



Congratulations!
 Your application has been submitted and is under review!

Application Date:	03/07/2020	Application State:	MD
Proposed Insured:	Terence D Collins	Agent:	TaNoah Morgan
Proposed Insured DOB:	08/22/1959	Agency Name:	
Product:	FlexLife	Office ID:	
Face Amount:	\$50,000	Case Manager:	
Transaction ID:	LS088385000	Producer ID:	
Check Number:		Profile #:	
Invalid Address:			

INSTRUCTIONS:

Unique Identifier: 93819bc8-216b-4de3-a497-3d324759f431-182151450

AGENT REMARKS:

Illustration Unique ID: 81182
eApp was initiated with integrated illustration

List of Additional Agents:

Unique Identifier: 93819bc8-216b-4de3-a497-3d324759f431-182151450



LS088385000

3AY

Individual Life Insurance Application

Part A - Proposed Insured Information

1. Name <i>(print first, middle, last)</i> Terence D Collins			2. Place of Birth - State/Country United States / LA		3. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
4. Home Address <i>(Street, City, State & Zip. If mailing address different, provide in Remarks)</i> 8711 East Grv, Upper Marlboro, MD 20774-2447			5. Date of Birth 08/22/1959	6. Issue at Age 61	7. SS No. 436-06-6839	
8. Home Phone	Mobile Phone Pref (240)271-7448	Work Phone	9. E-Mail Address tdcollins2124@yahoo.com		10a. Driver's License # c452789152655	10b. State MD
11. Are you a citizen of <input checked="" type="checkbox"/> USA <input type="checkbox"/> Other Country _____			11a. Perm. Res. Card # <i>(include copy)</i>		11b. Type of VISA <i>(include copy)</i>	
12. Employer & time employed Employed-Innovative Therapeutic Services More than 6 months		13. Occupation <i>(w/specific duties)</i> Therapist			14a. Annual Income \$48,000	14b. Net Worth \$150,000

Part B - Owner Information *(If a business include form 8453. If a trust include form 5213.)*

Owner is: Proposed Insured Individual Business (LLC, LP) Partnership Trust

1. Full Name of Owner *(if trust - provide trustees, grantor(s), date of trust agreement and trust name)*

2. Date of Birth	3. SSN or Tax ID	4. Relationship			
5. Mailing Address <i>(Street, City, State & Zip)</i>			6. E-Mail Address		7. Telephone #
8. Full Name of <input type="checkbox"/> Joint Owner or <input type="checkbox"/> Contingent Owner <i>(if applicable)</i>					
8a. Date of Birth	8b. SSN or Tax ID	8c. Relationship			

Survivorship Language for Ownership, unless otherwise provided: Individual owner, while living; thereafter the Proposed Insured. Joint Owners, the survivors or survivor, while living; thereafter the Proposed Insured. Business Entity, while existent; thereafter the Proposed Insured. While Trust is existent; thereafter the Proposed Insured.

Part C - Beneficiary Information *(If a trust - include trustees, trustor, date and tax ID#.)*

Primary: The beneficiary is the Owner, unless otherwise provided. *(Name, Relationship, Address, Telephone #, E-mail, DOB & SSN)*

Linda Collins Relationship to Insured: Wife 100%
 8711 East Grv, Upper Marlboro, MD 20774-2447 DOB: 03/10/1959 SSN/TIN: 579-84-0203 Phone:
 lfcollins2624@gmail.com

Contingent: *(Name, Relationship, Address, Telephone #, E-mail, DOB & SSN)*

Patrice Collins Relationship to Insured: Daughter 34%
 DOB: 11/07/1985 SSN/TIN: Phone:
 Continued on Supplemental

If a charitable organization, is this part of the Charitable Matching Gift Death Benefit Rider? *(FlexLife II only.)* Yes No

A deceased beneficiary's share shall be paid equally to the surviving beneficiaries of the same class, unless otherwise provided.

Part D - Policy Information

1a. Product Name: FlexLife	1b. Company: <i>(Must match issuing company on Page 1.)</i> <input type="checkbox"/> NLIC <input checked="" type="checkbox"/> LSW	2. Face Amount: \$50,000
3. Term Rider Plan: <i>(Whole Life)</i>		4. Term Rider Amount:
5. Death Benefit Option: <input checked="" type="checkbox"/> A - Level <input type="checkbox"/> B - Increasing	6. Definition of Life Insurance Test: <i>(Applies to IUL & UL only.)</i> <input checked="" type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT)	
7. Use of Dividends: <i>(Whole Life) (Choose only one.)</i> <input type="checkbox"/> Cash <input type="checkbox"/> Additions <input type="checkbox"/> Applied <i>(N/A with EFT)</i> <input type="checkbox"/> Flex Term Rider <i>(A premium will be charged for this rider.)</i> <input type="checkbox"/> Deposits <input type="checkbox"/> Internal Paid-Up Insurance		

8. Riders and Amounts:

<input checked="" type="checkbox"/> Accelerated Benefits (ABR) <i>(Complete ABR Disclosure form)</i> <input type="checkbox"/> Accidental Death Benefit (ADB) _____ <input type="checkbox"/> Additional Paid Up Rider Modal Premium (APAR) _____ Rider Single Premium (SPAR) _____ <input type="checkbox"/> Additional Protection Benefit (APB) _____ <input type="checkbox"/> Balance Sheet Benefit (BSB) <i>(% Waived)</i> _____ % <input type="checkbox"/> Beneficiary Insurance Option (BIO) <i>(Complete 1445)</i> <input type="checkbox"/> Benefit Distribution Option (BDO) <i>(Read the BDO Disclosure Statements in Part M.)</i> 1. Benefit Distribution Percentage _____ % 2. Duration of Benefit Payments _____ Years <input type="checkbox"/> Children's Term (CTR) _____	<input type="checkbox"/> Guaranteed Insurability (GIO, GIR) _____ <input type="checkbox"/> Disability Income (DIR) <input type="checkbox"/> 2 Yr <input type="checkbox"/> 5 Yr _____ a. Do you have any disability insurance, including employer sponsored short or long-term coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, give details in Remarks)</i> <input type="checkbox"/> Waiver of Monthly Deductions (WMD) <input type="checkbox"/> Waiver of Premiums (WP) _____ <i>(Annual Premium Waived if applicable)</i> <input checked="" type="checkbox"/> Other See Remarks/Supplemental _____ The Death Benefit Protection Rider is automatically added, if eligible. <input type="checkbox"/> Please check this box if you do NOT want this rider. Otherwise, it will be added. There is a minimum premium associated with this rider, and the AssurePlus Protector or the IncomeBuilder product will have a monthly charge if issue age is over 50.
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Part E - Children's Term Rider (CTR) - Applicable for ages 0-16 only (Complete HIPAA for each child.)

1. Complete the following questions for Children's Term Rider only. *(Provide Names, Dates of Birth, and SS Numbers of all Children to be covered.)*

Name:	Date of Birth	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. To the best of your knowledge: *(If 'Yes', give details, including the name and address of any physician in Remarks)*

a. Has a licensed member of the medical profession diagnosed any Child as having Attention Deficit Disorder, dyslexia, autism, mental retardation, or any psychiatric disease? Yes No

b. Has a licensed member of the medical profession diagnosed or treated any Child for seizures, juvenile diabetes, scoliosis, hemophilia, cancer, or a heart, lung, or respiratory disease? Yes No

c. Does the Proposed Insured/child live with parent? Yes No

d. Does any Child take medication prescribed by a doctor? Yes No

Part F - Premium Information

1. Initial Premium Payment Method

- Draft Initial Premium via Electronic Funds Transfer (EFT) (One-time payment for the planned premium amount from the bank account listed in #4.)
Draft Day 1st - 31st Next Avail (Advanced dating will occur to align the requested draft date with the effective date of your policy.)
- Check with application (Cash equivalent form 7953 is needed for cashier's checks and money orders.)
- Collect payment on delivery (No conditional coverage offered.)
 Check Delayed bank draft (pending communication from agent; using banking information from #4)

2. Billing Information

- a. Planned Periodic/Modal Premium \$101.31
- b. Premium Frequency Annual Semi-Annual Quarterly Monthly
- c. Billing Type Automatic Payments via EFT (From bank account listed in #4.) Draft Day 1st - 31st 15
 Send Paper Bills to Owner Proposed Insured Group Bill No. _____
 Other (name, street, city, state & zip) _____
 Single Premium (no bill)
- d. Source of Funds for Premium Payment
 Income/Savings Home Equity Payment by Third Party Loan/Premium Finance
 Other _____

3. Automatic Payment of Premium (Whole life only, also known as APL. Uses loan value to pay premium.) Yes No

4. Bank Information (Complete if EFT is selected in Initial Premium and/or Billing Information section.)

I authorize the National Life Group to draft payments from my account Checking Savings

Name of Bank USAA Name on Bank Account Terence D Collins

Bank Routing No. (9 digits) 314074269 Bank Account No. (Do not include check number.) 10154002771

Please check this box if you agree that premiums may continue to be drafted if the premium amount increases by \$25 or less. You will be given prior notification for any premium increases that exceed \$25.

I understand that recurring premiums will be initiated on my chosen draft date, however, funds may take several days to clear my account.

Depositor's Mailing Address 8711 East Grv, Upper Marlboro, MD 20774-2447

Depositor's Email Address tdcollins2124@yahoo.com Depositor's Phone No. (240)271-7448

Depositor Signature (If not Applicant/Owner.) (Exactly as it appears on bank records) Signed by Terence D Collins

Part G - Juvenile Coverage - Applicable for Ages 0-17 only (Complete HIPAA for each child. The entire application must be completed for minor age applicants.)

Complete the following questions for Juvenile Coverage only:

1. Does the Proposed Insured/child live with parent? Yes No
(If 'No', explain in Remarks. Give name & relationship of person with whom the PI lives.)

2. Amount of Insurance in force on Proposed Insured, the Applicant and other members of Proposed Insured's family:

	Company	Amount In-Force	Amount Applied for
Applicant	_____	_____	_____
Proposed Insured's father	_____	_____	_____
Proposed Insured's mother	_____	_____	_____
Brothers and sisters of Proposed Insured (If none, so state)	Age _____	_____	_____
	_____	_____	_____
	_____	_____	_____

Part H - Recent Applications, Inforce Coverage, and Replacement Information (All questions must be answered.)

1. Do you have any inforce life insurance or annuity contracts including long term care insurance, disability income insurance or riders? (If yes, provide details) Yes No
- | Company | Policy Number | Date Issued | Amount of Coverage | ADB Coverage | To be Replaced | 1035 Exchange |
|---------|---------------|-------------|--------------------|--------------|--|--------------------------|
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
2. Have you ever applied for life, health, or disability insurance or reinstatement of same, which was declined, postponed, rated or modified in any way? Yes No
3. Within the past 12 months have you applied for or do you have any applications pending for life or disability insurance? Yes No
4. Is the policy or rider being applied for intended to replace any inforce life insurance or annuity contract(s) including long term care insurance, disability income insurance or riders? Replacement includes surrender, lapse, reissue, conversion, reduction in coverage, premium or period of coverage of any life, disability income or annuity contract. (If yes, replacement forms must be provided) Yes No
5. Is the Proposed Insured or Owner considering using funds from an inforce life or annuity contract to fund the policy or rider being applied for? (If yes, replacement forms must be provided) Yes No

Part I - General Information about the Proposed Insured (If yes, provide details in Remarks)

1. During the last 5 years have you plead guilty to or been convicted of any moving vehicle violations or DUI or have you had a suspended license? Yes No
2. Within the past 10 years, have you ever been convicted of a felony or misdemeanor? (If 'Yes', complete form 20087.) Yes No
3. Have you been or are you currently involved in any bankruptcy proceedings that have not been discharged? (If 'Yes', provide type & date discharged) Yes No
4. Do you participate in any type of racing, scuba diving, aerial sports, mountain climbing, BASE or bungee jumping, or cave exploration? (If 'Yes', complete form 1480) Yes No
5. Do you participate in any aviation activity other than as a fare paying passenger? (If 'Yes', complete form 1480) Yes No
6. During the next 2 years do you intend to travel or reside outside of the USA for more than 2 weeks in a year? (If 'Yes', complete form 1480) Yes No
7. Have you been offered any cash incentive or other consideration (such as free insurance) as an inducement to apply for or become an insured under this life insurance policy? Yes No
8. Have you been involved in any discussions about the possible sale or transfer of this policy to an unrelated third party, such as (but not limited to) a life settlement company or investor group? Yes No

Part J - Health History of the Proposed Insured (Give details, dates and results for any 'Yes' questions in Remarks. Complete Part J if money was collected or authorization to draft the initial premium has been given. If an exam is required based on plan/age/amount requirements, Part J is optional.)

1. Name and Address of Personal Physician and all other medical specialists seen, (If none, so state)	Date last Seen	Reason consulted & outcome
See Supplemental		

2. Height 5ft 9in Weight 187lb Have you gained or lost weight during the last 12 months? (If yes, provide details below.) Yes No

Remarks: _____

3. Are you taking any medications? (If yes, list type, dose, frequency and reason/diagnosis in the Remarks section.) Yes No

4. Have you used any type of product containing tobacco or nicotine within the last five years? Yes No

Product Type: _____ Frequency: _____ Date Last Used: _____

5. Within the past 5 years have you worked less than full time, received or applied for disability or worker's compensation? Yes No

Part J - Health History of the Proposed Insured (Continued)

6. In the past 10 years have you ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for: *(If yes, provide details including treating physician contact information.)*
- a. Any disease or abnormal condition of the heart, circulatory system, high blood pressure, high cholesterol, irregular heartbeat, murmur, rheumatic fever, coronary artery disease, chest pain, angina, transient ischemic attack or stroke? Yes No
 - b. Any disease of the lungs or respiratory system, sleep apnea, emphysema, asthma, bronchitis, tuberculosis, allergies or disorder of the nose or throat? Yes No
 - c. Any digestive system disease, including ulcer, chronic indigestion, liver, stomach, intestine or pancreas disorder, hepatitis, cirrhosis, jaundice, esophagus disorder, gallbladder disorder, or colon disorder? Yes No
 - d. Any disorder of the nervous system, epilepsy, convulsions, paralysis, brain or eye disorders? Yes No
 - e. Any spine, hip, knee, shoulder, back, bones, muscles, arthritis, rheumatism, joints, skin, thyroid, gout or other gland disorder? Yes No
 - f. Any urinary system disease including protein, sugar or blood in urine, kidney infection or stones, disorder or disease of the breast, prostate or bladder, or pelvic organs? Yes No
 - g. Any depression, anxiety, bipolar, schizophrenia, attention deficit disorder (ADD), or any other developmental or psychological condition including Alzheimer's, Dementia, or Post Traumatic Stress Disorder (PTSD)? Yes No
 - h. Any anemia, hemophilia or disorders of the blood other than Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV)? Yes No
 - i. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or have you tested positive for exposure to or been diagnosed with HIV or AIDS? Yes No
 - j. Any cancer, polyp, other tumors? Yes No
 - k. Diabetes or high blood sugar? Yes No
 - l. Amputation due to disease or other medical condition? Yes No
 - m. Ataxia, transverse Myelitis, Myasthenia Gravis, Autoimmune Disorder such as Lupus, Blindness, or Post Polio Syndrome? Yes No
 - n. Parkinson's disease, Muscular Dystrophy, Huntington's Chorea, Motor Neuron Disease, Lou Gehrig's Disease (ALS), or Multiple Sclerosis? Yes No
 - o. For the past 5 years only: any shortness of breath, dizzy spells, unconsciousness, headaches, or memory loss? Yes No
7. In the past 10 years have you used marijuana, cocaine, heroin, or any other illicit drug or controlled substance, been advised by a physician to discontinue or reduce alcohol or drug intake, used drugs not prescribed by a physician, or been a member of a support group such as NA or AA? Yes No
8. Within the past 5 years have you:
- a. Consulted with a physician other than your personal physician or had x-rays, electrocardiograms, heart catheterization or other diagnostic tests, except those related to the Human Immunodeficiency Virus (AIDS Virus)? Yes No
 - b. Been admitted to a hospital, or been advised by a member of the medical profession to enter a hospital for observation, operation or treatment of any kind? Yes No
9. Do you have any pending appointments with any medical professional? Yes No
10. Has a parent or sibling been diagnosed or treated by a health professional for cancer, heart disease, Huntington's Disease or polycystic kidney disease? Yes No
11. Do you currently:
- a. Use or require the use of any mechanical or medical devices such as: a wheelchair, walker, multi-prong cane, hospital bed, dialysis machine, respirator oxygen, motorized cart or stair lift? Yes No
 - b. Need help, assistance or supervision for: bathing, eating, dressing, toileting, walking, transferring, or maintaining continence? Yes No
 - c. Need help, assistance or supervision in: taking medication, doing housework, laundry, shopping or meal preparation? Yes No
12. During the past 5 years have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for: Falls, Paralysis, Numbness, Tremors, Imbalance, or any condition which causes limited motion? Yes No
13. During the past 5 years have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for: memory loss, confusion, amnesia? Yes No
14. Family History
- | | Age if alive | Age at death | Cause of death |
|--------|--------------|--------------|------------------------|
| Father | _____ | _____ | See Supplemental _____ |
| Mother | _____ | _____ | See Supplemental _____ |

