issued to you by Texas Life.
4. The Individual Policy is issued by Texas Life rather than LifeMap. Your rights and remedies will be against Texas Life rather than LifeMap. Texas Life makes no representation or warranties as to any differences as may arise by virtue of the foregoing.

I hereby acknowledge receipt of this information.

Signature

Printed Name

Date

Texas Life SOLUTIONS Series 121

Monthly Premiums

Face Amount	\$10,000		\$15,000		\$25,000		\$30,000		PAID UP At Attained Age
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	
17	8.40	9.70	11.10	13.05	16.50	19.75	19.20	23.10	65
18	8.70	10.00	11.55	13.50	17.25	20.50	20.10	24.00	65
19	8.70	10.10	11.55	13.65	17.25	20.75	20.10	24.30	65
20	8.90	10.40	11.85	14.10	17.75	21.50	20.70	25.20	65
21	9.00	10.60	12.00	14.40	18.00	22.00	21.00	25.80	65
22	9.20	10.80	12.30	14.70	18.50	22.50	21.60	26.40	65
23	9.50	11.10	12.75	15.15	19.25	23.25	22.50	27.30	65
24	9.60	11.40	12.90	15.60	19.50	24.00	22.80	28.20	65
25	9.80	11.70	13.20	16.05	20.00	24.75	23.40	29.10	65
26	10.20	12.00	13.80	16.50	21.00	25.50	24.60	30.00	65
27	10.50	12.40	14.25	17.10	21.75	26.50	25.50	31.20	65
28	10.90	12.80	14.85	17.70	22.75	27.50	26.70	32.40	65
29	11.30	13.30	15.45	18.45	23.75	28.75	27.90	33.90	65
30	11.50	13.80	15.75	19.20	24.25	30.00	28.50	35.40	65
31	12.10	14.40	16.65	20.10	25.75	31.50	30.30	37.20	65
32	12.70	15.00	17.55	21.00	27.25	33.00	32.10	39.00	65
33	13.20	15.70	18.30	22.05	28.50	34.75	33.60	41.10	65
34	13.50	16.30	18.75	22.95	29.25	36.25	34.50	42.90	65
35	14.00	17.10	19.50	24.15	30.50	38.25	36.00	45.30	65
36	14.70	17.90	20.55	25.35	32.25	40.25	38.10	47.70	65
37	15.50	18.80	21.75	26.70	34.25	42.50	40.50	50.40	65
38	16.20	19.80	22.80	28.20	36.00	45.00	42.60	53.40	65
39	17.40	21.00	24.60	30.00	39.00	48.00	46.20	57.00	65
40	18.00	22.00	25.50	31.50	40.50	50.50	48.00	60.00	65
41	19.00	23.30	27.00	33.45	43.00	53.75	51.00	63.90	65
42	19.90	24.70	28.35	35.55	45.25	57.25	53.70	68.10	65
43	20.90	26.20	29.85	37.80	47.75	61.00	56.70	72.60	65
44	22.30	28.00	31.95	40.50	51.25	65.50	60.90	78.00	65
45	23.70	29.90	34.05	43.35	54.75	70.25	65.10	83.70	65
46	24.60	31.20	35.40	45.30	57.00	73.50	67.80	87.60	66
47	25.60	32.50	36.90	47.25	59.50	76.75	70.80	91.50	67
48	26.70	33.90	38.55	49.35	62.25	80.25	74.10	95.70	68
49	27.90	35.30	40.35	51.45	65.25	83.75	77.70	99.90	69
50	28.80	35.90	41.70	52.35	67.50	85.25	80.40	101.70	70
51	29.90	37.50	43.35	54.75	70.25	89.25	83.70	106.50	71
52	31.10	39.00	45.15	57.00	73.25	93.00	87.30	111.00	72
53	32.40	40.70	47.10	59.55	76.50	97.25	91.20	116.10	73
54	33.80	42.60	49.20	62.40	80.00	102.00	95.40	121.80	74
55	34.40	43.70	50.10	64.05	81.50	104.75	97.20	125.10	75
56	35.60	45.40	51.90	66.60	84.50	109.00	100.80	130.20	76
57	37.50	47.20	54.75	69.30	89.25	113.50	106.50	135.60	77
58	39.20	49.40	57.30	72.60	93.50	119.00	111.60	142.20	78
59	40.60	51.80	59.40	76.20	97.00	125.00	115.80	149.40	79
60	43.00	54.70	63.00	80.55	103.00	132.25	123.00	158.10	80
61	45.30	57.50	66.45	84.75	108.75	139.25	129.90	166.50	81
62	47.50	60.80	69.75	89.70	114.25	147.50	136.50	176.40	82
63	49.60	64.30	72.90	94.95	119.50	156.25	142.80	186.90	83
64	52.50	67.80	77.25	100.20	126.75	165.00	151.50	197.40	84
65	55.10	71.60	81.15	105.90	133.25	174.50	159.30	208.80	85
66	58.60	76.10	86.40	112.65	142.00	185.75	169.80	222.30	86
67	62.10	80.60	91.65	119.40	150.75	197.00	180.30	235.80	87
68	66.20	85.50	97.80	126.75	161.00	209.25	192.60	250.50	88
69	70.60	91.40	104.40	135.60	172.00	224.00	205.80	268.20	89
70	75.40	97.70	111.60	145.05	184.00	239.75	220.20	287.10	90

