

JAMES SMITH  
1807 S ALLPORT ST  
CHICAGO, IL 60608

TEST SAMPLE





May 8, 2025

Policy # 0904010533

Dear james,

Congratulations on the purchase of your InstaBrain Term life insurance policy through InstaBrain. Your InstaBrain Term life insurance policy is underwritten by Fidelity Life Association.

Your policy is a Term Life Insurance plan with level premiums for 10 years for \$250,000 of coverage. The premium amount is \$22.84 payable on a monthly basis.

In this Welcome Package, you'll find the following materials:

- Your life insurance policy, which contains important information about your coverage;
- Your policy specifications page, contained within the policy, which outlines the coverage limits and special features of your policy; and
- Fidelity Life Association's Privacy Statement and other important disclosures and documents.

For your convenience, your policy is also available in electronic format for you to view by selecting **My Documents** under the **My Account** menu located at <https://fidelitylife.ins-portal.com>.

If you have already created an account, you will need to login-in using your username and password to view your policy packet. If you have not yet created an account, you can register to view your policy packet by clicking here and choosing the Register link - <https://fidelitylife.ins-portal.com>. Please have your policy number, referenced above, available as it is required for registration.

If you have any questions about the registration process, feel free to use the chat function found in the lower right-hand corner of the Online Customer Accounts Center page.

Of course, if you have any other insurance needs, please contact your InstaBrain independent insurance agent for assistance.

Thanks,

InstaBrain and Fidelity Life Association

Life Insurance is underwritten by Fidelity Life Association of Des Plaines, Illinois. Fidelity Life is a valued business associate of, but not affiliated with, InstaBrain and is solely responsible for claims under your policy.



STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY NUMBER 0904010533

Insured:	JAMES SMITH	Agent:	AGENT D INSTABRAIN
Insurance Age:	40		125 Test Drive Suite 100
Premium Class:	Male, Preferred Plus Non-Nicotine for 10 years		Fountain Hills AZ 85268
Face Amount:	\$250,000		
Policy Date:	May 8, 2025	Agent Number:	ISB123
Date Prepared:	May 8, 2025		

**LEVEL DEATH BENEFIT TERM LIFE INSURANCE TO EXPIRY DATE**

Base Plan Annual Premiums and Benefits

Policy Year	Annual Premium	Death Benefit	Cash Dividend
1	\$262.50	\$250,000.00	\$0.00
2	\$262.50	\$250,000.00	\$0.00
3	\$262.50	\$250,000.00	\$0.00
4	\$262.50	\$250,000.00	\$0.00
5	\$262.50	\$250,000.00	\$0.00
6	\$262.50	\$250,000.00	\$0.00
7	\$262.50	\$250,000.00	\$0.00
8	\$262.50	\$250,000.00	\$0.00
9	\$262.50	\$250,000.00	\$0.00
10	\$262.50	\$250,000.00	\$0.00
11	\$2,050.00	\$250,000.00	\$0.00
12	\$2,210.00	\$250,000.00	\$0.00
13	\$2,410.00	\$250,000.00	\$0.00
14	\$2,620.00	\$250,000.00	\$0.00
15	\$2,837.50	\$250,000.00	\$0.00

No cash values or dividends are payable

Base Plan Life Insurance-Adjusted Indexes (Calculated at 5 Percent)

	Net Payment Cost Index	Net Surrender Cost Index	Equivalent Level Dividend
YEAR 10	1.05	1.05	0.00

An explanation of the intended use of the life insurance cost indexes and the equivalent level dividend is included in the Life Insurance Buyer's Guide.

The abbreviation n/a is used when the appropriate value is not applicable.





To Our Valued Customers:

Pursuant to applicable Third Party Administrator (TPA) laws, we are notifying you that the administrator of your insurance policy or annuity contract is **illumifin Corporation**, a licensed third-party administrator.

This relationship does not in any way affect the terms and benefits of your policy or contract. There are also no changes to the mailing addresses, telephone numbers or service hours you are currently accustomed to.

Please keep this letter with your policy for future reference or on your person by cutting along the dotted-lines of the box to the right.

Fidelity Life Association utilizes **illumifin Corporation**, a licensed third-party administrator, to administer your insurance policy or annuity contract.

### Frequently Asked Questions

**1. Who is illumifin Corporation ('illumifin')?**

illumifin is a wholly owned subsidiary of SYNEX Corporation (NYSE: SNX), a Fortune 500 company. illumifin is a business services company who has been supporting insurance companies since 1992 and is one of the largest licensed third-party administrators (TPA) in North America.

**2. What is a Third-Party Administrator (TPA)?**

As a third-party administrator (TPA), illumifin has been contracted by your insurance company to provide services on their behalf regarding the administration of your policy or contract. These services could include activities such as answering your phone calls about your policy or contract, applying premium payments made to your policy or contract, updating your address information if needed, etc.

**3. Why am I receiving this notification?**

Pursuant to applicable TPA laws, we are notifying you the administrator of your insurance policy or annuity contract is **illumifin Corporation**, a licensed third-party administrator.



# Our Privacy Policy

No Action Required.

We provide this Privacy Policy to help you understand how we protect your financial privacy. We believe you have a right to know what we do with the data we gather about you in connection with the products you seek or purchase from us.

## Overview

We protect your nonpublic personal information (“NPI”). We do not sell NPI or allow others to use it for marketing their products. We reserve the right to disclose your NPI to affiliates and third parties, as permitted by law. And we do so without your authorization for a variety of purposes. You cannot opt out of those disclosures. But you may have other rights depending on where you live.

## Detailed Summary

We need your NPI to determine your insurability and offer products to meet your needs at a fair price. In pursuit of those goals and other legitimate aims, we may disclose your information to others for limited purposes.

## Collection & Sources

We collect NPI about you. We obtain NPI from sources such as:

- Applications or other forms you complete;
- Communications from you;
- Third parties who share it with your authorization;
- Your business dealings with us and others;
- Consumer reporting agencies;
- Government agencies; and
- Health care providers.

This information may include details such as your name, contact details, payment information, medical history, and demographics (such as age and gender).

## Access

We limit access to your NPI. We only provide access to your NPI to our authorized employees, representatives, and trusted third parties who help us provide services to you.

## Disclosures

We disclose your NPI in limited situations. We disclose, or reserve the right to disclose, all the NPI we collect about you. But we do not disclose your NPI, except as permitted by law.

*Your NPI will not be shared with third parties that would use the information to market their own products or services or those of unaffiliated third parties.*

We may disclose NPI without your authorization:

- To insurance companies, agents, support organizations, and others to: perform marketing or services on our behalf; or to address criminal activity, fraud, or material non-disclosure in connection with insurance transactions;
- To the government including insurance regulators and law enforcement;
- As otherwise permitted or required by law;
- In response to legal requests, such as a subpoena;
- As part of a reorganization, such as a merger or asset transfer
- To a customer or policy owner; or
- To an assignee of a policy

## Security & Confidentiality

Safeguarding your data is one of our highest priorities. We restrict access to your NPI to our employees and others who need it to provide products or services to you. And we maintain robust physical, electronic, and procedural safeguards designed to protect your NPI.

Please be aware that details obtained from a report prepared by an insurance support organization may be retained by them and disclosed to others.

### Rights

You may have certain rights concerning your NPI. Consistent with state laws, we offer residents of certain states additional control over their NPI and our decisions. When required by law, you have the right to request (1) access to your NPI; (2) deletion, correction, or amendment of that data; (3) records concerning certain disclosures of medical information; and (4) after an adverse underwriting decision, the reason for our decision, the NPI supporting our decision, and the source of the NPI. You can also authorize us to disclose your NPI to others. You can exercise your rights by contacting us using the information at the end of this policy.

### Updates

This policy may change. If we change it, we will notify you as required by law.

### Questions

We encourage you to reach out. If you have questions about our privacy practices, please contact us through any of the ways listed below:



Fidelity Life Association  
1350 E Touhy Ave., Suite 205W  
Des Plaines, IL 60018  
Tel: 800.369.3990  
Fax: 866.375.8175

Please include your name and policy number when contacting us.

## ILLINOIS LIFE INSURANCE BUYER'S GUIDE

This guide can show you how to save money when you shop for life insurance. It helps you to:

- Decide how much life insurance you should buy.
- Decide what kind of life insurance policy you need, and
- Compare the relative cost of similar life insurance policies.

This guide has been prepared by the Illinois Department of Insurance, in part using materials developed by the National Association of Insurance Commissioners.

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this guide in making a life insurance purchase.

**This Guide Does Not Endorse Any Company Or Policy.**

## BUYING LIFE INSURANCE

When you buy life insurance, you want a policy which fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes which are described in this guide. A good life insurance agent or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand which kinds are available. If one kind does not seem to fit your needs, ask about the other kinds which are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance agent or company or books on life insurance in your public library. Life insurance can be bought either on an individual basis or on a group basis. Group insurance may be inexpensive when compared to individual insurance. It is important to remember that insurance purchased on this basis is usually term insurance, and hence will not develop cash values, and is dependent on your continued membership in the group or employment. Also, the amount of insurance that is available for purchase is usually limited.

### Choosing the Amount

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. Life insurance can provide cash for last expenses, and income for your family's future living expenses.