Part K - Remarks *(Provide the details to questions as requested.)*

Section & Number: Additional Information:

Part A: Proposed Insured Information; 5. Backdate to Save Age: No;

Part D: 8. Riders and Amounts; Death Benefit Protection Rider: Yes; Lifetime Income Benefit Rider: Yes

Please see Supplemental

Part L - Sales Illustration Certification *(Please check one of the following boxes if applicable.)*

- An illustration was not used corresponding to the policy as applied for and will be provided upon policy delivery.
- An illustration was used and signed which corresponds with the policy as applied for and is attached.
- An illustration was **viewed** on a computer screen; and if use is allowed in this state, the "Computer View Illustration Certification" form is attached. An illustration corresponding to the policy as issued will be provided upon policy delivery. *(The Computer View Illustration Certification form is not allowed in: HI, ID, IL, MD, MI, MN, NE, NV and WA.)*

Part M - Agreement & Authorization

I represent all information in this application or an amendment, including all Social Security Numbers, and any medical exam is complete and true. I understand all such information and this application shall be part of any policy issued.

I understand and agree that all answers given above and in any medical exam are to the best of my knowledge and belief complete and true. All such answers and this application shall be part of any contract issued.

I have read the PRENOTIFICATIONS, including the notices required by the Fair Credit Reporting Act and MIB, Inc. ("MIB").

To the extent allowed by law, I waive all rights governing disclosure of medical exams or treatment. I authorize any medical practitioner or facility, insurer, MIB and any other organization or person that has any records or knowledge of me or my health to give such information to the Company or its reinsurers. I authorize the Company to request a copy of my driving record(s) from the state motor vehicle department. I understand and I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. This authorization is valid for 30 months (or the length of time as per state regulation) from the date signed and a photocopy shall be as valid as the original.

I also certify, under the penalties of perjury, that the Social Security Number of the Proposed Insured and Applicant/Owner (if different) is correct.

I wish to be interviewed if an investigative consumer report is prepared.

The Company may make administrative corrections and changes to this application and attach them as an amendment to the policy at issue. Acceptance of any policy issued on this application will ratify and will be notice of any such change made. I understand and agree that: (1) I will notify the Company if any statement or answer given in this application changes prior to delivery and acceptance of the policy; and (2) Except as otherwise stated in any Conditional Receipt, no insurance will take effect unless the first full modal premium is paid and a policy is delivered and accepted while the health and insurability of any proposed insured continues, without material change, to be as represented in the application.

The Agent taking this application has no authority to make, change or discharge any contract hereby applied for. The Agent may not extend credit on behalf of the Company. No statement made to or information acquired by any representative of the Company shall bind the Company unless set out in writing in this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of criminal offense and subject to penalties under state law.

Benefit Distribution Option Rider Disclosure Statements:

- Under this rider, all or a portion of the policy's Death Benefit proceeds that become payable will be paid as a set of Benefit Payments to the Beneficiary. The Beneficiary of the policy will not be able to change the terms in which the Benefit Payments are paid out.
- A request to increase the Policy's base Face Amount in accordance with its provisions which has been underwritten and approved by us may also include a request to terminate the Benefit Distribution Option.
- In accordance with IRS rules and regulations, a portion of each Benefit Payment is reportable as interest income that may be taxable. We will annually report this interest income to the Beneficiary and the IRS as required.

Part N - Signatures

Signed at *(City & State)* _____ **MD** _____ Date *(mm/dd/yyyy)* 03/07/2020 23:26:47 GMT

Proposed Insured age 18 & up *(Note: AL - Age 19, MS - Age 21)* _____ **Applicant/Owner** *(If Owner is other than Proposed Insured or a Minor.)* _____
(Under 18, Parent or Legal Guardian)

e-Signed by Terence D Collins _____

Soliciting Agent/Representative *(Sign name in full)*

e-Signed by Tanook Morgan _____

(Witness)



Supplemental Information to the
Application for Life Insurance

Insured's Name: Terence D Collins

Social Sec. #: 436-06-6839

Part C: Beneficiary Information - Contingent

Ryan Collins

Date of Birth: 04/04/1990

Share: 33%

Relationship to Insured: Daughter

Terence Collins II

Date of Birth: 03/12/1993

Share: 33%

Relationship to Insured: Son

General/Health Info:

Physician Info

Physician 1 (Primary):

Name: Oleg Shipak

Address: 9400 Annapolis Road

Country: United States of America

State: Maryland

City: Lanham

Phone: 3015775511

Reason for last visit: Routine Exam - Normal Outcome

Last visit (MM/YYYY): 2/2020

Family History

Is your Father still living? No

Father's Age at Death: 59

What was the cause of death? Other

Provide details to cause of death. aneurysm

Is your Mother still living? No

Mother's Age at Death: 72

What was the cause of death? Cancer

Occupation

Occupation: Therapist

Any disease or abnormal condition of the heart, circulatory system, high blood pressure, high cholesterol, irregular heartbeat, murmur, rheumatic

Signed at (City and State): _____ MD _____ on this day of: 03/07/2020

Signature of Insured(s): e-Signed by Terence D Collins

Signature of Applicant (if different than Proposed Insured): _____

Signature of Agent: e-Signed by Talloal Morgan



Supplemental Information to the
Application for Life Insurance

Insured's Name: Terence D Collins

Social Sec. #: 436-06-6839

fever, coronary artery disease, chest pain, angina, transient ischemic attack or stroke? Yes

Medical Condition: High Blood Pressure

Within the past 5 years have you been hospitalized for high blood pressure? No

Have you been prescribed medication for this condition? Yes

How many medications are you currently taking to treat this condition? 1

Have you had your blood pressure checked within the last 12 months and do you know your blood pressure reading? Yes

What was your systolic reading (top number)? 117

What was your diastolic reading (bottom number)? 77

Has a parent or sibling been diagnosed or treated by a health professional for cancer, heart disease, Huntington's Disease or polycystic kidney disease? Yes

Family Member: Mother

What was the condition? Cancer

Was there a death associated with this condition? Yes

At what age did the death occur? 72

Family Member: Sibling

What was the condition? Cancer

Was there a death associated with this condition? Yes

At what age did the death occur? 25

Do you have any pending appointments with any medical professional? Yes

Medical Condition: Pending Appointments

Is your pending appointment(s) a routine physical with your primary care physician or an annual gynecological exam? Yes

Is your appointment within the next 30 days? Yes

What is the date of your pending appointment (mm/dd/yy)? 3/22/2020

Provide details to the reason you are being seen. routine exam

Are you taking any medications? Yes

Medication: Potassium

Signed at (City and State): _____ MD on this day of: 03/07/2020

Signature of Insured(s): e-Signed by Terence D Collins

Signature of Applicant (if different than Proposed Insured): _____

Signature of Agent: e-Signed by Talloal Morgan



Insured Information (*If joint, list both Insureds)

Insured's Name*: Terence D Collins

Policy Number: _____

Instructions

The Net Premiums you pay are put into the Basic Strategy. There is a Basic Strategy Value Minimum amount which must remain within the Basic Strategy. If the Basic Strategy Value exceeds the Basic Strategy Value Minimum, the excess will be transferred into the other Strategies subject to a selection specified by you. Please specify this selection below.

Whole percentages must be used. A percentage must be at least 5%, and the total of all percentages must equal 100%.

For After Issue business, send to: Contract Change - M305

Section 1 - FlexLife and PeakLife Strategy Selection - One-Year Index Segments

Table with 3 columns: Strategy Name, Percentage, and Allocation Options. Includes strategies like Fixed-Term Strategy (105), S&P 500 Point-to-Point, Cap Focus (301), etc.

**Only available after issue. Activation will be for both new premium payments and renewing index segments.

Section 2 - FlexLife (2011), FlexLife II (2016) and PeakLife (2017) Strategy Selection - One-Year Index Segments

Table with 3 columns: Strategy Name, Percentage, and Allocation Options. Includes strategies like (Fixed-Term Strategy) (105), Point-to-Point, Cap Focus (Indexed Strategy 1) (301), etc.

**Only available after issue. Activation will be for both new premium payments and renewing index segments.

Interest Crediting Strategies Allocations - Continued

Section 3 - SecurePlus Provider Strategy Selection - Five-Year Index Segments

(Fixed-Term Strategy) (105)	_____ %	<input type="checkbox"/> Use Monthly Basic Strategy Value Minimum
Point-to-Point, Cap Focus (Equity Indexed Strategy 1) (107) (151)	_____ %	<input type="checkbox"/> Activate Systematic Allocations on New Premium Payments
Point-to-Average, No Cap (Equity Indexed Strategy 2) (106)	_____ %	<input type="checkbox"/> Activate Systematic Allocations on Renewing Index Segments**
Point-to-Point, High Participation Rate Focus (Equity Indexed Strategy 3) (154)	_____ %	<input type="checkbox"/> Terminate Systematic Allocations for future premiums and Renewing Index Segments
Point-to-Point, Cap Focus, Emerging Markets (Equity Indexed Strategy 4) (156)	_____ %	<input type="checkbox"/> Terminate all existing Systematic Allocation accounts
Total 100%		

Section 4 - SecurePlus Paragon, SecurePlus Advantage 79 and LifeCycle Solution Strategy Selection - One-Year Index Segments

(Fixed-Term Strategy) (105)	_____ %	<input type="checkbox"/> Activate Systematic Allocations on New Premium Payments
Point-to-Point, Cap Focus (Indexed Strategy 1) (107)	_____ %	<input type="checkbox"/> Activate Systematic Allocations on Renewing Index Segments**
Point-to-Point, Participation Rate Focus (Indexed Strategy 2) (108)	_____ %	<input type="checkbox"/> Terminate Systematic Allocations for future premiums and Renewing Index Segments
Point-to-Point, No Cap (Indexed Strategy 3) (109)	_____ %	<input type="checkbox"/> Terminate all existing Systematic Allocation accounts
Point-to-Average, No Cap (Indexed Strategy 4) (106)	_____ %	
Point-to-Point, Cap Focus, Emerging Markets (Indexed Strategy 5) (156)	_____ %	
Total 100%		

Sign and Date

Applicant/Owner's Signature: e-Signed by Terence D Collins

Date: 03/07/2020 23:26:47 GMT

The Underwriting Process and Consumer Rights

Thank you for your application. A primary goal of National Life Insurance Company and Life Insurance Company of the Southwest (the Company) is to provide insurance protection that best meets your needs and to service these needs through the years. To keep costs at a minimum, we evaluate every proposed insured to be sure that the premium rate for each person is in relation to each person's fair share of the cost.

This evaluation - the underwriting process - may consist of a physical examination, review of medical history and reports from physicians or medical facilities which you have visited for treatment or consultation. In addition, a routine investigative consumer report is sometimes obtained.

We also check the records of the MIB, Inc. ("MIB"). The MIB is a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. The basic purpose of this organization is the protection of policyholders of member companies. It is not a repository of medical records. The information in its files serves only as an indication that additional data may be needed to evaluate the risk. No member company can refuse coverage on the basis of this information, nor does the information reveal whether an application was approved, rated or declined.

This program helps to assure that the true cost of the insurance is shared proportionately. Consumer rights bearing on insurance cost, needs and service are just as important to us as they are to you.

Prenotification - Investigative Consumer Report

This is to inform you in compliance with Public Law 91-508, known as the Fair Credit Reporting Act, that as part of our processing procedure for your insurance application an investigative consumer report may be made. This means information is obtained through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This report may include information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Prenotification - Personal History Interview

To obtain the information described in Investigative Consumer Report Prenotification, the Company may telephone you directly for a Personal History Interview. An Administrative Office interviewer may phone you to review and clarify information you provided on your application and to ask additional questions which will aid in considering your application.

Whenever possible, calls will be made at your convenience and to the telephone number you have provided. A separate form contains the information we need to complete the call. If for any reason it is necessary to make a change, please let your Agent know promptly.

Prenotification - MIB, Inc. ("MIB")

Information regarding your insurability and/or any past or future claims will be treated as confidential. The Company or its reinsurers may, however, make a brief report to the MIB. 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, the MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Medical information can be released to you or to your attending physician. If you question the accuracy of information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734, telephone number: (866) 692-6901, website: www.mib.com.

The Company may also release information in its files to its reinsurers and to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Leave with Applicant

6496(0412)

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Cat. No. 42577



NOTICE AND CONSENT FOR TESTING WHICH MAY INCLUDE AIDS VIRUS (HIV) ANTIBODY/ANTIGEN TESTING

To determine your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood, oral fluid and/or urine for testing and analysis. All tests will be performed by a licensed laboratory.

Unless precluded by law, tests may be performed to determine the presence of antibodies or antigens to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test that we perform is actually a series of tests done by a medically accepted procedure. The HIV antigen test directly identifies AIDS viral particles. These tests are extremely reliable. Other tests which may be performed include determinations of blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, and immune disorders.

All test results will be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others such as its affiliates, reinsurers, employees, or contractors. If the Insurer is a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, the Insurer will report to the MIB, Inc. a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. Other test results may be reported to the MIB, Inc. in a more specific manner. The organizations described in this paragraph may maintain the test results in a file or data bank. There will be no other disclosure of test results or even that the tests have been done except as may be required or permitted by law or as authorized by you.

If your HIV test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal, the Insurer will contact you. The Insurer may also contact you if there are other abnormal test results which, in the Insurer's opinion, are significant. The Insurer may ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results. You may designate below the physician or other person to whom positive or indeterminate test results will be reported:

Name: *(Print or Type)*

Oleg Shipak

Address: *(Street, City, State, Zip Code)*

9400 Annapolis Rd Ste 270

Lanham, MD 20706

Positive HIV antibody/antigen test results do not mean that you have AIDS, but that you are at a significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody or antigen test results or other significant test abnormalities 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.

