

## 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

Accidental Death Benefit  
Included for Selected Ages

Accelerated Death Benefit Due  
to Chronic Illness Included

*Application for Life Insurance*

**Express Issue | Monthly Pay**

**FOR USE ONLY IN**  
*Texas*

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

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

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

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

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

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

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

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

**Accelerated Death Benefit Due to Terminal Illness Rider** This policy includes, at no additional premium, an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). See details on next page.

**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 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.

**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 (add \$5.00 for \$10,000 of coverage). 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 ICCo7-ULCL-CIR-07).

**Optional Benefits** According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

**Accidental Death Benefit** This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 90 days of an accident. Maximum in-force limits and exclusions apply. (Form ICCo7-ULCL-ADB-07).

**Accelerated Death Benefit Rider For Chronic Illness** This benefit provides an accelerated death benefit if an insured becomes chronically ill as defined in the rider. (Form ICC15-ULABR-CI-15). See details on next page.

**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.

**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

**Important Notices** Tax laws related to the acceleration of life insurance benefits are complex. The information presented below is a general description. You should consult a qualified tax or legal advisor to determine the effect of receiving this benefit. Texas Life Insurance Company and its agents do not provide tax or legal advice.

Receipt of any accelerated death benefit under your policy may affect your, your spouse's and your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), Supplemental Social Security Income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and the relevant social service agencies to determine how receiving the benefit may affect your, your spouse's and your family's eligibility for public assistance.

An accelerated death benefit is not a long term care insurance. The following is a general description of any accelerated death benefit under your policy. Your policy and riders contain certain exclusions, limitations, and exceptions. Please refer to your policy and riders for details. The right to accelerate benefits under any accelerated death benefit does not extend to any Child Term Life Insurance Rider. However, if the accelerated death benefit under any rider is paid, any Child Term Life Insurance Rider on the policy becomes paid-up term insurance as if the insured had died. Payment under any accelerated death benefit rider terminates the policy and all other optional benefits/riders and reduces all insurance proceeds, cash values and loan values to zero.

**Accelerated Death Benefit Due to Terminal Illness** The policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICC07-ULABR-07). If the insured has a terminal illness, 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. 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.

The Accelerated Death Benefit Due to Terminal Illness Rider is intended to qualify for favorable income tax treatment. The benefit will not be subject to federal income tax.

**Accelerated Death Benefit Due to Chronic Illness** The policy includes an Accelerated Death Benefit Due to Chronic Illness Rider (Form ICC15-ULABR-CI-15). If the insured has a chronic illness, 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. Chronic Illness means the Insured permanently: (a) is unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living due to a loss of functional capacity and will need services for the rest of his or her life; or (b) requires substantial supervision to protect the insured from threats to health and safety due to severe cognitive impairment and will need services for the rest of his or her life. Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe cognitive impairment means deterioration or loss in intellectual capacity that: (1) places the insured in jeopardy of harming himself or herself or others, and therefore, the insured requires substantial supervision by another person; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long term memory; (2) orientation to people places or time; and (3) deductive or abstract reasoning.

The Accelerated Death Benefit Due to Chronic Illness will be calculated and paid as a lump sum only. This lump sum is intended to serve as a per diem accelerated death benefit as described under Section 101(g) of the Internal Revenue Code ("IRC"). You may be able to exclude certain portions of this accelerated death benefit (specifically the greater of: (a) the lump sum equivalent of the per diem amount; or (b) the actual costs incurred for Services provided in the year the Accelerated Death Benefit is paid from your taxable income). Your Accelerated Death Benefit will be calculated in accordance with the rider and you may, in some circumstances, be paid more than the excludable per diem amount.