Use the rate sheet to select your face amount and the monthly premium. Locate your age as of the 1st of the month following the completion of this application and follow across to the appropriate face amount and the applicable tobacco usage column. This will be your monthly **bank draft premium** and the amount of your initial premium sent with your application. If your requested face amount is not listed on the rate sheet, see attached instructions on calculating your premium

Texas Life SOLUTIONS Series 121

Monthly Premiums

Face Amount	\$50,000		\$75,000		\$100,000		\$150,000		PAID UP At Attained Age
	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	Non Tobacco	Tobacco	
17	30.00	36.50	43.50	53.25	57.00	70.00	84.00	103.50	65
18	31.50	38.00	45.75	55.50	60.00	73.00	88.50	108.00	65
19	31.50	38.50	45.75	56.25	60.00	74.00	88.50	109.50	65
20	32.50	40.00	47.25	58.50	62.00	77.00	91.50	114.00	65
21	33.00	41.00	48.00	60.00	63.00	79.00	93.00	117.00	65
22	34.00	42.00	49.50	61.50	65.00	81.00	96.00	120.00	65
23	35.50	43.50	51.75	63.75	68.00	84.00	100.50	124.50	65
24	36.00	45.00	52.50	66.00	69.00	87.00	102.00	129.00	65
25	37.00	46.50	54.00	68.25	71.00	90.00	105.00	133.50	65
26	39.00	48.00	57.00	70.50	75.00	93.00	111.00	138.00	65
27	40.50	50.00	59.25	73.50	78.00	97.00	115.50	144.00	65
28	42.50	52.00	62.25	76.50	82.00	101.00	121.50	150.00	65
29	44.50	54.50	65.25	80.25	86.00	106.00	127.50	157.50	65
30	45.50	57.00	66.75	84.00	88.00	111.00	130.50	165.00	65
31	48.50	60.00	71.25	88.50	94.00	117.00	139.50	174.00	65
32	51.50	63.00	75.75	93.00	100.00	123.00	148.50	183.00	65
33	54.00	66.50	79.50	98.25	105.00	130.00	156.00	193.50	65
34	55.50	69.50	81.75	102.75	108.00	136.00	160.50	202.50	65
35	58.00	73.50	85.50	108.75	113.00	144.00	168.00	214.50	65
36	61.50	77.50	90.75	114.75	120.00	152.00	178.50	226.50	65
37	65.50	82.00	96.75	121.50	128.00	161.00	190.50	240.00	65
38	69.00	87.00	102.00	129.00	135.00	171.00	201.00	255.00	65
39	75.00	93.00	111.00	138.00	147.00	183.00	219.00	273.00	65
40	78.00	98.00	115.50	145.50	153.00	193.00	228.00	288.00	65
41	83.00	104.50	123.00	155.25	163.00	206.00	243.00	307.50	65
42	87.50	111.50	129.75	165.75	172.00	220.00	256.50	328.50	65