I have read and I understand this Notice of Consent For Testing Which May Include HIV Antibody/Antigen Testing. I voluntarily consent to the withdrawal of blood from me by needle, the collection of oral fluid and/or urine samples, the testing of the samples, and the disclosure of the test results as described above.

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.

Proposed Insured's Name: *(Print or type)*

Terence D Collins

Date of Birth: *(mm/dd/yyyy)*

08/22/1959

State of Residence:

MD

Signature of Proposed Insured or Parent/Guardian:

e-Signed by Terence D Collins

Date: *(mm/dd/yyyy)*

03/07/2020 23:26:46 GMT

To determine your insurability, the Insurer named above (the Insurer) has requested that you provide a sample of your blood, oral fluid and/or urine for testing and analysis. All tests will be performed by a licensed laboratory.

Copies to the Company, the Customer, the Examiner, and the Agent

Disclosure Statement for Accelerated Benefits

(Terminal Illness & Chronic Illness)

Accelerated Benefits are payments made to the Owner while the Insured is living in lieu of payment of all or a portion of the death benefit that would otherwise be paid at the Insured's death. The Owner must apply for the Accelerated Benefits and must show the required proof stated in the Accelerated Benefits Rider attached to the policy. The condition under which accelerated benefits may be elected varies by rider as described below. We will not accelerate benefits unless the qualifying Terminal Illness or Chronic Illness began while this rider was in effect.

Accelerated Benefits Rider for Terminal Illness

Benefits may be elected under this rider if the Insured is Terminally III. Terminally III means that the Insured has been certified by a Physician as having an illness or chronic condition which can reasonably be expected to result in death in 24 months or less from the date of the certification.

Accelerated Benefits Rider for Chronic Illness

Benefits may be elected under this rider if the Insured is Chronically III. Chronically III means that the Insured has been certified, within the last 12 months, by a Physician as:

1. being unable to perform without substantial assistance from another person at least two Activities of Daily Living for a period of at least 90 consecutive days; or
2. requiring substantial supervision for a period of at least 90 consecutive days by another person to protect oneself from threats to health and safety due to severe cognitive impairment.

The Activities of Daily Living are bathing, continence, dressing, eating, toileting, and transferring.

The Owner may elect to accelerate all or a portion of the Insured's death benefit in force on the election date. The Company reserves the right to set a maximum amount that we will pay under this and any other Accelerated Benefits Rider on the policy to which this rider is attached. This maximum limit will be no less than \$500,000. If the Insured becomes eligible for benefits under Accelerated Benefits Rider for Chronic Illness, the death benefit that may be accelerated in any year will also be subject to a maximum amount.

Accelerated Benefits are paid as a lump sum. The amount paid is calculated as the present value of the death benefit accelerated, less an adjustment for future premiums, and less an administrative fee. The benefit will first be used to pay a pro rata share of any outstanding debt to us. The benefit will never exceed the death benefit being accelerated. The Amount shall be at least equal to the acceleration percentage multiplied by the difference between the current policy Cash Value or Cash Surrender Value and any outstanding policy loans. The current policy Cash Value or Cash Surrender Value shall include any termination dividend payable on the surrender of the policy.

The Insured's death benefit in force will be reduced each time an Accelerated Benefit is paid. The reduction will equal the portion of the death benefit that is accelerated on the election date. The face amount, and any accumulated value, cash surrender value, and outstanding debt will also be reduced. Each of these will be reduced in the same proportion as the reduction in the death benefit. The premiums and charges for any remaining life coverage will be determined as if the policy had been originally issued at the reduced face amount.

Payment of Accelerated Benefits will reduce the death benefit otherwise payable under the policy. Receipt of Accelerated Benefits may be a taxable event. Please consult your personal tax advisor to determine the tax status of any benefits paid under this rider.

Signed at: (City & State) _____ MD _____ Date: (mm/dd/yyyy) 03/07/2020 23:26:53 GMT

Licensed Agent: (Sign name in full) e-Signed by Tanoah Morgan

Applicant/Owner: (Sign name in full) e-Signed by Terence D Collins

Copies to the Company, the Customer, and the Agent

**Disclosure Statement for Accelerated Benefits
(Critical Illness/Critical Injury)**

Accelerated Benefits are payments made to the Owner while the Insured is living in lieu of payment of all or a portion of the death benefit that would otherwise be paid at the Insured's death. The Owner must apply for the Accelerated Benefits and must show the required proof stated in the Accelerated Benefits Rider attached to the policy. The condition under which accelerated benefits may be elected varies by rider as described below.

Accelerated Benefits Rider for Critical Illness

Benefits may be elected under this rider if the Insured has experienced a covered Critical Illness Qualifying Event. The Critical Illness Qualifying Events covered under this rider are:

1. **Aorta Graft Surgery:** A definite diagnosis by a Specialist that surgery is medically necessary for disease or trauma to the aorta requiring excision and surgical replacement of the diseased or traumatized aorta with a graft. Aorta refers to the thoracic and abdominal aorta but not its branches. The Insured must survive for 30 days following the Date of Diagnosis.
2. **Aplastic Anemia:** A definite diagnosis of a chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following: a) Marrow stimulating agents; b) Immunosuppressive agents; c) Bone marrow transplantation. The diagnosis of Aplastic Anemia must be made by a Specialist. The Insured must survive for 30 days following the Date of Diagnosis.
3. **Cancer:** A definite diagnosis of a disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue.

Diagnosis of Cancer must be established according to the criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. The Insured must survive for 90 days following the Date of Diagnosis.

Exclusion: No benefit will be payable under this condition for: a) Any non-melanoma skin cancer, except those with distant lymph node metastasis; or b) Pre-malignant lesions, benign tumors, or dysplasias; or c) Carcinoma in-situ; or d) Localized non-invasive cancers such as, but not limited to: i. Thyroid cancers less than Stage 4; or ii. Early prostate cancer diagnosed as T1N0M0 or equivalent staging including T2a unless the Gleason score is higher than 6; or iii. Chronic lymphocytic leukemia classified as Rai Stage 0; or iv. Noninvasive papillary cancer of the bladder AJCC TaN0M0.

4. **Cystic Fibrosis:** A definitive diagnosis of Cystic Fibrosis with evidence of chronic lung disease and pancreatic insufficiency. The diagnosis must be made by a Specialist and must be made before the Insured's 20th birthday. The Insured must survive 30 days following the Date of Diagnosis.
5. **Diagnosis of ALS (Amyotrophic Lateral Sclerosis):** A definite diagnosis of ALS made by a Specialist. There must be permanent clinical impairment. Permanent clinical impairment is the situation in which the clinical specialist notes that the impairment caused by the condition is not reversible and hence permanent. The Insured must survive for 30 days following the Date of Diagnosis.
6. **End Stage Renal Failure:** A definite diagnosis of chronic irreversible failure of both kidneys to function, which necessitates regular haemodialysis or peritoneal dialysis continuously for a period of at least 6 months or result in renal transplantation. The diagnosis of Kidney Failure must be made by a Specialist. The Insured must survive 30 days following the Date of Diagnosis.
7. **Heart Attack:** A definite diagnosis of the death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. The diagnosis of Heart Attack must be made by a Specialist, supported by symptoms clinically accepted as consistent with the diagnosis of an acute myocardial infarction and at least one of the following conditions: a) New characteristic electrocardiographic changes; or b) The characteristic rise above laboratory accepted normal values of biochemical cardiac specific markers such as CK-MB or cardiac troponins; or c) An abnormal myocardial perfusion or other scan showing characteristic findings of new heart muscle death; or d) An echocardiogram with new wall abnormalities indicating new heart muscle death. The Insured must survive for 30 days following the Date of Diagnosis.
Exclusion: No benefit will be payable under this condition for other acute coronary syndromes including but not limited to angina.
8. **Heart Valve Replacement:** A definite diagnosis determined by a Specialist that surgery is medically necessary to replace any heart valve with either a natural or mechanical valve. The Insured must survive 30 days following the Date of Diagnosis.
9. **Major Organ Transplant:** A definite diagnosis of the irreversible failure of any of the following organs or tissues: heart, both lungs, liver, both kidneys, pancreas, or bone marrow, and transplantation must be medically necessary. To qualify under Major Organ Transplant, a Transplant specialist must document that transplantation is necessary and the Insured must be placed on a transplant list as the recipient of a heart, lung, liver, kidney, pancreas or bone marrow, and limited to these entities. The Insured must survive 30 days following the Date of Diagnosis.

Copies to the Company, the Customer, and the Agent

10. **Motor Neuron Disease:** A definite diagnosis of one of the following conditions and is limited to these conditions: a) Primary lateral sclerosis; or b) Progressive spinal muscular atrophy; or c) Progressive bulbar palsy; or d) Pseudo bulbar palsy. There must be permanent clinical impairment. Permanent clinical impairment is the situation in which the clinical specialist notes that the impairment caused by the condition is not reversible and hence permanent. The diagnosis of Motor Neuron Disease must be made by a Specialist. The Insured must survive for 30 days following the Date of Diagnosis.

11. **Stroke:** A definite diagnosis of an acute cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis resulting in neurological deficit with persistent clinical symptoms for at least 30 consecutive days following the occurrence of the Stroke, and also resulting in either: a) Permanent Neurological Deficit with Persisting Clinical Symptoms that are expected to last throughout the Insured's life; or b) Definite evidence of death of brain tissue or hemorrhage on a brain scan. The diagnosis of Stroke must be made by a Specialist. The Insured must survive for 30 days following the Date of Diagnosis.

Exclusion: No benefit will be payable under this condition for: a) Transient ischemic attacks; or b) Intracerebral vascular events due to trauma; or c) Lacunar infarcts which do not meet the definition of Stroke as described above; or d) Asymptomatic silent stroke found on imaging.

12. **Sudden Cardiac Arrest:** Defined as the sudden loss of heart function with interruption of blood circulation around the body resulting in unconsciousness and requiring resuscitation. After resuscitation, treatment may include: a) Surgical implantation of an Implantable Cardioverter-Defibrillator (ICD); or b) Surgical implantation of a Cardiac Resynchronization Therapy with Defibrillator (CRT-D); or c) Electrophysiological mapping with radio frequency ablation; or d) Cardiac surgery; or e) Long-term medication therapy.

Exclusion: No benefit will be payable under this condition for: a) Insertion of a pacemaker; or b) Insertion of a defibrillator without cardiac arrest; or c) Cardiac arrest resulting directly from alcohol or drug abuse. The Insured must survive for 30 days following the date of Sudden Cardiac Arrest.

Accelerated Death Benefits Rider for Critical Injury

Benefits may be elected under this rider if the Insured has experienced a Critical Injury Qualifying Event. The Critical Injury Qualifying Events covered under this rider are:

1. **Coma:** A definite diagnosis of a state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, which: a) Has a Glasgow Coma score of 4 or less; and b) Requires the use of life support systems; and c) Results in Permanent Neurological Deficit with Persisting Clinical Symptoms that are expected to last throughout the Insured's life. The diagnosis of Coma must be made by a Specialist.

Exclusion: No benefit will be payable under this condition for: a) A medically induced Coma; or b) A Coma which results directly from alcohol or drug abuse.

2. **Paralysis:** Defined as Quadriplegia, Paraplegia or Hemiplegia that has been present for 90 days from the Date of Diagnosis confirmed by a Specialist and which is expected to be permanent without expectation of recovery. a) Quadriplegia means the complete and irreversible Paralysis of both upper and lower Limbs. b) Paraplegia means the complete and irreversible Paralysis of both lower Limbs. c) Hemiplegia means the complete and irreversible Paralysis of the upper and lower Limbs of the same side of the body. d) Limb means entire arm or entire leg.

3. **Severe Burns:** A definite diagnosis of third degree burns covering at least 30% of the body's surface area or 30% of the area of the face or head. The diagnosis of Severe Burns must be made by a Specialist. The Insured must survive for 30 days following the Date of Diagnosis.

4. **Traumatic Brain Injury:** A definite diagnosis of damage to brain tissue due to Traumatic Brain Injury, which: a) Has a Glasgow Coma score of 12 or less in the first 48 hours after injury; and b) Has skull fracture, brain contusion or hemorrhage on CT scan of head; and c) Results in a Permanent Neurological Deficit with Persisting Clinical Symptoms that are expected to last throughout the Insured's life.

The diagnosis of Traumatic Brain Injury must be made by a Specialist. The Insured must survive for 60 days following the Date of Diagnosis.

Exclusion: No benefit will be payable under this condition for: a) Mild Traumatic Brain Injury; or b) Traumatic Brain Injury due to repetitive head trauma; or c) Traumatic Brain Injury which results directly from intentional self-inflicted injury.

No Accelerated Benefit will be paid under the Critical Illness Rider or the Critical Injury Rider for any Qualifying Event that occurs on or before the 30th day following its effective date of the rider unless such Qualifying Event directly results from accidental injury. No Accelerated Benefit will be paid under either rider for any Qualifying Event that directly results from self-inflicted injury or attempted suicide. This benefit is underwritten and may not be available on your policy.

The Owner may elect to accelerate all or a portion of the Insured's death benefit in force on the election date. **The Company reserves the right to set a maximum death benefit that may be accelerated under this and any other Accelerated Benefits Rider on the life of any insured person. This maximum limit will be no less than \$500,000.**

Disclosure Statement for Accelerated Benefits (Critical Illness/Critical Injury) - Continued

Accelerated Benefits will be paid as a lump sum. The amount paid is calculated as the present value of the death benefit accelerated, less an adjustment for future premiums, and less an administrative fee. Any administrative fee assessed will not exceed a maximum charge of \$250. The benefit will first be used to pay a pro rata share of any outstanding debt to us. The benefit will never exceed the death benefit being accelerated. It will never be less than the cash surrender value, if any, that corresponds to the death benefit accelerated.

The Insured's death benefit in force will be reduced each time an Accelerated Benefit is paid. The reduction will equal the portion of the death benefit that is accelerated on the election date. The face amount, and any accumulated value, cash surrender value, and outstanding debt will also be reduced. Each of these will be reduced in the same proportion as the reduction in the death benefit. The premiums and charges for any remaining life coverage will be determined as if the policy had been originally issued at the reduced face amount.

As an example of the impact that election of Accelerated Benefits has on policy values, consider the following situation:

Prior to Election:		Upon Partial Election of 50% of Death Benefit:		Upon Full Election:	
Death Benefit	= \$100,000	Death Benefit	= \$50,000	Death Benefit	= \$0
Cash Surrender Value	= 50,000	Cash Surrender Value	= 25,000	Cash Surrender Value	= 0
Outstanding Debt	= 30,000	Outstanding Debt	= 15,000	Outstanding Debt	= 0
Annual Premium	= 2,000	Annual Premium	= 1,000	Annual Premium	= 0

Dollar values showing the specific impact that acceleration will have on your policy values will be provided when you apply for Accelerated Benefits.

Payment of Accelerated Benefits will reduce the death benefit otherwise payable under the policy. Receipt of Accelerated Benefits may be a taxable event. Please consult your personal tax advisor to determine the tax status of any benefits paid under this rider.

