Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

ELECTRONIC SIGNATURE CONSENT

I have read the documents listed below, including any Mutual Agreements contained therein, and I hereby consent to the application of my electronic signature upon all of the forms by the Columbus Life Insurance Company. My electronic signatures on all documents demonstrates my intent to apply for life insurance from the Columbus Life Insurance Company, is as valid as a manual signature, and may not be invalidated solely on the basis that the signature was electronically obtained.

[application and list of additional forms]

Name Teraleen Campbell Date 10/03/2019 at 01:22:57 GMT

Electronically Signed At Upper Marlboro, MD

Application for Life Insurance
Foreign Travel Supplement
Accelerated Death Benefit Disclosure
Insurance Information Practices Disclosure
Authorization For Release of Health Information
Pre-Authorized Transfer Authorization
HIV Consent
Buyers Guide
Privacy Policy Statement
Attachment - Illustration

Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

☒ New Business ☐ Reinstatement of Policy #_____

APPLICATION FOR INDIVIDUAL LIFE INSURANCE – PART 1

For reinstatement, complete Sections A, B, I, J, K, L, M. N

A. Proposed Insured 1

1. Name of Proposed Insured — Male ☐ Female ☒
   Teraleen (First) — (Middle) — Campbell (Last)
2. Date of Birth 10/14/1969 (mm/dd/yyyy) Age 49
3. Place of Birth (state/country) MD / USA
4. Social Security No. or Tax I.D. 215-84-0892
5. Drivers License No. and State c514789734790 MD
6. Marital Status Single
7. Employer Morgan Properties
   Length Of Employment At This Business 0
   Occupation property manager
   Duties leasing manager of largest property in the state
   Earned Income $60,000 Net Worth $310,000
8. U.S. Citizen ☒ Yes ☐ No
   If No, complete the Citizenship Supplement.
9. Home Address: Years at Address 17 E-mail See overflow
   1510 Robert Lewis Ave (Street/Apt No.)
   Upper Marlboro, MD 20774 (City) (State) (Zip Code)
10. Home Phone (240) 539-4619 Alternate Phone (240) 539-4619

B. Proposed Insured 2 (For Survivorship or Other Insured Rider)

1. Name of Proposed Insured — Male ☐ Female ☐
   _____ (First) — (Middle) — (Last)
2. Date of Birth _____ (mm/dd/yyyy) Age _____
3. Place of Birth (state/country) _____
4. Social Security No. or Tax I.D. _____
5. Drivers License No. and State _____
6. Marital Status _____
7. Employer _____
   Length Of Employment At This Business _____
   Occupation _____
   Duties _____
   Earned Income _____ Net Worth _____
8. U.S. Citizen ☐ Yes ☐ No
   If No, complete the Citizenship Supplement.
9. Home Address and Phone Information: E-mail _____
   ☐ Same as Proposed Insured 1
   ☐ Different; Provide information below:

C. Coverage Applied For. (If Indexed UL, complete Premium Allocation Election.)

Plan of Insurance Nautical Term

If UL, select Death Benefit Option:
- ☐ 1 – Level Death Benefit
- ☐ 2 – Specified Amount plus Cash Value

If UL, select Life Insurance Qualification Test
- ☐ Guideline Premium (default, if none selected)
- ☐ Cash Value Accumulation (not available for all plans)

$100,000 Base Amount

_____ Supplemental Coverage Rider (SCR) Amount (if applicable)

$100,000 Total Base Plus SCR Amount

Term Plans Only, Select Term Period:
- ☐ Ten Year
- ☐ Fifteen Year
- ☒ Twenty Year
- ☐ Thirty Year

D. Optional Benefits and Riders.

Universal Life Only:
- ☐ No-Lapse Guarantee: ☐ Intermediate ☐ Lifetime
- ☐ Income Rider (Enhanced Value Rider)
- ☐ Disability Credit: indicate Monthly Credit Amount _____
- ☐ Extended Maturity Plus: ☐ Pay at Issue, or ☐ Pay at Age 80
- ☐ Premium Deposit Account Rider (Available in approved states)
- ☐ Change of Insured
- ☐ Enhanced Cash Value
- ☐ Estate Protection Rider

Term Plans Only:
- ☐ Return of Premium ☐ Waiver of Premium
- ☐ Accidental Death/Specific Loss

Universal Life and Term:
- ☐ Accidental Death _____
- ☐ Insured Insurability _____
- ☐ Other Insured _____
- ☐ Children's Term **(complete Child Term Rider supplement)**

For **Voyager** only, you may select a shorter No-Lapse Guarantee than the Lifetime No-Lapse:
☐ To age 90 ☐ To age 95

E. Child as Primary Proposed Insured

Answer if Proposed Insured is at least 15 days old and under 18 years.

1. Is Applicant a Parent or Legal Guardian (attach proof of guardianship) of proposed Insured?	☐ Yes	☐ No
2. Is Applicant employed and providing Proposed Insured's main support?	☐ Yes	☐ No
3. Is all life insurance in force on Applicant at least equal to 2 times that on Proposed Insured?	☐ Yes	☐ No
4. Are all other children in family insured or to be insured for an amount at least equal to that on Proposed Insured?	☐ Yes	☐ No

F. Owner of Policy. Complete only if Owner is other than Proposed Insured 1.

If Trust Owner, complete questions 1 A), D) and F) and attach declarations and signature pages of Trust Agreement.

1. A) Name Teraleen Campbell
   (First / Middle / Last)
   B) Date of Birth (mm/dd/yyyy) 10/14/1969 C) Relationship to Proposed Insured 1 Self
   D) Social Security/Tax ID Number 215-84-0892 E-mail address See overflow
   E) Place of Birth (State/Country) MD/USA Phone number (240) 539-4619
   F) Address 1510 Robert Lewis Ave, Upper Marlboro, MD 20774
   (Street No. and Name / Apt. No. / City / State / Zip Code)
2. Multiple Owners: provide all details as above for other Owner in Additional Remarks section. E-mail
   Type of Ownership: ☐ Joint with right of survivorship ☐ Tenants in common Other

G. Beneficiaries

	Name	Relationship	%
Primary:	Lisa Turner	Friend	50
Primary ☒ Secondary ☐	Tanya Townes	Cousin	50
Primary ☐ Secondary ☒	Martrice McCall	Godchild	100

H. Premium Amount, Mode of Premium Payment, Payer Information.

Modal Premium Amount $55.08 Mode Monthly (Note: 2 months premium required for monthly PAT mode)

Total Amount Paid at time of Application. If none, indicate zero or leave blank

Payer Name and Address if other than Owner (if not the same as home address in section A) – please print.

