



Final Expense Sample Policy

The following is a sample policy, not a promise to issue coverage.

Important Notes:

You cannot buy this policy directly from Aflac.

This policy is sold only via licensed Aflac agencies.

To apply, call us at  **1-800-644-2926**



Aflac Final Expense Whole Life Insurance



Coverage is underwritten by Tier One Insurance Company, a subsidiary of Aflac Incorporated.



Tier One Insurance Company
Home Office: 1932 Wynnton Road, Columbus, GA 31999
Administrative Office: 1021 Reams Fleming Blvd, Franklin, TN, 37064
Telephone Number: 800-466-4811 Website: www.Aflac.com

LEVEL WHOLE LIFE INSURANCE POLICY

The Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." **Tier One Insurance Company**, a stock company, will be referred to as "we," "our," "us," or "Tier One."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the insurance benefits, the definitions of terms, the limitations and exclusions, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you have the right to return it to us or to your associate (duly licensed agent) within 30 days after you receive it. To return and cancel this policy, send it to Tier One Insurance Company, P.O. Box 1863, Brownwood, TX 76804 or to your associate (duly licensed agent). If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium." We will refund of all premiums paid (less any benefits paid), and this policy will be void from its Effective Date.

In witness whereof, Tier One's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.

Virgil R. Miller, President

J. Matthew Loudermilk, Secretary

LEVEL WHOLE LIFE INSURANCE POLICY
Death Proceeds Payable at Death
Premiums Payable during the Insured's Lifetime
Nonparticipating – No Dividends

READ THIS POLICY CAREFULLY.

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TIER ONE INSURANCE COMPANY
1932 WYNNTON ROAD, COLUMBUS, GA 31999
800-466-4811

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Tier One Insurance Company's toll-free telephone number for information or to make a complaint at:

1-800-264-4000

You may also write to Tier One Insurance Company at:
1932 Wynnton Road, Columbus, GA 31999.

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:
Consumer Protection,
MC: CO-CP,
Texas Department of Insurance,
P.O. Box 12030
Austin, Texas 78711-2030
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-mail: consumerprotection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim, you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de Tier One Insurance Company para obtener información o para presentar una queja al:

1-800-264-4000

Usted también puede escribir a Tier One Insurance Company:
1932 Wynnton Road, Columbus, GA 31999.

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de la Texas a:
Consumer Protection,
MC: CO-CP,
Texas Department of Insurance,
P.O. Box 12030
Austin, Texas 78711-2030
Fax: (512) 490-1007
Sitio web: www.tdi.texas.gov
E-mail: consumerprotection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con la compañía primero. Si la disputa, no es resuelta usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU PÓLIZA:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

Policy Schedule

Insured: -----

Policy Effective Date: 04/20/2022
 Sex: Male Age Last Birthday: 64
 Underwriting Class: STANDARD SM
 Maturity Date: 04/20/2079

Policy number: TER6-----

Plan: Aflac Final Expense Whole Life

Face Amount: \$40,000

Benefit

Whole Life Policy
 CHILDREN'S TERM INSURANCE RIDER
 CHILDREN'S TERM INSURANCE RIDER
 ACCELERATED DEATH BENEFIT RIDER
 ACCIDENTAL DEATH BENEFIT RIDER

Annual Premium

\$5,282.40
 \$7.43
 \$7.43
 \$0.00
 \$123.60

Premium Period

Until Maturity Date
 Policy Years 1 - 20
 Policy Years 1 - 14
 Policy Years 1 - 57
 Policy Years 1 - 16

Total Rider Premium \$138.46
 Annual Administrative Fee \$48.00
 Total Annual Premium \$5,468.86

Modal Premiums (includes annual administrative fee on a prorated basis)

Annually	\$5,468.86	Quarterly	\$1,421.90
Semi-Annually	\$2,789.12	Monthly Bank Draft	\$464.85

The annual premium amounts set forth in this policy, and any riders, are based on the annual premium payment mode. If premiums are paid on a mode other than annual, then the amount of each periodic premium will be the amount of the annual premium for the base policy, and any riders, multiplied by the applicable modal factor below.

Semi-Annually	0.51	Monthly Bank Draft	0.0875
Quarterly	0.26		

Premium Method

☐ EFT (Electronic Funds Transfer) ☒ Check or money order

Issued In: Texas
Insurance Department Contact: 1-800-578-4677

ADDITIONAL BENEFITS

	Rider Effective Date	Benefit Amount
CHILDREN'S TERM INSURANCE RIDER (Form Number ICC21-AFLCDR22)	04/20/2022	\$2,500.00 per child
CHILDREN'S TERM INSURANCE RIDER (Form Number ICC21-AFLCDR22)	04/20/2022	\$2,500.00 per child
ACCELERATED DEATH BENEFIT RIDER (Form Number ICC21-AFLABR22)	04/20/2022	\$20,000.00
ACCIDENTAL DEATH BENEFIT RIDER (Form Number ICC21-AFLADB22)	04/20/2022	\$40,000.00 (Benefit Amount equal to 100% of the Face Amount of base policy)

Additional Insured based on Children's Term Insurance Rider:

	Insured Person(s)	Effective Date	Issue Age	Maturity date	Premium
Insured Children:	L-----	04/20/2022	5	04/20/2042	\$7.43
	L-----	04/20/2022	11	04/20/2036	\$7.43
Total Premium				\$14.86	

Beneficiary AS DESIGNATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED BY THE OWNER

Owner AS DESIGNATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED BY THE OWNER

The Beneficiary and Owner are subject to change as provided herein.

Policy Schedule (continued)

Table of Guaranteed Values

End of Policy Year	Guaranteed Cash Surrender Value	Paid-Up Insurance	Extended Term Insurance	Years	Days
1	0	0	0	0	0
2	191	320	0	0	79
3	1,472	2,440	1	1	182
4	2,746	4,440	2	2	187
5	4,010	6,360	3	3	113
6	5,263	8,160	3	3	340
7	6,498	9,880	4	4	156
8	7,709	11,520	4	4	305
9	8,889	13,040	5	5	69
10	10,038	14,480	5	5	182
11	11,157	15,840	5	5	280
12	12,253	17,120	5	5	363
13	13,335	18,360	6	6	65
14	14,412	19,520	6	6	109
15	15,492	20,680	6	6	130
16	16,577	21,800	6	6	133
17	17,670	22,920	6	6	118
18	18,775	24,000	6	6	89
19	19,876	25,040	6	6	48
20	20,946	26,040	5	5	363
(Age 90)	26,231	30,520	5	5	60
(Age 92)	27,462	31,520	4	4	337
(Age 95)	29,026	32,720	4	4	200
(Age 100)	31,425	34,440	3	3	285
(Age 120)	36,473	37,840	0	0	346

Interest Rates

Reinstatement Interest Rate – 6% per year, compounded annually.

Policy Loan Interest Rate Charged – The rate charged will be 7.4% per year in advance.

Mortality Tables

All guaranteed cash surrender values and single premium rates referred to in the policy are based on the 2017 CSO Ultimate Table, Age Last Birthday, Male/Female, Smoker/Non-Smoker, Curtate functions, 3.75%.