Signed at: (City & State) _____ MD _____ Date: (mm/dd/yyyy) 03/07/2020 23:26:53 GMT

Licensed Agent: (Sign name in full) e-Signed by TaNoah Morgan

Applicant/Owner: (Sign name in full) e-Signed by Terence D Collins



Part 1 - Proposed Primary Insured Information - Please PRINT

- Proposed Insured's Name
Terence D Collins
- Did you meet with the Proposed Insured in person during the sales and application process? Yes No
- How long have you known the Proposed Insured(s)?
25 years
- Are you related? Yes No
(If 'Yes', relationship?)
- Proposed Primary Insured's
 Net Worth \$150,000
 Household Income \$100,000
 Household Net Worth \$150,000
- Are there existing life, disability or annuity contracts? Yes No
- To the best of your knowledge, is this insurance intended to replace any existing coverage? Yes No
- List any sales materials, including illustrations, used relating to the new application See Part 4 - Notes
- Which rate class was quoted?
Proposed Primary Insured Standard NT
Proposed 2nd/Other Insured _____
- Indicate underwriting requirement(s)
 PI 2nd/OIR
 Jump In / Term Out *(If available)* Policy Spec Pages Attached
 No Fluid
 Blood / Urine and Vitals (Mini-Exam)
 Blood, Urine, Paramed Exam
 Blood, Urine, Paramed Exam, EKG
 Blood, Urine, Paramed Exam, EKG, Mature Assessment
 Note - Mature assessment needed at age 70 or older.
 Exam service ordered from _____
- What is the purpose of this insurance?
Personal
- How was the face amount determined?
needs analysis
- If business insurance, please complete Business Insurance Questionnaire Form 20098.

Part 2 - Proposed Insured / Owner Information

- To your knowledge is any Proposed Insured or the Owner receiving any loans, cash, promises of future benefit, free insurance, or other valuable consideration as an inducement to apply for or become an insured under this life insurance policy? Yes No
- Are you aware that any Proposed Insured or the Owner has been involved in any discussions regarding transfer of ownership of the policy being applied for to a third party, such as (but not limited to) a life settlement company or investor group? Yes No

Part 3 - Owner's Information

- Annual Income \$48,000
Net Worth \$150,000
- If Owner is a Corporation, what % of stock is owned by Proposed Primary Insured? _____
- If Owner is a Limited Partnership, give name of all general partners *(Print names)*

Part 4 - Notes

Companion Application Name _____ Are you a Home Office Employee, Spouse or Child? Yes No

1.2. Face to face with each insured: Yes; 1.8. Sales Materials: Illustrations; 1.11. Purpose of Insurance (Personal): Death Benefit Protection, ; Member of a military organization: No; PI Proof of Identity: Drivers License;

If your Agent Number is pending, please provide your email address.

Part 5 - Agent's Signature Agency Number: 3AY

Licensed Agent <i>e-Signed by TaNoah Morgan</i>	Licensed Agent's Name <i>(Print)</i> TaNoah Morgan	Percent 100%	Agent No./Suffix 8702g - 01 tmorgan@msagencies.com	Phone & Email (240)544-6800
Additional Agent	Name of Additional Agent <i>(Print)</i>	Percent	Agent No./Suffix	Phone & Email
Additional Agent	Name of Additional Agent <i>(Print)</i>	Percent	Agent No./Suffix	Phone & Email

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, prescription benefit manager, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years (collectively, "My Providers") to disclose my entire medical record, prescription drug information, and any other protected health information concerning me to National Life Insurance Company and Life Insurance Company of the Southwest (collectively, "The Company") and The Company's agents, employees, reinsurers, and representatives. I further authorize MIB, Inc. to disclose to The Company, or its reinsurers, any knowledge of me or my health, and any other protected health information concerning me. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. I further authorize The Company to re-disclose any protected health information or other knowledge or records concerning me to The Company's reinsurers and to MIB, Inc., which operates an information exchange on behalf of life and health insurance companies. I further authorize the Company to request a copy of my driving record(s) from the state motor vehicle department (collectively, "DMVs").

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical record without restriction. I also acknowledge that I have read the PRENOTIFICATIONS, including the notices required by the Fair Credit Reporting Act and MIB, Inc. ("MIB").

The protected health information and driving records are to be disclosed under this Authorization so that The Company may: (1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; (4) administer coverage; and (5) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Company.

This Authorization shall remain in force for 30 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to National Life Insurance Company or Life Insurance Company of the Southwest, Centralized Mailing Address, One National Life Drive, Montpelier, VT 05604, Attention: Privacy Officer. I understand that a revocation is not effective to the extent that any of My Providers or DMVs has relied on this Authorization 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 understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information or driving records.

HIPAA Compliant Authorization - for Release of Health-Related and Other Information

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record and driving records, The Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I acknowledge that I have received a copy of this Authorization.

Proposed Insured/Patient: *(Print)*

Date of Birth:

Terence D Collins

08/22/1959

Signature of Proposed Insured/Patient or Personal Representative:

Today's Date: *(mm/dd/yyyy)*

e-Signed by Terence D Collins

03/07/2020 23:00:45 GMT

Description of Personal Representative's Authority or Relationship to Patient:

Questions & Answers about Release of Protected Health Information to a Life or Disability Income Insurer.

1. May I release complete personal medical information to a life or disability income insurance company?

Yes. As you did before the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule became effective, a medical care provider may disclose complete Protected Health Information (PHI) to organizations not subject to the Privacy Rule as long as the applicant has signed a HIPAA compliant authorization.

2. Does the "minimum amount necessary" rule apply to this release to a life or disability income insurer?

No. The "minimum amount necessary" rule does not apply as long as a HIPAA compliant authorization is signed. This question was specifically addressed by Health and Human Services (HHS) in a Q and A published December 4, 2002: "Uses and disclosures that are authorized by the individual are exempt from the minimum necessary requirements. For example, if a covered health care provider receives an individual's authorization to disclose medical information to a life insurer for underwriting purposes, the provider is permitted to disclose the information requested on the authorization without making any minimum necessary determination. The authorization must meet the requirements of 45 CFR 164.508."

3. Can an insurer request disclosure of a person's "entire" medical record or does it have to refer to specific items in a medical file only?

Yes. HIPAA allows insurers to seek and providers to disclose a person's entire medical record, if the authorization used clearly states that the entire medical record is to be disclosed (e.g., "I authorize you to disclose my entire medical record.")

4. Does HIPAA mandate the use of one specified form of authorization by everyone?

No. HIPAA requires that certain specified "elements" be included in a valid authorization to disclose protected health information. HIPAA does not mandate that a specific form be used. Both covered and non-covered entities are free to use any format they wish so long as it is compliant with HIPAA's requirements. The signed authorization contains all of the elements required by HIPAA.

5. What should I do if I had previously agreed to a restriction and now receive an authorization to release the "entire medical record?" Does the authorization cover PHI that was restricted?

You may release all medical records, restricted and otherwise if a patient has previously requested a restriction and later signs an authorization which removes the restriction. The wording of this authorization specifically releases any restricted information.

This HIPAA compliant authorization and Questions and Answers were created by the American Council of Life Insurers.

FlexLife
Indexed Universal Life

A Financial Solution in Case You...

Life Insurance Illustration



Prepared on
March 7, 2020 for
Terence D Collins

Presented by
Tanoah Morgan
STE 20
4500 FORBES BLVD
LANHAM, Maryland 20706-6312

Product issued by
Life Insurance Company of the Southwest®

FlexLife, Form Series ICC19-20608 and any applicable riders are underwritten by Life Insurance Company of the Southwest®, Addison, Texas. All rider form series numbers are not available in all states. Riders are optional and may require additional premium. Guarantees are dependent upon the claims-paying ability of the issuing company.

This is an illustration only. An illustration is not intended to predict actual performance and is a summary only. Please refer to the policy for complete details. In the event of any conflict, the policy shall control.

This information is not intended as tax or legal advice. For advice concerning your own situation, please consult with your appropriate professional advisor.

National Life Group® is a trade name representing various affiliates, which offer a variety of financial service products.
Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604
Home Office: Addison, TX | 800-732-8939 | www.NationalLife.com

No bank or credit union guarantee | Not a deposit | Not FDIC/NCUA insured | May lose value
Not insured by any federal or state government agency

Life Insurance Company of the Southwest, Addison, TX 75001

This illustration is not complete without all pages.

This illustration is valid for 30 days.

2019 Series
Version 20.1.7 A
March 7, 2020
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Illustration ID: 81182

My Planned Life Insurance Offers:

I will start my policy by paying:

**\$101.31
Monthly**

Die
Too Soon

If I Die Tomorrow...

Those I have chosen will receive:

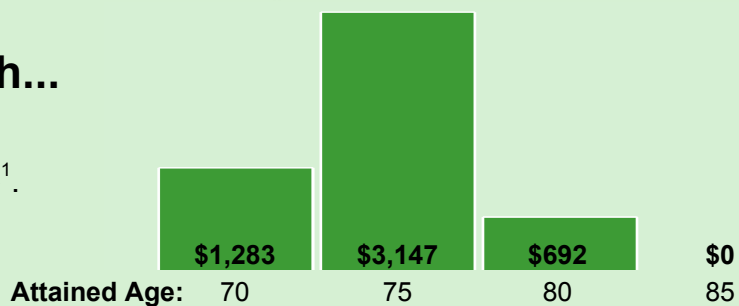
\$50,000

Live
Too Long

If I Need Cash...

I can take a loan or withdrawal from my policy's Cash Value¹.

The projected Cash Value for my policy is:



Become
Ill

If I Become Ill...

I can access a portion of my Death Benefit.

The projected Accelerated Benefit Rider² Values for my policy at age 66 are:

Terminal Illness Benefit:	\$37,986 Lump Sum
Chronic Illness Benefit:	\$578 Per Month
Critical Illness Benefit:	\$34,509 Lump Sum
Critical Injury Benefit:	\$34,509 Lump Sum

The use of one benefit may reduce or eliminate other policy and rider benefits.

Benefits and values shown above are not guaranteed. The assumptions on which they are based are subject to change by the insurer. Actual results may be more or less favorable. This presentation is not valid unless accompanied by a complete insurance company illustration. Please see the Ledger for guaranteed values and other important information.

- 1 Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event. Surrender charges may reduce the policy's cash value in early years.
- 2 Accelerated Benefit Riders allow you to access a portion of your death benefit while living in the event of a qualifying illness or injury. Please see the Rider Description pages for further details.

Life Insurance Company of the Southwest, Addison, TX 75001

This illustration is not complete without all pages.

This illustration is valid for 30 days.

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Version 20.1.7 A
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My Planned Life Insurance Offers:



The **Income-Tax Free¹ Death Benefit** in your FlexLife policy provides your loved ones with an income-tax free lump sum of money they can use for anything (including burial expenses, debt and college).



FlexLife provides tax-deferred build up of policy cash value. Values that you can borrow or withdraw – income-tax free² – for any purpose, including to supplement your retirement income if you live longer than your retirement savings last. You can also use the **Lifetime Income Benefit Rider³** to receive a guaranteed stream of income for life.



Your **Accelerated Benefits Rider⁴** in FlexLife allows you to access a portion of your death benefit in the event of a qualifying Terminal, Chronic, Critical Illness or Critical Injury to help you and your family maintain your lifestyle.

1 IRC §101(a)(1). There are some exceptions to this rule. Please consult a qualified tax professional for advice concerning your individual situation.

2 Withdrawals up to basis paid into the contract and loans thereafter will not create an immediate taxable event, but substantial tax ramifications could result upon contract lapse or surrender.

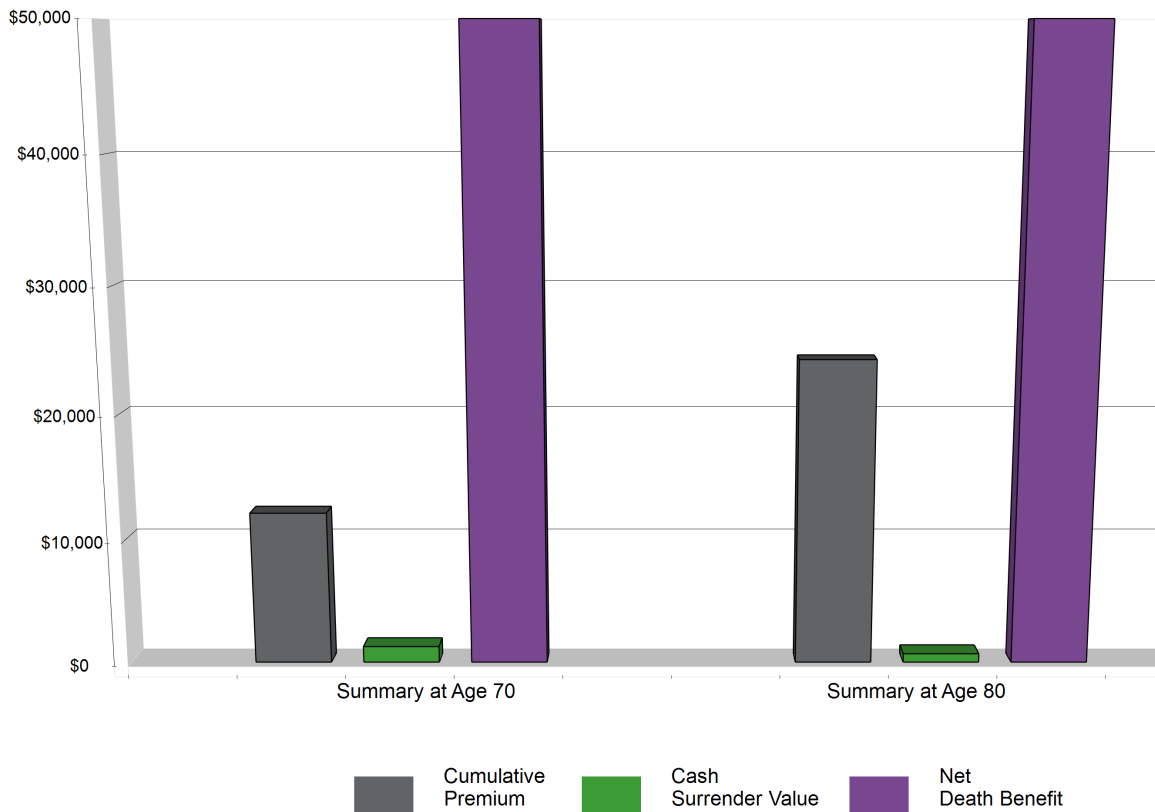
3 In order to exercise the Lifetime Income Benefit Rider qualifications must be met and an additional premium must be paid. Please see the Rider Description pages for details.

4 Use of Accelerated Benefit Riders reduces the cash value and death benefit otherwise payable under the policy. Receipt of Accelerated Benefits may be a taxable event and may affect your eligibility for public assistance programs. These riders are optional, may be subject to underwriting, exclusions and/or limitations and may not be available in all states.

Life Insurance You Don't Have to Die to Use

Current Illustrated Values*

Policy Year	Age	Cumulative Premium	Weighted Average Interest Rate	Cash Surrender Value	Net Death Benefit
10	70	\$12,157	4.52 %	\$1,283	\$50,000
15	75	\$18,236	5.16 %	\$3,147	\$50,000
20	80	\$24,314	3.61 %	\$692	\$50,000
25	85	0	0	0	0



The use of one benefit may reduce or eliminate other policy and rider benefits.

*Benefits and values shown above are not guaranteed. The assumptions on which they are based are subject to change by the insurer. Actual results may be more or less favorable. This presentation is not valid unless accompanied by a complete insurance company illustration. Please see the Ledger for guaranteed values and other important information.

