

Underwritten By

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

PURELIFE-PLUS

*Flexible Premium Life Insurance
to Age 121*

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: PRFNG-NI-10

For the eligible employees of

CITRUS COUNTY SCHOOL BOARD

Product Highlights

Permanent Life Insurance
to Age 121

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

Unique Limited Right to Partial
Refund of Premium if Future
Premium Required to
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

Marketed by

Combined Benefits Group Inc.

Florida License No. _____ Date _____

Application for Life Insurance

Express Issue | Semi-Monthly Pay

FOR USE ONLY IN

Florida

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- Pay the higher premium(s) required to continue coverage; or
- Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ULABR-07). If the insured becomes terminally ill you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$100. This is not a long-term care benefit. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months. We can, at our expense, rely exclusively on the opinion of a physician We choose. A 90-day exclusion period applies (unless resulting from accidental bodily injury). Other conditions and limitations apply. Pay premiums faithfully, because the rider terminates if the policy ever lapses for non-payment of premium, even if the policy is later reinstated. The right to accelerate benefits

under this rider does not extend to any Child Term Life Insurance Rider. However, if the Accelerated benefit is paid, the Child Rider is paid-up term insurance as if the insured had died. Payment of the Accelerated Death Benefit terminates the policy and all other optional benefits/riders without further value.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$25,000 is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. (You may cover children ages 18 and younger under the Child Term Life Insurance Rider in lieu of individual policies.) Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

TEXAS LIFE is the oldest legal reserve life insurance company domiciled in Texas, established in 1901.

Child Term Life Insurance Rider In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000. It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of the application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (Form ULCL-CIR-07).

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited the guaranteed interest rate of 4.00% per annum. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 4.00% of premium, \$1.50 per month and monthly administrative loads. Two year suicide and contestable clauses apply. The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

IMPORTANT NOTICES | PLEASE READ THE FOLLOWING NOTICES REGARDING ACCELERATED DEATH BENEFITS CAREFULLY

Important Notice The insurance proceeds, cash values, and loan values will all be reduced to zero and will no longer be payable if Texas Life pays the Accelerated Death Benefit.

determine the effect on you. Neither Texas Life nor its agents are authorized to give tax or legal advice.

Important Tax Notice The Accelerated Death Benefit under this rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the Accelerated Death Benefit qualifies for such favorable tax treatment, the benefit will be excludable from your income and not subject to federal income taxation. Tax laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor to

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

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

OPTIONAL BENEFITS SEMI-MONTHLY COST:
 Children's Term Life Insurance Rider Add \$ 2.50 for \$10,000

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

**Monthly Administrative Loads Per \$1,000 of Face Amount for Issue Ages Shown
(NON-TOBACCO CLASS)**

Issue Age →	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.2217	0.2225	0.2225	0.2225	0.2225	0.2217	0.2209	0.2209	0.2200	0.2200	0.2167	0.2217	0.2175	0.2084	0.1992
Lowest Load	0.0409	0.0092	0.2034	0.0009	0.0100	0.0225	0.0359	0.0525	0.0742	0.1009	0.1359	0.1309	0.1817	0.0484	0.1025
Zero After Year	6	6	5	6	6	6	6	6	6	6	6	6	6	7	7

Issue Age →	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.1909	0.1842	0.1809	0.1792	0.1784	0.1784	0.1867	0.1859	0.1950	0.1934	0.1900	0.1992	0.2092	0.2092	0.2184
Lowest Load	0.1484	0.0017	0.0309	0.0559	0.0784	0.1042	0.0684	0.0959	0.0534	0.0800	0.1059	0.0692	0.0267	0.0559	0.0275
Zero After Year	7	8	8	8	8	8	8	8	8	8	8	8	8	8	8

Issue Age →	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.2284	0.2267	0.2434	0.2592	0.2742	0.2975	0.3109	0.3242	0.3467	0.3767	0.4050	0.4434	0.4975	0.5509	0.6017
Lowest Load	0.2117	0.0509	0.1934	0.1384	0.0950	0.2500	0.2234	0.2075	0.1517	0.0642	0.3175	0.2325	0.0917	0.4225	0.3392
Zero After Year	7	8	7	7	7	6	6	6	6	6	5	5	5	4	4

