

Underwritten By

TEXASLIFE INSURANCE
COMPANY

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

PURELIFE-PLUS

*Flexible Premium Life Insurance
to Age 121*

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: PRFNG-NI-10

Product Highlights

Permanent Life Insurance
to Age 121

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

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

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

For the eligible employees of
BELTON ISD

Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN

***Alaska, Colorado, Hawaii, Iowa, Kentucky,
Nebraska, Texas and Utah***

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

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

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

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

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

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

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

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

Accelerated Death Benefit Due to Terminal Illness For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). If the insured becomes terminally ill you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. This is not a long-term care benefit. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months. Other conditions and limitations apply. The right to accelerate benefits under this rider does not extend to any Child Term Life Insurance Rider. However, if the Accelerated benefit is paid, the Child Rider is paid-up term insurance as if the insured

had died. Payment of the Accelerated Death Benefit terminates the policy and all other optional benefits/riders without further value.

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

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

Child Term Life Insurance Rider In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000. It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of the application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (Form ICC07-ULCL-CIR-07).

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

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

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

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

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

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

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

OPTIONAL BENEFITS MONTHLY COST:
 Children's Term Life Insurance Rider Add \$ 5.00 for \$10,000

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

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

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

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

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

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

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

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

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

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

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

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

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

TEXASLIFE INSURANCE COMPANY MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	Age to Which Coverage is Guaranteed at Table Premium
15D-10			7.75							75
11-16			8.00							70
17-20			8.00	11.90	14.50	21.00	27.50	34.00	40.50	66
21			8.25	12.30	15.00	21.75	28.50	35.25	42.00	66
22			8.25	12.30	15.00	21.75	28.50	35.25	42.00	65
23-25			8.50	12.70	15.50	22.50	29.50	36.50	43.50	63
26			8.75	13.10	16.00	23.25	30.50	37.75	45.00	63
27			9.00	13.50	16.50	24.00	31.50	39.00	46.50	63
28			9.00	13.50	16.50	24.00	31.50	39.00	46.50	62
29			9.25	13.90	17.00	24.75	32.50	40.25	48.00	62
30-31			9.50	14.30	17.50	25.50	33.50	41.50	49.50	60
32			10.00	15.10	18.50	27.00	35.50	44.00	52.50	61
33			10.50	15.90	19.50	28.50	37.50	46.50	55.50	62
34			11.00	16.70	20.50	30.00	39.50	49.00	58.50	62
35			11.75	17.90	22.00	32.25	42.50	52.75	63.00	64
36			12.25	18.70	23.00	33.75	44.50	55.25	66.00	64
37			12.75	19.50	24.00	35.25	46.50	57.75	69.00	64
38			13.50	20.70	25.50	37.50	49.50	61.50	73.50	65
39			14.50	22.30	27.50	40.50	53.50	66.50	79.50	66
40			15.50	23.90	29.50	43.50	57.50	71.50	85.50	67
41			16.75	25.90	32.00	47.25	62.50	77.75	93.00	68
42			18.50	28.70	35.50	52.50	69.50	86.50	103.50	70
43			20.25	31.50	39.00	57.75	76.50	95.25	114.00	72
44			22.00	34.30	42.50	63.00	83.50	104.00	124.50	73
45			24.00	37.50	46.50	69.00	91.50	114.00	136.50	74
46			26.00	40.70	50.50	75.00	99.50	124.00	148.50	75
47			27.75	43.50	54.00	80.25	106.50	132.75	159.00	76
48			29.75	46.70	58.00	86.25	114.50	142.75	171.00	77
49			32.00	50.30	62.50	93.00	123.50	154.00	184.50	78
50	14.80	21.45	34.75	54.70	68.00	101.25				79
51	16.10	23.40	38.00	59.90	74.50	111.00				80
52	17.70	25.80	42.00	66.30	82.50	123.00				82
53	19.30	28.20	46.00	72.70	90.50	135.00				83
54	20.90	30.60	50.00	79.10	98.50	147.00				85
55	22.30	32.70	53.50	84.70	105.50	157.50				86
56	23.30	34.20	56.00	88.70	110.50	165.00				85
57	24.00	35.25	57.75	91.50	114.00	170.25				84
58	24.80	36.45	59.75	94.70	118.00	176.25				84
59	25.80	37.95	62.25	98.70	123.00	183.75				84
60	27.30	40.20	66.00	104.70	130.50	195.00				84
61	29.60	43.65	71.75	113.90	142.00	212.25				85
62	32.40	47.85	78.75	125.10	156.00	233.25				87
63	35.50	52.50	86.50	137.50	171.50	256.50				89
64	39.60	58.65	96.75	153.90	192.00	287.25				93
65	42.50	63.00	104.00	165.50	206.50	309.00				94
66	45.30									95
67	47.80									96
68	50.40									96
69	53.20									96
70	56.20									95