Life Insurance Company of the Southwest, Addison, TX 75001

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Illustration ID: 81182

Summary of Coverages

Terence D Collins
Male 61 Standard Non-Tobacco
State: Maryland

Face Amount: \$50,000
Death Benefit Option: A (Level)
Initial Premium: \$101.31 Monthly

FlexLife
Indexed Universal Life
Riders: ABR, CMG, DBPR,
ICSR, LIBR, OPR, SAR

A Financial Solution in Case You...

Life Insurance



Accelerated Living Benefits



Cash Value Accumulation



Additional Benefits

Money for family

- **Death Protection \$50,000** for Terence D Collins

Money in the event of a Terminal, Chronic, Critical Illness or Critical Injury¹

See the following page for more details on these benefits.

- Accelerated Benefits Rider for **Terminal Illness**
- Accelerated Benefits Rider for **Chronic Illness**
- Accelerated Benefits Rider for **Critical Illness**
- Accelerated Benefits Rider for **Critical Injury**

Cash Value Accumulation

Policy has potential to accumulate cash value that can be accessed through policy loans and withdrawals³ for additional retirement income, college expenses or help with emergencies.

- **At year 15: \$3,147²**

Other Coverage(s):

- **CMG** - Charitable Matching Gift Death Benefit Rider
- **DBPR** - Death Benefit Protection Rider
- **ICSR** - Interest Crediting Strategies Rider
- **LIBR** - Lifetime Income Benefit Rider
- **OPR** - Overloan Protection Rider
- **SAR** - Systematic Allocation Rider

The use of one benefit may reduce or eliminate other policy and rider benefits.

Riders are optional and may require additional premium.

This presentation is not valid unless accompanied by a complete insurance company illustration. Please see the Ledger for guaranteed values and other important information.

- 1 Accelerated Benefit Riders are optional, available with no additional premium, and may not be available in all states. Please refer to the Narrative Summary for details regarding the Accelerated Benefit Riders available in the state selected for this presentation.
- 2 These values assume current charges and interest. Benefits and values are not guaranteed. The assumptions on which they are based on are subject to change by the insurer and actual results may be more or less favorable than those shown. Based on policy guarantees, the cash values are \$0 at year 15 and \$0 at age 100.
- 3 Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event. Surrender charges may reduce the policy's cash value in early years.

Summary of Coverages

FlexLife

Terence D Collins
 Male 61 Standard Non-Tobacco
 State: Maryland

Face Amount: \$50,000
 Death Benefit Option: A (Level)
 Initial Premium: \$101.31 Monthly

Indexed Universal Life
 Riders: ABR, CMG, DBPR,
 ICSR, LIBR, OPR, SAR

The optional Accelerated Benefit Riders (ABR) offer you flexibility to access your death benefit if you have a qualifying Terminal, Chronic, Critical Illness or Critical Injury¹

Terminal Illness

As an example, if the full, available death benefit is accelerated, the discounted benefit for Terence D Collins (Base) would be about **\$38,143** at age **65**.

Chronic Illness

As an example, if the full, available death benefit is accelerated each month, the monthly discounted benefits for Terence D Collins (Base) are projected to be:

Age 63: \$548 Age 70: \$595 Age 75: \$593 Age 80: \$541

Critical Illness OR Critical Injury

As an example, if the full, available death benefit is accelerated, the discounted benefits for Terence D Collins (Base) are projected to be:

Age	Critical Illness OR Critical Injury Category 1 Minor	Critical Illness OR Critical Injury Category 2 Moderate	Critical Illness OR Critical Injury Category 3 Severe	Critical Illness OR Critical Injury Category 4 Life Threatening
63	\$2,043	\$12,613	\$23,051	\$35,004
70	\$8,452	\$19,792	\$28,314	\$33,617
75	\$12,055	\$24,222	\$31,756	\$32,537
80	\$12,023	\$26,149	\$33,575	\$33,575

You can accelerate up to 100% of the death benefit, subject to an ABR Benefit limit of \$1,500,000 on the total death benefit accelerated under this policy for terminal illness, an ABR Benefit limit of \$1,500,000 on the total death benefit accelerated under this policy for chronic illness and an ABR Benefit limit of \$1,000,000 on the total death benefit accelerated under this policy for critical illness and critical injury. For chronic illness, the death benefit you can accelerate is subject to a monthly limit to the lesser of 2% of the discounted death benefit or \$30,000. The death benefit will be reduced by the amount of the death benefit you decide to accelerate. A discount factor will be applied to the death benefit accelerated because it is being paid prior to the actual death benefit. As a result, the actual benefit paid will be less than the amount of death benefit accelerated. Please refer to the Narrative Summary for further information about these riders.

The use of one benefit may reduce or eliminate other policy and rider benefits.

The sample benefits shown assume current accelerated benefits mortality tables and interest at 6.5%. The benefits and values shown above are not guaranteed. The assumptions on which they are based are subject to change by the insurer. Actual results may be more or less favorable. This presentation is not valid unless accompanied by a complete insurance company illustration.

¹ Accelerated Benefit Riders are optional, available with no additional premium, and may not be available in all states. Please refer to the Narrative Summary for details regarding the Accelerated Benefit Riders available in the state selected for this presentation.

Narrative Summary

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Plan Description

The illustrated values that make up this ledger proposal should not be regarded as an offer nor as a contract to insure. If the presentation, of which this ledger is a part results in a policy being issued with different illustrated values than those in the ledger, the actual values illustrated with the policy shall control.

FlexLife Form Series ICC19-20608, is an individual life insurance policy, commonly referred to as Universal Life. It offers flexible premiums, adjustable death benefit and indexed crediting options.

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual results may be more or less favorable than those shown.

Monthly Planned Payments have been assumed to be received at the beginning of each billing period.

A surrender charge is assessed on full surrender of a policy in the first ten policy years from the date of issue or the date of an increase in face amount. The Cash Surrender Values in this proposal reflect applicable surrender charges.

Understanding Your Illustrated Values

Because the exact performance of your policy can not be predicted, this illustration shows both **Guaranteed Illustrated Values** and **Non-Guaranteed Illustrated Values**. Seeing both values that are guaranteed and values that are not allows you to see some different ways that your policy could potentially perform.

- **Guaranteed Illustrated Values** illustrate the most conservative basis used for the calculation of values. The Guaranteed Values use a Guaranteed Illustrated Rate and maximum policy charges guaranteed by the company. Guarantees are dependent on the claims-paying ability of the issuing company. The policy as shown using the Guaranteed Illustrated Rate will lapse in policy year 16 unless a higher premium is paid
- **Non-Guaranteed Illustrated Values** are broken out into **Alternative Current Illustrated Values** and **Current Illustrated Values**:
 - **Alternative Illustrated Values** are based on the Alternative Current Illustrated Rate credited, the policy charges that are currently being charged and the Accumulated Value Enhancement Rider which provides an annual Accumulated Value Enhancement beginning in policy year 6. The policy as shown using the Alternative Current Illustrated Rate will lapse in policy year 20 unless a higher premium is paid.
 - **Current Illustrated Values** are based on the Current Illustrated Rate credited, the policy charges that are currently being charged and the Accumulated Value Enhancement Rider which provides an annual Accumulated Value Enhancement beginning in policy year 6. The policy as shown using the Current Illustrated Rate will lapse in policy year 21 unless a higher premium is paid.

Average Illustrated Values are shown on the Summary of Values page and are based on an Average Illustrated Rate (the average of the Guaranteed Illustrated Rate and the Current Illustrated Rate), the average policy charges by the company (the average of the guaranteed policy charges and the current policy charges) and the Accumulated Value Enhancement Rider which provides an annual Accumulated Value Enhancement beginning in policy year 6. The policy as illustrated on an Average Interest Rate basis will lapse in policy year 16 unless a higher premium is paid.

Keep in mind with **Non-Guaranteed Illustrated Values** that they illustrate interest rates and policy charges that are assumed to continue unchanged for all years shown and that they are not guaranteed. This is not likely to occur and actual results may be more or less favorable than those shown. Non-Guaranteed benefits and values are not guaranteed. The assumptions on which they are based are subject to change by the insurer. The rates for the Percent of Premium Expense Charge, Monthly Cost of Insurance, Monthly Expense Charge, Monthly Policy Fee, Monthly Percent of Accumulated Value Charge and Rider Charge, if any, are not guaranteed, will be determined by the Company and may change from time to time based on expectations of future anticipated or emerging experience. These changes may include, but are not limited to, the increase, reduction or elimination of the listed rates and amounts after a certain number of policy years. Future anticipated or emerging experience can include, but is not limited to, investment earnings, mortality, persistency, taxes and expenses which may affect these assumptions. Actual results may be more or less favorable. See Ledger of Guaranteed Illustrated Values for guaranteed values.

Narrative Summary

Terence D Collins
Male 61 Standard Non-Tobacco
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FlexLife
Indexed Universal Life
Riders: ABR, CMG, DBPR,
ICSR, LIBR, OPR, SAR

Plan Description

This policy offers more than just a Death Benefit

Your policy has an Accumulated Value based on premiums paid, Interest Credited, Monthly Deductions, Withdrawals and the Accumulated Value Enhancement Rider, Form Series ICC19-20653. The Accumulated Value Enhancement Rider provides FlexLife with an Accumulated Value Enhancement beginning in policy year 6. The Accumulated Value Enhancement is the lesser of 10.00% of the indexed earnings or 0.75% of the index segment values. These parameters are guaranteed. Please consult the rider form for more details.

Based on the Accumulated Value of your policy, you may be able to take withdrawals or loans from your policy.

- Partial **Withdrawals** are available if the policy has positive Cash Surrender Value. The accumulated value of the policy will be reduced by the sum of the partial withdrawal and the withdrawal fee of \$25.
- If you take **Loans** from your policy, the following types of loan options are available. Of these options only one is allowed at any time. The loan option can be selected when you first begin taking loans.
 - **Participating Variable Loans** Form Series ICC16-20426, are charged a variable loan interest rate. When selected, all account value will remain in the various interest crediting strategies and loaned values will continue to earn interest/index credits as if no loan had been taken from the policy.
 - **Standard Loans** Form Series ICC16-20427, are charged a variable loan interest rate. Loaned amounts will be transferred from the various interest crediting strategies and placed in a segregated loan collateral account, and will be credited with:
 - The Loan Interest Rate minus 0.50% in years 1 through 10; and
 - The Loan Interest Rate in years 11+
 - **Participating Fixed Loans** Form Series ICC16-20425, are charged a fixed loan interest rate, which will be set at issue. The current illustrated loan rate is fixed at 5.00%. Requested loan amounts will be transferred from the various interest crediting strategies and placed in the Indexed Loan Holding Account. On a Monthly Transfer Date, any value in the Indexed Loan Holding Account will be swept to the Indexed Loan Account. The Participating Fixed Loan portion will be credited a rate equal to the lesser of the illustrated rate or 6.00%. Participating Fixed Loans are only available with the Indexed Loan Holding Account and the Indexed Loan Account - Cap Focus Rider, Form Series ICC16-20421.

Keep in mind when taking withdrawals/loans that they reduce the policy's Cash Value and Death Benefit and may result in a taxable event. Withdrawals up to basis paid into the contract and loans thereafter will not create an immediate taxable event, but substantial tax ramifications could result upon contract lapse or surrender.

Life Insurance Premium Limits and Taxation

This policy is intended to comply with the definition of life insurance in section 7702 of the Internal Revenue Code. When you buy your policy, you must specify whether you want the **Guideline Premium Test (GPT)** or the **Cash Value Accumulation Test (CVAT)** used to qualify your policy as life insurance.

This illustration assumes that the **Guideline Premium Test (GPT)** has been selected.

The Guideline Premium Test specifies the maximum amount of premium you can pay into your policy. The total premiums paid for the policy must not exceed the **Guideline Single Premium** or the cumulative **Guideline Level Premiums**, whichever is greater.

Guideline Level Premium – The sum of the guideline level premiums calculated for the current policy year and each prior year. It is a level premium calculated at issue based on policy guarantees and an interest rate not less than 4% as specified in IRC section 7702.

Guideline Single Premium - The sum of the guideline single premium calculated for the current policy year and each prior year. It is calculated at issue based on policy guarantees and an interest rate not less than 6% as specified in IRS section 7702.

Narrative Summary

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Male 61 Standard Non-Tobacco
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Plan Description (continued)

If you plan to fund your policy with a single premium payment, CVAT may be the test you choose. This test compares the relationship between the cash value and the cumulative premiums paid.

In order to receive favorable federal tax treatments on income taken from your policy, your policy can not become a **Modified Endowment Contract (MEC)**. The policy will not become a MEC if the total premiums you pay into the policy satisfy the 7-pay premium limitation. To satisfy this requirement, the total premiums you have paid into your policy at any time must not exceed the sum of the 7-pay annual premiums at that point in time. Otherwise, your policy will be considered a MEC.

MEC Premium - The MEC total 7 pay premium for any policy year is the sum of the annual payments calculated under IRC Section 7702A (the seven pay premium) for this and all prior policy years that determine whether or not the contract is a Modified Endowment Contract (MEC). Upon the first occurrence of a number in the MEC total premium column exceeding the number for the same policy year in this column, the policy will become a MEC. Distributions other than death proceeds from a MEC, including policy loans and partial surrenders of funds will be treated as taxable gain received first and recovery of premium second. In addition to regular income tax, a 10% federal tax penalty is applicable to any taxable distribution from the MEC before the insured reaches age 59 ½. This includes policy terminations.

Initial Statutory Premium Information

- Guideline Level Premium: \$2,095.00
- Guideline Single Premium: \$23,814.00
- Max Non-MEC Premium: \$3,629.00

Additional Premium Information

- Minimum Premium: \$1,215.72
- Target Premium: \$2,078.00

This Target Premium does not apply to internal replacements.

Narrative Summary

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Rider Description

The following riders are available at no additional premium:

Accelerated Benefits Rider for Terminal Illness (ABR)

Form Series ICC10-8844, allows for the payment of a portion of an insured's death benefit if the insured is terminally ill. Terminally ill means that the insured has been certified by a physician as having an illness or chronic condition which can reasonably be expected to result in death in 24 months or less. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Accelerated Benefits Rider for Chronic Illness (ABR)

Form Series ICC10-8844, allows for the payment of a portion of an insured's death benefit if the insured is chronically ill. Chronically ill means that the insured has been certified by a licensed health care practitioner as being unable to perform 2 out of 6 activities of daily living or is cognitively impaired. The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Accelerated Benefits Rider for Critical Illness (ABR)

Form Series 20287MD, allows for the payment of a portion of the insured's death benefit if the insured experiences a qualifying event covered under the rider. Subject to state approval, the qualifying events may include: aorta graft surgery, aplastic anemia, cancer, cystic fibrosis, diagnosis of ALS (Amyotrophic Lateral Sclerosis), end stage renal failure, heart attack, heart valve replacement, major organ transplant, motor neuron disease, stroke and sudden cardiac arrest. Please see the rider for a complete list of the qualifying events covered. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Accelerated Benefits Rider for Critical Injury (ABR)

Form Series 20288MD, allows for the payment of a portion of the insured's death benefit if the insured experiences a qualifying event covered under the rider. Subject to state approval, the qualifying events may include: coma, paralysis, severe burns and traumatic brain injury. Please see the rider for a complete list of the qualifying events covered. There is no premium for this rider. However, the actual payment will be less than the portion of the death benefit accelerated because the benefits are paid prior to death.