Your insurance should come as close as you can afford to making up the difference between 1. what your dependents would have if you were to die now, and 2. what they would actually need at some time in the future when needs change.

### Choosing the Right Kind

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole Life insurance
3. Endowment insurance

The kind of life insurance you purchase is dependent on the need you are trying to satisfy. Some needs are temporary, i.e., do not exist throughout your life, while other needs are permanent. As an example, the need to finance your children's education is a temporary need. The need to meet mortgage payments is also a temporary need, since it exists only while the mortgage exists. On the other hand, the financial needs of your family after your death is a permanent need.

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the agent or company if it combines more than one kind of life insurance.

The following is a brief description of the three basic kinds:

**Term Insurance** is death protection for a "term" of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provide the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also "convertible". This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Whole Life Insurance** gives death protection for as long as you live. The most common type is called "straight life" or "ordinary life" insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums to begin with, for whole life insurance than for term insurance, whole life insurance policies develop "cash values" which you may have if you stop paying premiums. You can generally either take the cash, or use to buy some continuing insurance protection. Technically speaking, these values are called "nonforfeiture benefits". This refers to benefits you do not lose (or "forfeit") when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money which you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

**Endowment Insurance.** An endowment insurance policy pays a sum or income to you - the policyholder - if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than for the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

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

### **Finding A Low Cost Policy**

After you have decided which kind of life insurance fits your needs, look for a better buy. YOUR CHANCES OF FINDING A GOOD BUY ARE BETTER IF YOU USE TWO TYPES OF INDEX NUMBERS THAT HAVE BEEN DEVELOPED TO AID IN SHOPPING FOR LIFE INSURANCE. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index". It will be worth your time to try to understand how these indexes are used, but in any event, use them ONLY for comparing the relative costs of similar policies. LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.

### **What is Cost?**

"Cost" is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the protection is the premium. If you pay a premium and get something back later on, such as cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called "participating" policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some companies do not pay dividends. These are called "guaranteed cost" or "nonparticipating" policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

### **What are Cost Indexes.**

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash Values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance agents and companies.

1. Life insurance Surrender Cost Index. This index is useful if you consider the level of the cash value to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.

2. Life Insurance Net Payment Cost Index. This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a nonparticipating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the nonparticipating policy will not change.

**How do I Use Cost Indexes?** The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

1. Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.
2. Compare the index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a "Shopper's Guide" tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.
3. Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
4. In any event, you will need other information on which to base your purchase decision. **BE SURE YOU CAN AFFORD THE PREMIUMS, AND THAT YOU UNDERSTAND ITS CASH VALUES, DIVIDENDS AND DEATH BENEFITS.** You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.
5. These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned awhile, in favor of a new one. If such replacement is suggested, you should ask for information from the company which issued the old policy before you take action.
6. An important fact to note is the difference in premium payments paid during one year's time based on an annual premium versus the annualized periodic premium. For example, if you choose to pay premiums on a monthly basis, the annualized periodic premium would be twelve (12) times the monthly premium. There may be a significant difference between the annualized periodic premium and the annual premium and it should be considered when deciding on a payment schedule.

### **Important Things to Remember - A Summary**

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums most closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar policies, your chances of finding a relatively good buy will be better than if you do not shop. **REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS.** A good life insurance agent can help you choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you can make cost comparisons of similar policies.

**DON'T BUY LIFE INSURANCE UNLESS YOU INTEND TO STICK WITH IT.** A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the agent or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.

# **Fidelity Life Association, A Legal Reserve Life Insurance Company**

Administrative Office:

1350 E Touhy Ave., Suite 205W, Des Plaines, IL 60018

## **NOTICE TO POLICYHOLDERS**

We Want Our Service To Be The Best !

We believe that you have made a sound decision in purchasing life insurance/annuity protection from Fidelity Life Association. We want the excellent service you received before the sales transaction to continue for as long as you own your policy. If you have any questions or problems along the way, the agent who sold you your coverage can generally help you.

There may be times, however, when you need to contact our company. Since your satisfaction is important to us, we are committed to providing accurate information and quick answers. Our Customer Service representatives may be reached Monday through Friday from 8:00 AM to 5:00 PM central time at (800) 369-3990.

Should you want to contact our company or the Illinois Department of Insurance in writing, you can reach them at these addresses:

Illinois Department of Insurance  
Consumer Division  
115 South LaSalle Street, 13<sup>th</sup> Floor  
Chicago, Illinois 60603  
(312) 814-2420

Fidelity Life Association  
Customer Service Department  
P.O. Box 5030  
Des Plaines, IL 60017

OR

Illinois Department of Insurance  
Consumer Division  
320 West Washington Street  
Springfield, Illinois 62767  
(217) 782-4515

<http://insurance.illinois.gov/>



NOTICE OF  
PROTECTION PROVIDED BY  
ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a **brief summary** description of the Illinois Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Illinois law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, health maintenance organization or health insurance company becomes financially unable to meet its obligations and is placed into Receivership by the Insurance Department of the state in which the company is domiciled. If this should happen, the Association will typically arrange to continue coverage, pay claims, or otherwise provide protection in accordance with Illinois law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Association per insured in each insolvency are:

- Life Insurance
  - \$300,000 for death benefits
  - \$100,000 for cash surrender or withdrawal values
- Health Insurance
  - \$500,000 for health benefit plans\*
  - \$300,000 for disability insurance benefits
  - \$300,000 for long-term care insurance benefits
  - \$100,000 for other types of health insurance benefits
- Annuities
  - \$250,000 for withdrawal and cash values

\* The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to health benefit plan benefits for which the maximum amount of protection is \$500,000.

**Note: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about these protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.illhiga.org](http://www.illhiga.org) or contact:

Illinois Life and Health Insurance Guaranty Association 901 Warrenville Road, Suite 400 Lisle, Illinois 60532-4324	Illinois Department of Insurance 4 <sup>th</sup> Floor 320 West Washington Street Springfield, Illinois 62767
---	--

**Insurance companies, health maintenance organizations and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company or health maintenance organization, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law will control.**

**The Association is not an insurance company or health maintenance organization. If you wish to contact your insurance company or health maintenance organization, please use the phone number found in your policy or contact the Illinois Department of Insurance at [DOI.InfoDesk@illinois.gov](mailto:DOI.InfoDesk@illinois.gov).**





## LEVEL DEATH BENEFIT TERM LIFE INSURANCE POLICY

**This is a Non-Participating Policy**

Fidelity Life Association will pay the Death Benefit of this policy if the Insured dies while the policy is in force. The death benefit will be paid to the Beneficiary when due proof of the Insured's death is received at our Home Office. The Company will also require the completion of its claims forms. We have issued this policy in consideration of the application and the payment of premium. All benefits are subject to the terms and conditions of this policy.

For service or information on this policy, contact the agent who sold the policy or Our Home Office.

**RIGHT TO EXAMINE POLICY:** We want you to be satisfied with your policy. The Policy Owner may, within 30 days after it is delivered, return the policy to our Home Office or to the agent who sold the policy and will receive a full refund of any premiums that have been paid. Once returned, the policy will be void from its beginning.

**Read this policy carefully.** This policy is a legal contract between the Policy Owner and us. The entire contract consists of this policy, and any attached riders or endorsements, schedules, the attached written application, and any attached supplemental written applications.

Issued and signed by Fidelity Life Association at its Home Office.

A handwritten signature in black ink that reads 'John Buchanan'.

*Secretary*

A handwritten signature in black ink that reads 'Jen Hale'.

*President*

### LEVEL DEATH BENEFIT TERM LIFE INSURANCE THE BASE POLICY PROVIDES:

- Level premiums payable during the initial term period.
- Level death benefit to the Expiry Date shown in the Schedule Page.
- After the Initial Term Period, annually increasing renewal premiums to the Expiry Date shown in the Schedule Page.
- This policy is not eligible for annual dividends.

### FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY

1350 E. Touhy Ave., Suite 205W

Des Plaines, IL 60018

service@fidelitylife.com

Tel 800.369.3990 or Fax 866.947.8738

### Address for correspondence

Fidelity Life Association

P.O. Box 5030

Des Plaines, IL 60017-5030

To file a claim or to ask a question you may contact the agent who sold you this policy or you may contact our Service department at the address or numbers given above or on the web at: **www.fidelitylife.com**

State Department of Insurance Tel: (877) 527-9431

## Table of Contents

	<b>Page No.</b>
Policy Schedule.....	3
Schedule of Premiums.....	3a
<b>Definitions</b> .....	4
We, Our, the Company or Us; You or Your.....	4
Insured.....	4
Beneficiary.....	4
Irrevocable Beneficiary.....	4
Policy Date, Policy Year.....	4
Expiry Date.....	4
Initial Term Period.....	4
Death Benefit.....	4
Face Amount.....	4
Policy Owner.....	4
Issue Date.....	4
Lapse.....	4
<b>Policy Provisions</b> .....	4
Entire Contract.....	4
Incontestability.....	4
Misstatement of Age or Gender.....	5
Suicide Exclusion.....	5
<b>Policy Owner's Rights</b> .....	5
Assignment.....	5
Change of Policy Owner or Beneficiary.....	5
Death of Beneficiary in Common Disaster.....	5
Conformity with Interstate Insurance Product Regulation Commission Standards.....	5
<b>Premium Payments</b> .....	5
Payment of Premiums.....	5
Grace Period.....	6
Lapse.....	6
Reinstatement.....	6
<b>Death Benefit</b> .....	6
Death Benefit Calculations.....	6
Interest on Death Benefit.....	6
Payment of Proceeds.....	7
Death of Beneficiary.....	7
Multiple Beneficiaries.....	7

Any Riders and Endorsements and a Copy of the Application for the Policy, Follow Page 7

# POLICY SCHEDULE

**Policy Number:** 0904010533

**Face Amount:** \$250,000

**Insured:** JAMES SMITH

**Gender and Age:** Male 40

**Policyowner:** JAMES SMITH

**Policy Date:** May 8, 2025

**Issue Date:** May 8, 2025

**Expiry Date:** May 8, 2040

**Policy Description:** Level Death Benefit Term Life Insurance To Expiry Date

**Beneficiary:** As stated in the application or as subsequently changed.

**Total Initial Annual Premium:** \$262.50\*

**Initial Term Period:** 10 years

**Premium Class:** Preferred Plus Non-Nicotine

## Annual Policy Premiums

\* The Total Initial Annual Premium shown above includes the \$95.00 annual Policy Fee and the premium for any riders, which may be attached to this Policy.