**This policy is a legal contract between the Owner and Tier One.
READ YOUR POLICY CAREFULLY.**

Part 1

BENEFITS

We will pay the Beneficiary the death proceeds as defined in this policy. Payment will not be made until all of the following have been received at the administrative office:

- due proof that the Insured died while this policy was in force in the form of a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information.
- proof of the claimant's interest in the proceeds.

AMOUNT OF THE DEATH PROCEEDS: The proceeds payable at the death of the Insured will be:

- the Face Amount shown in the Policy Schedule; plus
- accrued interest; less
- the loan balance as of the date of death.

The premiums received at the administrative office for any period beyond the policy month of death will be paid in addition to the death proceeds.

The death proceeds will also be adjusted due to any of the following:

- a successful contest of this policy in accordance with the Incontestability section;
- misstatement as explained in the Misstatement of Age or Sex section; and
- death during the grace period as explained in the Grace Period section.

If the Insured dies by suicide, the amount of the death proceeds may be determined in accordance with the Suicide section.

POLICY PROCEEDS: Policy proceeds will be paid in a single sum. If there are multiple beneficiaries, a lump sum payment will be paid to each beneficiary.

INTEREST ON DEATH PROCEEDS: Interest on death proceeds accrues and is payable from the date of death until the claim is paid. It accrues at the rate applicable to this policy for funds left on deposit with Tier One as of the date of death, or, if Tier One has not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve.

Additional interest will accrue annually at a rate of 10% if the death proceeds are not paid within 31 days from the latest of:

- the date Tier One receives proof of loss; or
- the date Tier One receives sufficient information to determine liability, the extent of liability and the appropriate payee legally entitled to the proceeds; or
- the date all legal impediments to payment of proceeds that are dependent on parties other than Tier One are resolved and sufficient evidence of such resolution is provided to Tier One. Legal impediments include, but are not limited to:
 - the establishment of guardianships and conservatorships;
 - the appointment and qualification of trustees, executors and administrators; and
 - the submission of information required to satisfy state and federal reporting requirements.

Part 2

DEFINITIONS

ATTAINED AGE: Your age as of your last birthday.

BENEFICIARY: The individual designated to receive proceeds under this policy. The Beneficiary is designated in the application unless later changed by written notice to Tier One. See the Owner and Beneficiary provision for more information.

CONTINGENT OWNER: An individual designated to become Owner if the Owner dies before you. Any Contingent Owner is designated by written notice to Tier One.

INSURED: The individual whose life is covered under this policy. The Insured is named on the Policy Schedule.

OWNER: The individual who owns this policy. The Owner is designated in the application unless later changed by written notice to Tier One.

Part 3

LIMITATIONS AND EXCLUSIONS

SUICIDE: If the Insured, while sane or insane, dies by suicide within two years after the Policy Effective Date shown in the Policy Schedule, the death proceeds under this policy will be an amount equal to:

- the premiums paid; less
- the loan balance as of the date of death.

Part 4

PREMIUM PROVISIONS

PREMIUM PAYMENTS: Each premium after the first is payable in advance at the administrative office or at Tier One's premium payment address.

The Owner may change the mode of premium payment with Tier One's consent. Written notice must be filed at the administrative office. The modes available are annual, semiannual, and quarterly. Premiums may also be paid by monthly bank draft.

REFUND OF PREMIUM: Excess premiums will be applied to repay any outstanding policy loans. If there are no policy loans, We will refund the excess premium. No premium refunds will be made except as specifically stated in this policy.

GRACE PERIOD: A grace period of 31 days is provided under this policy for payment of any premium after the first. This policy and any riders will stay in force during a grace period. If the entire premium due is not paid by the end of the grace period, this policy and any riders will terminate as of the date this policy entered the grace period. Policy termination is subject to the Nonforfeiture Provision section of this policy.

If this policy enters a grace period, notice will be mailed to the Owner and any assignee of record at their last known addresses prior to termination. Any payments sent by U.S. mail shall be postmarked within the grace period. If the Insured dies during a grace period, the premium required to keep this policy in force to the end of the policy month of death will be deducted from the proceeds.

AUTOMATIC PREMIUM LOAN: This option may be elected in the application. It may also be elected by written notice received at the administrative office before the end of the grace period. The Owner may revoke the election by written notice to the administrative office.

If elected, this option provides automatic payment by policy loan of the premium for the mode then in effect. The loan will be made at the end of the grace period. After two consecutive premiums have been paid by loan, Tier One may change to a less frequent mode of premium payment if there is sufficient cash value.

If there is not sufficient cash value to advance the premium as a policy loan, no automatic premium loan will be made. Any remaining value will be applied under the Nonforfeiture Options provision.

While this policy remains in force, the Owner may resume premium payments without furnishing evidence of insurability.

REINSTATEMENT: This policy may be reinstated unless:

- it has been surrendered;
- the period of extended term insurance has expired; or
- the loan balance has exceeded the guaranteed cash surrender value.

To reinstate, the following must be received at the administrative office within five years after the date as of which this policy entered the grace period:

- evidence of insurability satisfactory to Tier One showing that the Insured is still insurable at the premium class applicable on the Policy Effective Date;
- payment of all past-due modal premiums with interest calculated from the due date of each at the Reinstatement Interest Rate shown in the Policy Schedule; and
- payment or reinstatement of any loan balance, including interest from the date this policy entered the grace period to the date of reinstatement at the applicable policy loan interest rates.

After Tier One has approved the application for reinstatement, this policy will be reinstated on the day the above conditions are satisfied, which is the date of reinstatement. The Face Amount on the date this policy is reinstated will be equal to the Face Amount at the beginning of the grace period. The guaranteed cash surrender value on the date this policy is reinstated, if applicable, is brought forward assuming that all past-due modal premiums are paid on their respective due dates. The loan balance on the date this policy is reinstated, if not repaid at reinstatement, is the loan balance at the beginning of the grace period brought forward with interest at the applicable policy loan interest rate.

Part 5

NONFORFEITURE PROVISIONS

POLICY VALUE: The guaranteed cash surrender values of this policy are shown in the Table of Guaranteed Values in the Policy Schedule. The guaranteed cash surrender values shown are as of the end of the policy year when all premium payments due have been made and when there are no loans. Guaranteed cash surrender values during the policy year are determined by allowing for time elapsed and premium payments made during that Year.

INTEREST RATE: The guaranteed interest rate used in the calculation of the policy values is shown in the Policy Schedule.

NET CASH SURRENDER VALUE: The net cash surrender value of this policy is determined by subtracting the loan balance from the guaranteed cash surrender value. If the policy is surrendered during the grace period, the premium required to keep this policy in force to the end of the policy month of surrender will also be deducted.

NONFORFEITURE OPTIONS: A nonforfeiture option may be elected by written notice during your lifetime. The effective date of a nonforfeiture option will be:

- the date the notice was signed if the notice is received at the administrative office within 30 days after the date it was signed; or
- the date the notice is received if the notice is received more than 30 days after the date it was signed; or
- the beginning of the grace period when this policy has entered the grace period and the notice is received at the administrative office within 60 days as measured from the beginning of the grace period; or
- the beginning of the grace period when the option is the Automatic Option.