Issue Age →	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.6609	0.7192	0.7709	0.8334	0.9017	0.9859	1.0842	1.2059	1.3234	1.4317	1.5159	1.5592	1.5750	1.6000	1.6367
Lowest Load	0.2300	0.1225	0.7292	0.6834	0.6309	0.5567	0.4625	0.3300	0.2159	0.1192	1.4200	1.4867	0.1850	0.2650	0.0884
Zero After Year	4	4	3	3	3	3	3	3	3	3	2	2	3	3	3

Issue Age →	60	61	62	63	64	65	66	67	68	69	70
Highest Load	1.7100	1.8459	2.0167	2.2084	2.4900	2.6525	2.8025	2.9167	3.0325	3.1534	3.2684
Lowest Load	0.3584	0.2759	1.8684	1.8642	1.7909	1.8325	1.8967	1.9259	1.8034	1.6750	1.5534
Zero After Year	3	3	2	2	2	2	2	2	2	2	2

**Monthly Administrative Loads Per \$1,000 of Face Amount for Issue Ages Shown
(TOBACCO CLASS)**

Issue Age →	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.3267	0.3209	0.3150	0.3100	0.3250	0.3192	0.3417	0.3359	0.3292	0.3334	0.3425	0.3517	0.3600	0.4350	0.4317
Lowest Load	0.1200	0.1625	0.2017	0.2417	0.2150	0.2575	0.1967	0.2434	0.2850	0.2909	0.2875	0.2800	0.2825	0.0425	0.0917
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Issue Age →	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.4450	0.4484	0.4500	0.4884	0.5067	0.5434	0.5592	0.6025	0.6709	0.7175	0.7792	0.8834	0.9267	0.9984	1.0592
Lowest Load	0.0775	0.1067	0.1484	0.0500	0.4717	0.4234	0.4350	0.3784	0.2592	0.2042	0.1109	0.6542	0.6450	0.5900	0.5534
Zero After Year	5	5	5	5	4	4	4	4	4	4	4	3	3	3	3

Issue Age →	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.1234	1.1925	1.3125	1.3775	1.4884	1.6284	1.7200	1.8375	1.8925	1.9234	1.9317	2.0192	2.0650	2.1209	2.2300
Lowest Load	0.5142	0.4800	0.3584	0.3484	0.2617	1.5542	1.5892	1.6075	1.6875	1.7950	0.2592	0.2659	0.3650	0.4642	0.4175
Zero After Year	3	3	3	3	3	2	2	2	2	2	3	3	3	3	3

Issue Age →	62	63	64	65	66	67	68	69	70
Highest Load	2.3867	2.5434	2.7267	2.7975	2.8867	2.9775	3.0967	3.2059	3.3275
Lowest Load	0.1092	2.3142	2.1275	2.0525	1.9584	1.7784	1.7367	1.5367	1.4917
Zero After Year	3	2	2	2	2	2	2	2	2