### OPTIONAL BENEFITS MONTHLY COST:

Accidental Death Benefit .....	\$ 0.08 per \$1,000 of Face Amount
Accelerated Death Benefit Rider For Chronic Illness .....	10% of Base Plan Table Premium
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

## EMPLOYEE MONTHLY PREMIUMS

### PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-10		8.38	15.25							75
11-16		8.65	15.80							70
17-20		10.65	19.80	28.95	38.10	56.40	74.70	93.00	111.30	66
21		10.93	20.35	29.78	39.20	58.05	76.90	95.75	114.60	66
22		10.93	20.35	29.78	39.20	58.05	76.90	95.75	114.60	65
23-25		11.20	20.90	30.60	40.30	59.70	79.10	98.50	117.90	63
26		11.48	21.45	31.43	41.40	61.35	81.30	101.25	121.20	63
27		11.75	22.00	32.25	42.50	63.00	83.50	104.00	124.50	63
28		11.75	22.00	32.25	42.50	63.00	83.50	104.00	124.50	62
29		12.03	22.55	33.08	43.60	64.65	85.70	106.75	127.80	62
30-31		12.30	23.10	33.90	44.70	66.30	87.90	109.50	131.10	60
32		12.85	24.20	35.55	46.90	69.60	92.30	115.00	137.70	61
33		13.40	25.30	37.20	49.10	72.90	96.70	120.50	144.30	62
34		13.95	26.40	38.85	51.30	76.20	101.10	126.00	150.90	62
35		14.78	28.05	41.33	54.60	81.15	107.70	134.25	160.80	64
36		15.33	29.15	42.98	56.80	84.45	112.10	139.75	167.40	64
37		15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	64
38		16.70	31.90	47.10	62.30	92.70	123.10	153.50	183.90	65
39		17.80	34.10	50.40	66.70	99.30	131.90	164.50	197.10	66
40	8.46	18.90	36.30	53.70	71.10	105.90	140.70	175.50	210.30	67
41	9.01	20.28	39.05	57.83	76.60	114.15	151.70	189.25	226.80	68
42	9.78	22.20	42.90	63.60	84.30	125.70	167.10	208.50	249.90	70
43	10.55	24.13	46.75	69.38	92.00	137.25	182.50	227.75	273.00	72
44	11.32	26.05	50.60	75.15	99.70	148.80	197.90	247.00	296.10	73
45	12.20	28.25	55.00	81.75	108.50	162.00	215.50	269.00	322.50	74
46	13.08	30.45	59.40	88.35	117.30	175.20	233.10	291.00	348.90	75
47	13.85	32.38	63.25	94.13	125.00	186.75	248.50	310.25	372.00	76
48	14.73	34.58	67.65	100.73	133.80	199.95	266.10	332.25	398.40	77
49	15.72	37.05	72.60	108.15	143.70	214.80	285.90	357.00	428.10	78
50	16.93	40.08	78.65	117.23	155.80					79
51	18.36	43.65	85.80	127.95	170.10					80
52	20.12	48.05	94.60	141.15	187.70					82
53	21.88	52.45	103.40	154.35	205.30					83
54	23.64	56.85	112.20	167.55	222.90					85
55	25.18	60.70	119.90	179.10	238.30					86
56	26.28	63.45	125.40	187.35	249.30					85
57	27.05	65.38	129.25	193.13	257.00					84
58	27.93	67.58	133.65	199.73	265.80					84
59	29.03	70.33	139.15	207.98	276.80					84
60	29.88	72.45	143.40	214.35	285.30					84
61	32.41	78.78	156.05	233.33	310.60					85
62	35.49	86.48	171.45	256.43	341.40					87
63	38.90	95.00	188.50	282.00	375.50					89
64	43.41	106.28	211.05	315.83	420.60					93
65	46.60	114.25	227.00	339.75	452.50					94
66	49.68									95
67	52.43									96
68	55.29									96
69	58.37									96
70	61.67									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