The following options apply if this policy has a guaranteed cash surrender value.

GUARANTEED CASH SURRENDER VALUE: The Owner may surrender this policy at any time. The net cash surrender value on the effective date of this option will be the amount payable upon surrender. For paid-up or extended term insurance, this value is the net single premium at your attained age for any benefits remaining under such insurance less any loan balance. Payment may be deferred up to six months after notice is received at the administrative office. A surrender within 30 days after a policy anniversary will be for an amount not less than the value on such anniversary, less any loan made since the anniversary and the accrued interest on that loan.

PAID-UP INSURANCE: This policy may be continued as level paid-up insurance from the effective date of this option. The amount of this paid-up insurance will be that which the net cash surrender value on the effective date of this option will provide when applied as a net single premium at your attained age. This paid-up insurance will be payable at the same time as the insurance under this policy. Such paid-up insurance will be subject to the applicable provisions of this policy.

EXTENDED TERM INSURANCE: This option is available if extended term insurance values are shown in the Table of Guaranteed Values in the Policy Schedule. The insurance will be continued in force as level term insurance from the effective date of this option. The amount of extended term insurance will be the Face Amount shown in the Policy Schedule. The period of such term insurance will be that which the net cash surrender value will provide when applied as a net single premium at your attained age.

AUTOMATIC OPTION: If extended term insurance is available, the automatic option is the Extended Term Insurance option; if not, it is the Paid-Up Insurance option. The appropriate option will automatically apply when:

- a premium remains unpaid at the end of the grace period; and
- no other available option has been elected.

The Owner may elect another available option within 60 days as measured from the beginning of the grace period.

BASIS OF GUARANTEED POLICY VALUES: All calculations, including net single premium calculations, are based on the Mortality Table and interest rate shown in the Policy Schedule. Death is assumed to occur at the end of the policy month.

Values and benefits are at least equal to those required by the NAIC Standard Nonforfeiture Law for Life Insurance, model #808. A detailed statement of the method of computing these values has been filed with the Interstate Insurance Product Regulation Commission.

TABLE OF GUARANTEED NONFORFEITURE VALUES: All values shown assume that:

- no policy loan is made; and
- an annual premium is paid each policy year.

If premiums are paid for part of the year, values will be prorated. Any values not shown will be furnished on request.

Part 6
POLICY LOANS

CASH LOAN: Tier One will make a loan upon the sole security and assignment of this policy. The Owner may obtain the loan while this policy is in force other than as extended term insurance. The amount advanced as a policy loan may not exceed:

- the guaranteed cash surrender value; less
- the loan balance on the date the loan is to be made; less
- loan interest to the end of the current policy year.

DEFERRAL: Tier One may defer making a policy loan up to six months after written request is received at the administrative office; however, a loan for payment of premiums to Tier One will not be deferred.

INTEREST AND REPAYMENT: The Policy Loan Interest Rate Charged is shown in the Policy Schedule.

Loan interest is due annually at the end of each policy year and on the earliest of these dates:

- the date of surrender of this policy;
- the date of termination of this policy; and
- the date of death of the Insured.

Interest accrues daily from the date a loan is made and is compounded annually. Interest not paid when due is added to the loan and bears interest at the same rate.

All or any part of a policy loan may be repaid during the Insured's lifetime while this policy is in force. Any amount paid to Tier One that is not clearly marked as a loan repayment will be considered a premium payment.

This policy will terminate when the loan balance exceeds the guaranteed cash surrender value. At least 30 days prior to the termination date, Notice of termination will be mailed to the Owner and to any assignee of record at their last known addresses.

Part 7
TERMINATION

TERMINATION OF INSURED'S COVERAGE: This policy will terminate on the earliest of the following dates:

- the date the Owner sends us a request in writing to surrender or discontinue the policy;
- the date the policy lapses due to nonpayment of premium unless coverage continues as paid-up insurance or extended term insurance;
- the date the loan balance exceeds the guaranteed cash surrender value;
- the Maturity Date; or
- the date of the Insured's death.

Termination will not affect a claim that arises while coverage was in effect.

Part 8
GENERAL PROVISIONS

THE CONTRACT: The entire contract consists of:

- this policy, including any applicable endorsements, amendments and riders;
- the application;
- any supplemental application; and
- any application for reinstatement.

Any application includes all parts of the application itself and any other forms designated by Tier One to be part of the application. The application is evidenced by the copy that was attached to this policy at issue or delivery. Any supplemental application or application for reinstatement will be evidenced by the copy sent to the Owner for attachment to this policy following Tier One's approval. For purposes of this section, any applications sent to the Owner will be considered to have been attached to this policy at issue or delivery.

All statements made in an application are, in the absence of fraud, deemed representations and not warranties. No statement will void this policy or be used in defense of a claim unless it is contained in an application attached to, or considered to have been attached to, this policy when issued or delivered.

Only the president, a senior vice president, or the secretary of Tier One can change or waive any provision of this policy. Any change or waiver must be made in writing.

POLICY EFFECTIVE DATE: Policy anniversaries, policy years, and policy months are measured from the Policy Effective Date. The first policy year begins on the Policy Effective Date. Subsequent policy years begin on the same date each year thereafter. A policy anniversary occurs at the beginning of each policy year after the first policy year.

The first policy month begins on the Policy Effective Date. Subsequent policy months begin on the same day of the month as the Policy Effective Date.

OWNER AND BENEFICIARY: The designations of Owner and Beneficiary are as shown in the application or a notice of change that has been received at the administrative office in a form acceptable to Tier One. The designation of Contingent Owner is subsequently elected by the Owner in a written notice received at the administrative office in a form acceptable to Tier One.

The Owner has all rights stated in this policy. The Owner may amend this policy during the Insured's lifetime with Tier One's consent. The rights of the Owner are subject to the rights of an irrevocable Beneficiary.

If the Owner is other than the Insured and the Owner dies during the Insured's lifetime, all rights of the Owner vest in the Contingent Owner, if living or in existence, and the Contingent Owner becomes the Owner. If the Contingent Owner is not alive or in existence at the Owner's death, all ownership rights vest in the Owner's estate or successors.

When a Beneficiary dies before the Insured, the interest of the Beneficiary terminates. Only those Beneficiaries surviving the Insured will be eligible to share in the proceeds. If a Beneficiary does not survive the Insured by 15 days, the proceeds will be paid as though the Beneficiary died before the Insured, unless Tier One has paid the proceeds before receiving notice of the Beneficiary's death. If no Beneficiary survives the Insured, Tier One will pay the proceeds to the Insured's surviving spouse, if any, otherwise proceeds will be paid to the Insured's estate.