Teraleen Campbell (First Name / M.I. / Last Name) 1510 Robert Lewis Ave (Street Address or P.O. Box Number)

Upper Marlboro (City) MD (State) 20774 (Zip Code)

Relationship to Proposed Insured Self

I. Complete each question for the Proposed Owner and Proposed Insured(s) (if other than Owner).

	Proposed Owner	Proposed Insured 1 If other than Owner	Proposed Insured 2 If other than Owner
1. Have you entered into or do you have plans to enter into any agreement or contract to sell or assign the ownership of or any beneficial interest in the applied for policy?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Have you ever sold a policy to a life, settlement, viatical or other secondary market provider?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No

3. Will any portion of the premiums for this policy be financed? ☐ Yes ☒ No

4. Will any insured or policy owner receive any payment in connection with insurance issued on the basis of this application? ☐ Yes ☒ No

For **Yes** answers to questions 1, 2, 3 or 4, please give details:

J. Life Insurance In Force, Pending or Replacement.

	Proposed Insured 1	Proposed Insured 2
1. Has anyone proposed for insurance ever applied for life, health or disability insurance; or a reinstatement for life, health or disability insurance and been declined, postponed or charged an increased premium?	☐ Yes ☒ No	☐ Yes ☐ No
2. Does any Proposed Insured/Other Insured have any applications or preliminary or informal quote requests currently pending with any other life, settlement, viatical or secondary market provider or company?	☐ Yes ☒ No	☐ Yes ☐ No

If answered **Yes**, give details below for each Proposed Insured, including owner, beneficiary, carrier name and purpose of each policy.

3. a) Does the applicant (proposed owner) have any existing annuity contracts or life insurance policies in force with any insurer? If yes, the total amount of existing coverage in force is $ ☐ Yes ☒ No
   b) Will you replace any existing life insurance or annuities, including taking a loan from an existing insurance policy or surrendering, partially surrendering, modifying, amending or otherwise terminating any existing life insurance policy or annuity contract as a result of this application? If yes, list the company: ☐ Yes ☒ No

4. List all insurance in force for any Proposed or Other Insured. **If none, check here or leave blank** ☐ **Note below if it is a replacement.**

Proposed Insured Name	Company	Check If Repl	Check If 1035	B – Bus. P – Pers.	Face Amount	Policy Number	Issue Year	Purpose

K. Lifestyle Information on Proposed Insured 1 and Proposed Insured 2.

For **Yes** answers, complete Details section below.	Proposed Insured 1 Yes	Proposed Insured 1 No	Proposed Insured 2 Yes	Proposed Insured 2 No
1. In the past year has anyone proposed for insurance used tobacco or any other product containing nicotine? If **No,** select the answer that best describes tobacco/nicotine product history. **Proposed Insured 1:** Quit: Over ☒ 5, ☐ 2, ☐ 1 year(s) ago ☐ Never Used **Proposed Insured 2:** Quit: Over ☐ 5, ☐ 2, ☐ 1 year(s) ago ☐ Never Used	☐	☒	☐	☐
2. Ever used illegal drugs or controlled substances except as legally prescribed by a licensed member of the medical profession?	☐	☒	☐	☐
3. Do you consume alcoholic beverages? If Yes: Type _____ Frequency _____ Amount _____	☐	☒	☐	☐
4. Received or been advised to seek treatment for, attended a program for or been counseled for alcohol or drug abuse, or been advised by a physician to reduce the use of alcohol?	☐	☒	☐	☐
5. Ever had a drivers license suspended or revoked, or within the last 5 years, been convicted of reckless or negligent driving or driving under the influence of alcohol or drugs?	☐	☒	☐	☐
6. Are you currently receiving, or within the past 3 years have you received or applied for, any disability benefits, including Workers Compensation, Social Security Disability Insurance, or any other form of Disability insurance?	☐	☒	☐	☐
7. In the past 2 years have you been unable to work, attend school or perform the normal activities of like age and gender, or been confined at home?	☐	☒	☐	☐
8. Does anyone proposed for this insurance intend to travel or reside outside the U.S. or Canada within the next two years? If **Yes**, list where, when, purpose and duration in the Details section. **If Yes, complete a Supplemental Questionnaire.**	☒	☐	☐	☐
9. In the past 2 years, flown as a pilot, crew member, or with any duties aboard an aircraft, or is there any intention of doing so within the next two years? **If Yes, complete a Supplemental Questionnaire.**	☐	☒	☐	☐
10. In the past 2 years, engaged in any motor racing on land or water, parachuting, skydiving, ballooning, gliding (kite or other), flying ultra-light aircraft, underwater or scuba diving or mountain climbing, or is there any intention of doing so within the next two years? **If Yes, complete a Supplemental Questionnaire.**	☐	☒	☐	☐
11. Have you ever been convicted of, have pending charges for, or have you pled guilty to a felony? If **Yes,** indicate in Details section type, date and city/state of felony and if currently on probation or parole.	☐	☒	☐	☐
12. Are you a member of, or applied to be a member of, or received a notice of required service in, the military, reserves or National Guard? If **Yes**, please list branch of service, rank, duties, and current duty station.	☐	☒	☐	☐

Details: List details to question above, listing question number and the Proposed Insured details apply to.

Question No. and Proposed Insured	Details

L. Personal Physician Information

	Proposed Insured 1	Proposed Insured 2
Name of personal physician:	Kimberly Bolling	
Address:	4000 Mitchellville Road, Bowie, MD 20715	
Telephone number:	(301)-352-0090	
Date last consulted:	Jan 2019	
Reason last consulted:	routine checkup	
Treatment or medication prescribed:	nonw	

M. Additional Remarks

Complete this section unless a full paramedic exam or medical exam is required on the Proposed Insured(s). DO NOT remove this page from the application.

N. Medical Information on Proposed Insured 1, Proposed Insured 2.

For YES answers, complete Details section below.	**Proposed Insured 1** Yes	No	**Proposed Insured 2** Yes	No
1. Has any person proposed for insurance ever been diagnosed with, treated for, hospitalized for or been advised to seek treatment by a member of the medical profession for any of the following:				
a) High blood pressure, high cholesterol or high triglycerides?	X			
b) Heart disease or disorder, heart attack, heart murmur, angina or chest pain, palpitations, irregular heart beat or coronary artery disease?		X		
c) Circulatory system disorder, thrombophlebitis, aneurysm, embolism, peripheral vascular disease or edema?		X		
d) Chronic headaches, carotid artery blockage, seizures, fainting, dizziness, epilepsy, stroke or mini stroke (TIA – transient ischemic attack), paralysis or other nervous system or brain disorder?		X		
e) Any tumor, masses, cysts, cancer, melanoma, pre-cancerous lesion, lymphoma, or disorder of the lymph nodes?		X		
f) Anemia, leukemia, clotting disorder, or any other blood disorder?		X		
g) Diabetes, elevated blood sugar, a disorder of the urinary tract or findings of sugar, protein or blood in the urine?		X		
h) Asthma, emphysema, chronic obstructive pulmonary disease (COPD), shortness of breath, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or bronchitis, spitting up blood or any other disorder of the lungs or respiratory system?		X		
i) Arthritis, gout, fibromyalgia or any disorder of the back, spine, muscles, nerves, bones, joints or skin?		X		
j) Ulcers, colitis, Crohn's disease, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder or pancreas?		X		
k) Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder?		X		
l) Thyroid, pituitary or other endocrine or glandular disorder?		X		
m) Any nervous, mental, emotional, mood, anxiety or eating disorders, or received counseling for anxiety, depression, stress or any other emotional condition?		X		
n) Any disorder of the eyes, ears, nose or throat?		X		
2. Ever tested positive for exposure to the HIV (Human Immunodeficiency Virus) or been diagnosed by a member of the medical profession as having or been treated for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-Related Complex) or any other immune deficiency disorder?		X		
3. In the past 12 months have you been prescribed any medications other than contraceptives?		X		
4. Within the past five years, have you been treated or examined by a member of the medical profession or been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS virus)?		X		
5. Has any immediate family member (parents, sisters or brothers) died as a result of, or been diagnosed by a member of the medical profession with, heart disease and/or cancer prior to age 60?		X		
6. What is your height and weight? If weight changed in the past 12 months, indicate pounds lost or gained.	Ht 5 ft 7 in Wt 290 lbs Loss Gain		Ht Wt Loss Gain	

Medical Information Details

Details of **Yes** answers to the above questions 1-5.