43	92.50	119.00	137.25	177.00	182.00	235.00	271.50	351.00	65
44	99.50	128.00	147.75	190.50	196.00	253.00	292.50	378.00	65
45	106.50	137.50	158.25	204.75	210.00	272.00	313.50	406.50	65
46	111.00	144.00	165.00	214.50	219.00	285.00	327.00	426.00	66
47	116.00	150.50	172.50	224.25	229.00	298.00	342.00	445.50	67
48	121.50	157.50	180.75	234.75	240.00	312.00	358.50	466.50	68
49	127.50	164.50	189.75	245.25	252.00	326.00	376.50	487.50	69
50	132.00	167.50	196.50	249.75	261.00	332.00	390.00	496.50	70
51	137.50	175.50	204.75	261.75	272.00	348.00	406.50	520.50	71
52	143.50	183.00	213.75	273.00	284.00	363.00	424.50	543.00	72
53	150.00	191.50	223.50	285.75	297.00	380.00	444.00	568.50	73
54	157.00	201.00	234.00	300.00	311.00	399.00	465.00	597.00	74
55	160.00	206.50	238.50	308.25	317.00	410.00	474.00	613.50	75
56	166.00	215.00	247.50	321.00	329.00	427.00	492.00	639.00	76
57	175.50	224.00	261.75	334.50	348.00	445.00	520.50	666.00	77
58	184.00	235.00	274.50	351.00	365.00	467.00	546.00	699.00	78
59	191.00	247.00	285.00	369.00	379.00	491.00	567.00	735.00	79
60	203.00	261.50	303.00	390.75	403.00	520.00	603.00	778.50	80
61	214.50	275.50	320.25	411.75	426.00	548.00	637.50	820.50	81
62	225.50	292.00	336.75	436.50	448.00	581.00	670.50	870.00	82
63	236.00	309.50	352.50	462.75	469.00	616.00	702.00	922.50	83
64	250.50	327.00	374.25	489.00	498.00	651.00	745.50	975.00	84
65	263.50	346.00	393.75	517.50	524.00	689.00	784.50	1,032.00	85
66	281.00	368.50	420.00	551.25	559.00	734.00	837.00	1,099.50	86
67	298.50	391.00	446.25	585.00	594.00	779.00	889.50	1,167.00	87
68	319.00	415.50	477.00	621.75	635.00	828.00	951.00	1,240.50	88
69	341.00	445.00	510.00	666.00	679.00	887.00	1,017.00	1,329.00	89
70	365.00	476.50	546.00	713.25	727.00	950.00	1,089.00	1,423.50	90

Use the rate sheet to select your face amount and the monthly premium. Locate your age as of the 1st of the month following the completion of this application and follow across to the appropriate face amount and the applicable tobacco usage column. This will be your monthly **bank draft premium** and the amount of your initial premium sent with your application. If your requested face amount is not listed on the rate sheet, see attached instructions on calculating your premium.