CHANGE OF OWNER AND BENEFICIARY: The Owner may change the designations of Owner, Contingent Owner, and Beneficiary during the Insured's lifetime. Any change is subject to the consent of an irrevocable Beneficiary. Written notice of change of the Owner, Contingent Owner, and Beneficiary must be received at the administrative office in a form acceptable to Tier One. The new designation will then take effect as of the date the Owner signed the notice, unless otherwise specified by the Owner, provided such date is during the

Insured's lifetime. Such a change does not affect any payment made or other action taken by Tier One before the notice is received.

ASSIGNMENT: The Owner may request an assignment of this policy or its benefits by sending Tier One written notice to Tier One's administrative office. Tier One is not responsible for the validity or effect of any assignment of this policy. Any assignment shall take effect on the date the notice of assignment is signed by the Owner, unless otherwise specified by the Owner, and does not affect any payment made or other action taken by Tier One before the notice is received. No assignment will bind Tier One until it is received at the administrative office.

MISSTATEMENT OF AGE OR SEX: If the Insured's age or sex is misstated, Tier One will adjust the proceeds to that amount which the most recent premium would have purchased based on the corrected information.

INCONTESTABILITY: With respect to statements made in the application, this policy is not contestable after it has been in force during the Insured's lifetime for a period of two years beginning with the Policy Effective Date shown in the Policy Schedule. With respect to statements made in a supplemental application, the applicable policy change is not contestable after it has been in force during the Insured's lifetime for a period of two years beginning with the Policy's Effective Date. With respect to statements made in an application for reinstatement, this policy is not contestable after it has been in force during the Insured's lifetime for a period of two years beginning with the date of reinstatement.

The Incontestability provision will not apply in the case of non-payment of premium or fraud in the procurement of the policy when permitted by applicable law in the state where the policy is delivered or issued for delivery.

PAYMENT OF PROCEEDS: Proceeds means:

- the amount that becomes payable upon your death; or
- the amount that becomes payable upon surrender of this policy.

The proceeds will be paid from the administrative office. In the event of surrender, this policy must be returned to Tier One. The proceeds will be paid in one sum.

If the Insured is living on the Maturity Date, shown in the Policy Schedule, and this policy is in force, Tier One will pay the net cash surrender value to the Owner in one sum.

NONPARTICIPATING: This policy does not share in any distribution of surplus. No dividends are payable.

CONFORMITY WITH INTERSTATE INSURANCE PRODUCT REGULATION COMMISSION STANDARDS: This policy was approved under the authority of the Interstate Insurance Product Regulation Commission ("Commission") and issued under the Commission standards. Any provision of this policy that on the provision's effective date is in conflict with the applicable Commission standards for this product type in effect as of the provision's effective date of Commission policy approval is hereby amended to conform to the applicable Commission standards in effect as of the provision's effective date of Commission policy approval.

Part 9

NOTICE OF NON-INSURANCE BENEFITS

Tier One may, at our discretion, allow offers of goods, services, and/or discount plans or programs alongside Tier One coverage. These goods, services, and/or discount plans or programs are not insurance. Such goods, services, and/or discount plans or programs are intended to enhance the value of insurance coverage and may include programs designed to enhance health, incent behavioral changes to improve health or reduce risk, enhance financial wellness, educate about risk of loss, mitigate and/or control losses, monitor risk of loss to develop strategies that eliminate or reduce risk, reduce claims and/or settlement costs, provide post-loss services and/or promote policy or customer service innovation.

While Tier One may provide access to goods, services and/or discount plans or programs, the third party providers of the goods, services, and/or discount plans or programs are responsible for the provision of such goods, services, and/or discount plans or programs. Tier One is not responsible for the provision of such goods, services, and/or discount plans or programs nor are we liable for the failure of the provision of the same. Further, Tier One is not liable to the applicants/insureds/dependents for the negligent provision of such goods, services, and/or discount plans or programs by third party providers.

Aflac
P.O. Box 1863
Brownwood, TX 76804
800-466-4811

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED: -----
AGE: 64
UNDERWRITING CLASS: STANDARD SM
FORM NUMBER: ICC21-AFLLBL21
PAYABLE: Monthly
LEVEL WHOLE LIFE INSURANCE POLICY
ADDITIONAL BENEFITS:
CHILDREN'S TERM INSURANCE RIDER
CHILDREN'S TERM INSURANCE RIDER
ACCELERATED DEATH BENEFIT RIDER

AGENT: -----
AGENT ADDRESS: ----- AVENUE
-----, FL 3-----

ANNUAL PREMIUM:
\$5,468.86

\$2,500.00
\$2,500.00
\$20,000.00

This statement gives you basic information about your insurance. The table below shows annual premiums on a current and guaranteed basis. Current basis premiums are those we anticipate charging. Guaranteed basis premiums are the maximum the policy permits us to charge.

POLICY YEAR	DEATH BENEFIT	CASH VALUE	CURRENT BASIS --ANNUAL PREMIUMS--	GUARANTEED BASIS --ANNUAL PREMIUMS--	PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
1	40,000	0	\$5,468.86	\$5,468.86	0	0	0
2	40,000	191	\$5,468.86	\$5,468.86	320	0	0
3	40,000	1,472	\$5,468.86	\$5,468.86	2,440	1	1
4	40,000	2,746	\$5,468.86	\$5,468.86	4,440	2	2
5	40,000	4,010	\$5,468.86	\$5,468.86	6,360	3	3
10	40,000	10,038	\$5,468.86	\$5,468.86	14,480	5	5
15	40,000	15,492	\$5,468.86	\$5,468.86	20,680	6	6
20	40,000	20,946	\$5,468.86	\$5,468.86	26,040	5	5
34	40,000	30,543	\$5,468.86	\$5,468.86	33,840	5	5

**LIFE INSURANCE COST INDEXES
PER \$1000 OF INSURANCE**

	CURRENT BASIS		GUARANTEED BASIS	
	10YRS	20YRS	10YRS	20YRS
Net Payment Index	133.26	133.26	133.26	133.26
Surrender Index	114.26	118.18	114.26	118.18

An explanation of the intended use of these indexes is provided in the Life Insurance Buyers Guide.
The Policy Loan Interest Rate is 7.4% payable in advance.

POLICY NUMBER: TER6-----

DATE PREPARED: 09/07/2023

Aflac[®] Notice of Privacy Practices

Para recibir esta notificación en español por favor llamar al número gratuito de Member Services (Servicios a Miembros) que figura en su tarjeta de identificación.

This Notice of Privacy Practices applies to Tier One Insurance Company, an Aflac subsidiary, insured health benefit plans. It does not apply to any plans that are self-funded by an employer. If you receive benefits through a group health insurance plan, your employer will be able to tell you if your plan is insured or self-funded. If your plan is self-funded, you may want to ask for a copy of your employer's privacy notice.

***This notice describes
how medical information about you may
be used and disclosed and how you can
get access to this information.***

Please review it carefully.

Tier One Insurance Company, an Aflac subsidiary,¹ considers personal information confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

This notice describes how we may use and disclose information about you in administering your benefits, and it explains your legal rights regarding the information.

When we use the term "personal information," we mean information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage. By "health information," we mean information that identifies you and relates to your medical history (i.e., the health care you receive or the amounts paid for that care).

This notice became effective on October 9, 2018.