Important Information Regarding Optional Accelerated Benefit Riders

Death Benefits, cash values and loan values (for policies with such values) will be reduced if an Accelerated Benefit is paid. The Accelerated Benefits offered under this rider are intended to qualify for favorable tax treatment under

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

Receipt of acceleration-of-life-insurance benefits may affect your, your spouse's or your family's eligibility for public assistance programs, such as medical assistance (Medicaid), Aid to Families with Dependent Children, and Supplemental Security Income (SSI). You are advised to consult with a qualified tax advisor and with social services agencies concerning how receipt of such payment will affect you, your spouse's and your family's eligibility for public assistance. Riders are optional and may not be available in all states.

We currently limit the amount of benefits that may be paid under this policy for terminal illness at \$1,500,000, we currently limit the amount of benefits that may be paid under this policy for chronic illness at \$1,500,000 and we currently limit the amount of benefits that may be paid under this policy for critical illness and critical injury at \$1,000,000. We reserve the right to change these limits in the future, however the limit will never be less than \$500,000. The maximum death benefit that may be accelerated under chronic illness in any year is the lesser of 24% of the death benefit in effect on the initial election date or \$360,000. These limits vary by state. Once ABR has been added to your policy, please refer to your ABR policy form for specific information.

Charitable Matching Gift Death Benefit Rider (CMG)

Form Series ICC16-20186, provides up to \$1,000 of the base face amount will be matched by National Life Group if a charitable beneficiary is named.

Death Benefit Protection Rider (DBPR) Form Series ICC14-20223, provides that the policy will not lapse in the first 15 policy years even if the net cash surrender value is less than or equal to zero provided that premiums paid reduced by withdrawals, both accumulated with interest, less the policy loan balance, equals or exceeds the accumulation with interest of the Monthly Guarantee Premiums.

For the initial benefit amount of \$50,000, the Monthly Guarantee Premium is \$101.31. The Monthly Guarantee Premium may change if the policyholder exercises certain rights in the contract. The interest rate at which premiums,

Narrative Summary

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Rider Description (continued)

withdrawals and Monthly Guarantee Premiums are accumulated is equal to an effective annual rate of 5.00%. Please consult the rider form for more details.

Interest Crediting Strategies Rider (ICSR) Form Series ICC14-20258, ICC14-20260, ICC16-20432, ICC19-20614, ICC19-20615, ICC19-20617, provides FlexLife with Basic Strategies, a Fixed-Term Strategy and Multiple Indexed Strategies.

Lifetime Income Benefit Rider (LIBR) Form Series 20266MD. The Lifetime Income Benefit Rider provides a benefit for the life of the insured in exchange for a charge from the accumulated value and provided that certain conditions are met. Conditions include but are not limited to the following: the insured must be at least age 60 but no greater than age 85; and the policy must have been in force for at least 10 years or at least 10 years have passed since the last face amount increase, whichever is later; and any outstanding policy loans must be repaid in full. The benefit payments are first deducted from the accumulated value through policy loans until a minimum threshold is met. Once the minimum threshold is met, the following events occur: the amount of each subsequent benefit payment will be credited into the policy as a bonus to the basic strategy; the benefit payments will continue to be funded as Standard Loans for the life of the insured; a one time charge will be deducted from the cash surrender value; and all other monthly deductions will be terminated. Because the benefit payments are funded as Standard Loans, they will not be taxable if the policy is not a Modified Endowment Contract. All benefit payments will be taxable on Modified Endowment Contracts. Policy owners should consult with their tax advisors to better understand the tax implications. Please consult the rider form for more details.

Overloan Protection Rider (OPR) Form Series ICC19-20631, when exercised under certain conditions, will prevent the policy from lapsing due to the outstanding policy loan exceeding the Accumulated Value less the Surrender Charge. Limitations apply to exercising the Overloan Protection Rider, which include that the policy be in force at least 15 years and the insured having attained the age of 75. Exercising the rider results in a paid-up policy. There is no premium for this rider, however, there is a fee when the rider is exercised.

Systematic Allocation Rider (SAR) Form Series ICC16-20431, allows Net Premiums in excess of the Basic Strategy Minimum Value and meeting a minimum threshold to be transferred to a systematic allocation account that automatically transfers each month one twelfth of this amount to new Indexed Segments.

Narrative Summary

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ICSR, LIBR, OPR, SAR

Definition of Key Terms and Column Headings

Accumulated Value - The cash accumulation component of the policy at the end of the policy year, after deductions for any applicable policy charges and withdrawals.

Age - The insured's age as of nearest birthday.

Alternative Current Illustrated Values - Please refer to the Plan Description for additional information.

Annual Cash Flow - The net outlay of money being paid into the policy and, if applicable, money being taken out of the policy (before income taxes are included).

Average Illustrated Values - Please refer to the Plan Description for additional information.

Cash Surrender Value - The cash accumulation component of the policy at the end of the policy year, after deductions for any applicable policy charges, surrender charges, withdrawals, outstanding policy loans and loan interest. This is the amount payable in the event of full surrender of the policy. On the Summary of Values page, the **Average Cash Surrender Value** is based on an Average Illustrated Rate (the average of the Guaranteed Illustrated Rate and the Current Illustrated Rate) and the average policy charges by the company (the average of the guaranteed policy charges and the current policy charges).

Critical Illness or Critical Injury Category - When determining the discounted death benefit, the assessment of the future life expectancy of the insured will have four different categories (minor, moderate, severe and life threatening) dependent on the severity of the Critical Illness or Critical Injury as applicable.

Current Illustrated Values - Please refer to the Plan Description for additional information.

Death Benefit Option - The following are the available options:

- Option A (Level) is equal to the Face Amount.
- Option B (Increasing) is equal to the Face Amount plus the Accumulated Value.

The policy's death benefit option can be changed once each policy year after the first policy year.

Face Amount - An amount used to determine the death benefit.

Guaranteed Illustrated Values - Please refer to the Plan Description for additional information.

Lapse - Termination of the policy due to insufficient Accumulated Value and/or Cash Surrender Value.

Net Death Benefit - The policy death benefit at the end of the policy year, after deductions for any withdrawals, outstanding policy loans and loan interest (if applicable). The Net Death Benefit is the amount of money payable to the beneficiary if you die. On the Summary of Values page, the **Average Net Death Benefit** is based on an Average Illustrated Rate (the average of the Guaranteed Illustrated Rate and the Current Illustrated Rate) and the

average policy charges by the company (the average of the guaranteed policy charges and the current policy charges).

Policy Charges - The sum of all expenses and deductions taken out of the policy. This amount is made up of the Premium Expense Charge, Cost of Insurance, Cost of Other Benefits, Policy Fee, Expense Charge and Accumulated Value Charge.

Policy Year - The number of years elapsed since the effective date of the illustrated policy.

Premium Outlay - The annualized premium that is assumed under the illustrated policy.

Rate Class - The rate class used in this illustration is Standard Non-Tobacco. The actual rate class will be determined when the application is underwritten and may vary from this illustration. If so, a revised illustration will be delivered with the policy.

Weighted Average Interest Rate - The weighted average interest rate is used to compute illustrated values. This rate varies by policy year, and is based upon several assumptions including: the amount of money required in the Basic Strategy; the allocation between the other strategies; and the premium planned for the full year. Values are based on a simplifying assumption that interest is credited daily. Please refer to the Indexed Strategies Disclosure and your policy for information on how interest credits are calculated on this product.

Tax Treatment: The Company will report any eligible distributions, under any accelerated benefits rider, subject to existing IRS guidance and facts at the time of distribution. However, proper tax treatment for any accelerated benefits you receive under this insurance contract depends on a number of factors. These factors include, among others, the provisions of the law, the terms of the contract, and your personal situation at the time payments are made. These factors may permit some or all of the payments to be excluded from income or may require some or all the payments to be included in income for tax purposes. You should consult with your own tax advisor in deciding how to report the payments.

The following is a statement of costs and benefits for the FlexLife policy illustrated on the following pages. The Net Payment Index shows your average annual outlay per \$1000 of Death Benefit. The Surrender Cost Index is the average annual amount of each planned premium that is not returned if the policy is surrendered for its cash value at the end of the year cited.

	Interest Adjusted Cost Indexes at 5%	
Current Illustrated Rate	Year 10	Year 20
Net Payment	\$24.31	\$24.31
Surrender Cost	\$22.37	\$23.92

Narrative Summary

Terence D Collins
Male 61 Standard Non-Tobacco
State: Maryland

Face Amount: \$50,000
Death Benefit Option: A (Level)
Initial Premium: \$101.31 Monthly

FlexLife
Indexed Universal Life
Riders: ABR, CMG, DBPR,
ICSR, LIBR, OPR, SAR

Definition of Key Terms and Column Headings (continued)

Guaranteed Illustrated Rate	Year 10	Year 20
Net Payment	\$24.31	\$0.00
Surrender Cost	\$24.31	\$0.00

An explanation of the intended use of the above cost indexes is provided in the Life Insurance Buyer's Guide.

Please Note: Illustrated values are net of charges. If you would like to get details of the dollar amount of each charge, please ask your agent.

Narrative Summary

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Indexed Strategies Disclosure

This product is a life insurance product and does not represent an investment in the stock market.

This product features a Fixed Crediting Strategy, an Indexed Loan Account and Indexed Crediting Strategies. The following is a summary of the characteristics of the Indexed Crediting Strategies that are available in this policy. Please refer to the policy for complete details. In the event of any conflict, the policy language will control.

This policy features an Indexed Loan Account, which uses a S&P 500® point-to-point crediting method with a focus on the Cap Rate. Additionally, this policy features distinct Indexed Crediting Strategies:

- S&P 500® point-to-point crediting method with a focus on the Cap Rate.
- S&P 500® point-to-point crediting method with a focus on the Participation Rate.
- S&P 500® point-to-point crediting method with a 1% Floor.
- The Credit Suisse Balanced Trend 5% Index point-to-point crediting method with no Earnings Cap.
- The Hang Seng Index point-to-point crediting method with a focus on the Cap Rate

Each transfer to an Indexed Strategy creates a distinct Indexed Segment with a segment length of one year. Indexed Segments are only created once per calendar month. The illustrated values reflect the assumption that Indexed Segments are immediately created. Index Earnings are credited to each Indexed Segment on the annual segment anniversary. Index Earnings are not calculated or credited between segment anniversaries. Each Indexed Segment will have a Participation Rate, an Index Earnings Cap and a Floor, which are determined in advance for each twelve-month period and are subject to change on each segment anniversary.

The Indexes for these strategies will be the S&P 500® Index, Credit Suisse Balanced Trend 5% Index and Hang Seng Index, excluding dividends. The Annual Index Growth for an Indexed Segment is calculated on the segment anniversary based on the performance of the Index.

Each strategy uses a point-to-point crediting method, where the Annual Index Growth is calculated as the percentage increase in the index, if any, from one segment anniversary to the next segment anniversary.

The Index Earnings for an Indexed Segment on the segment anniversary are calculated as the Annual Index Growth for the segment, multiplied by the segment's Participation Rate, with this product adjusted so that it is no less than the Floor and no greater than the segment's Index Earnings Cap.

The **Participation Rate** is the maximum percentage of the annual increase in the index that will be credited. For example: The one year increase in the Index is 10%. If the Participation Rate is 90%, then 9% would be used to calculate the interest credit [$10\% \times 90\% = 9\%$].

The **Cap** is the maximum earnings percent that will be credited. For example: The Participation Rate is 100% and there is a Cap of 12%. If the one year increase in the Index is 14%, the earnings will be capped at 12%.

The **Floor** is the minimum earnings percent that will be credited. FlexLife has a built in 0% interest crediting floor for all strategies with the exception of the S&P 500® point-to-point 1% Floor crediting method which has 1% Floor. For example, in the event the market declines index earnings will be floored at either 0% or 1% depending on the strategy.

Participation Rates and Cap Rates are subject to change annually for a given indexed segment. Regardless of the Strategy, each index segment has a 1-year term, during that period it is expected that the value of the S&P 500® Index, Credit Suisse Balanced Trend 5% Index and Hang Seng Index will change, positively or negatively. In the event the market declines, FlexLife has a built-in crediting floor for all strategies.

At the end of the one-year segment length, the value in that segment is transferred to the Basic Strategy for automatic reallocation using the strategy allocation in force at that time. The reallocation of funds from the Basic Strategy to the Fixed Term Strategy and/or the Indexed Strategies may be changed by the Owner upon request. Allocation into the Indexed Loan Account is not permitted.

Failure to maintain the index segment to segment maturity (the next crediting date for the index strategy segment) will result in no participation in the index. Each crediting period is 1 year in length. Index earnings are credited to each indexed segment at the end of the crediting period. Each indexed segment will have a Participation Rate and an Index

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Indexed Strategies Disclosure (continued)

Earnings Cap, which are determined in advance for each crediting period. On each segment anniversary of an indexed segment, the index growth for that segment will be calculated, as a function of the index performance over the previous crediting period. Excess Interest Formula: Index earnings for each indexed segment are calculated at the end of the crediting period as follows: index growth is multiplied by the segment's Participation Rate, adjusted so that this rate is no greater than the segment's Index Earnings Cap, and no less than the Floor; multiplied by the value in the indexed segment value. Index earnings are not direct participation in any stock or investment. Upon death of the insured, a death benefit equivalent to the death benefit at the time of the insured's death less any policy debt and less other amounts owed to the insurance company will be paid to the beneficiary.

Actuarial Guideline 49 provides guidance for life insurance carriers in determining the maximum crediting rate for life insurance illustrations. The overall Maximum Illustrated Rate for the Indexed Loan Account and all Indexed Strategies is based on an average annual look-back rate for a **Benchmark Indexed Account** using all of the possible 25-year periods from the most recent 65 calendar years, or the average annual look-back on the current parameters of the specific strategy. The Benchmark Indexed Account is defined as using the S&P500® Index using an annual point-to-point crediting method with a 9.75% Cap Rate, 100.00% Participation Rate, and a 0.00% Floor.

The average, minimum and maximum look-back rates for the Benchmark Indexed Account are shown below:

Benchmark Indexed Account Look-Back Rate			
	Minimum	Average	Maximum
Look-Back Rate	4.96%	6.07%	6.85%

The historical rates shown below are determined by applying the current Cap, Participation and Floor Rates to the most recent 20 full calendar years of historical index performance. If no index value was published on the beginning and end dates of the calendar year, then the most recent previous index value was used to determine the historical rate.

The historical performance of the S&P 500® Index, Credit Suisse Balanced Trend 5% Index and Hang Seng Index should not be considered a representation of past or future performance of any of the Indexed Strategies available in this policy, nor is it an estimate of the returns that a policyholder can expect based on the current Cap and Participation Rates. The future rate credited for any of these strategies may be less than or greater than the non-guaranteed assumed interest rates used in this illustration.

The actual credited rates will vary based on the actual change in the index and actual declared Cap and Participation Rates within each index segment. These figures do not represent actual interest that would have been credited because the Cap Rate and Participation Rate would have changed over time and actual results would have been different. There is an expense charge, policy fee, cost of insurance and other policy charges associated with the FlexLife IUL policy. The historical returns by strategy do not reflect these policy charges. It is not meant to predict future performance. It is not possible to know in advance what the actual credited rate will be.