## EMPLOYEE MONTHLY PREMIUMS

### PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-10										75
11-16		8.65	15.80							70
17-20		15.33	29.15	42.98	56.80	84.45	112.10	139.75	167.40	66
21		15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	66
22		15.88	30.25	44.63	59.00	87.75	116.50	145.25	174.00	65
23-25		16.70	31.90	47.10	62.30	92.70	123.10	153.50	183.90	63
26		16.98	32.45	47.93	63.40	94.35	125.30	156.25	187.20	63
27		17.25	33.00	48.75	64.50	96.00	127.50	159.00	190.50	63
28		17.53	33.55	49.58	65.60	97.65	129.70	161.75	193.80	62
29		17.80	34.10	50.40	66.70	99.30	131.90	164.50	197.10	62
30-31		20.00	38.50	57.00	75.50	112.50	149.50	186.50	223.50	60
32		20.55	39.60	58.65	77.70	115.80	153.90	192.00	230.10	61
33		20.83	40.15	59.48	78.80	117.45	156.10	194.75	233.40	62
34		21.10	40.70	60.30	79.90	119.10	158.30	197.50	236.70	62
35		22.48	43.45	64.43	85.40	127.35	169.30	211.25	253.20	64
36		23.30	45.10	66.90	88.70	132.30	175.90	219.50	263.10	64
37		24.68	47.85	71.03	94.20	140.55	186.90	233.25	279.60	64
38		25.50	49.50	73.50	97.50	145.50	193.50	241.50	289.50	65
39		27.15	52.80	78.45	104.10	155.40	206.70	258.00	309.30	66
40	12.75	29.63	57.75	85.88	114.00	170.25	226.50	282.75	339.00	67
41	13.52	31.55	61.60	91.65	121.70	181.80	241.90	302.00	362.10	68
42	14.51	34.03	66.55	99.08	131.60	196.65	261.70	326.75	391.80	70
43	16.05	37.88	74.25	110.63	147.00	219.75	292.50	365.25	438.00	72
44	16.93	40.08	78.65	117.23	155.80	232.95	310.10	387.25	464.40	73
45	18.14	43.10	84.70	126.30	167.90	251.10	334.30	417.50	500.70	74
46	19.24	45.85	90.20	134.55	178.90	267.60	356.30	445.00	533.70	75
47	20.34	48.60	95.70	142.80	189.90	284.10	378.30	472.50	566.70	76
48	21.44	51.35	101.20	151.05	200.90	300.60	400.30	500.00	599.70	77
49	23.20	55.75	110.00	164.25	218.50	327.00	435.50	544.00	652.50	78
50	24.41	58.78	116.05	173.33	230.60					79
51	26.28	63.45	125.40	187.35	249.30					80
52	28.59	69.23	136.95	204.68	272.40					82
53	30.46	73.90	146.30	218.70	291.10					83
54	32.77	79.68	157.85	236.03	314.20					85
55	34.42	83.80	166.10	248.40	330.70					86
56	35.85	87.38	173.25	259.13	345.00					85
57	36.95	90.13	178.75	267.38	356.00					84
58	38.93	95.08	188.65	282.23	375.80					84
59	40.58	99.20	196.90	294.60	392.30					84
60	41.76	102.15	202.80	303.45	404.10					84
61	44.62	109.30	217.10	324.90	432.70					85
62	48.25	118.38	235.25	352.13	469.00					87
63	51.99	127.73	253.95	380.18	506.40					89
64	56.06	137.90	274.30	410.70	547.10					93
65	58.81	144.78	288.05	431.33	574.60					94
66	61.89									95
67	64.97									96
68	68.38									96
69	71.90									96
70	75.75									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