How Tier One Insurance Company Uses and Discloses Personal Information

In order to provide you with insurance coverage, we need personal information about you, and we obtain that information from many different sources – particularly you, your employer or benefits plan sponsor if applicable, other insurers, HMOs, or third-party administrators (TPAs), and health care providers. In administering your health benefits we may use and disclose personal information about you in various ways, including:

Health Care Operations: We may use and disclose personal information during the course of running our health business – that is, during operational activities such as quality assessment and improvement; licensing; accreditation by independent organizations; performance measurement and outcomes assessment; health services research; and preventive health, disease management, case management and care coordination. For example, we may use the information to provide disease management programs for members with specific conditions, such as diabetes, asthma, or heart failure. Other operational activities requiring use and disclosure include administration of reinsurance and stop loss; underwriting and rating; detection and investigation of fraud; administration of pharmaceutical programs and payments; transfer of policies or contracts from and to other health plans; facilitation of a sale, transfer, merger or consolidation of all or part of Tier One Insurance Company (AFLAC) with another entity (including due diligence related to such activity); and other general administrative activities, including data and information systems management, and customer service.

¹ For purposes of this notice, "Tier One Insurance Company, an Aflac subsidiary, and the pronouns "we," "us" and "our" refer to all of the HMO and licensed insurer subsidiaries of Tier One Insurance Company, including the entities listed on the last page of this notice. These entities have been designated as a single affiliated covered entity for federal privacy purposes.

Payment: To help pay for your covered services, we may use and disclose personal information in a number of ways – in conducting utilization and medical necessity reviews; coordinating care; determining eligibility; determining formulary compliance; collecting premiums; calculating cost-sharing amounts; and responding to complaints, appeals and requests for external review. For example, we may use your medical history and other health information about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, we may disclose information to your provider. We also mail Explanation of Benefits forms and other information to the address we have on record for the subscriber (i.e., the primary insured). We also use personal information to obtain payment for any mail order pharmacy services provided to you.

Treatment: We may disclose information to doctors, dentists, pharmacies, hospitals, and other health care providers who take care of you. For example, doctors may request medical information from us to supplement their own records. We also may use personal information in providing mail order pharmacy services and by sending certain information to doctors for patient safety or other treatment-related reasons.

Disclosures to Other Covered Entities: We may disclose personal information to other covered entities, or business associates of those entities for treatment, payment and certain health care operations purposes. For example, if you receive benefits through a group health insurance plan, we may disclose personal information to other health plans maintained by your employer if it has been arranged for us to do so in order to have certain expenses reimbursed.

Additional Reasons for Disclosure

We may use or disclose health information about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. We also may disclose such information in support of:

- **Plan Administration** – to your employer (for group health insurance plans), when we have been informed that appropriate language has been included in your plan documents, or when summary data is disclosed to assist in bidding or amending a group health plan.
- **Research** – to researchers, provided measures are taken to protect your privacy.
- **Business Partners** – to persons who provide services to us and assure us they will protect the information.
- **Industry Regulation** – to state insurance departments, boards of pharmacy, U.S. Food and Drug Administration, U.S. Department of Labor and other government agencies that regulate us.
- **Workers' Compensation** – to comply with workers' compensation laws.
- **Law Enforcement** – to federal, state, and local law enforcement officials.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Welfare** – to address matters of public interest as required or permitted by law (e.g., child abuse and neglect, threats to public health and safety, and national security).
- **As Required by Law** – to comply with legal obligations and requirements.
- **Decedents** – to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or as authorized by law; and to funeral directors as necessary to carry out their duties.
- **Organ Procurement** – to respond to organ donation groups for the purpose of facilitating donation and transplantation.

Required Disclosures: We must use and disclose your personal information in the following manner:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, as necessary, for HIPAA compliance and enforcement purposes.

Disclosure to Others Involved in Your Health Care

We may disclose personal information about you to a relative, a friend, the subscriber of your health benefits plan or any other person you identify, provided the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by calling the toll-free Privacy Compliance Department number at **1-833-504-0336**.

If you are a minor, you also may have the right to block parental access to your health information in certain circumstances, if permitted by state law. You can contact us using the toll-free Privacy Compliance Department number at **1-833-504-0336** – or have your provider contact us.

Uses and Disclosures Requiring Your Written Authorization

In all situations other than those described above, we will ask for your written authorization before using or disclosing personal information about you. For example, we will get your authorization:

- for marketing purposes that are unrelated to your benefit plan(s),
- before disclosing any psychotherapy notes,
- related to the sale of your health information, and
- for other reasons as required by law.

If you have given us an authorization, you may revoke it in writing at any time, if we have not already acted on it. If you have questions regarding authorizations, please call the toll-free Privacy Compliance Department number at **1-833-504-0336**.

Your Legal Rights

The federal privacy regulations give you several rights regarding your health information

- You have the right to ask us to communicate with you in a certain way or at a certain location. For example, if you are covered as an adult dependent, you might want us to send health information to a different address from that of your subscriber. We will accommodate reasonable requests.
- You have the right to ask us to restrict the way we use or disclose health information about you in connection with health care operations, payment, and treatment. We will consider, but may not agree to, such requests. You also have the right to ask us to restrict disclosures to persons involved in your health care.
- You have the right to ask us to obtain a copy of health information that is contained in a "designated record set" – medical records and other records maintained and used in making enrollment, payment, claims adjudication, medical management, and other decisions. We may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.
- You have the right to ask us to amend health information that is in a "designated record set." Your request must be in writing and must include the reason for the request. If we deny the request, you may file a written statement of disagreement.
- You have the right to ask us to provide a list of certain disclosures we have made about you, such as disclosures of health information to government agencies that license us. Your request must be in writing. If you request such an accounting more than once in a 12-month period, we may charge a reasonable fee.
- You have the right to be notified following a breach involving your health information.
- You have the right to know the reasons for an unfavorable underwriting decision. Previous unfavorable underwriting decisions may not be used as the basis for future underwriting decisions unless we make an independent evaluation of the basic facts. Your genetic information cannot be used for underwriting purposes.
- You have the right with very limited exceptions, not to be subjected to pretext interviews.²

² We do not participate in pretext interviews.

You may make any of the requests described above, may request a paper copy of this notice, or ask questions regarding this notice by calling toll-free **1-833-504-0336**.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please send your request to the following address:

HIPAA Member Rights Team
Aetna
151 Farmington Avenue – AN33
Hartford, CT 06156

You also may write to the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

The federal privacy regulations require us to keep personal information about you private, to give you notice of our legal duties and privacy practices, and to follow the terms of the notice currently in effect.

Safeguarding Your Information

We guard your information with administrative, technical, and physical safeguards to protect it against unauthorized access and against threats and hazards to its security and integrity. We comply with all applicable state and federal law pertaining to the security and confidentiality of personal information.

This Notice is Subject to Change

We may change the terms of this notice and our privacy policies at any time. If we do, the new terms and policies will be effective for all of the information that we already have about you, as well as any information that we may receive or hold in the future.

