

TEMPORARY LIFE INSURANCE AGREEMENT

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY - DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

► If any of the questions below are answered "Yes" or left blank with respect to a Proposed Insured(s), no representative of the Company is authorized to accept money, and **NO COVERAGE** will take effect under this Agreement with respect to such Proposed Insured(s).

Questions apply to all Proposed Insured(s) shown on application.

1. Does Amount applied for exceed \$3,000,000? Yes No
2. Within the past 90 days, has any Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted or had surgery performed or recommended? Yes No N/A if applying for a MoneyGuard® product.
3. Within the past 2 years has any Proposed Insured been treated for heart trouble, stroke, or cancer, or had such treatment recommended by a physician or other medical practitioner? Yes No N/A if applying for a MoneyGuard® product.
4. Is Age of any Proposed Insured under 15 days old or over age 70? Yes No N/A if applying for a MoneyGuard® product.

This Agreement provides a **Limited Amount** of Life Insurance protection for a **Limited Period** of time, subject to the terms of this Agreement, in consideration of advance payment in the amount of \$ _____ in connection with the Application dated _____ made on the life of: 1) _____

Name(s) of Proposed Insured(s)

or on the life of all individuals who

are to be insured in the Pension or Profit Sharing Plan of 2) _____

Name of Pension or Profit Sharing Plan of Participants to be insured (the Proposed Insureds)

TERMS AND CONDITIONS

AMOUNT OF COVERAGE - \$500,000 MAXIMUM FOR ALL APPLICATIONS OR AGREEMENTS

If money has been accepted by the Company as advance payment for an application for Life Insurance and death of a Proposed Insured(s) (and death of the surviving Proposed Insured under Survivorship Life Insurance) occurs while this Agreement is in effect, the Company will pay to the beneficiary designated in the Application the lesser of a) the amount of all death benefits applied for in the Application(s) with respect to said Proposed Insured(s), including any accidental or supplemental death benefits, if applicable, or b) \$500,000. This total benefit limit applies to all insurance applied for under this and any current Applications to the Company and any other Temporary Life Insurance Agreements. Temporary Long-Term Care coverage is not available under this Agreement.

DATE COVERAGE BEGINS

Coverage under this Agreement will begin on the date of this Agreement but only if Part I of the Application(s) has been completed on the same date or not more than 7 days prior to the date of this Agreement.

DATE COVERAGE TERMINATES - 90 DAY MAXIMUM

Coverage under this Agreement will terminate automatically on the earliest of: a) 45 days from date of this Agreement if a required Exam or Non medical is not received by the Company, or b) 90 days from the date of this Agreement, or c) the date the insurance takes effect under the policy applied for, or d) the date the Company mails notice of termination of coverage to the premium notice address designated in Part I of the Application(s). The Company may terminate coverage at any time.

SPECIAL LIMITATIONS

- This Agreement does not guarantee the Company will issue a life insurance policy or any special riders or endorsement thereto.
- Fraud or material misrepresentations in the Application(s) or in the answers to the Health Questions of this Agreement invalidates this Agreement and the Company's only liability is for refund of any payment made.
- If a Proposed Insured(s) (or the surviving Proposed Insured under Survivorship Life Insurance) dies by suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- There is no coverage under this Agreement if the check or draft submitted as payment is not honored by the bank.
- No one is authorized to waive or modify any of the provisions of this Agreement.

I (WE) HAVE RECEIVED A COPY OF AND HAVE READ THIS AGREEMENT AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND AND AGREE TO ALL ITS TERMS. Agent is to leave a copy with the applicant.

Signature of Proposed Insured A
(Parent or Guardian if under 14 years of age)

Witness (Licensed Representative/Agent)

Date

Signature of Proposed Insured B
(Parent or Guardian if under 14 years of age)

Witness (Licensed Representative/Agent)

Date

Signature of Applicant/Owner/Trustee (Provide
Officer's Title if policy is owned by a Corporation.)

Witness (Licensed Representative/Agent)

Date