Calculating Monthly Premium

Age	Monthly Premium per 1,000 for Non- Tobacco users	Monthly Premium per 1,000 for Tobacco users	Instruction for Calculating Premium	
17	\$0.54	\$0.67	1. Record Face Amount Requested (not less than \$5,000, not greater than \$150,000) <i>Ex. \$10,000</i>	\$
18	\$0.57	\$0.70		
19	\$0.57	\$0.71		
20	\$0.59	\$0.74	2. Determine what your age will be on the first of the month following the completion of the application. <i>Ex. 60</i>	
21	\$0.60	\$0.76		
22	\$0.62	\$0.78		
23	\$0.65	\$0.81		
24	\$0.66	\$0.84	3. Find your age on the table to the left, follow across to the appropriate non-tobacco or tobacco column (whichever applies to you) and record the monthly premium per 1,000 <i>Ex. \$4.00 (non-tobacco)</i>	\$
25	\$0.68	\$0.87		
26	\$0.72	\$0.90		
27	\$0.75	\$0.94		
28	\$0.79	\$0.98		
29	\$0.83	\$1.03		
30	\$0.85	\$1.08		
31	\$0.91	\$1.14	4. Record the number of units you are purchasing (1 unit = 1,000) ex. \$10,000 Face Amount = 10 units <i>Ex. 10</i>	
32	\$0.97	\$1.20		
33	\$1.02	\$1.27		
34	\$1.05	\$1.33	5. Multiply number of units times monthly premium per 1,000 <i>Ex. \$40.00</i>	\$
35	\$1.10	\$1.41		
36	\$1.17	\$1.49		
37	\$1.25	\$1.58		
38	\$1.32	\$1.68		
39	\$1.44	\$1.80	Policy Fee	\$ 3.00
40	\$1.50	\$1.90	6. Add \$3.00 policy fee to your total in step 5 <i>Ex. \$43.00</i>	\$
41	\$1.60	\$2.03		
42	\$1.69	\$2.17	7. Total monthly premium for bank draft equals the total in step 6 <i>Ex. \$43.00</i>	\$
43	\$1.79	\$2.32		
44	\$1.93	\$2.50		
45	\$2.07	\$2.69		
46	\$2.16	\$2.82		
47	\$2.26	\$2.95	If you choose not to complete the bank draft form, there will be a monthly billing fee added to your premium.	\$ 2.00
48	\$2.37	\$3.09		
49	\$2.49	\$3.23	8. Add \$2.00 monthly billing fee if you wish to be billed monthly direct <i>Ex. \$45.00</i>	\$
50	\$2.58	\$3.29		
51	\$2.69	\$3.45		
52	\$2.81	\$3.60	9. Total monthly premium for monthly direct bill equals the total in step 8 <i>Ex. \$45.00</i>	\$
53	\$2.94	\$3.77		
54	\$3.08	\$3.96		
55	\$3.14	\$4.07		
56	\$3.26	\$4.24		
57	\$3.45	\$4.42	<p>The initial premium sent in with your application will be the bank draft premium in step #7.</p> <p>To obtain premium rates for ages under 17 and over 70, contact Texas Life Insurance Company</p>	
58	\$3.62	\$4.64		
59	\$3.76	\$4.88		
60	\$4.00	\$5.17		
61	\$4.23	\$5.45		
62	\$4.45	\$5.78		
63	\$4.66	\$6.13		
64	\$4.95	\$6.48		
65	\$5.21	\$6.86		
66	\$5.56	\$7.31		
67	\$5.91	\$7.76		
68	\$6.32	\$8.25		
69	\$6.76	\$8.84		
70	\$7.24	\$9.47		

Automatic Bank Draft Form

A convenient payment option for you....

Three easy steps:

1. Read and complete each item on the Automatic Bank Draft Form.
2. Include either a voided check or deposit slip as required.
3. Mail with your completed application to Texas Life Insurance Company, P.O. Box 830, Waco, TX 76703-0830.

Please enter all Texas Life policy numbers you want drafted with this authorization:

Texas Life will begin drafting your account for the current or any outstanding premiums due immediately. Future drafts will be drawn on the policy date each month, which is typically the 1st of the month.

Please check the appropriate box:

- Checking Account Include a check with "Void" written on it.
 Savings Account Include a deposit slip with "Void" written on it.

Work Number () _____

Home Number () _____

Mobile Number () _____

Drafts are submitted to the bank and should clear your account within 2 - 3 days. If your draft date falls on a weekend or holiday, it will leave our office on the next business day.

As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the Texas Life Insurance Company, Waco, Texas provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a draft drawn on you and signed personally by me. The payment of premium under this plan may be discontinued by the Company or the undersigned. You shall be under no obligation to determine the correctness of the amount of any draft drawn under this authority. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

Signature of Bank Account Holder

Date