Please note that we do not destroy personal information about you when you terminate your coverage with us. It may be necessary to use and disclose this information for the purposes described above even after your coverage terminates, although policies and procedures will remain in place to protect against inappropriate use or disclosure.

How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
 - Up to \$500,000 for health benefit plans, with some exceptions.
 - Up to \$300,000 for disability income benefits.
 - Up to \$300,000 for long-term care insurance benefits.
 - Up to \$200,000 for all other types of health insurance.
- **Life insurance:**
 - Up to \$100,000 in net cash surrender or withdrawal value.
 - Up to \$300,000 in death benefits.
- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

Texas Life and Health Insurance Guaranty Association
1717 West 6th Street, Suite 230
Austin, TX 78703-4776
1-800-982-6362 or www.txlifega.org

For questions about insurance, contact:

Texas Department of Insurance
P.O. Box 12030
Austin, TX 78711
1-800-252-3439 or www.tdi.texas.gov

Note: You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.



Tier One Insurance Company
Home Office: 1932 Wynnton Road, Columbus, GA 31999
Administrative Office: PO Box 1863 Brownwood, TX 76804
Telephone Number: 800-466-4811 Website: www.Aflac.com

CHILDREN'S TERM INSURANCE RIDER

Tier One Insurance Company, in consideration of the application and payment of the required premium, has caused this rider to be issued and made a part of the policy to which it is attached (Base Policy). It is subject to all of the policy's provisions which are not inconsistent herewith. If any inconsistencies occur, the provisions of this rider will apply.

This rider does not provide any cash values or loan values.

CHILDREN'S TERM INSURANCE RIDER BENEFIT

Coverage is limited to 9 Insured Children. Coverage selected will be in the same amount for each child. We will pay the Benefit Amount to the Beneficiary(ies) named in the application for the Children's Term Insurance Rider after these considerations are met:

- We receive due proof of death of an Insured Child; and
- occurs while this coverage is in force for that Insured Child.

DEFINITIONS

BENEFIT AMOUNT: The Benefit Amount for this rider is the amount shown on the Policy Schedule for each Insured Child.

INSURED CHILD: Your natural born child, stepchild, legally adopted child, grandchild, legally adopted grandchild, or great grandchild who is:

- named in the application and is at least 30 days old, but less than 18 years of age on the date of application; and
- a United States citizen.

EFFECTIVE DATE

If you apply for this rider simultaneously with the Base Policy, it goes into effect on the Policy Effective Date. If you apply for this rider at a later time, it goes into effect on the Rider Effective Date shown on the revised Policy Schedule.

TERMINATION

Coverage on any Insured Child will terminate on the earliest of:

- the date the Base Policy ceases to be in force; or
- the date You request termination of this rider; or
- the Insured Child's 25th birthday; or
- the death the Insured Child; or
- the date the Insured Child converts his or her insurance, as described in the Conversion Right provision below; or
- nonpayment of premium for this rider, subject to the grace period described in the Base Policy.

We will refund any premium paid for a period beyond the date of termination. The termination of an Insured Child's coverage will not reduce our liability for any claim originating prior to the termination.

If the Base Policy is in force when an Insured Child's coverage terminates, such Insured Child may obtain a separate whole life policy being offered by us at that time, subject to the Conversion Right provision below.

We will, while the Base Policy is in force, continue coverage on any Insured Child so long as he or she is:

- incapable of self-sustained employment due to mental retardation or physical handicap; and
- chiefly dependent upon you for support and maintenance.

You must submit satisfactory proof of incapacity and dependency to us within 31 days of the date such Insured Child's coverage would terminate if not incapacitated, and annually thereafter if We request it. Premiums will be due for any coverage continued on an Insured Child.

INCONTESTABILITY

Any Insured Child's coverage under this rider will not be contestable after it has been 1) in force for two years after its initial effective date, or if it has been reinstated, for two years after its most recent reinstatement, and 2) during the lifetime of the Insured Child, except in the case of fraud in the procurement of the coverage when permitted by applicable law in the state where the policy is delivered or issued for delivery.

SUICIDE

If an Insured Child, while sane or insane, dies by suicide within two years after the date the Insured Child's coverage became effective under this rider, the death proceeds under this rider will be limited to an amount equal to the premiums paid for the Insured Child's coverage.

CONVERSION RIGHT

We will issue a separate whole life insurance policy to your Insured Child who is at least 22 years of age. Written application with payment of the first premium for such new policy must be made by the Insured Child within 61 days following his or her termination of coverage under this rider.

The Insured Child may request that the new policy have a Face Amount that is from 1 to 5 times the amount of the Insured Child's coverage under this rider with a maximum coverage amount of \$35,000. The Insured Child's coverage under this rider must be in force for at least 2 years before becoming eligible for a new policy under this Conversion Right. The Suicide and Incontestability provisions of this rider will not begin anew for any policy issued as a result of this provision.

The new policy will be issued:

- without evidence of insurability;
- with a current Policy Effective Date;
- with the premium determined by us based on this product's standard premium class and Our published rates on the date of application for the new policy; and

REINSTATEMENT

This rider may be reinstated if the policy is reinstated and is subject to the same terms.



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary



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CHILDREN'S TERM INSURANCE RIDER

Tier One Insurance Company, in consideration of the application and payment of the required premium, has caused this rider to be issued and made a part of the policy to which it is attached (Base Policy). It is subject to all of the policy's provisions which are not inconsistent herewith. If any inconsistencies occur, the provisions of this rider will apply.

This rider does not provide any cash values or loan values.

CHILDREN'S TERM INSURANCE RIDER BENEFIT

Coverage is limited to 9 Insured Children. Coverage selected will be in the same amount for each child. We will pay the Benefit Amount to the Beneficiary(ies) named in the application for the Children's Term Insurance Rider after these considerations are met:

- We receive due proof of death of an Insured Child; and
- occurs while this coverage is in force for that Insured Child.

DEFINITIONS

BENEFIT AMOUNT: The Benefit Amount for this rider is the amount shown on the Policy Schedule for each Insured Child.

INSURED CHILD: Your natural born child, stepchild, legally adopted child, grandchild, legally adopted grandchild, or great grandchild who is:

- named in the application and is at least 30 days old, but less than 18 years of age on the date of application; and
- a United States citizen.

EFFECTIVE DATE

If you apply for this rider simultaneously with the Base Policy, it goes into effect on the Policy Effective Date. If you apply for this rider at a later time, it goes into effect on the Rider Effective Date shown on the revised Policy Schedule.

TERMINATION

Coverage on any Insured Child will terminate on the earliest of:

- the date the Base Policy ceases to be in force; or
- the date You request termination of this rider; or
- the Insured Child's 25th birthday; or
- the death the Insured Child; or
- the date the Insured Child converts his or her insurance, as described in the Conversion Right provision below; or
- nonpayment of premium for this rider, subject to the grace period described in the Base Policy.

We will refund any premium paid for a period beyond the date of termination. The termination of an Insured Child's coverage will not reduce our liability for any claim originating prior to the termination.