Question No. and name of proposed insured.	Physicians, hospitals, illness, treatment, medical information, reason for checkup.	Dates and duration of illness.	Name, address, phone number of medical professionals, hospitals.
See overflow	See overflow	See overflow	See overflow

MIB Authorization: The undersigned, individually and on behalf of any children named in the application, authorize MIB, Inc. to give to Columbus Life Insurance Company, or its reinsurers, any information it has on me or named children.

I (we) also authorize the Company or its reinsurers to release any information collected about me or named child(ren) to MIB, Inc. and to other insurance companies with whom I (we) may apply for insurance. This authorization shall remain in effect for 24 months following the date of signature(s) below and can be revoked at any time by notifying the Company in writing at 400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201- 5737. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery.

AGREEMENT AND ACKNOWLEDGEMENT

I (we) agree that: A. These statements and answers and those in all overflow pages, supplements, amendments and medical examiners' reports will form the basis of any policy you issue. B. No one except your Chairman, President, or Secretary has the power to make or modify any contract of insurance or bind you in any way. C. No statement made by me (us) or by your agent or anyone else will bind you unless stated in this application. D. Unless a Temporary Insurance Agreement is duly executed and in effect, no insurance will take effect: (1) before this application is approved; and (2) before a policy is delivered and the first premium paid during the lifetime of each and every person proposed for insurance under the policy and then only if the health and other conditions affecting insurability remain as described in the application. The Company is liable under a Temporary Insurance Agreement only to the extent provided in such agreement. E. To the extent it may be lawful, I (we) waive all laws prohibiting a physician or other person from disclosing information obtained in the examination or treatment of a person to be insured. F. I (we) acknowledge receipt of notice about an investigative consumer report and the MIB, Inc. and insurance information practices.

I have read and acknowledge the Accelerated Death Benefit Disclosure Statement. I have received 1) a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me or my children which relates to this application; and 2) Disclosures Regarding Insurance Information Practices, including the MIB, Inc. Pre-Notice.

OWNER: Taxpayer Identification Certifications (Substitute W-9) - Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required below. Under penalties of perjury, I certify that: **(1)** The SSN/TIN shown on this form is my correct Taxpayer Identification Number, and **(2)** I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as the result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, or (d) if I am subject to backup withholding I will complete for you a separate original IRS form W-9 and **(3)** I am a U.S. citizen or other U.S. person. An IRS form W-9 and instructions can be found at http://www.irs.gov/pub/irs-pdf/fw9.pdf. I (we) have carefully reviewed each and every statement and answer in this application and represent that they are true and complete to the best of my (our) knowledge and belief.

WARNING: 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.

A faxed or electronically transmitted signed document to Columbus Life Insurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at Upper Marlboro, MD (City and State) Date 10/03/2019 01:22:57 GMT Teraleen Campbell Signature of Proposed Insured 1 (if age 15 or older)

Signature of Applicant/Owner if other than Proposed Insured

Signature of Proposed Insured 2

Agent/ Producer Statement

Does the applicant (proposed owner) have any existing annuity contracts or life insurance policies in force with any insurer? ☐ Yes ☒ No

Will this replace any existing life insurance or annuities, including taking a loan from an existing insurance policy or surrendering, partially surrendering, modifying, amending or otherwise terminating any existing life insurance policy or annuity contract as a result of this application? ☐ Yes ☒ No

By the signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on this application. I know nothing affecting the risk that has not been recorded herein. I also certify that prior to signing the application; only Company approved sales material was used and I delivered to the applicant copies of all sales material, any proposal, outline of coverage, buyer's guide, comparison, and/or disclosure statement required by federal or state law to be delivered at the time of application.

Agent's Name (Please Print) TaNoah Morgan License No. 3000121137

Signature of Agent TaNoah Morgan Date 10/03/2019 01:22:57 GMT

Columbus Life Insurance Company
A member of Western & Southern Financial Group
400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

OVERFLOW PAGE

The following information is made part of the Application question indicated.

Section A: Proposed Insured 1 - Teraleen Campbell
E-Mail: teracam@msn.com

Section L: Personal Physician Information
Name: Teraleen Campbell
Details: Arnold Kirshenbaum, allergy specialist.

Section N: Medical Information
Question 1A
Name: Teraleen Campbell
Details: Dr. Bolling. diagnosed three years ago. Treated with oral medication. Blood pressure is under control

This Overflow Page has been read and all answers are intended to be part of the Application attached to the life insurance policy.

Teraleen Campbell — 10/03/2019 01:22:57 GMT
Insured — Date

Teraleen Campbell — 10/03/2019 01:22:57 GMT
Owner — Date

AGENT'S REPORT
COLUMBUS LIFE INSURANCE COMPANY APPLICATION FOR INSURANCE

Proposed Insured Teraleen Campbell Date of Birth 10/14/1969

Complete if insurance applied for is $1,000,000 or less.

1. Purpose of Insurance Applied For:

☐ Estate Planning	☐ Buy/Sell
☐ Family Income Replacement	☐ Deferred Comp.
☒ Final Expenses	☐ Employee Bonus
☐ Mortgage Coverage	☐ Key Person
☐ Split Dollar	☐ Stock Redemption
☐ Retirement Plan	☐ Required by Creditor (debt protection)
	☐ Other (specify) _____

2. Was Inspection Report Ordered? ☐ Yes ☒ No

3. Is the Proposed Insured a relative of the Producer? ☐ Yes ☒ No
If Yes, explain _____

4. Future Premiums – after first has been paid:
- ☐ None – Lump Sum _____
- ☐ Direct Bill
  - ☐ Quarterly ☐ Semi-Annually ☐ Annually
- ☒ Pre-Authorized Transfer
  - ☒ New Plan ☐ Existing Plan
  - ☒ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Complete PAT form CL 35.47-NB. Please follow all instructions in that form.