## Benefits and Premiums

	<b>Initial Annual Premium*</b>	<b>Years Payable</b>
Base Policy, including the Policy Fee	\$262.50	15
Accelerated Death Benefit Rider For Chronic Illness	\$0.00	N/A
Accelerated Death Benefit Rider For Terminal Illness	\$0.00	N/A
<b>Total Initial Annual Premium</b>	<b>\$262.50</b>	

\* After the Initial Premium Period premiums increase annually to Expiry Date. See page 3a for the total annual renewal premiums following the Initial Premium Period.

## Premium Payment Options

You have selected a payment mode of monthly. Monthly premiums equal Your annual premium multiplied by a guaranteed modal factor of 0.087. Changes to Your current payment mode must be requested in writing to Us. Changes in mode, other than to annual mode, will be subject to modal factors and availability as determined by Company rules at the time of the request. Premiums are due and payable on each due date or You risk voluntary termination or reduced benefits.



## SCHEDULE OF PREMIUMS

**Policy Number:** 0904010533

**Policy Date:** May 8, 2025

**Insured:** JAMES SMITH

**Expiry Date:** May 8, 2040

Policy Year	Attained Age	Annual Premium (Includes Riders)	Policy Year	Attained Age	Annual Premium (Includes Riders)
1	40	\$262.50	8	47	\$262.50
2	41	\$262.50	9	48	\$262.50
3	42	\$262.50	10	49	\$262.50
4	43	\$262.50	11	50	\$2,050.00
5	44	\$262.50	12	51	\$2,210.00
6	45	\$262.50	13	52	\$2,410.00
7	46	\$262.50	14	53	\$2,620.00
			15	54	\$2,837.50

**Reinstatement Interest Rate 6.0%**

TEST SAMPLE



## DEFINITIONS

**We, Our, the Company or Us** refer to Fidelity Life Association, a Legal Reserve Life Insurance Company.

**You or Your** refer to the Policy Owner of this policy. The Policy Owner may be someone other than the Insured.

**Insured** is the person whose life is insured under this policy. The Insured is shown in the Policy Schedule.

**Beneficiary** is the person, persons or entity designated to receive the death benefit of this policy.

**Irrevocable Beneficiary** is one whose consent is needed to change that Beneficiary. Any Beneficiary may be named an Irrevocable Beneficiary. An Irrevocable Beneficiary must consent to the exercise of certain rights under the policy. See Policy Owner's for exceptions.

**Policy Date** is the date which this policy begins. This is the date from which policy anniversaries, policy years, policy months and premium due dates are determined. The Policy Date is shown in the Policy Schedule.

**Policy Year** is the period from the Policy Date to the first policy anniversary or from one policy anniversary to the next. A Policy Year does not include the policy anniversary at the end of the policy year.

**Expiry Date** is the date that the premiums and benefits for this policy end. The Expiry Date is shown in the Policy Schedule.

**Initial Term Period** is the number of policy years from the Policy Date during which the premium does not increase. The Initial Term Period is shown in the Policy Schedule.

**Death Benefit** is the amount payable to the Beneficiary upon the death of the Insured while this policy is in force. Death Benefits are defined in the Death Benefit Provision.

**Face Amount** is the amount of insurance on which premiums and Death Benefits are determined.

**Policy Owner** is the person who owns this policy, as shown in Our records. The Policy Owner may be someone other than the Insured.

**Issue Date** is used to determine the start of the suicide and contestability periods.

**Lapse** means the policy is not in force because a premium was not paid when due.

## POLICY PROVISIONS

### Entire Contract

This policy is a legal contract between the Policy Owner and Us. The entire contract consists of this policy, and any attached riders or endorsements, schedules, the attached application, applications for modifications of the policy and any attached supplemental applications. We have issued this policy in return for the application(s) and the payment of premiums. All statements made by or for the Insured in any application are, in the absence of fraud, considered to be representations and not warranties. We can contest the validity of this policy for any material misrepresentation of a fact subject to the Incontestability provision. To do so, however, the misrepresentation must have been made in an application and a copy of the application must have been attached to this policy when issued or reinstated under the Reinstatement provision. To be effective, any change or waiver of the terms of this policy must be in writing, endorsed on this policy, and signed by Our President, Vice President, Secretary, or an Assistant Secretary.

### Incontestability

Except for fraud or failure to pay premiums, We will not contest the validity of this policy after it has been in force during the lifetime of the Insured for two years from its Issue Date, or after it has been in force during the lifetime of the Insured for two years from the last Reinstatement Date, if any.

Except for fraud or failure to pay premiums, We will not contest the validity of any increase or addition in benefits after it has been in force during the lifetime of the Insured for two years from the effective date of such change, or after it has been in force during the lifetime of the Insured for two years from the last Reinstatement Date, if any. Contestability of any such increase or addition in benefits that is beyond the contestability date of this Policy will be limited to the amount of the

increase or addition in benefits. Contestability of any increase or addition in benefits shall be based solely on any application for such increase.

The statement on which the contest is based must be material to the risk accepted by Us under this policy. Fraud may be contested by Us only when permitted by applicable law in the state where this policy is delivered or issued for delivery.

#### **Misstatement of Age or Gender**

If the age or gender of the Insured has been misstated, the amount payable will be the amount that the most recent premium paid would have purchased at the correct age and gender. If the correct age is outside the range of issue ages for this Policy, the premium and benefits for the correct age will be extrapolated.

#### **Suicide Exclusion**

If the Insured commits suicide, while sane or insane, within two years from the Issue Date, or any shorter period as may be required by applicable law in the state where the policy is delivered or issued for delivery, and while this policy is in force, We will pay, in one lump sum to the Beneficiary, the amount of premiums paid for this policy. No other Death Benefit will be payable.

### **POLICY OWNER'S RIGHTS**

While the Insured is living, the Policy Owner may exercise all rights given by this policy or allowed by Us. These rights include assigning this policy, changing Beneficiaries, changing ownership, enjoying all policy benefits, and exercising all policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any policy right except the right to:

- a. Change the frequency of premium payments, or;
- b. Reinstate this policy after lapse.

#### **Assignment**

You may assign this policy. For any assignment to be binding on Us, We must receive the original Assignment, or a signed certified copy at Our Home Office and it must be recorded by Us. Your written instruction or request for change is effective as of the date You sign it unless otherwise specified by the Owner. We are not responsible for following any instruction or making any change or Assignment before We actually receive it. We will not be responsible for the validity of any Assignment. We are not liable for any payment made by Us before We record the Assignment.

#### **Change of Policy Owner or Beneficiary**

The Policy Owner or any Beneficiary may be changed during the Insured's lifetime. We do not limit the number of changes that may be made. We do not restrict any such changes except for the purpose of satisfying applicable laws or regulations. To make a change, a written request, satisfactory to Us, must be received at Our Home Office. The change will take effect as of the date the request is signed unless otherwise specified by the Owner, even if the Insured dies before We receive it. Each change will be subject to any payment We made or other action We took before receiving the request.

#### **Death of Beneficiary in Common Disaster**

If any Beneficiary dies with the Insured in a common disaster, death benefits will be paid as if the Beneficiary predeceased the Insured.

#### **Conformity with Interstate Insurance Product Regulation Commission Standards**

This policy was approved under the authority of the Interstate Insurance Product Regulation 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 Interstate Insurance Product Regulation 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 Interstate Insurance Product Regulation Commission standards in effect as of the provision's effective date of Commission policy approval.

### **PREMIUM PAYMENTS**

#### **Payment of Premiums**

First premium must be paid in advance of the policy becoming effective. Premiums are payable annually in advance to the Expiry Date shown in the Policy Schedule. Other modes of payment are available at the discretion of the Company. The first premium is due on the Policy Date. Each renewal premium after the first one is payable at Our Home Office. Upon request, We will provide you with a written receipt. Each subsequent premium is due when the period covered by the preceding premium ends.

**Grace Period**

After the first premium has been paid, We allow a 31 day grace period to pay each subsequent renewal premium. During this grace period the policy remains in full force. If the Insured dies during the grace period, We will deduct the unpaid premium from the benefits of this policy. For the policy to remain in full force, any premium payments delivered to Us must be postmarked by U.S. mail or otherwise be proven to have been sent within the grace period.