If the Base Policy is in force when an Insured Child's coverage terminates, such Insured Child may obtain a separate whole life policy being offered by us at that time, subject to the Conversion Right provision below.

We will, while the Base Policy is in force, continue coverage on any Insured Child so long as he or she is:

- incapable of self-sustained employment due to mental retardation or physical handicap; and
- chiefly dependent upon you for support and maintenance.

You must submit satisfactory proof of incapacity and dependency to us within 31 days of the date such Insured Child's coverage would terminate if not incapacitated, and annually thereafter if We request it. Premiums will be due for any coverage continued on an Insured Child.

INCONTESTABILITY

Any Insured Child's coverage under this rider will not be contestable after it has been 1) in force for two years after its initial effective date, or if it has been reinstated, for two years after its most recent reinstatement, and 2) during the lifetime of the Insured Child, except in the case of fraud in the procurement of the coverage when permitted by applicable law in the state where the policy is delivered or issued for delivery.

SUICIDE

If an Insured Child, while sane or insane, dies by suicide within two years after the date the Insured Child's coverage became effective under this rider, the death proceeds under this rider will be limited to an amount equal to the premiums paid for the Insured Child's coverage.

CONVERSION RIGHT

We will issue a separate whole life insurance policy to your Insured Child who is at least 22 years of age. Written application with payment of the first premium for such new policy must be made by the Insured Child within 61 days following his or her termination of coverage under this rider.

The Insured Child may request that the new policy have a Face Amount that is from 1 to 5 times the amount of the Insured Child's coverage under this rider with a maximum coverage amount of \$35,000. The Insured Child's coverage under this rider must be in force for at least 2 years before becoming eligible for a new policy under this Conversion Right. The Suicide and Incontestability provisions of this rider will not begin anew for any policy issued as a result of this provision.

The new policy will be issued:

- without evidence of insurability;
- with a current Policy Effective Date;
- with the premium determined by us based on this product's standard premium class and Our published rates on the date of application for the new policy; and

REINSTATEMENT

This rider may be reinstated if the policy is reinstated and is subject to the same terms.



Virgil R. Miller, President



J. Matthew Loudermilk, Secretary



Tier One Insurance Company
Home Office: 1932 Wynnton Road, Columbus, GA 31999
Administrative Office: PO Box 1863 Brownwood, TX 76804
Telephone Number: 800-466-4811 Website: www.Aflac.com

ACCELERATED DEATH BENEFITS RIDER

Tier One Insurance Company, in consideration of the application and payment of the required premium, has caused this rider to be issued and made a part of the policy to which it is attached. It is subject to all of the policy's provisions which are not inconsistent with the provisions of this rider. If any inconsistencies occur, the provisions of this rider will apply.

ACCELERATED DEATH BENEFIT

If you meet the following requirements, we will pay the Rider Benefit:

- You must be diagnosed as being Terminally Ill by a Physician after the Rider Effective Date and while this rider is in force;
- A proper claim must be made under this rider during your life;
- We must receive consent of any irrevocable beneficiary.

The Terminally Ill Insured's Face Amount will be reduced by the Pre-Payment Amount. The Terminally Ill Insured's portion of the policy's cash value and premium (exclusive of any policy fee) will be reduced by the ratio of the Pre-Payment Amount to the Terminally Ill Insured's Face Amount, apart from any other riders. The Terminally Ill Insured's portion of any policy loan will be reduced by the amount We subtract from the Pre-Payment Amount to calculate the Rider Benefit. Payment of the Pre-Payment Amount will not change coverage provided by rider, including coverage for anyone other than the Terminally Ill Insured. Any accidental death insurance will not be affected by the payment of the Pre-Payment Amount.

Upon a request for the Pre-Payment Amount, and upon the payment of this benefit, we will provide a statement to the Owner and any irrevocable beneficiary demonstrating the effect of the benefit payment on the policy death proceeds, cash value, and any policy loan.

NOTICE: Death proceeds and cash surrender values will be reduced upon payment of an Accelerated Benefit. Accelerated death benefits may be taxable by Your state. The Owner should seek additional information from his or her personal tax advisor about the tax status of the Pre-Payment Amount.

DEFINITIONS

PHYSICIAN: A practitioner of the healing arts performing an act within the scope of his license. A Physician must not be you, an Owner, or the parent, spouse or child of either you or an Owner.

PRE-PAYMENT AMOUNT: The amount selected by the Owner when a claim is made under this rider. It may be up to 50% of the Terminally Ill Insured's Face Amount, apart from any other riders. The minimum benefit that may be requested is \$1,000. The maximum benefit that may be requested is \$15,000. This payment will only be made as a lump sum.

RIDER BENEFIT: The Rider Benefit equals:

- The Pre-Payment Amount; less the ratio which the Pre-Payment Amount bears to the Terminally Ill Insured's Face Amount, apart from any other riders; times
- Times the Terminally Ill Insured's portion of policy loan; less
- An administrative charge not to exceed \$200.

TERMINALLY ILL: Having a medical condition that, in the opinion of a Physician, is expected to result in a life span of less than twelve months.

CLAIMS

To receive the Pre-Payment Amount, you or the Owner must send the following to our Administrative Office:

- Written request for the Pre-Payment Amount, specifying the amount of benefit being requested. This amount may not exceed 50% of the Terminally Ill Insured's Face Amount, apart from any other riders;
- Written certification from a Physician stating that you are Terminally Ill.

We have the right to require a second or third medical opinion to confirm benefit eligibility. Such additional opinions will be at our expense. The second medical opinion may include a physical examination by a Physician designated by us. In the case of conflicting opinions, eligibility for the benefit will be determined by a third medical opinion that is provided by a Physician mutually acceptable to the Insured and to us.

Prior to payment of any Pre-Payment Amount, we will obtain a signed acknowledgement of concurrence for payout from any assignee or irrevocable beneficiary before benefits under this rider become payable. If we are the assignee under the policy, no acknowledgement will be required.

The Pre-Payment Amount will be paid immediately upon our receipt of proof of eligibility. Payment will be made to the Owner, or to the Owner's estate while the Insured is living, unless otherwise designated by the Owner. When the Pre-Payment Amount is paid, We will provide the Owner with a revised Policy Schedule showing the changes to the cash values, policy loans, premium and death proceeds.

If the Insured dies after the Owner elects to receive the Pre-Payment Amount but before any such benefits are received, the election shall be cancelled and the death proceeds paid pursuant to the policy.

EFFECTIVE DATE

This rider is endorsed and made a part of this policy as of the Policy Effective Date.

TERMINATION

Coverage under this rider will terminate on the earlier of:

- Lapse or termination of the policy; or
- Cancellation of this rider by the Owner; or
- Pre-payment of a portion of such Insured's policy death proceeds under this rider.

Termination of this rider shall not prejudice the payment of benefits for any loss that occurred while the form was in force.

OTHER PROVISIONS

Ownership. The Owner of the policy shall be the Owner of this rider.

Reinstatement. This rider may be reinstated if the policy is reinstated and is subject to the same terms.