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	Age to Which Coverage is Guaranteed at Table Premium
15D-10			3.88							75
11-16			4.00							70
17-20			4.00	5.95	7.25	10.50	13.75	17.00	20.25	66
21			4.13	6.15	7.50	10.88	14.25	17.63	21.00	66
22			4.13	6.15	7.50	10.88	14.25	17.63	21.00	65
23-25			4.25	6.35	7.75	11.25	14.75	18.25	21.75	63
26			4.38	6.55	8.00	11.63	15.25	18.88	22.50	63
27			4.50	6.75	8.25	12.00	15.75	19.50	23.25	63
28			4.50	6.75	8.25	12.00	15.75	19.50	23.25	62
29			4.63	6.95	8.50	12.38	16.25	20.13	24.00	62
30-31			4.75	7.15	8.75	12.75	16.75	20.75	24.75	60
32			5.00	7.55	9.25	13.50	17.75	22.00	26.25	61
33			5.25	7.95	9.75	14.25	18.75	23.25	27.75	62
34			5.50	8.35	10.25	15.00	19.75	24.50	29.25	62
35			5.88	8.95	11.00	16.13	21.25	26.38	31.50	64
36			6.13	9.35	11.50	16.88	22.25	27.63	33.00	64
37			6.38	9.75	12.00	17.63	23.25	28.88	34.50	64
38			6.75	10.35	12.75	18.75	24.75	30.75	36.75	65
39			7.25	11.15	13.75	20.25	26.75	33.25	39.75	66
40			7.75	11.95	14.75	21.75	28.75	35.75	42.75	67
41			8.38	12.95	16.00	23.63	31.25	38.88	46.50	68
42			9.25	14.35	17.75	26.25	34.75	43.25	51.75	70
43			10.13	15.75	19.50	28.88	38.25	47.63	57.00	72
44			11.00	17.15	21.25	31.50	41.75	52.00	62.25	73
45			12.00	18.75	23.25	34.50	45.75	57.00	68.25	74
46			13.00	20.35	25.25	37.50	49.75	62.00	74.25	75
47			13.88	21.75	27.00	40.13	53.25	66.38	79.50	76
48			14.88	23.35	29.00	43.13	57.25	71.38	85.50	77
49			16.00	25.15	31.25	46.50	61.75	77.00	92.25	78
50	7.40	10.73	17.38	27.35	34.00	50.63				79
51	8.05	11.70	19.00	29.95	37.25	55.50				80
52	8.85	12.90	21.00	33.15	41.25	61.50				82
53	9.65	14.10	23.00	36.35	45.25	67.50				83
54	10.45	15.30	25.00	39.55	49.25	73.50				85
55	11.15	16.35	26.75	42.35	52.75	78.75				86
56	11.65	17.10	28.00	44.35	55.25	82.50				85
57	12.00	17.63	28.88	45.75	57.00	85.13				84
58	12.40	18.23	29.88	47.35	59.00	88.13				84
59	12.90	18.98	31.13	49.35	61.50	91.88				84
60	13.65	20.10	33.00	52.35	65.25	97.50				84
61	14.80	21.83	35.88	56.95	71.00	106.13				85
62	16.20	23.93	39.38	62.55	78.00	116.63				87
63	17.75	26.25	43.25	68.75	85.75	128.25				89
64	19.80	29.33	48.38	76.95	96.00	143.63				93
65	21.25	31.50	52.00	82.75	103.25	154.50				94
66	22.65									95
67	23.90									96
68	25.20									96
69	26.60									96
70	28.10									95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	Age to Which Coverage is Guaranteed at Table Premium
15D-10 11-16 17-20			6.13	9.35	11.50	16.88	22.25	27.63	33.00	66
21			6.38	9.75	12.00	17.63	23.25	28.88	34.50	66
22			6.38	9.75	12.00	17.63	23.25	28.88	34.50	65
23-25			6.75	10.35	12.75	18.75	24.75	30.75	36.75	63
26			6.88	10.55	13.00	19.13	25.25	31.38	37.50	63
27			7.00	10.75	13.25	19.50	25.75	32.00	38.25	63
28			7.13	10.95	13.50	19.88	26.25	32.63	39.00	62
29			7.25	11.15	13.75	20.25	26.75	33.25	39.75	62
30-31			8.25	12.75	15.75	23.25	30.75	38.25	45.75	60
32			8.50	13.15	16.25	24.00	31.75	39.50	47.25	61
33			8.63	13.35	16.50	24.38	32.25	40.13	48.00	62
34			8.75	13.55	16.75	24.75	32.75	40.75	48.75	62
35		5.93	9.38	14.55	18.00	26.63	35.25	43.88	52.50	64
36		6.15	9.75	15.15	18.75	27.75	36.75	45.75	54.75	64
37		6.53	10.38	16.15	20.00	29.63	39.25	48.88	58.50	64
38		6.75	10.75	16.75	20.75	30.75	40.75	50.75	60.75	65
39		7.20	11.50	17.95	22.25	33.00	43.75	54.50	65.25	66
40	5.50	7.88	12.63	19.75	24.50	36.38	48.25	60.13	72.00	67
41	5.85	8.40	13.50	21.15	26.25	39.00	51.75	64.50	77.25	68
42	6.30	9.08	14.63	22.95	28.50	42.38	56.25	70.13	84.00	70
43	7.00	10.13	16.38	25.75	32.00	47.63	63.25	78.88	94.50	72
44	7.40	10.73	17.38	27.35	34.00	50.63	67.25	83.88	100.50	73
45	7.95	11.55	18.75	29.55	36.75	54.75	72.75	90.75	108.75	74
46	8.45	12.30	20.00	31.55	39.25	58.50	77.75	97.00	116.25	75
47	8.95	13.05	21.25	33.55	41.75	62.25	82.75	103.25	123.75	76
48	9.45	13.80	22.50	35.55	44.25	66.00	87.75	109.50	131.25	77
49	10.25	15.00	24.50	38.75	48.25	72.00	95.75	119.50	143.25	78
50	10.80	15.83	25.88	40.95	51.00	76.13				79
51	11.65	17.10	28.00	44.35	55.25	82.50				80
52	12.70	18.68	30.63	48.55	60.50	90.38				82
53	13.55	19.95	32.75	51.95	64.75	96.75				83
54	14.60	21.53	35.38	56.15	70.00	104.63				85
55	15.35	22.65	37.25	59.15	73.75	110.25				86
56	16.00	23.63	38.88	61.75	77.00	115.13				85
57	16.50	24.38	40.13	63.75	79.50	118.88				84
58	17.40	25.73	42.38	67.35	84.00	125.63				84
59	18.15	26.85	44.25	70.35	87.75	131.25				84
60	19.05	28.20	46.50	73.95	92.25	138.00				84
61	20.35	30.15	49.75	79.15	98.75	147.75				85
62	22.00	32.63	53.88	85.75	107.00	160.13				87
63	23.70	35.18	58.13	92.55	115.50	172.88				89
64	25.55	37.95	62.75	99.95	124.75	186.75				93
65	26.80	39.83	65.88	104.95	131.00	196.13				94
66	28.20									95
67	29.60									96
68	31.15									96
69	32.75									96
70	34.50									95