**Lapse**

If a premium is not paid by the end of its grace period, the policy will lapse without value and no further premium payments may be made.

**Reinstatement**

This policy may be reinstated, while the Insured is alive, at any time within three years after the date of lapse. However, the policy cannot be reinstated on or after the Expiry Date.

If the premium due is paid within 60 days of the due date (within 29 days after the end of the Grace period) and during the lifetime of the Insured, the policy will be reinstated without evidence of insurability.

If the premium due is not paid within 60 days of the due date (within 29 days after the end of the Grace Period) Reinstatement will be subject to evidence of insurability satisfactory to Us. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be at the Policy Reinstatement Rate shown on page 3a, compounded annually to the date of reinstatement.

## **THE DEATH BENEFIT**

Subject to a written claim form, as furnished by Us and surrender of the Policy We will pay the death benefit within 30 days of when We receive due proof at Our Home Office that the Insured died while the policy was in force.

**Death Benefit Calculations**

In any policy year, the amount of the Death Benefit will be:

- (a) the Face Amount in effect on the Insured's life; plus
- (b) the premium paid beyond the date of death; minus
- (c) any indebtedness under the policy; minus
- (d) any unpaid premium due and unpaid at the date of death.

**Interest on Death Benefit**

Interest shall accrue and be payable from the date of death. The interest rate will at least equal the rate or rates of interest declared by the Company for funds left on deposit. If no such rates have been declared, the rate will at least equal the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. The interest rates used will be the ones in effect on the date of death of the insured. If the Death Benefit has not been paid, additional interest equal to 10% annually will also be accrued starting 31 days after the later of the following events:

- i. The date that due proof of death is received by Us;
- ii. The date We receive any other due proof needed that the claim is payable under the policy and that the named beneficiary is legally entitled to the proceeds;
- iii. The date that any legal impediments to the payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors, and administrators; and (c) the submission of information required to satisfy state and federal reporting requirements.

**Payment of Proceeds**

Settlement of the death benefit shall be made by payment in one lump sum. The proceeds are subject to any adjustments provided in the Misstatement of Age or Gender, Incontestability and Suicide provisions.

**Death of Beneficiary**

If any beneficiary predeceases the Insured, the portion of the proceeds that would have gone to that beneficiary shall be paid to the Estate of the Insured.

**Multiple Beneficiaries**

If there is more than one beneficiary, proceeds shall be divided equally among the beneficiaries unless the beneficiary designation specifies the amount to be paid to each beneficiary.

TEST SAMPLE



## **ACCELERATED DEATH BENEFIT RIDER FOR CHRONIC ILLNESS**

*This Rider is a part of the Policy to which it is attached and is subject to all of the provisions of the Policy which are not inconsistent with the provisions of this Rider.  
There is no premium charge for this Rider.*

### **Insured**

The Insured is named in the Policy Schedule.

### **Effective Date**

This benefit is effective on the Policy's Issue Date, as shown in the Policy Schedule.

### **Important Disclosures:**

**THE DEATH BENEFIT, ACCOUNT VALUE, CASH VALUE, LOAN VALUE PREMIUM/PAYMENTS, COI CHARGES, IF ANY, WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. ACCOUNT VALUE, CASH VALUE AND LOAN VALUE ARE NOT APPLICABLE TO CERTAIN TERM LIFE INSURANCE CONTRACTS.**

**THE ACCELERATED DEATH BENEFIT PAID UNDER THIS RIDER MAY BE TAXABLE OR MAY IMPACT YOUR ELIGIBILITY FOR MEDICAID OR OTHER BENEFITS UNDER STATE OR FEDERAL LAW. BEFORE ELECTING TO RECEIVE A BENEFIT UNDER THIS RIDER, SEE A TAX CONSULTANT OR ADVISOR.**

**ACCELERATED DEATH BENEFITS DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.**

**ONLY ONE ACCELERATED DEATH BENEFIT IS PAYABLE UNDER THIS RIDER, OR ANY OTHER ACCELERATED BENEFIT RIDER ATTACHED TO THE POLICY.**



### RIDER SCHEDULE

**Rider Description:** Accelerated Death Benefit Rider For Chronic Illness

**Rider Expiry Date:** Earlier of the Policy Expiry Date or Policy anniversary following the Insured's 85th birthday

**Minimum Accelerated Benefit:** \$25,000

**Maximum Accelerated Benefit:** 50% of the Death Benefit, net of any outstanding loans, at the policy anniversary following submission of Proof of Chronic Illness

**Interest Rate for Lump Sum Accelerated Payment:** 8%

**Rider Administrative Fee:** \$0

**Rider Premium:** \$0

#### Policy Details:

<b>Policy Number:</b> 0904010533	<b>Face Amount:</b> \$250,000
<b>Insured:</b> james smith	<b>Gender and Age:</b> Male 40
<b>Policyowner:</b> james smith	<b>Policy Date:</b> May 8, 2025
<b>Issue Date:</b> May 8, 2025	<b>Policy Expiry Date:</b> May 8, 2040
<b>Premium Class:</b> Preferred Plus Non-Nicotine	

## Definitions

- **Accelerated Death Benefit** - is the amount of the Death Benefit that the Policy Owner can elect to receive when the Insured is determined to be Chronically Ill.
- **Chronic Illness** - means that the Insured:
  - 1) Is permanently unable to perform at least two Activities of Daily Living without Substantial Assistance from another person due to a loss of functional capacity for a period of at least 90 consecutive days; or
  - 2) Requires permanent Substantial Assistance by another person to protect the Insured from threats to health and safety based on a Licensed Physician's diagnosis of a Severe Cognitive Impairment.
- **Chronically Ill** - means the Insured has been diagnosed with a Chronic Illness by a Licensed Physician within the last 12 months.
- **Severe Cognitive Impairment** - means a deterioration or loss in intellectual capacity that: (a) places the Insured in jeopardy of harming themselves or others and, therefore, the Insured requires Substantial Assistance; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (i) short or long-term memory; (ii) orientation to people, places or time; and (iii) deductive or abstract reasoning.
- **Substantial Assistance** - means Hands-On Assistance or Standby Assistance.
- **Hands-On Assistance** - means that the Insured requires the physical assistance of another person without which the Insured would be unable to perform the Activities of Daily Living.
- **Standby Assistance** - means that the Insured requires the presence of another person within the Insured's arm's reach, which is necessary to prevent, by physical intervention, injury to the Insured while the Insured is performing the Activities of Daily Living.
- **Activities of Daily Living** – means the following self-care functions:
  - 1) Bathing: Washing oneself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
  - 2) Continence: The ability to maintain control of bowel and bladder functions; or, when unable to maintain control of bowel or bladder functions, the ability to perform the associated personal hygiene (including caring for catheter or colostomy bag).
  - 3) Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
  - 4) Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table), or by feeding tube, or intravenously.
  - 5) Toileting: Getting to and from the toilet, getting on and off the toilet and performing associated personal hygiene.
  - 6) Transferring: Moving into or out of a bed, chair, or wheelchair.
- **Licensed Physician**: means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality. It will not include an Insured or a member of the Insured's Immediate Family, a person who lives with the Policy Owner or Insured, or a business associate of the Policy Owner or Insured.
- **Immediate Family**: the Insured's spouse, children (by blood, adoption, or marriage), parents, grandparents, grandchildren, siblings, and in-laws.

## Proof of Chronic Illness

Proof that the Insured is Chronically Ill will include, but is not limited to, written certification by a Licensed Physician.

## Accelerated Death Benefit

Upon proof satisfactory to Us that the Insured is Chronically Ill this Rider allows election of an Accelerated Death Benefit.

The Accelerated Death Benefit is an advance payment of a portion of the Death Benefit of the Policy to which it is attached, subject to the terms and conditions described herein.

At the time of claim, You may elect to receive the Accelerated Death Benefit under one of the following two options:

- **Monthly Accelerated Payments**: You may elect to receive the Accelerated Death Benefit as a level monthly installment amount over 36 months. If you die prior to receiving all 36 payments, the remaining unpaid payments are added to your remaining unaccelerated Death Benefit.
- **Lump Sum Accelerated Payment**: You may elect to receive the present value of all 36 Monthly Accelerated Payments as a single lump sum payment. Under this option, the present value of the 36 Monthly Accelerated Payments is discounted at the interest rate shown in the Rider Schedule.

**Accelerated Death Benefit Limits**

The minimum and maximum Accelerated Death Benefit which may be elected under this Rider is shown in the Rider Schedule.

**Adjustments**

We will charge an administrative fee as shown in the Rider Schedule. This fee will be deducted from the Accelerated Death Benefit payable.

**Effect of the Accelerated Death Benefit on the Policy**

We will treat the Accelerated Death Benefit payment as a lien against the Policy. The Death Benefit payable under the Policy will be the unaccelerated Death Benefit plus any unpaid accelerated benefits. The lien is only to be applied towards the policy death benefit and not the policy cash value.

Access to the Policy cash value, if any, may be restricted to the excess of the cash value over the sum of the lien and any other outstanding Policy loans, if any.