## EMPLOYEE MONTHLY PREMIUMS

### PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED
		Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								PERIOD
										Age to Which Coverage is Guaranteed at Table Premium
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	
15D-10										75
11-16										70
17-20		45,082	50,558	61,476	72,405	77,869	83,326	91,531	105,192	66
21		43,767	49,072	59,686	70,292	75,597	80,908	88,860	102,123	66
22		43,767	49,072	59,686	70,292	75,597	80,908	88,860	102,123	65
23-25		42,526	47,681	57,990	68,304	73,446	78,609	86,339	99,227	63
26		41,354	46,366	56,391	66,417	71,432	76,437	83,960	96,492	63
27		40,244	45,122	54,879	64,635	69,513	74,391	81,708	93,903	63
28		40,244	45,122	54,879	64,635	69,513	74,391	81,708	93,903	62
29		39,193	43,943	53,437	62,946	67,693	72,437	79,564	91,449	62
30-31		38,195	42,825	52,078	61,343	65,973	70,602	77,547	89,121	60
32		36,338	40,749	49,560	58,371	62,780	67,188	73,789	84,809	61
33		34,664	38,866	47,269	55,681	59,874	64,069	70,379	80,883	62
34		33,133	37,149	45,181	53,213	57,229	61,245	67,270	77,310	62
35		31,074	34,840	42,373	49,906	53,673	57,439	63,085	72,505	64
36		29,838	33,453	40,687	47,921	51,538	55,154	60,579	69,621	64
37		28,696	32,174	39,131	46,087	49,566	53,044	58,261	66,957	64
38		27,139	30,428	37,007	43,586	46,875	50,165	55,099	63,322	65
39		25,307	28,374	34,510	40,645	43,712	46,780	51,381	59,050	66
40	8.46	23,705	26,580	32,328	38,075	40,949	43,822	48,133	55,313	67
41	9.01	21,971	24,634	29,959	35,287	37,950	40,613	44,608	51,265	68
42	9.78	19,928	22,343	27,174	32,005	34,421	36,836	40,459	46,498	70
43	10.55	18,233	20,442	24,862	29,282	31,492	33,699	37,017	42,542	72
44	11.32	16,803	18,840	22,913	26,986	29,023	31,060	34,115	39,206	73
45	12.20	15,421	17,290	21,029	24,767	26,636	28,505	31,309	35,982	74
46	13.08	14,249	15,974	19,434	22,885	24,612	26,339	28,930	33,247	75
47	13.85	13,361	14,980	18,219	21,458	23,077	24,697	27,126	31,177	76
48	14.73	12,472	13,984	17,007	20,031	21,545	23,054	25,322	29,101	77
49	15.72	11,602	13,010	15,823	18,636	20,043	21,446	23,562	27,075	78
50	16.93	10,688	11,990	14,582	17,177	18,469	19,767	21,710	24,951	79
51	18.36		10,973	13,345	15,718	16,904	18,091	19,870	22,836	80
52	20.12			12,083	14,231	15,307	16,381	17,992	20,677	82
53	21.88			11,041	13,003	13,985	14,966	16,437	18,892	83
54	23.64			10,163	11,970	12,873	13,776	15,131	17,390	85
55	25.18				11,187	12,037	12,881	14,147	16,259	86
56	26.28				10,687	11,502	12,310	13,519	15,537	85
57	27.05				10,372	11,155	11,937	13,112	15,068	84
58	27.93				10,027	10,784	11,540	12,676	14,567	84
59	29.03					10,351	11,079	12,169	13,985	84
60	29.88					10,043	10,748	11,804	13,566	84
61	32.41							10,838	12,456	85
62	35.49								11,327	87
63	38.90								10,295	89
64	43.41									93
65	46.60									94
66	49.68									95
67	52.43									96
68	55.29									96
69	58.37									96
70	61.67									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