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TEXASLIFE INSURANCE COMPANY **SEMI-MONTHLY PREMIUMS**

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Semi-Monthly Premiums Shown								GUARANTEED PERIOD
		\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	Age to Which Coverage is Guaranteed at Table Premium
15D-15										75
16										70
17-20		40,346	55,731	71,115	86,500	101,885	117,269	132,654	148,038	66
21		38,852	53,667	68,481	83,296	98,111	112,926	127,741	142,556	66
22		38,852	53,667	68,481	83,296	98,111	112,926	127,741	142,556	65
23-25		37,464	51,750	66,036	80,321	94,607	108,893	123,179	137,464	63
26		36,172	49,966	63,759	77,552	91,345	105,138	118,931	132,724	63
27		34,967	48,300	61,633	74,967	88,300	101,633	114,967	128,300	63
28		34,967	48,300	61,633	74,967	88,300	101,633	114,967	128,300	62
29		33,839	46,742	59,645	72,548	85,452	98,355	111,258	124,161	62
30-31		32,781	45,281	57,781	70,281	82,781	95,281	107,781	120,281	60
32		30,853	42,618	54,382	66,147	77,912	89,676	101,441	113,206	61
33		29,139	40,250	51,361	62,472	73,583	84,694	95,806	106,917	62
34		27,605	38,132	48,658	59,184	69,711	80,237	90,763	101,289	62
35		25,585	35,341	45,098	54,854	64,610	74,366	84,122	93,878	64
36			33,698	43,000	52,302	61,605	70,907	80,209	89,512	64
37			32,200	41,089	49,978	58,867	67,756	76,644	85,533	64
38			30,188	38,521	46,854	55,188	63,521	71,854	80,188	65
39			27,865	35,558	43,250	50,942	58,635	66,327	74,019	66
40			25,875	33,018	40,161	47,304	54,446	61,589	68,732	67
41				30,311	36,869	43,426	49,984	56,541	63,098	68
42				27,191	33,074	38,956	44,838	50,721	56,603	70
43					29,987	35,320	40,653	45,987	51,320	72
44					27,427	32,305	37,183	42,061	46,939	73
45						29,433	33,878	38,322	42,767	74
46						27,031	31,112	35,194	39,276	75
47						25,229	29,038	32,848	36,657	76
48							26,982	30,522	34,062	77
49								28,270	31,549	78
50	7.40		10,895	13,902	16,910	19,917	22,925	25,932	28,940	79
51	8.05			12,664	15,404	18,144	20,884	23,623	26,363	80
52	8.85			11,414	13,883	16,352	18,821	21,290	23,759	82
53	9.65			10,388	12,635	14,882	17,129	19,376	21,624	83
54	10.45				11,593	13,655	15,716	17,778	19,840	85
55	11.15				10,812	12,736	14,659	16,582	18,505	86
56	11.65				10,317	12,151	13,986	15,821	17,656	85
57	12.00					11,773	13,551	15,329	17,107	84
58	12.40					11,369	13,086	14,803	16,519	84
59	12.90					10,901	12,547	14,193	15,840	84
60	13.65					10,267	11,818	13,368	14,919	84
61	14.80						10,851	12,274	13,698	85
62	16.20							11,162	12,456	87
63	17.75							10,144	11,321	89
64	19.80								10,102	93
65	21.25									94
66	22.65									95
67	23.90									96
68	25.20									96
69	26.60									96
70	28.10									95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Semi-Monthly Premiums Shown								GUARANTEED PERIOD