Any benefits payable under other riders (except Accelerated Benefit Riders) attached to the Policy will not be affected by any benefit payable under this Rider. Upon payment of the Accelerated Death benefit the remaining Policy premiums will be waived.

Only one Accelerated Death Benefit is payable under this Rider, or any other accelerated benefit rider attached to the Policy.

Prior to and concurrent with the election to receive an Accelerated Death Benefit and at time of payment, We will give you and any irrevocable beneficiary a statement demonstrating the effect of the Accelerated Death Benefit payment on your Policy's Death Benefit, cash value, loan value, premium/payments, COI charges and loans, if any.

**Incontestability**

This Rider is contestable on the same basis as the Policy to which it is attached.

**Reinstatement**

If the Policy is reinstated, this Rider will continue to be available, provided any Accelerated Death Benefit Payment has not already been paid.

**Conditions**

- 1) This Rider is subject to the terms and conditions of the Policy to which it is attached.
- 2) The Insured must not be Chronically Ill due to an attempt of suicide while the suicide provision of the Policy is in effect.

**Payment Procedures**

Payment of an Accelerated Death Benefit is subject to the conditions listed below.

- 1) The Policy Owner must make a written request to elect the Accelerated Death Benefit. Any irrevocable beneficiaries or assignees must sign the written request for this benefit.
- 2) We will provide a claim form within 15 days of the request to elect Accelerated Death Benefit.
- 3) The Policy Owner must provide us with proof that the Insured is Chronically Ill, as described above. The Company reserves the right to obtain a second or third medical opinion at our expense. The second medical opinion may include a physical examination by a Licensed Physician designated by the Company. In the case of conflicting opinions, eligibility for the Accelerated Death Benefit shall be determined by a third medical opinion that is provided by a Licensed Physician that is mutually acceptable to the Insured and the Company.
- 4) The Accelerated Death Benefit is paid to the Policy Owner or Policy Owner's estate while the Insured is living unless the benefit has been otherwise assigned or designated by the Policy Owner.
- 5) Payment of the Accelerated Death Benefit will be paid immediately upon receipt of the due proof of eligibility.
- 6) If the Insured dies after a request for any Accelerated Death Benefit has been submitted but before any Accelerated Death Benefit is paid, the election of benefits under this Rider will be cancelled and the death benefit paid pursuant to the Policy.

### **Your Rights**

The request for payment of any Accelerated Death Benefit is voluntary and is not intended to allow third parties to cause you to involuntarily reduce the Death Benefits ultimately payable to your beneficiary. Therefore, any election forced by creditors or government agencies will be honored only to the extent required by law.

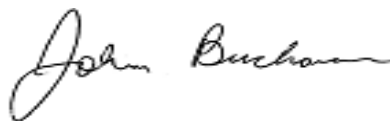
### **Termination**

This Rider will terminate on the earliest of the following:

- (a) the date a benefit is paid under any Accelerated Death Benefit Rider attached to your Policy; or
- (b) the date the Policy terminates for any reason; or
- (c) the Policy's Expiry date; or
- (d) the date we receive your formal request to cancel coverage under this Rider; or
- (e) the policy anniversary following the Insured's 85<sup>th</sup> birthday; or
- (f) the date the Insured dies.

The termination of this Rider for any reason other than death of the Insured or payment of any Accelerated Death Benefit does not prevent payment of the benefit under the Rider if the Insured was Chronically Ill while the Rider was in force.

### **FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**

A handwritten signature in black ink that reads 'John Buchanan'.

*Secretary*

A handwritten signature in black ink that reads 'Jim Haber'.

*President*

**Fidelity Life Association, A Legal Reserve Life Insurance Company**  
**1350 E. Touhy Ave., Suite 205W**  
**Des Plaines, IL 60018**  
**service@fidelitylife.com**  
**Tel 800.369.3990**  
**Fax 866.947.8738**





## **ACCELERATED DEATH BENEFIT RIDER FOR TERMINAL ILLNESS**

*This Rider is a part of the Policy to which it is attached and is subject to all of the provisions of the Policy which are not inconsistent with the provisions of this Rider.  
There is no premium charge for this Rider.*

### **Insured**

The Insured is named in the Policy Schedule.

### **Effective Date**

This benefit is effective on the Policy's Issue Date, as shown in the Policy Schedule.

### **Important Disclosures:**

**THE DEATH BENEFIT, ACCOUNT VALUE, CASH VALUE, LOAN VALUE/POLICY LOANS/POLICY LIENS, PREMIUM/PAYMENTS, COI CHARGES, IF ANY, WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. CASH VALUE AND LOAN VALUE ARE NOT APPLICABLE TO CERTAIN TERM LIFE INSURANCE CONTRACTS.**

**THE ACCELERATED DEATH BENEFIT PAID UNDER THIS RIDER MAY BE TAXABLE OR MAY IMPACT YOUR ELIGIBILITY FOR MEDICAID OR OTHER BENEFITS UNDER STATE OR FEDERAL LAW. BEFORE ELECTING TO RECEIVE A BENEFIT UNDER THIS RIDER, SEE A TAX CONSULTANT OR ADVISOR.**

**ACCELERATED DEATH BENEFITS DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.**

**ONLY ONE ACCELERATED DEATH BENEFIT IS PAYABLE UNDER THIS RIDER, OR ANY OTHER ACCELERATED BENEFIT RIDER ATTACHED TO THE POLICY.**



## RIDER SCHEDULE

**Rider Description:** Accelerated Death Benefit Rider For Terminal Illness

**Rider Expiry Date:** Earlier of the Policy Expiry Date or Policy anniversary following the Insured's 85th birthday

**Minimum Accelerated Benefit:** \$5,000

**Maximum Accelerated Benefit:** The lesser of:

- 90% of the Death Benefit, net of any outstanding loans, at the policy anniversary following submission of Proof of Terminal Illness; or
- \$250,000

**Rider Administrative Fee:** \$0

**Annual Interest Rate on Lien:** 8%

**Rider Premium:** \$0

### Policy Details:

<b>Policy Number:</b> 0904010533	<b>Face Amount:</b> \$250,000
<b>Insured:</b> james smith	<b>Gender and Age:</b> Male 40
<b>Policyowner:</b> james smith	<b>Policy Date:</b> May 8, 2025
<b>Issue Date:</b> May 8, 2025	<b>Policy Expiry Date:</b> May 8, 2040
<b>Premium Class:</b> Preferred Plus Non-Nicotine	

## Definitions

- **Accelerated Death Benefit:** is the amount of the Death Benefit that the Policy Owner can elect to receive when the Insured is determined to be Terminally Ill.
- **Terminal Illness:** means that the Insured has an illness or non-correctable condition which is expected to result in life expectancy of 12 months or less. Such illness or condition may not be the result of an intentionally self-inflicted injury.
- **Terminally Ill:** Terminally Ill means the Insured has been diagnosed with Terminal Illness by a Licensed Physician within the last 12 months.
- **Licensed Physician:** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality. It will not include an Insured or a member of the Insured's Immediate Family, a person who lives with the Policy Owner or Insured, or a business associate of the Policy Owner or Insured.
- **Immediate Family:** the Insured's spouse, children (by blood, adoption, or marriage), parents, grandparents, grandchildren, siblings, and in-laws.

## Proof of Terminal Illness

Proof that the Insured is Terminally Ill will include, but is not limited to, certification by a Licensed Physician.

## Accelerated Death Benefit

The Owner may elect to have a portion of the Death Benefit accelerated when the Insured is found to be Terminally Ill.

The Accelerated Benefit is a lump sum, advance payment of a portion of the Death Benefit of the Policy to which this Rider is attached, subject to the terms and conditions described herein.

We will pay this Accelerated Death Benefit less the administrative fee described in the Adjustments provision of this Rider.

## Accelerated Death Benefit Limits

The minimum and maximum Accelerated Death Benefit which may be elected under this Rider are shown in the Rider Schedule.

## Adjustments

We will charge an administrative fee as shown in the Rider Schedule. This fee for processing an Accelerated Death Benefit will be deducted from any payment made.

**Effect of the Accelerated Death Benefit on the Policy**

We will treat the Accelerated Death Benefit payment as a lien against the Policy. We will charge monthly interest on the Accelerated Death Benefit. The maximum annual rate of interest we will charge is shown in the Rider Schedule. The lien interest rate will not exceed the policy loan interest rate, if any. The Death Benefit payable under the Policy will be reduced by the total amount of the lien. The lien is only to be applied towards the policy death benefit and not the policy cash value.

Access to the Policy cash value, if any, may be restricted to the excess of the cash value over the sum of the lien and any other outstanding Policy loans, if any.

Any benefits payable under other riders (except any Accelerated Benefit Riders) attached to the Policy will not be affected by any benefit payable under this Rider. Upon payment of the Accelerated Death benefit the remaining Policy premiums will be waived.

Only one Accelerated Death Benefit is payable under this Rider, or any other accelerated benefit rider attached to the Policy.

Prior to and concurrent with the election to receive an Accelerated Death Benefit and at time of payment, We will give you and any irrevocable beneficiary a statement demonstrating the effect of the Accelerated Death Benefit payment on your Policy's death benefit, cash value, loan value, premiums/payments, COI charges and loans, if any.

**Incontestability**

This Rider is contestable on the same basis as the Policy to which it is attached.