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Indexed Strategies Disclosure (continued)

Hypothetical Returns by Strategy*

Year	S&P 500® Pt-to-Pt Growth Rate	S&P 500® Pt-to-Pt Cap Focus Cap: 9.75% Par: 100.00%	S&P 500® Pt-to-Pt Par Focus Cap: 7.25% Par: 140.00%	S&P 500® Pt-to-Pt 1% Floor Cap: 7.75% Par: 100.00%	Indexed Loan Account, S&P 500® Pt-to-Pt Cap Focus Cap: 9.75% Par: 100.00%	Credit Suisse Balanced Trend 5% Index Pt-to-Pt Growth Rate	Credit Suisse Balanced Trend 5% Index Pt-to-Pt No Cap Par: 130.00%	Hang Seng Pt-to-Pt Growth Rate	Hang Seng Pt-to-Pt Cap Focus Cap: 11.25% Par: 100.00%
2000	-10.14%	0.00%	0.00%	1.00%	0.00%	N/A	N/A	-11.00%	0.00%
2001	-13.04%	0.00%	0.00%	1.00%	0.00%	N/A	N/A	-24.50%	0.00%
2002	-23.37%	0.00%	0.00%	1.00%	0.00%	N/A	N/A	-18.21%	0.00%
2003	26.38%	9.75%	7.25%	7.75%	9.75%	12.39%	16.10%	34.92%	11.25%
2004	8.99%	8.99%	7.25%	7.75%	8.99%	7.14%	9.29%	13.15%	11.25%
2005	3.00%	3.00%	4.20%	3.00%	3.00%	3.64%	4.73%	4.54%	4.54%
2006	13.62%	9.75%	7.25%	7.75%	9.75%	6.33%	8.23%	34.20%	11.25%
2007	3.53%	3.53%	4.94%	3.53%	3.53%	1.27%	1.65%	39.31%	11.25%
2008	-38.49%	0.00%	0.00%	1.00%	0.00%	1.71%	2.22%	-48.27%	0.00%
2009	23.45%	9.75%	7.25%	7.75%	9.75%	4.87%	6.34%	52.02%	11.25%
2010	12.78%	9.75%	7.25%	7.75%	9.75%	6.43%	8.35%	5.32%	5.32%
2011	0.00%	0.00%	0.00%	1.00%	0.00%	4.69%	6.09%	-19.97%	0.00%
2012	13.41%	9.75%	7.25%	7.75%	9.75%	8.25%	10.73%	22.91%	11.25%
2013	29.60%	9.75%	7.25%	7.75%	9.75%	8.42%	10.94%	2.87%	2.87%
2014	11.39%	9.75%	7.25%	7.75%	9.75%	12.79%	16.63%	1.28%	1.28%
2015	-0.73%	0.00%	0.00%	1.00%	0.00%	-0.43%	0.00%	-7.16%	0.00%
2016	9.54%	9.54%	7.25%	7.75%	9.54%	2.45%	3.18%	0.39%	0.39%
2017	19.42%	9.75%	7.25%	7.75%	9.75%	9.65%	12.54%	35.99%	11.25%
2018	-6.24%	0.00%	0.00%	1.00%	0.00%	-2.21%	0.00%	-13.61%	0.00%
2019	28.88%	9.75%	7.25%	7.75%	9.75%	11.09%	14.41%	9.07%	9.07%
5 Year Avg	9.40%	5.70%	4.29%	5.00%	5.70%	4.00%	5.85%	3.60%	4.03%
10 Year Avg	11.20%	6.71%	5.02%	5.68%	6.71%	6.00%	8.15%	2.60%	4.05%
15 Year Avg	6.80%	6.18%	4.91%	5.31%	6.18%	5.20%	6.95%	4.70%	5.20%
20 Year Avg	4.00%	5.54%	4.39%	4.89%	5.54%	N/A	N/A	2.60%	4.99%
Maximum Illustrated Rate ¹		6.07%	4.91%	5.32%	6.00%		6.07%		6.07%

* The interest crediting strategies are further defined in the policy and any attached riders.

1 The Maximum Illustrated Rate for the Indexed Loan Account and all Indexed Strategies is defined as the lesser of the average annual look-back rate for the Benchmark Indexed Account using all of the possible 25-year periods from the most recent 65 calendar years, or the average annual look-back on the current parameters of the specific strategy. The Maximum Illustrated Rate for the Indexed Loan Account is capped at 100 basis points (1.00%) above the current Fixed Loan Interest Rate.

The chart below reflects the current and guaranteed Cap Rates, Participation Rates and Maximum Illustrated Rate for the Indexed Loan Account and each Indexed Strategy. The current rates are not guaranteed and are subject to change from time to time based on expectations of future anticipated experience, but will never be worse than the guaranteed rates. Future anticipated experience can include, but is not limited to, investment earnings, mortality, persistency, taxes and expenses.

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Indexed Strategies Disclosure (continued)

Indexed Crediting Method

	S&P 500® Indexed Loan Account	S&P 500® Pt-to-Pt Cap Focus	S&P 500® Pt-to-Pt Par Focus	S&P 500® Pt-to-Pt 1% Floor	Credit Suisse Balanced Trend 5% Index Pt-to-Pt No Cap	Hang Seng Pt-to-Pt Cap Focus
Current Cap Rate	9.75%	9.75%	7.25%	7.75%	No Cap	11.25%
Guaranteed Cap Rate	3.10%	3.10%	3.00%	2.10%	No Cap	3.00%
Current Participation Rate	100.00%	100.00%	140.00%	100.00%	130.00%	100.00%
Guaranteed Participation Rate	100.00%	100.00%	110.00%	100.00%	50.00%	100.00%
Maximum Illustrated Rate	6.00%	6.07%	4.91%	5.32%	6.07%	6.07%

The illustrated assumed interest rates cannot exceed the Maximum Illustrated Rates allowed by the company, as shown above. The Maximum Illustrated Rate for the Indexed Loan Account and all Indexed Strategies is defined as the lesser of the average annual look-back rate for the Benchmark Indexed Account using all of the possible 25-year periods from the most recent 65 calendar years, or the average annual look-back on the current parameters of the specific strategy. The Maximum Illustrated Rate for the Indexed Loan Account is capped at 100 basis points (1.00%) above the current Fixed Loan Interest Rate.

For FlexLife, the minimum annual rate of interest credited to funds in the fixed-interest strategy and basic strategy is 2.00%. The minimum interest credited in the S&P 500® point-to-point 1% Floor indexed strategy is 1%, while the minimum interest credited in the other indexed strategies is 0%. There is a guaranteed minimum interest rate of 2.00% upon death or full surrender of the policy.

FlexLife Indexed Universal Life insurance has a 10 year declining surrender charge. Surrender charges may reduce the policy's cash value in early years. The policy's cash surrender value is the accumulated value less the surrender charges less any debt due to policy loans.

The illustration of current values assumes the following illustrated rates and strategy allocation:	Initial Allocation	Current Illustrated Interest Rate	Alternative Current Illustrated Interest Rate
Strategy			
Basic Strategy		3.00%	3.00%
Fixed-Term Strategy	0%	3.00%	3.00%
S&P500® point-to-point Cap Focus	100%	6.07%	3.00%
S&P500® point-to-point Participation Focus	0%	4.91%	3.00%
S&P500® point-to-point 1% Floor	0%	5.32%	3.00%
Credit Suisse Balanced Trend 5% Index point-to-point No Cap	0%	6.07%	3.00%
Hang Seng point-to-point Cap Focus	0%	6.07%	3.00%

The historical performance of the S&P 500® Index, Credit Suisse Balanced Trend 5% Index and Hang Seng Index should not be considered a representation of past or future performance of any of the Indexed Strategies available in this policy. The future yield performance of any of these strategies may be less than or greater than the non-guaranteed assumed interest rates used in this illustration.

For illustrative purposes, a weighted average interest rate is used to compute policy values. This weighted average interest rate varies by policy year, and is based upon several assumptions including: the amount of money required in the Basic Strategy; the allocation between the other six strategies indicated above; and the premium planned for the full year. Values are based on a simplifying assumption that interest is credited daily. Please refer to your policy for information on how interest credits are calculated on this product.

Life Insurance Company of the Southwest, Addison, TX 75001

This illustration is not complete without all pages.

This illustration is valid for 30 days.

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Narrative Summary

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Indexed Strategies Disclosure (continued)

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Indexed Strategies Disclosure (continued)

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Ledger

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This illustration of FlexLife values assumes payments are made in the amounts shown and that the Guaranteed Illustrated Rate and maximum monthly deductions will continue in the future. The interest rate used in the calculation of guaranteed values is 2.00%. Please refer to your policy for additional information. The annual floor for each Indexed Strategy may be less than the guaranteed interest rate. The Accumulated Value Enhancement is not reflected on this ledger of Guaranteed Illustrated Values.

Guaranteed Illustrated Values

Policy Year	Age	Premium Outlay	Accumulated Value	Cash Surrender Value	Net Death Benefit
1	61	\$1,215.72	\$42	\$0	\$50,000
2	62	1,215.72	46	0	50,000
3	63	1,215.72	6	0	50,000
4	64	1,215.72	0	0	50,000
5	65	1,215.72	0	0	50,000
6	66	1,215.72	0	0	50,000
7	67	1,215.72	0	0	50,000
8	68	1,215.72	0	0	50,000
9	69	1,215.72	0	0	50,000
10	70	1,215.72	0	0	50,000
		\$12,157.20			
11	71	1,215.72	0	0	50,000
12	72	1,215.72	0	0	50,000
13	73	1,215.72	0	0	50,000
14	74	1,215.72	0	0	50,000
15	75	1,215.72	0	0	50,000
16	76	0.00	Lapse	Lapse	Lapse
		\$18,235.80			

The policy as shown using the Guaranteed Illustrated Rate will lapse in policy year 16 unless a higher premium is paid. This is based on the guaranteed interest rate credited and guaranteed charges by the Company.

Life Insurance Company of the Southwest, Addison, TX 75001

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This illustration is valid for 30 days.

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Ledger

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This illustration of FlexLife values assumes payments are made in the amounts shown and that the illustrated rates and monthly deductions will continue in the future. The interest rate used in the calculation of current values is the weighted average rate shown below.

Policy Year	Age	Premium Outlay	Alternative Current Illustrated Values*				Current Illustrated Values*			
			Weighted Average Interest Rate	Accumulated Value	Cash Surrender Value	Net Death Benefit	Weighted Average Interest Rate	Accumulated Value	Cash Surrender Value	Net Death Benefit
1	61	\$1,215.72	3.00 %	\$323	\$0	\$50,000	3.76 %	\$324	\$0	\$50,000
2	62	1,215.72	3.00 %	615	0	50,000	4.19 %	622	0	50,000
3	63	1,215.72	3.00 %	877	0	50,000	4.43 %	895	0	50,000
4	64	1,215.72	3.00 %	1,108	0	50,000	4.59 %	1,143	0	50,000
5	65	1,215.72	3.00 %	1,307	0	50,000	4.70 %	1,364	0	50,000
6	66	1,215.72	3.00 %	1,427	461	50,000	4.71 %	1,512	546	50,000
7	67	1,215.72	3.00 %	1,494	703	50,000	4.72 %	1,611	819	50,000
8	68	1,215.72	3.00 %	1,499	890	50,000	4.70 %	1,650	1,041	50,000
9	69	1,215.72	3.00 %	1,431	1,015	50,000	4.63 %	1,617	1,200	50,000
10	70	1,215.72	3.00 %	1,278	1,064	50,000	4.52 %	1,497	1,283	50,000
		\$12,157.20								
11	71	1,215.72	3.00 %	1,723	1,723	50,000	5.17 %	1,992	1,992	50,000
12	72	1,215.72	3.00 %	2,089	2,089	50,000	5.22 %	2,423	2,423	50,000
13	73	1,215.72	3.00 %	2,360	2,360	50,000	5.23 %	2,772	2,772	50,000
14	74	1,215.72	3.00 %	2,520	2,520	50,000	5.21 %	3,022	3,022	50,000
15	75	1,215.72	3.00 %	2,547	2,547	50,000	5.16 %	3,147	3,147	50,000
16	76	1,215.72	3.00 %	2,416	2,416	50,000	5.07 %	3,121	3,121	50,000
17	77	1,215.72	3.00 %	2,097	2,097	50,000	4.94 %	2,907	2,907	50,000
18	78	1,215.72	3.00 %	1,552	1,552	50,000	4.72 %	2,465	2,465	50,000
19	79	1,215.72	3.00 %	738	738	50,000	4.35 %	1,745	1,745	50,000
20	80	1,215.72	Lapse	Lapse	Lapse	Lapse	3.61 %	692	692	50,000
		\$24,314.40								
21	81	506.55					Lapse	Lapse	Lapse	Lapse
		\$24,820.95								

The policy as shown using the Alternative Current Illustrated Rate will lapse in policy year 20 unless a higher premium is paid. This is based on the alternative current interest rates credited and current charges by the Company.

The policy as shown using the Current Illustrated Rate will lapse in policy year 21 unless a higher premium is paid. This is based on the current interest rates credited and current charges by the Company.

* Benefits and values are not guaranteed. The assumptions on which they are based are subject to change by the insurer. The rates for the Percent of Premium Expense Charge, Monthly Cost of Insurance, Monthly Expense Charge, Monthly Policy Fee, Monthly Percent of Accumulated Value Charge and Rider Charge, if any, are not guaranteed, will be determined by the Company and may change from time to time based on expectations of future anticipated or emerging experience. These changes may include, but are not limited to, the increase, reduction or elimination of the listed rates and amounts after a certain number of policy years. Future anticipated or emerging experience can include, but is not limited to, investment earnings, mortality, persistency, taxes and expenses which may affect these assumptions. Actual results may be more or less favorable. See page 20 for guaranteed values.

Summary of Values

FlexLife

Terence D Collins
 Male 61 Standard Non-Tobacco
 State: Maryland

Face Amount: \$50,000
 Death Benefit Option: A (Level)
 Initial Premium: \$101.31 Monthly

Indexed Universal Life
 Riders: ABR, CMG, DBPR,
 ICSR, LIBR, OPR, SAR

The following table summarizes policy values with benefits previously described.

		Guaranteed Illustrated Values			Current Illustrated Values ¹			Average Illustrated Values ¹		
Policy Year	Age	Annual Cash Flow	Cash Surrender Value	Net Death Benefit	Annual Cash Flow	Cash Surrender Value	Net Death Benefit	Annual Cash Flow	Cash Surrender Value	Net Death Benefit
5	65	-1,216	0	50,000	-1,216	0	50,000	-1,216	0	50,000
10	70	-1,216	0	50,000	-1,216	1,283	50,000	-1,216	0	50,000
20	80	0	0	0	-1,216	692	50,000	0	0	0
Lapse Year			16		21			16		

¹ Benefits and values are not guaranteed. The assumptions on which they are based are subject to change by the insurer. The rates for the Percent of Premium Expense Charge, Monthly Cost of Insurance, Monthly Expense Charge, Monthly Policy Fee, Monthly Percent of Accumulated Value Charge and Rider Charge, if any, are not guaranteed, will be determined by the Company and may change from time to time based on expectations of future anticipated or emerging experience. These changes may include, but are not limited to, the increase, reduction or elimination of the listed rates and amounts after a certain number of policy years. Future anticipated or emerging experience can include, but is not limited to, investment earnings, mortality, persistency, taxes and expenses which may affect these assumptions. Actual results may be more or less favorable.