- ☐ Account Bill
  - ☐ New Plan (Will be assigned by H.O.)
  - ☐ Existing Plan No. _____ (Policy Number or Account Number)
- Payable: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
- ☐ Government Allotment (See Marketing Manual Rules.)
  - ☐ New Plan
  - ☐ Existing Plan No. _____ (Policy Number or Account Number)

5. Credit Application To: (Please Print)

	% of App (whole numbers only)	CLIC Producer Number
Writing Agent TaNoah Morgan	100%	CL000 65593
Agent #2		CL000
Agent #3		CL000

Writing Agent Information:
Phone No. 2405446800 Fax No. _____ E-Mail tmorgan@msagencies.com

WRITING AGENT REPORT

		Yes	No
A.	I declare that I asked the Proposed Insured(s) each question on the application. The answers have been recorded by me exactly as stated and I know of nothing affecting the insurability of the Proposed Insured(s) which is not fully recorded in this application.	☐	☒
B.	I declare that I have accurately answered any questions contained in the Agent's Report completed by me in connection with this application.	☐	☒
C.	I declare that I have provided each Proposed Insured and Owner with the Notices on the Medical Information Bureau and Fair Credit Reporting Act as well as a copy of the Privacy Practices Notice.	☐	☒
D.	I verified the Proposed Insured's/Proposed Insured's identity by viewing the individual's photograph on a driver's license, passport or other official document and have transcribed the number on Page 1 of the application. If applicant is a business or trust entity, I viewed documentation confirming the entity's legal status and state of formation, and I have provided the declarations and signature pages of the trust to Columbus Life.	☒	☐

TaNoah Morgan
Name of Licensed Agent, Broker or Registered Representative (Print)

TaNoah Morgan — 10/03/2019 01:22:57 GMT
Signature of Licensed Agent, Broker or Registered Representative — Date

first financial solutions
Print Name of General Agent

Columbus Life Insurance Company
A member of Western & Southern Financial Group

400 Broadway
Cincinnati, OH 45202
Fax: 888-436-6591
Email: clcaseanalysts@columbuslife.com

Preauthorized Transfer (PAT)

For your convenience, and with your written authorization, the Columbus Life Insurance Company of Cincinnati, Ohio ("CLIC") can electronically transfer funds from your bank account to pay premiums on your policy. To request this service, please complete this authorization form and provide a voided check **OR** complete the Bank Information section below.

We will need your bank's name and complete address. The bank account holder must sign the authorization. Joint checking accounts require both parties' signatures.

If your bank does not allow for an electronic funds transfer, the transfer will be done manually as a preauthorized check.

Bank Information - Authorization for Preauthorized Transfer By Columbus Life Insurance Company, 400 East 4th St., Cincinnati, Ohio 45201-3302

To Bank Name Bank of America

Bank Address (number and street) _____

City Upper Marlboro State MD Zip _____ Phone # _____

Bank Routing # 052001633 Bank Account # 003916217861

Please indicate the type of Bank Account by selecting one of the following: ☒ Checking Account ☐ Savings Account

I hereby request and authorize you to electronically transfer funds to CLIC, or pay and charge to my account checks drawn on my account by and payable to the order of CLIC, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that CLIC's rights in respect to each such electronic transfer or check shall be the same as if it were a check drawn in favor of CLIC and signed personally by me.

This authorization is to remain in effect until revoked by me in writing, and until CLIC actually receives such notice I agree that CLIC shall be fully protected in honoring any such electronic transfer or check. I further agree that if any such transfer or check be dishonored, whether with or without cause and whether intentionally or inadvertently, CLIC shall be under no liability whatsoever even if such dishonor results in the termination of insurance.

For policies issued with a policy date day of the 1st through the 15th of the month, the initial PAT withdrawal will be the 1st of the month following the month the policy is issued. Subsequent withdrawals will occur on the 1st of each month thereafter (or according to the frequency if quarterly, semi-annual or annual PAT withdrawals are selected).

For policies issued with a policy date day of the 16th through the 28th of the month, the initial PAT withdrawal will be the 15th of the month following the month the policy is issued. Subsequent withdrawals will occur on the 15th of each month thereafter (or according to the frequency if quarterly, semi-annual or annual PAT withdrawals are selected).

☒ **INITIAL PREMIUM DRAFT**: By checking this box, you understand and agree for a newly applied for policy that the initial premium draft will be requested on the date the policy is approved and issued by CLIC or, if later the date this form is received by CLIC. No insurance takes effect unless and until all the terms and conditions for coverage are met, including, but not limited to, payment of the initial premium.

Set up the PAT account based on the selection below:

☒ Monthly* ☐ Quarterly ☐ Semi-Annually ☐ Annually

*Frequency will be monthly if none selected.

☒ Establish a **New** PAT account ☐ Use **Existing** PAT account – Policy No. _____

☐ Use existing PAT account – Change Bank Information Withdrawals to begin: ____/____/_____ Amount: $ _____

☐ Use existing PAT account – Change Account Number Withdrawals to begin: ____/____/_____ Amount: $ _____

☐ Please draft for back due premiums

CLIC Policy No.'s: 1) _____ 2) _____ 3) _____ Today's Date 10/03/2019 01:22:57 GMT

Teraleen Campbell
Signature of Premium Payer/Account Holder

Teraleen Campbell
Print Name of Premium Payer/Account Holder

Signature of Joint Account Holder

Print Name of Joint Account Holder

Columbus Life Insurance Company
A member of Western & Southern Financial Group
400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

FOREIGN TRAVEL QUESTIONNAIRE

Name of Proposed Insured Teraleen Campbell
First Middle Last

1. What countries and cities will you visit within the next 24 months?
   Jamaica, caymans,

2. What is the purpose of each trip (business, personal, etc.)? Personal;
   If business, name & address of your employer and job duties while outside of U.S.: _____

3. Date of Departure from U.S.: 12/08/2019

4. Date of return to U.S.: 12/14/2019

5. What will be the length of each stay? 1 day

6. What mode of transportation will be used while in foreign countries? _____
   cruise

7. What type of housing accommodations will be used (hotel, personal home, missionary family, etc.)?
   cruise ship

Signed At _____ Date 10/03/2019 01:22:57 GMT
City and State

Teraleen Campbell
Signature of Proposed Insured

_____
Signature of Owner, if other than Proposed Insured

Signature of Agent TaNoah Morgan Date 10/03/2019 01:22:57 GMT

Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

THIS FORM MUST BE READ TO THE INSURED BY OUR AGENT ONLY. The Acknowledgment and Consent on page 1 of 2 requires a signature line for the reader and a line on which the insured can print the reader's name.

Teraleen Campbell
Name of Proposed Insured (please print)

10/14/1969
Birthdate of Proposed Insured

Examiner

TaNoah Morgan
Name of Agent (please print)

NOTICE AND CONSENT FOR AIDS—RELATED BLOOD TESTING

To evaluate your insurability, the Insurer named above has requested that you provide a sample of your blood for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies and other tests which may include tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, immune disorders or the presence of medications, drugs, nicotine or their metabolites. By signing and dating this form you agree that these tests may be done and that underwriting decisions will be based on the test results. Regarding the HIV test, a series of three tests will be performed by a licensed laboratory through a medically accepted procedure. The consent you give by signing this form authorizes us to withdraw blood and order laboratory tests only in regard to your present application for insurance.

PRE-TESTING CONSIDERATIONS—Many public health organizations have recommended that before taking an AIDS-related blood test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

MEANING OF POSITIVE TEST RESULTS — The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

CONFIDENTIALITY OF TEST RESULTS — All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the insurer who have the responsibility to make underwriting decisions on behalf of the insurer or to outside legal counsel who needs such information to effectively represent the insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for preparation of statistical reports that do not disclose the identity of any person.

NOTIFICATION OF TEST RESULTS — If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the insurer as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your private physician or health care provider so that the insurer can have him or her tell you the test results and explain its meaning.