**Reinstatement**

If the Policy is reinstated, this Rider will also be reinstated, provided no Accelerated Death Benefit Payment has been paid on the Policy.

**Conditions**

This Rider is subject to the terms and conditions of the Policy to which it is attached.

**Payment Procedures**

Payment of an Accelerated Death Benefit is subject to the conditions listed below.

- 1) The Policy Owner must make a written request to elect the Accelerated Death Benefit. Any irrevocable beneficiaries or assignees must sign the written request for this benefit.
- 2) We will provide a claim form within 15 days of the request to elect Accelerated Death Benefit.
- 3) The Policy Owner must provide us with certification that the Insured is Terminally Ill, as described above. The Company reserves the right to obtain a second or third medical opinion at our expense. The second medical opinion may include a physical examination by a Licensed Physician designated by the Company. In the case of conflicting opinions, eligibility for the Accelerated Death Benefit shall be determined by a third medical opinion that is provided by a Licensed Physician that is mutually acceptable to the Insured and the company.
- 4) The Accelerated Death Benefit is paid to the Policy Owner or Policy Owner's estate while the Insured is living unless the benefit has been otherwise assigned or designated by the Policy Owner.
- 5) Payment of the Accelerated Death Benefit will be paid immediately upon receipt of the due proof of eligibility.
- 6) If the Insured dies after a request for any Accelerated Death Benefit has been submitted but before Accelerated Death Benefit is paid, the election of benefits under this Rider will be cancelled and the Death Benefit paid pursuant to the Policy.

**Your Rights**

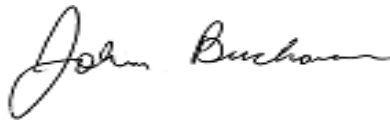
The request for payment of any Accelerated Death Benefit is voluntary and is not intended to allow third parties to cause you to involuntarily reduce the Death Benefits payable to your beneficiary. Therefore, any election forced by creditors or government agencies will be honored only to the extent required by law.

**Termination**

This Rider will terminate on the earliest of the following:

- (a) the date a benefit is paid under any Accelerated Death Benefit Rider attached to your Policy; or
- (b) the date the Policy terminates for any reason; or
- (c) the Policy's Expiry date; or
- (d) the date we receive your formal request to cancel coverage under this Rider; or
- (e) the policy anniversary following the Insured's 85<sup>th</sup> birthday; or
- (f) the date the Insured dies.

The termination of this Rider for any reason other than death of the Insured or payment of any Accelerated Death Benefit does not prevent payment of the benefit under the Rider if the Insured was diagnosed as Terminally Ill while the Rider was in force.

**FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**

*Secretary*



*President*

**Fidelity Life Association, A Legal Reserve Life Insurance Company**  
**1350 E. Touhy Ave., Suite 205W**  
**Des Plaines, IL 60018**  
**service@fidelitylife.com**  
**Tel 800.369.3990**  
**Fax 866.947.8738**



## APPLICATION FOR INDIVIDUAL LIFE INSURANCE

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY,  
1350 E TOUHY AVE., SUITE 205W, DES PLAINES, IL 60018

New Issue

### PROPOSED INSURED

**Full Legal Name of the Proposed Insured**  
james smith

**Sex at Birth**  
Male

**Legal Residence Address**  
1807 S Allport St  
Chicago, Illinois (IL) 60608

**Preferred Phone Number**  
2108951917

**Email Address**  
cristina.galloway@fidelitylife.com

**Date of Birth**  
1/14/1985

**Place of Birth (Country/State)**  
United States Alaska (AK)

**SSN**  
\*\*\*\*\*9999

**Driver's License Number**  
A12345678910

**State of Issue**  
Illinois (IL)

### COVERAGE

**Plan Name**  
InstaBrain Term

**Insurance Amount (\$)**  
250000

**Term Period (years)**  
10-year

**Rider Options**

None

Name of Proposed Insured  
james smith

**OTHER INSURANCE**

Do you have any existing life insurance or annuity contracts in force or is any application for life insurance, or reinstatement now pending with any insurance company?.....  Yes.  No.

If this policy is issued, will any other existing life insurance or annuity contract be changed, cancelled, lapsed or not renewed, or are you considering using funds from your existing policies or contracts to pay premiums on the new policy or contract? .....  Yes.  No.

**OWNER**

Name  
james smith  
Type of Owner  
Proposed Insured

Address

Preferred Phone Number  
Not Provided

**SECONDARY ADDRESSEE**

Do you want to provide a secondary addressee (This person will receive copies of your overdue premium and lapse notices).....  Yes.  No.

**BENEFICIARY**

Primary Beneficiary

Type of Beneficiary  
Person

Name  
jamie smith

Phone Number  
Not Provided

% of Benefit  
100

Relationship to Insured  
Sister



Name of Proposed Insured  
james smith

- 16. When was the last time you used tobacco or any other product that contains nicotine (Including, but not limited to: cigarettes, cigars, e- cigarettes/vaping, vapors, pipe, chewing tobacco, smokeless tobacco, snuff, hookah/water pipe, smoking cessation products, or, nicotine patch or gum)? .....never used
- 17. When was the last time you used marijuana? .....never used
- 18. When was the last time you used cocaine, heroin, narcotics, methamphetamines, hallucinogens or other controlled substances (other than as prescribed by a physician)? .....never used
- 19. Have you applied for any other life insurance, a reinstatement or a renewal in the last 10 years? .....  Yes  No
- 20. Has a member of the medical profession recommended you undergo an organ, bone marrow, or tissue transplant? .....  Yes  No
- 21. Have you ever been diagnosed or treated by a member of the medical profession as having acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC), or tested positive for human immunodeficiency virus (HIV)? .....  Yes  No
- 22. Within the past 5 years have you been diagnosed with, consulted a member of the medical profession or been treated or been prescribed a medication for any other disease, disorder or condition, or had surgery, hospitalization or medical test (other than related to HIV/AIDS) not mentioned in this application? [Examples may include check-ups, illnesses, surgery or hospitalization] .....  Yes  No
- 23. Within the past 1 year have you taken any prescription medications for a medical condition that has not already been mentioned in this application? .....  Yes  No
- 24. Within the past 5 years, in addition to the information already given have you been advised by a member of the medical profession to have any treatment, surgery, diagnostic, predictive, or screening tests, medical tests (other than related to HIV/AIDS) or procedures, stress tests, echocardiograms, x-rays, CAT scan, MRI or referred you to a specialist? [Examples may include electrocardiograms (ECGs), x-rays or other imaging, blood tests, or other analyses of bodily fluids, tissues, cells, or cellular components.] .....  Yes  No
- 25. Have either of your natural parents, or has any sibling been diagnosed by a medical professional with, or died from, cancer, diabetes, heart disease or disorder or Huntington’s Disease or Lynch Syndrome before the age of 65? .....  Yes  No
- 26. Are you currently an inpatient or outpatient in a hospital, clinic or medical facility, or any similar entity, or confined to a nursing facility or assisted living facility or hospice? .....  Yes  No

Name of Proposed Insured  
james smith

**PAYMENT PLAN**

I authorize Fidelity Life Association (the "Company") to make electronic debits or other forms of preauthorized withdrawals, in the frequency stated in the quote you chose (i.e., monthly, quarterly, semi-annual, or annual), from my financial institution as indicated below or otherwise provided. I understand that if a debit or withdrawal is not honored by the financial institution, the Company will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be re-deposited by the Company at it's sole discretion. This authorization will remain in effect until written notice by the owner/authorized user is received by the Company. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, the Company shall be under no liability whatsoever even though such dishonor results in the lapse of insurance, in accordance with your policy's grace period and lapse provisions.

<b>Payor Name</b> james smith	<b>Type of Payor</b> Proposed Insured	<b>Payor Address</b> 1807 S Allport St, Chicago, Illinois (IL) 60608
----------------------------------	--	--

<b>Initial Payment</b> <b>Payment Mode</b> Monthly	<b>Payment Method</b> Credit Card or Debit
--	---

**Recurring Payment**  
 Same as Initial

TEST SAMPLE

Name of Proposed Insured  
james smith

## DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I declare that each answer and statement given to the questions contained in this application is complete, true and correctly recorded to the best of my knowledge and belief. I understand and agree that this application and my answers and statements in it will be shared with the insurer(s) named on page one (the "Insurer(s)") for the purpose of determining insurability and ultimately obtaining securing offers of insurance coverage from the Insurer(s) on the life of the Proposed Insured. The Insurer(s) named in this application will rely on these answers, and the answers and statements I may give in any other form, taken as a part of this application, as representations and not warranties. No answer or statement shall void the policy, if issued, unless the answer or statement is contained in a written application which has been endorsed and attached to the policy. I also understand that the Insurer(s) reserve(s) the right to accept or deny this application after taking into account whatever information may be available to it, including availability of coverage by its reinsurers.

I understand that the statements and answers in this application are the basis for the policy, if issued, and that no information will be considered to have been given to the Insurer(s) unless it is stated in the application. I understand that their representatives do not have authorization of the Insurer(s) to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of the application, policy, or receipt, as applicable.

I understand that no Insurer(s) will have any liability until a policy is issued on this application, that policy is delivered to and accepted by the Owner and the first premium is paid in full while the Proposed Insured is alive.