Out of pocket premiums are assumed to stop in this illustration beginning in year 22. There is a charge for cost of insurance and other expenses in years when no premium is paid into the policy. Premium payments, which may be greater than the initial premium, may have to be resumed to maintain the policy in force.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed. I UNDERSTAND THAT HISTORICAL PERFORMANCE OF THE S&P 500® INDEX, CREDIT SUISSE BALANCED TREND 5% INDEX AND HANG SENG INDEX SHOULD NOT BE CONSIDERED A REPRESENTATION OF THE PAST OR FUTURE PERFORMANCE FOR ANY OF THE INDEXED STRATEGIES IN THE POLICY.

Date 03/07/2020 23:26:49 GM

Applicant e-Signed by Terence D Collins
 Terence D Collins

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

Date 03/07/2020 23:27:37 GM

Agent e-Signed by TaNoah Morgan
 Tanoah Morgan

The applicant has been advised to consult with his or her own tax advisers regarding the tax effects inherent in the plan of insurance being applied for.

Date 03/07/2020 23:26:48 GM

Applicant e-Signed by Terence D Collins
 Terence D Collins

Date 03/07/2020 23:27:33 GM

Agent e-Signed by TaNoah Morgan
 Tanoah Morgan

FlexLife - Illustration Input Summary: FOR HOME OFFICE USE ONLY

Producer												
Producer		Tanoah Morgan										
Client Information												
Client Name		Terence D Collins				State			Maryland			
Gender		Male				Rate Class			Standard Non-Tobacco			
Birth Date		8/22/1959				Table Rating/Flat Extra			None / \$0.00 for 1 year(s)			
Issue Age		61				Pension Underwriting			None			
Tax and Compliance												
Compliance Test		Guideline Premium Test				MEC Avoidance			None			
Death Benefit												
Face Solve Type		None										
		<u>Type</u>		<u>Amount</u>					<u>From-Through</u>			
Face Amount		Specify Amount		\$50,000.00					1 - M			
APB Amount		Specify Amount		\$0.00					1 - M			
Death Benefit Option		A (Level)							1 - M			
Premium												
Target Premium: \$2,078.00			Minimum Premium: \$1,215.72			MEC Premium: \$3,629.00			MEC Year: 0			
Guideline Single Premium: \$23,814.00			Guideline Level Premium: \$2,095.00			Lump Sum: \$0.00			Deduct: No			
Premium Mode: Monthly			Apply Term Conversion: False			Premium Credit: 0.00%			Exclude Fee: False			
Premium Solve Type:		None										
		<u>Type</u>		<u>Amount</u>		<u>Adjustment</u>			<u>From-Through</u>			
		Minimum Premium		\$101.31		\$0.00			1 - M			
1035 Exchange												
<u>External 1035</u>		Amount: \$0		Loan: \$0		<u>Internal 1035</u>		Amount: \$0		Loan: \$0		Deduct: No
Disbursements												
<u>Type</u>		<u>Amount</u>		<u>Adjustment</u>		<u>Method</u>		<u>Mode</u>		<u>Loan Type</u>		<u>From-Through</u>
None		\$0		\$0.00		Loan		Monthly		Participating Variable Loans		2 - M
Variable Loan Rate: 4.00%												
Riders												
Riders Attached to Policy: ABR, CMG, DBPR, ICSR, LIBR, OPR, SAR											AVE2019	
		<u>Amount</u>		<u>Monthly Charge</u>			<u>Additional Information</u>					
Balance Sheet Benefit Rider (BSB)		0%		\$0.00								
Benefit Distribution Option (BDO)		0%		N/A			Payment Duration: 0					
Children's Term Rider (CTR)		\$0		\$0.00			Age of Youngest Child: 0					
Guaranteed Insurability Rider (GIR)		\$0		\$0.00								
Waiver of Specified Premium (WSP)		\$0.00		\$0.00			Table Rating: None					
Other Insured Rider (OIR)												
<u>Name</u>		<u>Age</u>		<u>Gender</u>		<u>Rate Class</u>		<u>Benefit Amount</u>		<u>Cov. to Age</u>		<u>Monthly Charge</u>
Rates												
<u>Strategy Name</u>		<u>Assumed Rate</u>										
Basic Strategy		3.00%										
Systematic Allocation Basic Strategy (un-checked)		3.00%										
<u>Fixed-Term</u>		<u>S&P 500® Cap Focus</u>		<u>S&P 500® Par Focus</u>		<u>S&P 500® 1% Floor</u>		<u>Credit Suisse No Cap</u>		<u>Hang Seng Cap Focus</u>		<u>From-Through</u>
Allocation	Rate	Allocation	Rate	Allocation	Rate	Allocation	Rate	Allocation	Rate	Allocation	Rate	From-Through
0%	3.00%	100%	6.07%	0%	4.91%	0%	5.32%	0%	6.07%	0%	6.07%	1 - M



Application Date: 03/07/2020 23:26:53 GMT

Transaction ID: LS088385000

Proposed Insured / Annuitant: Terence D Collins

Consent to Do Business Electronically

What is the purpose of this Consent?

If you continue with this electronic application for a life insurance policy or annuity contract issued by National Life Insurance Company or Life Insurance Company of the Southwest ("we", "us", "our"), you are expressing your desire to conduct business electronically with us. To conduct business electronically, you may be required to provide us, and our authorized designees and agents, with your consent and your e-mail address. By continuing with this electronic application, you will be providing us and our authorized designees and agents with your consent to conduct this transaction electronically and to all of the terms and conditions of this consent.

This consent covers your agreement to be bound with the same force and effect as if you had signed your name on paper by hand. You understand that by continuing with this electronic application that you are giving your electronic signature to your request. You agree to maintain the security of your Internet access and e-mail address.

What kinds of transactions may be conducted electronically?

Currently, the only transaction that may be conducted electronically is the application for a life insurance policy or an annuity contract, and electronic delivery of certain notices, disclosures and our privacy policy provided in connection with your application. Even though you have provided us with this consent, we may, at our option: (a) deliver documents and information to you on paper, and (b) require that certain communications from you be delivered to us on paper.

If I prefer to use paper instead of conducting a transaction electronically, may I use paper?

Yes. If you do not wish to apply for life insurance electronically, please do not proceed with this electronic application and ask your agent to provide you a paper application.

How long will this consent remain in effect?

This consent shall become effective as soon as you click "I AGREE" below and remains in effect throughout the purchase transaction. This consent does not apply to any future transactions with us.

What if I change my mind?

If you change your mind about applying electronically, you should not proceed with an electronic application. Instead, ask your agent to provide you a paper application.

What if my e-mail changes?

If your e-mail changes after you have provided it to your agent but before you have electronically signed your application, please let your agent know right away.

Signature: e-Signed by Terence D Collins

Name: Terence D Collins

Role: Proposed Insured

Date and Time eSigned: 03/07/2020 23:00:45 GMT

eSignature Method: Face to Face

IP Address: 69.251.150.18, 23.55.57.55, 23.194.131.61, 10.101.27.32, 10.101.27.81



Application Date: 03/07/2020 23:26:53 GMT

Transaction ID: LS088385000

Proposed Insured / Annuitant: Terence D Collins

Consent to Do Business Electronically

What is the purpose of this Consent?

If you continue with this electronic application for a life insurance policy or annuity contract issued by National Life Insurance Company or Life Insurance Company of the Southwest ("we", "us", "our"), you are expressing your desire to conduct business electronically with us. To conduct business electronically, you may be required to provide us, and our authorized designees and agents, with your consent and your e-mail address. By continuing with this electronic application, you will be providing us and our authorized designees and agents with your consent to conduct this transaction electronically and to all of the terms and conditions of this consent.

This consent covers your agreement to be bound with the same force and effect as if you had signed your name on paper by hand. You understand that by continuing with this electronic application that you are giving your electronic signature to your request. You agree to maintain the security of your Internet access and e-mail address.

What kinds of transactions may be conducted electronically?

Currently, the only transaction that may be conducted electronically is the application for a life insurance policy or an annuity contract, and electronic delivery of certain notices, disclosures and our privacy policy provided in connection with your application. Even though you have provided us with this consent, we may, at our option: (a) deliver documents and information to you on paper, and (b) require that certain communications from you be delivered to us on paper.

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If you change your mind about applying electronically, you should not proceed with an electronic application. Instead, ask your agent to provide you a paper application.

What if my e-mail changes?

If your e-mail changes after you have provided it to your agent but before you have electronically signed your application, please let your agent know right away.

Signature: e-Signed by TaNoah Morgan

Name: TaNoah Morgan

Role: Agent

Date and Time eSigned: 03/07/2020 23:26:55 GMT

eSignature Method: Face to Face

IP Address: 69.251.150.18, 23.55.57.55, 23.194.131.61, 10.101.27.32, 10.101.27.81

FACTS	WHAT DOES NATIONAL LIFE INSURANCE COMPANY ("NLIC") AND LIFE INSURANCE COMPANY OF THE SOUTHWEST ("LSW") (each herein referred to as "the Company", and collectively as "the Companies") DO WITH YOUR PERSONAL INFORMATION?	
Why?	We know how much your privacy means to you so we want you to understand how we collect and share your personal information. Please read this notice carefully to understand what we do and what rights you have.	
How and what do we collect?	<p>We collect your personal information:</p> <ul style="list-style-type: none"> • From you, including application information, such as assets and income and identifying information, such as name, address, and social security number; • From your transactions with us, our affiliates, and nonaffiliates, such as balance information, payment history, and parties to a transaction; • From consumer reporting agencies, such as creditworthiness and credit history; and • With your authorization, medical information from other individuals or businesses. 	
How do we share?	In the section below, we list some of the reasons the Company may share their customers' personal information; the reasons we choose to share personal information about you, and whether you can limit this sharing.	
Reasons we can share your personal information	Do the Companies share?	Can you limit sharing?
For our everyday business purposes - such as to process your transactions, to respond to court orders and legal investigations, to prevent fraud, to our regulators, to group policyholders, and other disclosures to affiliates and nonaffiliates as permitted by law	YES	NO
For our marketing purposes - to offer our products and services to you	YES	NO
For joint marketing with other financial companies	NO	We don't share
For our affiliates' everyday business purposes - information about your transactions and experiences	YES	NO
For our affiliates' everyday business purposes - information about your creditworthiness	NO	We don't share
For our affiliates to market to you	NO	We don't share
For nonaffiliates to market to you	NO	We don't share
To whom?	<ul style="list-style-type: none"> • When we disclose your personal information for the reasons discussed above, we do so to our affiliates and to nonaffiliates. • Our affiliates include NLIC, LSW, Equity Services, Inc. and Sentinel Investments*. • The nonaffiliates to whom we disclose your personal information include those who perform services on our behalf. • We require the parties to whom we disclose your information to protect it and keep it confidential. 	
How do we protect?	<ul style="list-style-type: none"> • To protect your personal information we restrict access to personal information to those individuals, such as employees and agents, who provide you with our products and services. • We require those individuals to protect it and keep it confidential. • We maintain physical, electronic and procedural safeguards that comply with applicable standards to guard your information in accordance with the policies described in this notice. 	

Confidentiality of information for victims of domestic violence or abuse	<p>The Companies have established policies and procedures to safeguard personal information, including contact, location or other confidential abuse information, for victims of domestic abuse and children residing with those victims. A “protected person” is a victim of domestic violence or abuse who notifies the Companies and requests confidential treatment of their personal information.</p> <p>If you wish to be a protected person or otherwise request confidential treatment of your information or that of your children and/or provide alternative contact information, please send your written request to the address listed below.</p>
Other important information	<ul style="list-style-type: none"> • You have certain rights to access the personal information we maintain about you if it is reasonably locatable and retrievable. • To obtain your personal information, submit a written request to the email or mail address below. You have certain rights to correct, amend, or delete information we maintain about you. • To correct, amend, or delete information we maintain about you, submit a written request to the email or mail address below. • If we agree to your request, we will correct, amend, or delete your information as applicable and notify affected parties as required by law. • If we do not agree to your request, you may file a concise statement regarding your information, which will be provided to affected parties as required by law. • Before we disclose information about your creditworthiness or your personal information other than as discussed above (which we do not currently do) we will provide you the opportunity to opt out of such disclosures. • Finally, information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.
Questions?	<p>For more information, please contact us at</p> <ul style="list-style-type: none"> • Email: NLGCompliance@nationallifegroup.com • Phone: 800-732-8939 • Mail: National Life Group Market Conduct and Compliance M530 One National Life Drive Montpelier, VT 05604

*Sentinel Investments is the unifying brand name for Sentinel Financial Services Company, Sentinel Asset Management, Inc., and Sentinel Administrative Services, Inc.



Conditional Receipt (to be given to applicant only upon (a) premium payment to agent or (b) completion of Part F of the application in good order and checking "EFT" as the Initial Premium Payment Method) (Not to be used for Qualified Pension or Profit Sharing Trust.)

NOTE: ALL PREMIUM CHECKS SHOULD BE MADE PAYABLE TO LIFE INSURANCE COMPANY OF THE SOUTHWEST OR NATIONAL LIFE INSURANCE COMPANY ("THE COMPANY"). DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

This receipt may not be used (and will be deemed void) if (a) either at least the first full modal premium does not accompany the application or Part F of the application is not completed in good order with "EFT" checked as the Initial Premium Payment Method or (b) the application is not accurately and fully completed in good order, including (without limitations) Parts A-J of the application. No agent or medical examiner may waive a complete answer to any question in the application.

Check one:

- _____ has been submitted by the applicant with the application, subject to the terms of this receipt.
- Part F of the application has been completed by the applicant in good order with "EFT" checked as the Initial Premium Payment Method, subject to the terms of this receipt.

If the check or draft, as applicable, when processed is returned as insufficient funds, no coverage is provided under this receipt.

Coverage under this receipt shall not exceed the face amount(s) applied for or \$1,000,000, whichever is less. If a Proposed Insured dies by suicide, the Company's liability under this receipt is limited to a full refund of the premium paid. If applicant directed the Company to draft the initial premium payment and the Company had not yet done so, no refund will be due.

Coverage under this receipt will begin on the LATER of:

- a) either (i) the date the application in good order is signed, including Part F of the application with "EFT" checked as the Initial Premium Payment Method, or (ii) the date the application in good order is signed and the first full modal premium has been received by the Company in good funds,
- b) the date the last medical requirement requested by the Company is completed; provided no coverage under this receipt will begin if medical requirements requested by the Company have not been received by the Company within 90 days of the date of the application, or
- c) the Company determines that each Proposed Insured is acceptable to it, under applicable underwriting standards, for the plan, benefits, amount and rate class for which the applicant applied.

Termination of Coverage. Coverage under this receipt will end on the FIRST of:

- a) insurance beginning under the policy for which the applicant applied,
- b) the Company declines the application or offers the applicant a policy for other than the one for which the applicant applied,
- c) 90 days from the date coverage under this receipt begins, or
- d) the Company notifies the applicant in writing that coverage is ended. If the Company terminates coverage under this receipt or declines the application, or if the applicant refuses a policy issued other than that for which the applicant applied, the Company will refund the full amount paid under this receipt. If applicant directed the Company to draft the first premium payment and the Company had not yet done so, no refund will be due.

Signed at: (City & State) _____ MD on this day of: (mm/dd/yyyy) 03/07/2020 23:26:53 GMT

Licensed Agent's Signature: e-Signed by TaNoah Morgan Licensed Agent's Name: (Print) TaNoah Morgan