Name of physician or health care provider for reporting a possible positive test result: Kimberly Bolling

Address: 4000 Mitchellville Road, Bowie, MD 20715

If you want to be informed of positive test results, but do not presently have a private physician, initial here: _____. The result will be sent to your local health department for notification and counseling.

CONSENT — I have read and I understand this Notice and Consent for AIDS-Related Blood Testing. I voluntarily consent to the withdrawal of blood from me by needle from a vein, the testing of that blood, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if that test result is positive.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original. In the event the applicant is a minor, this authorization must be approved by a parent/guardian of the applicant in the space provided.

Teraleen Campbell
Signature of Proposed Insured

MD
State of Residence

10/03/2019 01:22:57 GMT
Date

If minor (age 17 or under) Signature of Parent or Guardian (circle whichever applicable)

Date

Address

TaNoah Morgan
Witness

10/03/2019 01:22:57 GMT
Date

TaNoah Morgan
Print Agent's Name

TaNoah Morgan
Signature of Agent Who Read the HIV Consent Form

10/03/2019 01:22:57 GMT
Date

Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

THIS FORM MUST BE READ TO THE INSURED BY OUR AGENT ONLY. The Acknowledgment and Consent on page 1 of 2 requires a signature line for the reader and a line on which the insured can print the reader's name.

Teraleen Campbell
Name of Proposed Insured (please print)

10/14/1969
Birthdate of Proposed Insured

Examiner

TaNoah Morgan
Name of Agent (please print)

NOTICE AND CONSENT FOR AIDS—RELATED BLOOD TESTING

To evaluate your insurability, the Insurer named above has requested that you provide a sample of your blood for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies and other tests which may include tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, immune disorders or the presence of medications, drugs, nicotine or their metabolites. By signing and dating this form you agree that these tests may be done and that underwriting decisions will be based on the test results. Regarding the HIV test, a series of three tests will be performed by a licensed laboratory through a medically accepted procedure. The consent you give by signing this form authorizes us to withdraw blood and order laboratory tests only in regard to your present application for insurance.

PRE-TESTING CONSIDERATIONS—Many public health organizations have recommended that before taking an AIDS-related blood test a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

MEANING OF POSITIVE TEST RESULTS — The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

CONFIDENTIALITY OF TEST RESULTS — All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the insurer who have the responsibility to make underwriting decisions on behalf of the insurer or to outside legal counsel who needs such information to effectively represent the insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for preparation of statistical reports that do not disclose the identity of any person.

NOTIFICATION OF TEST RESULTS — If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the insurer as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your private physician or health care provider so that the insurer can have him or her tell you the test results and explain its meaning.

Name of physician or health care provider for reporting a possible positive test result: Kimberly Bolling

Address: 4000 Mitchellville Road, Bowie, MD 20715

If you want to be informed of positive test results, but do not presently have a private physician, initial here: _____. The result will be sent to your local health department for notification and counseling.

CONSENT — I have read and I understand this Notice and Consent for AIDS-Related Blood Testing. I voluntarily consent to the withdrawal of blood from me by needle from a vein, the testing of that blood, and the disclosure of the test results as described above. I have read the information on this form about what a test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if that test result is positive.

I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original. In the event the applicant is a minor, this authorization must be approved by a parent/guardian of the applicant in the space provided.

Teraleen Campbell — Signature of Proposed Insured
MD — State of Residence
10/03/2019 01:22:57 GMT — Date

If minor (age 17 or under) Signature of Parent or Guardian (circle whichever applicable)
Date

Address

TaNoah Morgan — Witness
10/03/2019 01:22:57 GMT — Date

TaNoah Morgan — Print Agent's Name
TaNoah Morgan — Signature of Agent Who Read the HIV Consent Form
10/03/2019 01:22:57 GMT — Date

HIV Antibody Test
Information Form for Insurance Applicant

AIDS

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by a virus, HIV. The virus is transmitted by sexual contact with an infected person, from an infected mother to her newborn infant, or by exposure to infected blood (as in needle sharing during IV drug use). Persons at high risk of contracting AIDS include males who have had sexual contact with another man, intravenous drug users, hemophiliacs, and sexual contacts of any of these persons. AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain free of symptoms for years after becoming infected. Infected persons have a 25 — 50% chance of developing AIDS over the next 10 years.

The HIV antibody test:

Before consenting to testing, please read the following important information:

1. **Purpose.** This test is being run to determine whether you may have been infected with HIV. If you are infected, you are probably not insurable. This test is not a test for AIDS; AIDS can only be diagnosed by medical evaluation.
2. **Positive Test Results.** If you test positive, you should seek medical follow-up with your personal physician. If your test is positive, you may be infected with HIV.
3. **Accuracy.** An HIV test will be considered positive only after confirmation by a laboratory procedure that the state health officer has determined to be highly accurate. Nonetheless, the HIV antibody test is not 100% accurate. Possible errors include:
    a. **False positives:** the test gives a positive test result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behavior. Retesting should be done to help confirm the validity of a positive test.
    b. False negatives: the test gives a negative result, even though you are infected with HIV. This happens most commonly in recently infected persons; it takes at least 4—12 weeks for a positive result to develop after a person is infected.
4. **Side Effects.** A positive test result may cause you significant anxiety. A positive test may result in uninsurability for life, health, or disability insurance policies you may apply for in the future. Although prohibited by law, discrimination in housing, employment, or public accommodations may result if your test results were to become known to others. A negative result may create a false sense of security.
5. **Disclosure of Results.** A positive test result will be disclosed to you. You may choose to have information about your HIV test results communicated to you through your physician, through the county health department, or directly.
6. **Confidentiality.** Like all medical information, HIV test results are confidential. An insurer, insurance agent, or insurance support organization is required to maintain the confidentiality of HIV test results. However, certain disclosures of your test results may occur, including those authorized by consent forms that you may have signed as part of your overall application. Your test results may be provided to the Medical Information Bureau, a national insurance data bank. Your insurance agent will provide you with additional written information about this subject at your request.
7. **Prevention.** Persons who have a history of high risk behavior should change these behaviors to prevent getting or giving AIDS, regardless of whether they are tested. Specific important changes in behavior include safe sex practices (including condom use for sexual contact with someone other than a long-term monogamous partner) and not sharing needles.
8. **Information.** Your personal physician, local Health Department, or local chapter of the American Red Cross can provide you with additional information concerning HIV infection, the testing process, the interpretation of test results, the availability of counseling, and the availability of medical evaluation. You are strongly encouraged to contact any of these sources if you have any questions or desire additional information.

The Accelerated Death Benefit Rider gives the owner the right to receive an accelerated payment of a portion of the Death Benefit in the form of an advance when the Insured has experienced any of the following qualifying events: (1) Specified Medical Condition; (2) Chronic Illness; or (3) Terminal Illness.

ACCELERATING CONDITIONS
"Specified Medical Condition" means Acquired Immune Deficiency Syndrome (AIDS), End-Stage Renal Failure, First Coronary Angioplasty, First Coronary Artery Bypass, First Myocardial Infarction, Life Threatening Cancer, Major Organ Transplant, Medical condition requiring permanent, continuous life support, or Stroke. An advance for Specified Medical Condition will not be paid unless it has been first diagnosed while the Insured is covered by the policy.