		\$12.00	\$14.00	\$16.00	\$18.00	\$20.00	\$22.00	\$24.00	\$26.00	Age to Which Coverage is Guaranteed at Table Premium
15D-15										
16										
17-20		52,302	61,605	70,907	80,209	89,512	98,814	108,116	117,419	66
21		49,978	58,867	67,756	76,644	85,533	94,422	103,311	112,200	66
22		49,978	58,867	67,756	76,644	85,533	94,422	103,311	112,200	65
23-25		46,854	55,188	63,521	71,854	80,188	88,521	96,854	105,188	63
26		45,898	54,061	62,224	70,388	78,551	86,714	94,878	103,041	63
27		44,980	52,980	60,980	68,980	76,980	84,980	92,980	100,980	63
28		44,098	51,941	59,784	67,627	75,471	83,314	91,157	99,000	62
29		43,250	50,942	58,635	66,327	74,019	81,712	89,404	97,096	62
30-31		37,483	44,150	50,817	57,483	64,150	70,817	77,483	84,150	60
32		36,274	42,726	49,177	55,629	62,081	68,532	74,984	81,435	61
33		35,698	42,048	48,397	54,746	61,095	67,444	73,794	80,143	62
34		35,141	41,391	47,641	53,891	60,141	66,391	72,641	78,891	62
35		32,594	38,391	44,188	49,986	55,783	61,580	67,377	73,174	64
36		31,236	36,792	42,347	47,903	53,458	59,014	64,569	70,125	64
37		29,208	34,403	39,597	44,792	49,987	55,182	60,377	65,571	64
38		28,112	33,112	38,112	43,112	48,112	53,112	58,112	63,112	65
39		26,151	30,802	35,453	40,105	44,756	49,407	54,058	58,709	66
40	5.50	23,674	27,884	32,095	36,305	40,516	44,726	48,937	53,147	67
41	5.85	22,049	25,971	29,892	33,814	37,735	41,657	45,578	49,500	68
42	6.30	20,261	23,865	27,468	31,072	34,676	38,279	41,883	45,486	70
43	7.00	17,992	21,192	24,392	27,592	30,792	33,992	37,192	40,392	72
44	7.40	16,910	19,917	22,925	25,932	28,940	31,947	34,955	37,962	73
45	7.95	15,618	18,396	21,174	23,951	26,729	29,507	32,285	35,062	74
46	8.45	14,604	17,201	19,799	22,396	24,994	27,591	30,188	32,786	75
47	8.95	13,713	16,152	18,591	21,030	23,470	25,909	28,348	30,787	76
48	9.45	12,925	15,224	17,523	19,822	22,121	24,420	26,718	29,017	77
49	10.25	11,837	13,942	16,047	18,153	20,258	22,363	24,468	26,574	78
50	10.80	11,189	13,179	15,169	17,159	19,149	21,139	23,129	25,119	79
51	11.65	10,317	12,151	13,986	15,821	17,656	19,491	21,326	23,161	80
52	12.70		11,084	12,757	14,431	16,105	17,778	19,452	21,126	82
53	13.55		10,348	11,910	13,473	15,035	16,598	18,160	19,723	83
54	14.60			11,007	12,451	13,895	15,339	16,783	18,227	85
55	15.35			10,442	11,812	13,182	14,551	15,921	17,291	86
56	16.00				11,308	12,620	13,931	15,243	16,554	85
57	16.50				10,949	12,219	13,489	14,759	16,029	84
58	17.40				10,357	11,559	12,760	13,961	15,162	84
59	18.15					11,060	12,210	13,359	14,509	84
60	19.05					10,516	11,609	12,702	13,795	84
61	20.35						10,839	11,860	12,880	85
62	22.00							10,939	11,880	87
63	23.70							10,129	11,000	89
64	25.55								10,179	93
65	26.80									94
66	28.20									95
67	29.60									96
68	31.15									96
69	32.75									96
70	34.50									95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