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

TEXASLIFE INSURANCE COMPANY MONTHLY PREMIUMS

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	Age to Which Coverage is Guaranteed at Table Premium
15D-10 11-16 17-20			12.25	18.70	23.00	33.75	44.50	55.25	66.00	66
21			12.75	19.50	24.00	35.25	46.50	57.75	69.00	66
22			12.75	19.50	24.00	35.25	46.50	57.75	69.00	65
23-25			13.50	20.70	25.50	37.50	49.50	61.50	73.50	63
26			13.75	21.10	26.00	38.25	50.50	62.75	75.00	63
27			14.00	21.50	26.50	39.00	51.50	64.00	76.50	63
28			14.25	21.90	27.00	39.75	52.50	65.25	78.00	62
29			14.50	22.30	27.50	40.50	53.50	66.50	79.50	62
30-31			16.50	25.50	31.50	46.50	61.50	76.50	91.50	60
32			17.00	26.30	32.50	48.00	63.50	79.00	94.50	61
33			17.25	26.70	33.00	48.75	64.50	80.25	96.00	62
34			17.50	27.10	33.50	49.50	65.50	81.50	97.50	62
35		11.85	18.75	29.10	36.00	53.25	70.50	87.75	105.00	64
36		12.30	19.50	30.30	37.50	55.50	73.50	91.50	109.50	64
37		13.05	20.75	32.30	40.00	59.25	78.50	97.75	117.00	64
38		13.50	21.50	33.50	41.50	61.50	81.50	101.50	121.50	65
39		14.40	23.00	35.90	44.50	66.00	87.50	109.00	130.50	66
40	11.00	15.75	25.25	39.50	49.00	72.75	96.50	120.25	144.00	67
41	11.70	16.80	27.00	42.30	52.50	78.00	103.50	129.00	154.50	68
42	12.60	18.15	29.25	45.90	57.00	84.75	112.50	140.25	168.00	70
43	14.00	20.25	32.75	51.50	64.00	95.25	126.50	157.75	189.00	72
44	14.80	21.45	34.75	54.70	68.00	101.25	134.50	167.75	201.00	73
45	15.90	23.10	37.50	59.10	73.50	109.50	145.50	181.50	217.50	74
46	16.90	24.60	40.00	63.10	78.50	117.00	155.50	194.00	232.50	75
47	17.90	26.10	42.50	67.10	83.50	124.50	165.50	206.50	247.50	76
48	18.90	27.60	45.00	71.10	88.50	132.00	175.50	219.00	262.50	77
49	20.50	30.00	49.00	77.50	96.50	144.00	191.50	239.00	286.50	78
50	21.60	31.65	51.75	81.90	102.00	152.25				79
51	23.30	34.20	56.00	88.70	110.50	165.00				80
52	25.40	37.35	61.25	97.10	121.00	180.75				82
53	27.10	39.90	65.50	103.90	129.50	193.50				83
54	29.20	43.05	70.75	112.30	140.00	209.25				85
55	30.70	45.30	74.50	118.30	147.50	220.50				86
56	32.00	47.25	77.75	123.50	154.00	230.25				85
57	33.00	48.75	80.25	127.50	159.00	237.75				84
58	34.80	51.45	84.75	134.70	168.00	251.25				84
59	36.30	53.70	88.50	140.70	175.50	262.50				84
60	38.10	56.40	93.00	147.90	184.50	276.00				84
61	40.70	60.30	99.50	158.30	197.50	295.50				85
62	44.00	65.25	107.75	171.50	214.00	320.25				87
63	47.40	70.35	116.25	185.10	231.00	345.75				89
64	51.10	75.90	125.50	199.90	249.50	373.50				93
65	53.60	79.65	131.75	209.90	262.00	392.25				94
66	56.40									95
67	59.20									96
68	62.30									96
69	65.50									96
70	69.00									95

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

Applicant and Agent Statement on Existing Insurance

Does any Proposed Insured have existing insurance or annuities (*including coverage with Texas Life*)? Yes No If "Yes", complete the Existing Insurance Form even if replacement is not contemplated. "Existing Insurance" does not include group term policies paid entirely by the employer or any non-renewable term policy due to expire within 5 years.