"Chronic Illness" means the insured requires extraordinary medical intervention or condition or requires continuous confinement in an eligible institution if the insured is expected to remain there for the rest of life. An advance for Chronic Illness will not be paid until 24 months after the policy date unless it is resulting from an accidental bodily injury that occurred after the policy date. An advance for Chronic Illness will not be paid unless it has been first diagnosed while the Insured is covered by the policy, unless the condition or illness was disclosed in the application.

"Terminal Illness" means an illness that is expected to result in death within 24 months of the date the medical evidence is provided to us. An advance for Terminal Illness will not be paid unless it has been first diagnosed while the Insured is covered by the policy, unless the condition or illness was disclosed in the application.

ADMINISTRATIVE CHARGE
There is no charge for this rider, but interest will be charged on the amount of the advance. Also, we reserve the right to assess a minimum administrative charge of $50, but it will not exceed $300 to process a claim.

IMPACT ON POLICY VALUES
When an advance is paid, a lien is created against the policy. We will increase the lien, if necessary, to keep the policy in force. If a premium remains unpaid at the end of the grace period, we will increase the lien by the amount of the premium with lien interest to the next policy anniversary. If you do not pay lien interest when it is due, it will be added to the amount of the lien and will bear an annual interest rate of 8% (7.4% in advance). The lien will continue to exist against the policy until it is repaid or the policy terminates.

Any premium return amount will be reduced by the amount of any outstanding lien, including lien interest. Any cash value will be reduced by the amount of any outstanding lien less any unearned lien interest.

Unless the lien is repaid before the Insured's death, the death benefit payable will be reduced by any outstanding lien, including interest.

TAX CONSEQUENCES
Receipt of Accelerated Benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. They may also be considered taxable by the Internal Revenue Service. You should contact your personal tax advisor for assistance.

(Continued on next page)

ACKNOWLEDGEMENTS

A. Complete this section at time of application.

I acknowledge that I received, read and understand the Accelerated Death Benefit Rider Disclosure provided in connection with my application for a life insurance policy with the Columbus Life Insurance Company.

Teraleen Campbell	10/03/2019 01:22:57 GMT
Signature of Applicant/Proposed Owner	Date
TaNoah Morgan	10/03/2019 01:22:57 GMT
Signature of Agent	Date

B. Complete this section when requesting a claim for accelerated benefits.

I acknowledge that I received, read and understand the Accelerated Death Benefit Rider Disclosure provided and consent to payment of the benefit described in the Accelerated Death Benefit Rider form provided with my policy.

Name of Insured	Policy Number
Signature of Owner	Date
Signature of Irrevocable Beneficiary	Date
Signature of Agent	Date

Complete two copies; one copy for the applicant/owner, return one copy to the Home Office

Life Insurance Buyer's Guide

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Prepared by the National Association of Insurance Commissioners

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.

This guide does not endorse any company or policy.
Reprinted by Western & Southern Financial Group

IMPORTANT THINGS TO CONSIDER

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.

2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?

3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.

4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.

5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.

6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.

7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need — and for how long — and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What Is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period — 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.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, 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 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 since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and STUDY IT CAREFULLY. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

Disclosures Regarding Insurance Information Practices

MIB, Inc. Pre-Notice

Information regarding your insurability will be treated as confidential. We, or our reinsurers, may however, make a brief report to The MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

We, or our reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Consumer Reports Notification

We may ask an independent agency to prepare a consumer report or an investigative consumer report about you. These reports may include information on your character, general reputation, personal characteristics, such as health, finances, or job, and mode of living. Any information obtained by the agency may be kept in its file and later given to others who have a business need for it.

If an investigative consumer report is ordered by us, the report will include information obtained through interviews with your neighbors, friends, or others with whom you are acquainted. You may also request a personal interview. The agency will then make a reasonable attempt to talk to you and include that information in its report. Also, the Federal Fair Credit Reporting Act gives you the right to make a written request, within a reasonable period of time, to receive additional information from us about the nature and scope of the investigation, if one is made. We will provide you with the name, address and phone number of any agency we ask to prepare such a report. Then you may contact the agency directly about the contents of the report.

Notice Of Insurance Information Practices

Personal information may be collected from persons other than those proposed for insurance coverage. Such information as well as other personal or privileged information collected by us and our agent may in certain circumstances be disclosed to third parties without authorization. A right of access and correction exists with respect to all personal information collected. Further details of these practices are available upon request.

Applicant Copy

Western & Southern Financial Group

Rev.

FACTS	WHAT DOES WESTERN & SOUTHERN FINANCIAL GROUP DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number and address • Account balances and transaction history • Assets, income, and credit reports
How?	All financial companies need to share customers' personal information to run their everyday business and provide applicable products and services. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Western & Southern Financial Group chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Western & Southern Financial Group share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share.

To limit our sharing of the applicable items above	• Call (866) 590-1349 and follow the instructions provided **Please note:** If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice to you. When you are *no longer* our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing of the applicable items above.
Questions?	Call (800) 926-1993

Who we are	
Who is providing this notice?	Companies owned by Western & Southern Financial Group, Inc. A list of companies is located at the end of this notice.

What we do	
How does Western & Southern Financial Group protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Except as authorized by you in writing, we limit access to your information to those who need it to do their jobs.
How does Western & Southern Financial Group collect my personal information?	We collect your personal information when, for example, you • apply for insurance • provide account information • pay insurance premiums • purchase products or services from us We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only • sharing for affiliates' everyday business purposes—information about your credit worthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may provide you additional rights to limit sharing.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account—unless you tell us otherwise.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • *Our affiliates include companies with the Western & Southern name, financial companies such as Fort Washington Investment Advisors, Inc., Touchstone Securities, Inc. and others, as listed at the end of this notice.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • *We do not share with nonaffiliates so they can market to you.*
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • Our joint marketing partners include other financial service companies, such as banks.

Other important information
You may have other privacy protections under applicable state laws. To the extent these state laws apply, we will comply with them when we share information about you.
For California residents: In accordance with California law, we will not share information we collect about you except for our everyday business purposes, for marketing our products and services to you, except as permitted by law or otherwise authorized by you, including, for example, with your consent or to service your account. We will limit sharing among our companies to the extent required by California law.
For Vermont residents: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at https://www.westernsouthern.com/ratings/privacy.html or call (800) 926-1993.
For Nevada residents: This notice is provided to you pursuant to state law. We may contact you by telephone to offer additional financial products that we believe may be of interest to you. You have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department by telephoning (866) 590-1349. Nevada state law requires us to provide you with the following contact information: You may contact the Nevada Attorney General for more information about your opt out rights by calling 702-486-3132, emailing aginfo@ag.nv.gov, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection, 100 North Carson Street, Carson City, NV 89701-4717.
Who is providing this notice?
The Western & Southern Financial Group , Inc. member companies are Columbus Life Insurance Company, The Western and Southern Life Insurance Company, Western-Southern Life Assurance Company, The Lafayette Life Insurance Company, Integrity Life Insurance Company, National Integrity Life Insurance Company, W&S Financial Group Distributors, Inc., Touchstone Securities, Inc., Touchstone Advisors, Inc., Western & Southern Agency, Inc., W&S Brokerage Services, Inc., Eagle Realty Capital Partners, LLC, and Eagle Realty Group, LLC.

Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

(This Authorization is intended to comply with the HIPAA Privacy Rule)

Name of Proposed Insured (Please print) Teraleen Campbell

I (We), individually (and/or on behalf of any named children listed on page 2, individually), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, other medical or medically related facility, treatment facility related to drug, alcohol or substance abuse or use (including treatment provided by a federally assisted alcohol, drug or substance abuse program), or other health care provider that has provided payment, treatment or services to me(us) or on my(our) behalf (hereafter, My(Our) Providers) to disclose my(our) entire medical record (including diagnosis, prognosis or treatment), prescription history, medications prescribed and any other health information concerning me(us) (protected health information) to Columbus Life Insurance Company (hereafter, 'the Company'), or its authorized representatives. I (We) also authorize any insurance company or agent from which I (we) have applied for or obtained insurance, MIB, Inc., consumer reporting agency, my(our) employer, or other company or institution that has provided payment, treatment, or services, or any other entity or person having information about me(us), to disclose it to the Company or its authorized representatives. Protected health information includes information on the diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment related to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes.

The signature(s) on page 2 acknowledge that any agreements I (we) have made to restrict my(our) protected health information do not apply to this Authorization and I (we) instruct any of My(Our) Providers and other entities or persons referred to above to release and disclose my(our) health information without restriction.

This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities, including mortality or morbidity studies, that relate to any coverage I (we) have or have applied for with the Company.

I (We) also authorize the Company or its reinsurers to release any information collected about me(us) to MIB, Inc. and to other insurance companies with whom I (we) may apply for insurance.

Not valid without both pages.

Columbus Life Insurance Company

A member of Western & Southern Financial Group

400 EAST FOURTH STREET • CINCINNATI, OHIO 45202-3302 • 1-800-677-9696 • WWW.COLUMBUSLIFE.COM

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

(This Authorization is intended to comply with the HIPAA Privacy Rule)

This Authorization shall remain in effect for 24 months following the date of signature(s) below. A copy of the Authorization is as valid as the original. A signature on this Authorization transmitted electronically or via facsimile shall have the same force and effect as an original signature. I, each Proposed Insured, Named Child or Legal Representative, understand that I (we) have the right to obtain a copy of and revoke this Authorization at any time by notifying the Company in writing at 400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737, Attention: Privacy Officer. I (We) understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me(us) or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I (We) understand that if any of my(our) protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information. I (We) further understand that if I (we) refuse to sign this Authorization, the Company may not be able to process my(our) application, or if coverage has been issued, may not be able to make any benefit determinations or payments. I (We) understand that I (we) or any authorized representative will receive a copy of this Authorization.

Teraleen Campbell — 10/03/2019 01:22:57 GMT

Signature of Proposed Insured or Legal Representative — Date

Teraleen Campbell

Printed Name of Proposed Insured or Legal Representative

Signature of Additional Proposed Insured — Date

Printed Name of Additional Proposed Insured

TaNoah Morgan — 10/03/2019 01:22:57 GMT

Witness (Agent, if present) — Date

TaNoah Morgan

Printed Name of Witness (Agent, if present)

Full Names of Children Proposed for Insurance:

Not valid without both pages.

eSignature Data Page

Signature Role:	Proposed Insured
Name:	Teraleen Campbell
Email Address:	Face to Face
City, State :	Upper Marlboro, MD
Date and Time:	10/03/2019 at 01:22:57 GMT
IP Address:	10.101.3.12

Signature Role:

Name:

Email Address:

City, State:

Date and Time:

IP Address:

Signature Role:

Name:

Email Address:

City, State:

Date and Time:

IP Address:

Signature Role:

Name:

Email Address:

City, State:

Date and Time:

IP Address:

eSignature Data Page

Signature Role:

Name:

Email Address:

City, State:

Date and Time:

IP Address:

Signature Role:

Name:

Email Address:

City, State:

Date and Time:

IP Address:

Signature Role:	Agent
Name:	TaNoah Morgan
Email Address:	Face to Face
City, State:	Upper Marlboro, MD
Date and Time:	10/03/2019 01:22:57 GMT
IP Address:	10.101.3.12

Columbus Life Insurance Company
Cincinnati, Ohio

A Life Insurance Policy Illustration

Renewable & Convertible Term
20 Year Guaranteed Level Term

Designed for
Teraleen Campbell
1510 Robert Lewis Ave
Upper Marlboro, Maryland 20774

Presented by
TANOAH MORGAN
FIRST FINANCIAL SECURITY INC
16300 MARSHAM DR
UPPER MARLBORO, MD 207723236

October 2, 2019

Designed for: Teraleen Campbell
Female Age 49 Standard-TNU
Table D to 95
Modal Premium $55.08 PAT

20 Year Guaranteed Level Term
Renewable & Convertible Term

Coverage Summary	Benefit Amount	To Age	Policy Annualized Premium
20 Year Guaranteed Level Term	$100,000	69	$660.96

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = PAT.

Age	End of Year	Mode	Annualized Premium	Death Benefit
50	1	M	660.96	100,000
51	2	M	660.96	100,000
52	3	M	660.96	100,000
53	4	M	660.96	100,000
54	5	M	660.96	100,000
55	6	M	660.96	100,000
56	7	M	660.96	100,000
57	8	M	660.96	100,000
58	9	M	660.96	100,000
59	10	M	660.96	100,000
60	11	M	660.96	100,000
61	12	M	660.96	100,000
62	13	M	660.96	100,000
63	14	M	660.96	100,000
64	15	M	660.96	100,000
65	16	M	660.96	100,000
66	17	M	660.96	100,000
67	18	M	660.96	100,000
68	19	M	660.96	100,000
69	20	M	660.96	100,000
70	21	M	9,957.24#	100,000
71	22	M	10,914.00	100,000
72	23	M	12,080.88	100,000
73	24	M	13,510.92	100,000
74	25	M	15,224.52	100,000
75	26	M	17,195.16	100,000
76	27	M	19,396.32	100,000
77	28	M	21,779.04	100,000
78	29	M	24,331.08	100,000
79	30	M	27,093.24	100,000
80	31	M	30,153.24	100,000
81	32	M	33,633.48	100,000
82	33	M	37,633.92	100,000
83	34	M	42,246.36	100,000
84	35	M	47,448.36	100,000

Premiums are level during the initial term period. If the policy is renewed after the initial term period, the premiums will increase annually until the policy is no longer renewed or ceased.

Designed for: Teraleen Campbell
Female Age 49 Standard-TNU
Table D to 95
Modal Premium $55.08 PAT

20 Year Guaranteed Level Term
Renewable & Convertible Term

Mode: A = Annual; S = Semi-Annual; Q = Quarterly; M = PAT.