1. During the last six months, has the proposed insured:	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
a. Been actively at work on a full time basis, performing usual duties? If "No" furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
b. Been absent from work due to illness or medical treatment for a period of more than five consecutive working days? If "Yes" furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
c. Been disabled or received tests, treatment or care of any kind by a licensed member of the medical profession in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation therapy, dialysis treatment, or treatment for alcohol or drug abuse? If "Yes" furnish details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUES NO.	PROPOSED INSURED	DETAILS

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X _____ X _____
 Employee (and policyowner) Signature Spouse Signature (or Child over 18) if to be insured

Agent only: To the best of my knowledge the insurance applied for is is not to replace existing insurance or annuity.

X _____
 Agent Signature Agent Number Date City State

 Agent Florida License No. Print Agent Name

Designation of Secondary addressee

Under Florida law you have the right to designate a secondary addressee for your policy. If designated, the policy owner and the secondary addressee you name will be notified of possible lapse of the policy if premiums are not paid. I hereby designate the following person secondary addressee.

Name: _____ Relationship to Proposed Insured: _____

Address: _____ Telephone: _____

Applicant Signature: **X** _____ Date: _____

Agent Certification

AGENT STATEMENT

I hereby certify that I have: (a) delivered to the Applicant the Sales Brochure Series form 10M014-FL EXP-A-S-1LO R 05-01-13; and, (b) presented only guaranteed policy benefits and costs.

X _____
Agent Signature Date

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Supplement to Application from (Employee): _____

Employee Social Security: _____ Application Date: _____

2. Within the past five years, has any proposed insured: a. Consulted a physician, been observed at a hospital or clinic, or been advised by a licensed member of the medical profession to have a surgical operation? b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study? c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician? d. Been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Within the past ten years, has any proposed insured been diagnosed or treated by a member of the medical profession for: a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure? b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys? c. Cancer, tumor, diabetes, or disorder of the blood? d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details below.

5. What is the height, weight, and birth state of each proposed insured?	First Name	Hgt. Wgt.	Birth State
6. Personal physician for each proposed insured (if none, enter "None")			
Proposed Insured Physician Address City, State			

7. Details, including date, diagnosis, type of treatment, and current condition

Ques No.	Proposed Insured	Details	Name, address and phone # of physician(s)

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this Supplement to Application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in the application and this Supplement to Application remain correct and complete.

X _____ X _____
 Employee (and policyowner) Signature Spouse Signature (or Child over 18) if to be insured

X _____
 Agent Signature Agent Number Date City State

_____ _____
 Agent Florida License No. Print Agent Name

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Authorization to Release Information

Two pages

AUTHORIZATION

For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below, I authorize:

- Any medical practitioner; any medical facility; any pharmacy, pharmacy benefits manager or other pharmacy related services organization; any other medical entity; any insurer; any consumer reporting agency; and MIB, Inc. ("MIB") to give Texas Life Insurance Company ("Company") information about me or such child(ren) including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records and data (such as: office visits; out-patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases; and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome(AIDS) or AIDS related conditions, including Human Immuno-deficiency Virus (HIV) test results; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company, or its reinsurers, to make a brief report of my personal health information to MIB.
- The Company to request and obtain: consumer investigation; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data received that the Company receives pursuant to this Authorization will be used and maintained by the Company as described in the Company Consumer Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to the Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.

Florida
Notice to Applicant Regarding Replacement of Life Insurance
Two pages

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by checking the appropriate box below.

Yes No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

ADDITIONAL INFORMATION REGARDING REPLACEMENTS

This section is designed to provide you with additional information regarding positive and negative aspects of replacements. Since we cannot provide you with all of the relevant information, we recommend that you contact your existing insurance company. You should consider that:

- If either the proposed policy or existing insurance you intend to replace is a participating policy, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.
- If the policy coverages are similar, the premiums for the new policy may be higher because premium rates increase as your age increases. Additionally, if your health has changed, you may no longer be insurable.