Virgil R. Miller

Virgil R. Miller, President

J. Matthew Loudermilk

J. Matthew Loudermilk, Secretary



Tier One Insurance Company
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DISCLOSURE STATEMENT FOR ACCELERATED BENEFITS RIDER

(Note: this disclosure only applies where the base policy has a **face value** of \$5000 or greater, in which case the Accelerated Benefits Rider is provided free of any **additional premium charge**.)

1. What is an accelerated benefit? An accelerated benefit is a portion of the death benefit paid because the insured is diagnosed as being terminally ill which results in the insured having a life expectancy of twelve months or less.
2. What payment options are available? Up to a maximum of 50% of the face amount if the insured is diagnosed with a terminal illness which results in the insured having a life expectancy of twelve months or less. The minimum benefit that may be requested is \$1,000. The maximum benefit that may be requested is \$15,000. This amount will be paid as a lump sum. The company may apply a portion of the accelerated death benefit to repay an outstanding policy loan but only up to the amount of the outstanding policy loan multiplied by the percentage of the policy death benefit that has been accelerated. There is an administrative fee of up to \$200 to use this benefit.
3. What is the premium for the Accelerated Benefits Rider? No additional premium is charged for an Accelerated Benefits Rider. Policy premiums are still due after taking the accelerated benefit.
4. How will taking an accelerated benefit affect my policy? The cash value, premium, and death benefits will be reduced by the same percentage as the accelerated benefit is to the face amount of the policy. An example is as follows:

Values prior to acceleration	50% acceleration calculation	After receiving 50% acceleration
Face amount \$10,000	1. Face amount = \$10,000	Net face amount \$5,000
Premium \$400	2. Maximum benefit available: 50% of face amount = \$5,000	Premium \$200
Cash value \$1,000	3. Minus 50% of outstanding loan: \$5,000 - 100 = \$4,900	Cash value \$500
Loan balance \$200	4. Minus administration fee: \$4,900 - \$200 = \$4,700 (accelerated benefit amount paid)	Loan balance \$100

The net face amount remaining at the insured's death will be paid to the named beneficiary at the insured's death if the policy is in force at that time. Upon a request to accelerate the policy death benefits and upon the payment of the accelerated death benefit, specific information about the effect of an accelerated benefit on policy values, death benefit, premium and loans will be provided to the policyowner and any irrevocable beneficiary. An amended policy schedule will then be provided to the policyowner to reflect changes in death benefit and policy values as a result of any accelerated benefit payment.

5. Are there any limitations on the use of the accelerated benefit proceeds? There are no restrictions or limitations, except such proceeds may be subject to child support liens.
6. Are the accelerated benefit proceeds taxable? Benefits under this rider are intended to qualify for favorable tax treatment. However, there are circumstances under which these benefits may be taxable. You should consult a personal tax advisor. Receipt of accelerated benefit proceeds may adversely affect the recipient's eligibility for Medicaid or other governmental benefits or entitlements. The accelerated benefit proceeds do not and are not intended to qualify as long-term care insurance.
7. Is the exercise of the rider voluntary? You are not required to exercise the Accelerated Benefit and have the right to waive this benefit.

Applicant signature

Date

Owner signature *(if not proposed insured)*

Date

Agent signature

Date



Tier One Insurance Company
Home Office: 1932 Wynnton Road, Columbus, GA 31999
Administrative Office: PO Box 1863 Brownwood TX 76804
Telephone Number: 800-466-4811 Website: www.Aflac.com

ACCIDENTAL DEATH BENEFIT RIDER

Tier One Insurance Company, in consideration of the application and payment of the required premium, has caused this rider to be issued and made a part of the policy to which it is attached. It is subject to all of the policy's provisions which are not inconsistent herewith. If any inconsistencies occur, the provisions of this rider will apply.

ACCIDENTAL DEATH BENEFIT

We will pay the proceeds of this rider to the Beneficiary when we receive due proof of the Insured's Accidental Death. Payment will be made only if this policy and rider are in force on the date of the Insured's accidental bodily injury.

The proceeds will be the amount of Accidental Death Benefit shown on the Policy Schedule.

The proceeds will be paid in addition to the other proceeds of this policy. We have the right to examine the body and to request an autopsy, at Our expense, unless prohibited by law.

This rider does not have any cash values or loan values.

DEFINITIONS

ACCIDENTAL DEATH: Death of the Insured which occurs:

- as the direct result of accidental bodily injury independent of all other causes;
- within 180 days from the date of such injury; and
- before the policy anniversary following the Insured's 75th birthday.

PHYSICIAN: A practitioner of the healing arts performing an act within the scope of his license. A Physician must not be you, an Owner, or the parent, spouse or child of either you or an Owner.

LIMITATIONS AND EXCLUSIONS

This rider does not cover death resulting directly or indirectly, in whole or in part, from:

- disease, illness or infirmity of the body or mind;
- war, whether declared or not, or any act or hazard of war;
- participation in a riot or insurrection;
- suicide, whether you are sane or insane;
- intentionally self-inflicted injury, whether the Insured is sane or insane;

- participation in an illegal occupation or activity;
- travel in or descent from any kind of aircraft, unless the Insured is being transported solely as a fare paying passenger;
- travel in an aircraft or device used for testing or experimental purposes, used by any military authority or used for travel beyond the earth's atmosphere;
- participation in any of the following high risk activities: sky diving, parachuting, hang-gliding, bungee jumping, sail-gliding, parasailing, soaring, ballooning, parakiting, mountain climbing, cave exploration, scuba diving, driving or riding in any motor-driven vehicle in any race, stunt show or speed test or on any race course or speedway;
- voluntarily taking any drug or medication, unless prescribed by a Physician and taken in accordance with the Physician's instructions;
- intoxication as defined by the jurisdiction where the accident occurred;
- any poison or gas voluntarily taken, administered or inhaled, except in the course of employment;
- an infection not occurring as the direct result or consequence of accidental bodily injury, or
- medical or surgical treatment of disease or infirmity.

EFFECTIVE DATE

If the Owner applied for this rider with this policy, it goes into effect on the Policy Effective Date. If the Owner applied for this rider at a later time, it goes into effect on the Rider Effective Date shown on the revised Policy Schedule.

TERMINATION

The Owner may terminate this rider at any time by written request to us. Coverage under this rider will terminate on the earlier of:

- the premium due date if any premium is not paid by the end of the 31-day grace period; or
- on the policy anniversary following the Insured's 75th birthday; or
- when the policy is exchanged, lapsed, terminated, surrendered, is placed on a reduced paid-up or extended term basis, matures or expires.

Termination of this rider shall not prejudice the payment of benefits for any accident that occurred while the rider was in force.

INCONTESTABILITY

Any coverage under this rider will not be contestable after it has been in force for two years during the Insured's lifetime, except for non-payment of premiums. With respect to statements made in an application for reinstatement, this policy is not contestable after it has been in force during the Insured's lifetime for a period of two years beginning with the date of reinstatement.



Teresa White, President



J. Matthew Loudermilk, Secretary



SAMPLE
FROM CHOICE MUTUAL



Coverage is underwritten by Tier One Insurance Company, a subsidiary of Aflac Incorporated.