Age	End of Year	Mode	Annualized Premium	Death Benefit
85	36	M	53,182.80	100,000
86	37	M	59,386.44	100,000
87	38	M	66,014.40	100,000
88	39	M	73,056.48	100,000
89	40	M	80,518.80	100,000
90	41	M	88,458.48	100,000
91	42	M	96,940.80	100,000
92	43	M	106,159.56	100,000
93	44	M	116,463.60	100,000
94	45	M	128,575.08	100,000
95	46	M	144,134.16	100,000

Summary

Age	End of Year	Mode	Annualized Premium	Death Benefit
59	10	M	660.96	100,000
65	16	M	660.96	100,000
69	20	M	660.96	100,000
75	26	M	17,195.16	100,000
79	30	M	27,093.24	100,000
85	36	M	53,182.80	100,000
95	46	M	144,134.16	100,000

Interest Adjusted Indices @ 5.00%

	10 Year	20 Year
Net Payment Index:	6.48	6.48
Surrender Cost Index:	N/A	N/A

The term life insurance policy you are considering offers term insurance protection with guaranteed premium and death benefits. This policy is convertible during the initial term period of the policy to any permanent life product then issued by the Columbus Life Insurance Company, subject to any minimums or maximums on the product being converted to. Conversion will be made upon written request and without evidence of insurability, but cannot be done after the policy anniversary following the insured's 70th birthday.

Actual premiums required for the insurance coverage will ultimately depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. This illustration is not a contract and assumes that the proposed insured qualifies for the policy illustrated. The exact terms of the benefits and conditions applicable to them are contained in the policy.

Premiums are level during the initial term period. If the policy is renewed after the initial term period, the premiums will increase annually until the policy is no longer renewed or ceased.

Designed for: Teraleen Campbell
Female Age 49 Standard-TNU
Table D to 95
Modal Premium $55.08 PAT

20 Year Guaranteed Level Term
Renewable & Convertible Term

For comparison purposes, the total at issue premium for this policy for all available modes:

Annual:	$648.00	Quarterly:	$168.48
Semi-Annual:	$330.48	PAT:	$55.08

Life insurance products are not bank products, are not a deposit, are not insured by the FDIC, nor any other federal entity, have no bank guarantee, and may lose value.

Payment of the benefits of Columbus Life Insurance Company products is backed by the full financial strength of Columbus Life Insurance Company, Cincinnati, Ohio.

Premiums are level during the initial term period. If the policy is renewed after the initial term period, the premiums will increase annually until the policy is no longer renewed or ceased.

Designed for: Teraleen Campbell
Female Age 49 Standard-TNU
Table D to 95
Modal Premium $55.08 PAT

Optional Riders and Benefits
20 Year Guaranteed Level Term
Renewable & Convertible Term

( )	Disability Waiver of Premium	Waiver of premium during a period of total disability that has existed for at least four months (CLR-82).
(X)	Accelerated Death Benefit	This rider advances a portion of the death benefit if diagnosed with a Terminal Illness. Interest will be charged on the amount of the advance. Other charges may apply. If approved in Your state, this rider will be automatically included with Your policy (CLR-161 1208 MD).
( )	Accidental Death Benefit	An additional death benefit paid if death occurs by accidental means on or after the insured's first birthday and prior to the policy anniversary following the insured's 70th birthday (CLR-29).
( )	Accidental Death & Specific Loss	An additional amount of death benefit if death occurs by accidental means or in the event of specific injury. Coverage is to policy anniversary following the insured's 70th birthday (CLR-30).
( )	Other Insured Term Rider	Adjustable Term Insurance payable on the death of each person designated in the application of coverage (CLR-163 0405).
( )	Return of Premium Rider	This rider returns the sum of all ANNUAL premiums payable for the rider and the base policy (including policy fee) to the policyholder at the end of the initial term period if death does not occur within the initial term period. Premiums for substandard table ratings, flat extras, and all other riders are NOT included in the return of premium (CLR-164 0703 MD).

Columbus Life Insurance Company

Supplemental Illustration
Accelerated Death Benefit Rider Values

Rider: CLR-161 1208 MD

Designed For: Teraleen Campbell
Female Age: 49 Standard-TNU
Special Class: Table D to 95

Tax Bracket: 25%
PAT Premium: $55.08
Initial Death Benefit: $100,000

Age	End of Year	Death Benefit	Accessible Terminal Illness Benefit	Remaining Death Benefit
50	1	100,000	60,000	40,000
51	2	100,000	60,000	40,000
52	3	100,000	60,000	40,000
53	4	100,000	60,000	40,000
54	5	100,000	60,000	40,000
55	6	100,000	60,000	40,000
56	7	100,000	60,000	40,000
57	8	100,000	60,000	40,000
58	9	100,000	60,000	40,000
59	10	100,000	60,000	40,000
60	11	100,000	60,000	40,000
61	12	100,000	60,000	40,000
62	13	100,000	60,000	40,000
63	14	100,000	60,000	40,000
64	15	100,000	60,000	40,000
65	16	100,000	60,000	40,000
66	17	100,000	60,000	40,000
67	18	100,000	60,000	40,000
68	19	100,000	60,000	40,000
69	20	100,000	60,000	40,000
70	21	100,000	60,000	40,000
71	22	100,000	60,000	40,000
72	23	100,000	60,000	40,000
73	24	100,000	60,000	40,000
74	25	100,000	60,000	40,000
75	26	100,000	60,000	40,000
76	27	100,000	60,000	40,000
77	28	100,000	60,000	40,000
78	29	100,000	60,000	40,000
79	30	100,000	60,000	40,000

The values and benefits are not guaranteed and are subject to change unless the column is marked guaranteed.
The "Accessible Accelerated Death Benefit" and "Remaining Death Benefit" values are calculated independent of any other disbursements from the Accelerated Death Benefit Rider and therefore the values could be less based on any prior disbursements. If there is an advance while there is an outstanding policy loan, we will apply the advance proceeds first to repayment of loan. The "Remaining Death Benefit" values also assume that death occurs exactly one year after the accelerated death benefit disbursement. This supplemental illustration must be accompanied by a basic illustration for required disclosure.

Columbus Life Insurance Company

Supplemental Illustration
Accelerated Death Benefit Rider Values
Rider: CLR-161 1208 MD

Designed For: Teraleen Campbell
Female Age: 49 Standard-TNU
Special Class: Table D to 95

Tax Bracket: 25%
PAT Premium: $55.08
Initial Death Benefit: $100,000

Age	End of Year	Death Benefit	Accessible Terminal Illness Benefit	Remaining Death Benefit
80	31	100,000	60,000	40,000
81	32	100,000	60,000	40,000
82	33	100,000	60,000	40,000
83	34	100,000	60,000	40,000
84	35	100,000	60,000	40,000
85	36	100,000	60,000	40,000
86	37	100,000	60,000	40,000
87	38	100,000	60,000	40,000
88	39	100,000	60,000	40,000
89	40	100,000	60,000	40,000
90	41	100,000	60,000	40,000

The values and benefits are not guaranteed and are subject to change unless the column is marked guaranteed.
The "Accessible Accelerated Death Benefit" and "Remaining Death Benefit" values are calculated independent of any other disbursements from the Accelerated Death Benefit Rider and therefore the values could be less based on any prior disbursements. If there is an advance while there is an outstanding policy loan, we will apply the advance proceeds first to repayment of loan. The "Remaining Death Benefit" values also assume that death occurs exactly one year after the accelerated death benefit disbursement. This supplemental illustration must be accompanied by a basic illustration for required disclosure.