I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, MIB, LLC, consumer reporting agency or employer to provide to the Insurer(s), or their reinsurers or other designee, for underwriting purposes, any information they might have about me regarding the diagnosis, treatment, prescription, and prognosis of any physical or mental condition, my driving record, avocations, credit history, insurance history, occupation, character, and hobbies, as applicable. To facilitate the rapid transmission of such information, I authorize all said sources, except MIB, LLC, to give such records to any agency employed by the Insurer(s).

I agree that this authorization shall remain in effect for two years (24 months) from the date that it is signed or a time limit that complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my application for insurance. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization. I also understand that I have the right to revoke this authorization at any time. A written statement revoking this Authorization delivered to the Insurer(s) at its usual business address will revoke this Authorization.

All or part of the information obtained with this Authorization may be disclosed to a physician of my choosing, my insurance agent, MIB, LLC, and to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies, and as may be required by law.

I authorize the Insurer(s) or reinsurers to make a brief report of my protected health information to MIB, LLC.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score

I hereby acknowledge that this application constitutes an invitation to the Insurer(s) to make an offer of life insurance coverage. I further acknowledge that the Insurer(s) is (are) in no way obligated to extend such an offer. I understand that, if an offer is made, no coverage is in place until I receive and accept the policy and pay the required initial premium.

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







## **SUMMARY and DISCLOSURE STATEMENT for ACCELERATED DEATH BENEFIT RIDER FOR CHRONIC ILLNESS ISSUED on a TERM POLICY**

### **Rider Benefit**

According to the terms of the Accelerated Death Benefit Rider for Chronic Illness we will pay a portion of the death benefit upon receiving proof that the insured is chronically ill. An Accelerated Death Benefit can only be paid one time under the Rider.

### **Consequences of Receiving Accelerated Death Benefit**

The Receipt of the Accelerated Death Benefit is intended to qualify for favorable tax treatment however it is still possible, under certain conditions, that the benefit will be taxable under the Internal Revenue Code. The receipt of an Accelerated Death Benefit may also affect the Insured's eligibility to receive, or continue to receive Medicaid benefits, or other state or federal government benefits and entitlements. Before you elect to receive any benefits under this Rider, you should consult with your tax advisor.

Benefits from this rider do not and are not intended to qualify as long-term care insurance.

### **Amount You May Elect**

You may elect the amount of the Accelerated Death Benefit to be paid. The limits are outlined in the Rider but are generally limited to 50% of the death benefit of the Policy. We have a right under the Rider to charge an administrative fee for processing an Accelerated Death Benefit. The maximum amount of the fee we will charge you is \$250. It will be deducted from any payment made.

### **When Eligible for Payment of Benefit**

You are entitled to receive the Accelerated Death Benefit when we have determined that the insured is chronically ill as defined in the Rider.

### **Notice and Proof of Qualifying Event**

We will require proof that the insured is chronically ill. The diagnosis must be made by a licensed physician as defined in the Rider.

### **Effect of an Accelerated Death Benefit**

When you elect to receive an Accelerated Death Benefit under the Rider, it will be treated as a lien against your Policy. The Death Benefit payable under the Policy will be the unaccelerated death benefit plus any unpaid accelerated benefit. The lien is only to be applied toward the Policy Death Benefit and not the Policy cash value.

Any benefits payable under other riders (except Accelerated Benefit Riders) attached to the Policy will not be affected by any benefit payable under this Rider. Upon payment of the Accelerated Death Benefit the remaining Policy premiums will be waived and the Policy will be considered paid up.

Only one Accelerated Death Benefit is payable under this Rider, or any other accelerated benefit rider attached to the Policy.



Prior to and concurrent with the election to receive an Accelerated Death Benefit, and at time of payment, We will give you and any irrevocable beneficiary a statement demonstrating the effect of the Accelerated Death Benefit payment on your Policy’s death benefit, cash value, loan value, premiums/payments, COI charges and loans, if any.

Any irrevocable beneficiaries or assignees must send us a written consent to the Accelerated Death Benefit payment. The written request must be in a form satisfactory to us.

**Rider Premiums**

There are no premiums for this rider.

Below is a sample illustration of the effect of an Accelerated Death Benefit on a policy where the policyholder elects the monthly payment option. This illustration shows the effect on the face amount of the policy before the Accelerated Death Benefit is elected, immediately after the election is made, and 12 months after the election is made (assuming the insured is still living). This illustration also assumes:

1. the Face Amount is \$100,000;
2. Policy annual premiums are \$500.00;
3. A 25% Accelerated Death Benefit is elected;
4. The policyholder elects the 36 month accelerated benefit option
5. We are charging \$0 administrative fee.

Before Election is Made	
Face Amount	\$100,000
Death Benefit Payable	\$100,000
Annual Premium	\$500.00

Accelerated Death Benefit Election	
Face Amount	\$100,000
25% Election	\$25,000
less administrative fee	\$0.00
Total Benefit Payable	\$25,000
Monthly Accelerated Payment	\$694.44

Immediately After Election is Made and one monthly accelerated benefit is paid

Face Amount	\$100,000
Lien*	\$694.44
Death Benefit Payable	\$99,305.56
Annual Premium	\$0.00

\* Equal to the Accelerated Death Benefit payments paid.

12 Months After Election is Made	
Face Amount	\$100,000
Lien**	\$8,333.28
Death Benefit Payable	\$91,666.72
Annual Premium	\$0.00

\*\* Equal to the 12 Accelerated Death Benefits paid



Below is a sample illustration of the effect of an Accelerated Death Benefit on a policy where the policyholder elects the lump sum payment option. This illustration shows the effect on the face amount of the policy before the Accelerated Death Benefit is elected, immediately after the election is made, and 12 months after the election is made (assuming the insured is still living). This illustration also assumes:

1. the Face Amount is \$100,000;
2. Policy annual premiums are \$500.00;
3. A 25% Accelerated Death Benefit is elected;
4. The policyholder elects the lump sum accelerated benefit option
5. We discount the monthly payments at 8% annual interest to calculate the lump sum.
6. We are charging \$0 administrative fee.

Before Election is Made

Face Amount	\$100,000
Death Benefit Payable	\$100,000
Annual Premium	\$500.00

Accelerated Death Benefit Election

Face Amount	\$100,000
25% Election	\$25,000
less administrative fee	\$0.00
Total Accelerated Benefit	\$25,000
Lump Sum Benefit Payable	\$22,395.35

Immediately After Election is Made and the lump sum benefit is paid.

Face Amount	\$100,000
Lien*	\$25,000
Death Benefit Payable	\$75,000
Annual Premium	\$0.00

\* Equal to the Accelerated Death Benefit.

12 Months After Election is Made

Face Amount	\$100,000
Lien**	\$25,000
Death Benefit Payable	\$75,000
Annual Premium	\$0.00

\*\* Equal to the Accelerated Death Benefit



**Acknowledgement**

I acknowledge that I have received and read the Accelerated Death Benefit Rider Summary and Disclosure Statement which was furnished to me prior to signing the application.

Signed by:

James Smith  
Signature of Proposed Insured

5/8/2025  
Date

\_\_\_\_\_  
Signature of Owner (if other than Proposed Insured)

\_\_\_\_\_  
Date

Electronically signed by: AGENT D INSTABRAIN  
Signature of Agent

5/8/2025  
Date

TEST SAMPLE



## **SUMMARY and DISCLOSURE STATEMENT for ACCELERATED DEATH BENEFIT RIDER FOR TERMINAL ILLNESS ISSUED on a TERM POLICY**

### **Rider Benefit**

According to the terms of the Accelerated Death Benefit Rider for Terminal Illness we will pay a portion of the death benefit upon receiving proof that the insured is terminally ill. An Accelerated Death Benefit can only be paid one time under the Rider.

### **Consequences of Receiving Accelerated Death Benefit**

The Receipt of the Accelerated Death Benefit is intended to qualify for favorable tax treatment however it is still possible, under certain conditions, that the benefit will be taxable under the Internal Revenue Code. The receipt of an Accelerated Death Benefit may also affect the Insured's eligibility to receive, or continue to receive Medicaid benefits, or other state or federal government benefits and entitlements. Before you elect to receive any benefits under this Rider, you should consult with your tax advisor.

Benefits from this rider do not and are not intended to qualify as long-term care insurance.

### **Amount You May Elect**

You may elect the amount of the Accelerated Death Benefit to be paid. The limits are outlined in the Rider but are generally limited to the lesser of 90% of the death benefit of the Policy or \$250,000. We have a right under the Rider to charge an administrative fee for processing an Accelerated Death Benefit. The maximum amount of the fee we will charge you is \$250. It will be deducted from any payment made.

### **When Eligible for Payment of Benefit**

You are entitled to receive the Accelerated Death Benefit when we have determined that the insured is terminally ill as defined in the Rider.

### **Notice and Proof of Qualifying Event**

We will require proof that the insured is terminally ill. The diagnosis must be made by a licensed physician as defined in the Rider.

### **Effect of an Accelerated Death Benefit**

When you elect to receive an Accelerated Death Benefit under the Rider, it will be treated as a lien against your Policy. We will charge you interest on the Accelerated Death Benefit paid to you. The maximum interest rate we may charge you is 8%. The lien interest rate will not exceed the policy loan interest rate, if any. The Death Benefit payable under the Policy will be reduced by the total amount of the lien. The lien is only to be applied towards the policy death benefit and not the policy cash value.