X _____
Applicant Signature Date

X _____
Enroller/Agent Signature Print Enroller/Agent Name Agt No.

Agent Certification

AGENT STATEMENT

I certify that I have: (a) delivered to the Applicant the Sales Brochure Series form 10M014-rpltic EXP-A-M-1LO R 05-01-13 and the Privacy Notice; and, (b) presented only guaranteed policy benefits and costs. Below list any other sales material used, if any (include form no).

X _____
Enroller/Agent Signature Date

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Supplement to Application from (Employee): _____

Employee Social Security: _____ Application Date: _____

2. Within the past five years, has any proposed insured: a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation? b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study? c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician? d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past ten years, has any proposed insured been diagnosed with or been treated for: a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure? b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys? c. Cancer, tumor, diabetes, or disorder of the blood? d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

7. Details, including date, diagnosis, type of treatment, and current condition			Name, address and phone # of physician(s)
Ques No.	Proposed Insured	Details	

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

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

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

X _____
 Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

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Authorization to Release Information

Two pages

AUTHORIZATION

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

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

I understand that:

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

TEXASLIFE INSURANCE COMPANY **EXISTING INSURANCE FORM**

I do not want this notice read aloud to me. (Applicants must initial only if they do not want the notice read aloud.)

Note: The law requires we give you the option to have this notice read to you aloud. If an agent is not present, but you would like the notice read aloud, call your agent, or call the Home Office at 1-800-283-9233, extension 6814.

Section I. Existing Insurance or Annuities

Replacement of Life Insurance or Annuities

Important Notice -- Four pages

This document must be signed by the applicant and the producer and a copy left with the applicant

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contracts? |

If you answered "No" to BOTH questions, skip Section II and complete Section III.

Section II. Replacing Existing Insurance or Annuities

If you answered YES to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

	Insurer Name	Policy Number	Insured/Annuitant	Replaced (R) or Financed (F)	
1.	_____	_____	_____	<input type="checkbox"/> R	<input type="checkbox"/> F
2.	_____	_____	_____	<input type="checkbox"/> R	<input type="checkbox"/> F
3.	_____	_____	_____	<input type="checkbox"/> R	<input type="checkbox"/> F

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. [If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.] Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision. The existing policy or contract is being replaced because: _____

Section III. Signatures

I certify that the responses herein are, to the best of my knowledge, accurate:

X _____
Applicant Signature and Printed Name Date

Agent Statement. I certify that in this solicitation of insurance I used only company-approved sales materials and, pursuant to Company policy and law, left with the applicant an original or copy of all sales material used in the solicitation.

X _____
Agent Signature and Printed Name Date

Continued Next Page

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS

Are they affordable?

Could they change?

You're older—are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid, you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charge will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL REPLACEMENTS

What are the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor.)

Is there a benefit from favorable grandfathered treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare to the present company?

Privacy Notice - Two pages

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

READ THIS NOTICE CAREFULLY

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

WHY WE NEED INFORMATION

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

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

HOW WE GET INFORMATION

What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from others in order to make sure that what we know is correct and complete. This personal information may be collected from persons other than you, and may be disclosed in certain circumstances to third parties without your authorization. Other sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some sources may give us reports and may disclose what they know to others. We may ask for medical information about you. The Authorization you signed when you applied for insurance permits these sources to tell us about you. So we may, for instance, at our expense:

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

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

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

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

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

HOW WE PROTECT WHAT WE KNOW

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

HOW WE USE AND DISCLOSE WHAT WE KNOW ABOUT YOU

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

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

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

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

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

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

YOU CAN SEE AND CORRECT YOUR INFORMATION

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

YOU CAN GET OTHER MATERIAL FROM US

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

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