- The period of time during which your existing insurance company could contest the policy because of a material misstatement or omission on your part (called the contestability period) or deny coverage because of suicide may have expired or expire earlier than it will under the proposed policy.
- Your existing policy may have options or features that are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life.
- The cash value and dividends, if any, of the proposed policy may grow slower initially because the company will incur the cost of issuing your new policy.

There are positive aspects to replacements as well. For example, the proposed policy may provide a better match of insurance coverage with insurable needs, more insurance coverage for a lower cost, or a faster accumulation of cash value than with the existing policy.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

CAUTION

If after studying the information made available to you, you decide to replace your existing life insurance, you are urged not to take action to terminate or alter your existing life insurance coverage until after you have been issued the new policy, examined it, and found it to be acceptable to you. If you should terminate or otherwise materially alter your existing coverage and fail to qualify for the life insurance for which you have applied, you may find yourself unable to purchase other life insurance or able to purchase it only at substantially higher rates.

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

INFORMATION ON POLICY BEING REPLACED

Policy Number	Issuing Company	Insured's Name
Applicant Signature: _____		Date: _____
Agent Signature: _____		Date: _____
Agent's Name (Printed): _____		
Agent's Address: _____		
Agent's Company: _____		

Privacy Notice - Two pages

Thank you for your interest in our products and services. We will review what you told us and may get further information if needed.

READ THIS NOTICE CAREFULLY

It describes in broad terms how we learn about you and anyone else who is to be insured under the policy you applied for. It tells how we treat that information. If anyone else is to be insured under the policy you applied for, what we say here also applies to information about him or her. We are required by law to give you this notice.

WHY WE NEED INFORMATION

We need to know about you (and anyone else to be insured) to provide the insurance and other products and services you've asked for. We may also need it to administer your business with us, evaluate claims, process transactions and run our business. And we need information from you and others to help us verify identities in order to prevent money laundering and terrorism.

We need to know your address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, or with other companies.

HOW WE GET INFORMATION

What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from others in order to make sure that what we know is correct and complete. Other sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some sources may give us reports and may disclose what they know to others. We may ask for medical information about you. The Authorization you signed when you applied for insurance permits these sources to tell us about you. So we may, for instance, at our expense:

- Ask for a medical exam — Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

This will help us decide eligibility for insurance from us and what we should charge for it. We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, like:

- Work and work history— Mode of living— Finances— Reputation— Dangerous sports activity— Driving record

If we ask an agency for an "investigative" report about you - which means that they will ask others about you - we will ask them to contact you as well. The information may be kept by the consumer reporting agency and given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us, we will tell you if we have asked for a consumer report about you, and give you the name, address and phone number of the consumer reporting agency.

MIB Group, Inc. ("MIB") is a commonly used source of information. It is a nonprofit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from a member of MIB, or claim benefits from a member company, MIB may give that company any information it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may write to MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, call MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired) or contact MIB at www.mib.com.

HOW WE PROTECT WHAT WE KNOW

Because you entrust us with your personal information, we treat what we know about you confidentially. We tell our employees to carefully handle your information. They may get your information only with a good reason. We take steps to secure our computer data bases and safeguard the information we have.

HOW WE USE AND DISCLOSE WHAT WE KNOW ABOUT YOU

We may use what we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law; for example, to:

- Help us evaluate your request for a product
- Process information for us
- Perform research for us
- Help us run our business
- Help us comply with the law
- Audit our business
- Confirm or correct what we know about you
- Help us prevent fraud and other crimes
- Help us process claims and other transactions

When we disclose information to others to perform business services for us, they must take appropriate steps to protect this information. And they may use the information only for the purposes of performing those business services.

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company
- Giving information to the government so that it can decide whether you may get government-paid benefits
- Telling your health care provider about a medical problem that you have but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your policy

Generally, we will disclose only the information we consider reasonably necessary to disclose and no more. We may use what we know about you in order to offer you our other products and services.

YOU CAN SEE AND CORRECT YOUR INFORMATION

Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) Also, if the law allows us to do so, we may decide to disclose what we know about your health only through your health care provider. If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside our company or affiliate.

YOU CAN GET OTHER MATERIAL FROM US

In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.texaslife.com, or write to us, c/o Texas Life Privacy Officer, PO Box 830, Waco, Texas 76703.

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