Any benefits payable under other riders (except Accelerated Benefit Riders) attached to the Policy will not be affected by any benefit payable under this Rider. Upon payment of the Accelerated Death Benefit the remaining Policy premiums will be waived and the Policy will be considered paid up.

Only one Accelerated Death Benefit is payable under this Rider, or any other accelerated benefit rider attached to the Policy.



Prior to and concurrent with the election to receive an Accelerated Death Benefit, and at time of payment, We will give you and any irrevocable beneficiary a statement demonstrating the effect of the Accelerated Death Benefit payment on your Policy’s death benefit, cash value, loan value, premiums/payments, COI charges and loans, if any.

Any irrevocable beneficiaries or assignees must send us a written consent to the Accelerated Death Benefit Payment. The written request must be in a form satisfactory to us.

**Rider Premiums**

There are no premiums for this rider.

Below is a sample illustration of the effect of an Accelerated Death Benefit on a policy. This illustration shows the effect on the face amount of the policy before the Accelerated Death Benefit is elected, immediately after the election is made, and 12 months after the election is made (assuming the insured is still living). This illustration also assumes:

1. the Face Amount is \$100,000;
2. annual premiums are \$500.00;
3. a 25% Accelerated Death Benefit is elected; and
4. we are charging 7% on the lien.

Before Election is Made	
Face Amount	\$100,000
Death Benefit Payable	\$100,000
Annual Premium	\$500.00

Accelerated Death Benefit Election	
Face Amount	\$100,000
25% Election	\$25,000
less administrative fee	\$250.00
Benefit Payable	\$24,750

Immediately After Election is Made	
Face Amount	\$100,000
Lien*	\$25,000
Death Benefit Payable	\$75,000
Annual Premium	\$0.00

\* Equal to the Accelerated Death Benefit

12 Months After Election is Made	
Face Amount	\$100,000
Lien**	\$26,750
Death Benefit Payable	\$73,250
Annual Premium	\$0.00

\*\* Equal to the Accelerated Death Benefit plus 12 months of interest



**Acknowledgement**

I acknowledge that I have received and read the Accelerated Death Benefit Rider Summary and Disclosure Statement which was furnished to me prior to signing the application.

Signed by:

James Smith  
Signature of Proposed Insured

5/8/2025  
Date

\_\_\_\_\_  
Signature of Owner (if other than Proposed Insured)

\_\_\_\_\_  
Date

Electronically signed by: AGENT D INSTABRAIN  
Signature of Agent

5/8/2025  
Date

TEST SAMPLE



# HIPAA AUTHORIZATION

Fidelity Life Association, A Legal Reserve Life Insurance Company



## Authorization for the Release of personal Health Information

This authorization complies with the **HIPAA** Privacy Rules

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, health care provider, health plan, insurer, and/or any entity subject to the **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) that has provided treatment, service, payment, or coverage to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Fidelity Life Association, its agents, employees, representatives, insurance support organizations, and reinsurers (collectively, "the Company"). This includes all information relating to my health (except psychotherapy notes) and my insurance policies and claims, including but not limited to, hospital records, treatment records/office notes, consultation reports, workers' compensation information, diagnosis, prescriptions, and test results. It also includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases, and information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco. I authorize Fidelity Life Association or its reinsurers to make a brief report of my protected health information to MIB, Inc.

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, health care provider, health plan, insurer and/or any entity subject to HIPAA to release and disclose such information without restriction.

I understand that unless prohibited by state and/or Federal law, the protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the Company. I understand any information disclosed under this authorization may no longer be covered by Federal rules governing privacy and confidentiality of health information and may be subject to redisclosure.

This authorization shall remain in force for 26 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to the attention of the Underwriting Department of the Company. I understand that a revocation is not effective to the extent that the Company has already relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

I understand that if I refuse to sign this authorization, the Company may not be able to process my application for insurance. I understand that I am entitled to receive a copy of this authorization.

James Smith  
PRINTED NAME OF THE PROPOSED INSURED

1/14/1985  
DATE OF BIRTH

Signed by:

James Smith  
SIGNATURE OF THE PROPOSED INSURED

5/8/2025  
DATED

Or, if applicable, signature of the Personal Representative of the Proposed Insured

If applicable, description of Personal Representative's authority or relationship to Proposed Insured.

**THIS PAGE IS TO BE SIGNED AND SENT TO THE COMPANY**





**IMPORTANT NOTICE  
REGARDING YOUR APPLICATION FOR INSURANCE**

An application for insurance is a document that, if accepted by Us, will become part of a legal contract. Knowingly providing false information, or omitting information, could result in our rescission of your policy or denial of a claim. It may even be a criminal offense if it represents a willful attempt to defraud your insurance company.

It is important to read your application carefully. Please be sure that you have answered the questions fully and truthfully.

In most cases, we do not require you to submit to medical examinations, take blood or other fluid tests. However, with your consent on your application, WE DO ATTEMPT TO VERIFY the information provided. If you have any medical history that is not disclosed in your application or answered "No" to any of the questions that should have been answered as "Yes" it is HIGHLY LIKELY that we will discover it. In this event we will not issue you an insurance policy. In addition, we are required to report any adverse findings to the Medical Information Bureau. This may impact your ability to purchase insurance in the future.

**If you misrepresented yourself and it is found after a policy has already been issued, the policy may be rescinded as of its effective date. All premiums received will be refunded. The coverage will be void from its beginning.**

Be sure to answer all of the questions. If you have any questions please contact your agent.

james smith  
PRINTED NAME OF THE PROPOSED INSURED

Signed by: James Smith 5/8/2025  
SIGNATURE OF THE PROPOSED INSURED DATED



# NOTICE OF INSURANCE INFORMATION PRACTICES



Fidelity Life Association, A Legal Reserve Life Insurance Company

We appreciate your application and thank you for choosing **Fidelity Life Association** for your life insurance needs. In order for us to continue to provide cost effective coverage to our clients, we need to evaluate each application fully. To complete our underwriting evaluation, we may need to obtain medical and other personal information about you. When you sign the Declaration, Agreement and Authorization to Release Information section of the application, you give us permission to obtain that information and give permission to others who have that information to send it to us.

We recognize our obligation to protect your privacy and the confidentiality of underwriting information we obtain about you. For that reason, we have procedures for obtaining information and controlling access to our files that we want you to know about it. In addition, Federal and State regulators require that certain information about the underwriting process be given to you. This information is included in the following paragraphs.

**Insurance Information Practices.** To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. Although the information we obtain about you is confidential, in some cases we may disclose information to others without your specific authorization. We will furnish a more detailed summary of our information practices upon request.

**Fair Credit Reporting.** As part of our evaluation of your application, an investigative consumer report may be prepared, whereby information is obtained through personal interviews with agencies, friends, neighbors or others with whom you are acquainted or who may have information about you. This report, among other things, may include information as to your character, general reputation, personal characteristics, health and mode of living. Upon your written request and within a reasonable period of time, you have the right to receive additional information about the nature and the scope of the investigation and to receive a copy of the report at your expense.

**MIB, Inc.** Information regarding your insurability will be treated as confidential. Fidelity Life Association, or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member for Life or Health insurance, or a claim for benefits is submitted to such a company MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866.692.6901. If you question the accuracy of any information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB, Inc.'s information office is Suite 400, 50 Braintree Hill Park, Braintree, Massachusetts 01284-8734.

Fidelity Life Association, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**THIS NOTICE IS TO BE LEFT WITH THE APPLICANT**





## Important Coverage Effective Date Notice

As stated in the authorization section of your application, coverage will begin only upon the occurrence of all of the following: (1) underwriting approval, (2) the effective date specified by you for the policy, and (3) when Fidelity Life Association collects the first premium payment.

During your application process you may have requested a specific date to begin premium payments. We are pleased to allow the flexibility of choosing your preferred time to make premium payments. Please note that if you have chosen a premium payment date in the future and have been approved by our underwriters, coverage will NOT begin until: (1) that date chosen by you has been reached; and (2) we have successfully withdrawn the premium from the account you specified on the application.

I have read and agree to the above terms.

Signed on: 5/8/2025

Printed Name: james smith

Authorized Signature: Signed by:  
james smith  
80A8203971254F5...





# **LEVEL DEATH BENEFIT TERM LIFE INSURANCE POLICY**

**This is a Non-Participating Policy**

## **LEVEL DEATH BENEFIT TERM LIFE INSURANCE THE BASE POLICY PROVIDES:**

- **Level premiums payable during the initial term period.**
- **Level death benefit to the Expiry Date shown in the Schedule Page.**
- **After the Initial Term Period, annually increasing renewal premiums to the Expiry Date shown in the Schedule Page.**
- **This policy is not eligible for annual dividends.**

## **FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY**

**1350 E. Touhy Ave., Suite 205W  
Des Plaines, IL 60018  
service@fidelitylife.com  
Tel 800.369.3990 or Fax 866.947.8738**

### **Address for correspondence**

**Fidelity Life Association  
P.O. Box 5030  
Des Plaines, IL 60017-5030**

To file a claim or to ask a question you may contact the agent who sold you this policy or you may contact our Service department at the address or numbers given above or on the web at:

**[www.fidelitylife.com](http://www.fidelitylife.com)**