## EMPLOYEE MONTHLY PREMIUMS

### PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)								
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-10										75
11-16										70
17-20		44,304	47,921	51,538	60,579	69,621	78,663	87,704	96,746	66
21		42,609	46,087	49,566	58,261	66,957	75,656	84,344	93,044	66
22		42,609	46,087	49,566	58,261	66,957	75,656	84,344	93,044	65
23-25		40,303	43,586	46,875	55,099	63,322	71,553	79,770	87,994	63
26		39,580	42,811	46,043	54,120	62,193	70,276	78,353	86,430	63
27		38,890	42,064	45,239	53,175	61,109	69,050	76,985	84,921	63
28		38,222	41,342	44,460	52,263	60,063	67,863	75,664	83,460	62
29		37,577	40,645	43,712	51,381	59,050	66,718	74,387	82,056	62
30-31		33,108	35,811	38,514	45,271	52,028	58,784	65,542	72,298	60
32		32,154	34,777	37,402	43,959	50,525	57,087	63,649	70,210	61
33		31,690	34,283	36,870	43,338	49,806	56,275	62,743	69,211	62
34		31,250	33,805	36,351	42,730	49,108	55,485	61,863	68,240	62
35		29,202	31,586	33,970	39,929	45,888	51,847	57,807	63,767	64
36		28,097	30,390	32,688	38,418	44,152	49,886	55,620	61,354	64
37		26,430	28,587	30,745	36,139	41,532	46,929	52,318	57,714	64
38		25,521	27,605	29,688	34,896	40,105	45,313	50,521	55,730	65
39		23,880	25,829	27,778	32,652	37,525	42,398	47,271	52,146	66
40	12.75	21,778	23,556	25,331	29,778	34,223	38,669	43,110	47,556	67
41	13.52	20,383	22,047	23,710	27,871	32,030	36,190	40,348	44,510	68
42	14.51	18,832	20,369	21,907	25,750	29,593	33,437	37,280	41,123	70
43	16.05	16,839	18,211	19,587	23,025	26,459	29,897	33,331	36,770	72
44	16.93	15,879	17,177	18,469	21,710	24,951	28,191	31,433	34,673	73
45	18.14	14,724	15,928	17,128	20,133	23,138	26,143	29,147	32,152	74
46	19.24	13,811	14,938	16,066	18,884	21,703	24,521	27,340	30,160	75
47	20.34	13,005	14,064	15,128	17,782	20,436	23,088	25,744	28,398	76
48	21.44	12,287	13,291	14,293	16,802	19,308	21,813	24,323	26,830	77
49	23.20	11,291	12,212	13,134	15,438	17,742	20,047	22,349	24,656	78
50	24.41	10,687	11,567	12,440	14,623	16,805	18,987	21,170	23,353	79
51	26.28		10,687	11,502	13,519	15,537	17,555	19,571	21,589	80
52	28.59			10,521	12,366	14,211	16,058	17,904	19,749	82
53	30.46				11,568	13,295	15,021	16,748	18,474	83
54	32.77				10,712	12,313	13,912	15,510	17,110	85
55	34.42				10,177	11,695	13,214	14,733	16,251	86
56	35.85					11,208	12,664	14,119	15,575	85
57	36.95					10,861	12,271	13,682	15,092	84
58	38.93					10,286	11,622	12,957	14,294	84
59	40.58						11,132	12,411	13,690	84
60	41.76						10,805	12,047	13,289	84
61	44.62						10,089	11,248	12,408	85
62	48.25							10,375	11,444	87
63	51.99								10,597	89
64	56.06									93
65	58.81									94
66	61.89									95
67	64.97									96
68	68.38									96
69	71.90									96
70	75.75									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 SPOUSE/CHILD MONTHLY PREMIUMS

## PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-10		7.75	14.00							75
11-16		8.00	14.50							70
17-20		10.00	18.50	27.00	35.50	52.50	69.50	86.50	103.50	66
21		10.25	19.00	27.75	36.50	54.00	71.50	89.00	106.50	66
22		10.25	19.00	27.75	36.50	54.00	71.50	89.00	106.50	65
23-25		10.50	19.50	28.50	37.50	55.50	73.50	91.50	109.50	63
26		10.75	20.00	29.25	38.50	57.00	75.50	94.00	112.50	63
27		11.00	20.50	30.00	39.50	58.50	77.50	96.50	115.50	63
28		11.00	20.50	30.00	39.50	58.50	77.50	96.50	115.50	62
29		11.25	21.00	30.75	40.50	60.00	79.50	99.00	118.50	62
30-31		11.50	21.50	31.50	41.50	61.50	81.50	101.50	121.50	60
32		12.00	22.50	33.00	43.50	64.50	85.50	106.50	127.50	61
33		12.50	23.50	34.50	45.50	67.50	89.50	111.50	133.50	62
34		13.00	24.50	36.00	47.50	70.50	93.50	116.50	139.50	62
35		13.75	26.00	38.25	50.50	75.00	99.50	124.00	148.50	64
36		14.25	27.00	39.75	52.50	78.00	103.50	129.00	154.50	64
37		14.75	28.00	41.25	54.50	81.00	107.50	134.00	160.50	64
38		15.50	29.50	43.50	57.50	85.50	113.50	141.50	169.50	65
39		16.50	31.50	46.50	61.50	91.50	121.50	151.50	181.50	66
40	7.90	17.50	33.50	49.50	65.50	97.50	129.50	161.50	193.50	67
41	8.40	18.75	36.00	53.25	70.50	105.00	139.50	174.00	208.50	68
42	9.10	20.50	39.50	58.50	77.50	115.50	153.50	191.50	229.50	70
43	9.80	22.25	43.00	63.75	84.50	126.00	167.50	209.00	250.50	72
44	10.50	24.00	46.50	69.00	91.50	136.50	181.50	226.50	271.50	73
45	11.30	26.00	50.50	75.00	99.50	148.50	197.50	246.50	295.50	74
46	12.10	28.00	54.50	81.00	107.50	160.50	213.50	266.50	319.50	75
47	12.80	29.75	58.00	86.25	114.50	171.00	227.50	284.00	340.50	76
48	13.60	31.75	62.00	92.25	122.50	183.00	243.50	304.00	364.50	77
49	14.50	34.00	66.50	99.00	131.50	196.50	261.50	326.50	391.50	78
50	15.60	36.75	72.00	107.25	142.50					79
51	16.90	40.00	78.50	117.00	155.50					80
52	18.50	44.00	86.50	129.00	171.50					82
53	20.10	48.00	94.50	141.00	187.50					83
54	21.70	52.00	102.50	153.00	203.50					85
55	23.10	55.50	109.50	163.50	217.50					86
56	24.10	58.00	114.50	171.00	227.50					85
57	24.80	59.75	118.00	176.25	234.50					84
58	25.60	61.75	122.00	182.25	242.50					84
59	26.60	64.25	127.00	189.75	252.50					84
60	27.30	66.00	130.50	195.00	259.50					84
61	29.60	71.75	142.00	212.25	282.50					85
62	32.40	78.75	156.00	233.25	310.50					87
63	35.50	86.50	171.50	256.50	341.50					89
64	39.60	96.75	192.00	287.25	382.50					93
65	42.50	104.00	206.50	309.00	411.50					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 SPOUSE/CHILD MONTHLY PREMIUMS

## PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-10										75
11-16		8.00	14.50							70
17-20		14.25	27.00	39.75	52.50	78.00	103.50	129.00	154.50	66
21		14.75	28.00	41.25	54.50	81.00	107.50	134.00	160.50	66
22		14.75	28.00	41.25	54.50	81.00	107.50	134.00	160.50	65
23-25		15.50	29.50	43.50	57.50	85.50	113.50	141.50	169.50	63
26		15.75	30.00	44.25	58.50	87.00	115.50	144.00	172.50	63
27		16.00	30.50	45.00	59.50	88.50	117.50	146.50	175.50	63
28		16.25	31.00	45.75	60.50	90.00	119.50	149.00	178.50	62
29		16.50	31.50	46.50	61.50	91.50	121.50	151.50	181.50	62
30-31		18.50	35.50	52.50	69.50	103.50	137.50	171.50	205.50	60
32		19.00	36.50	54.00	71.50	106.50	141.50	176.50	211.50	61
33		19.25	37.00	54.75	72.50	108.00	143.50	179.00	214.50	62
34		19.50	37.50	55.50	73.50	109.50	145.50	181.50	217.50	62
35		20.75	40.00	59.25	78.50	117.00	155.50	194.00	232.50	64
36		21.50	41.50	61.50	81.50	121.50	161.50	201.50	241.50	64
37		22.75	44.00	65.25	86.50	129.00	171.50	214.00	256.50	64
38		23.50	45.50	67.50	89.50	133.50	177.50	221.50	265.50	65
39		25.00	48.50	72.00	95.50	142.50	189.50	236.50	283.50	66
40	11.80	27.25	53.00	78.75	104.50	156.00	207.50	259.00	310.50	67
41	12.50	29.00	56.50	84.00	111.50	166.50	221.50	276.50	331.50	68
42	13.40	31.25	61.00	90.75	120.50	180.00	239.50	299.00	358.50	70
43	14.80	34.75	68.00	101.25	134.50	201.00	267.50	334.00	400.50	72
44	15.60	36.75	72.00	107.25	142.50	213.00	283.50	354.00	424.50	73
45	16.70	39.50	77.50	115.50	153.50	229.50	305.50	381.50	457.50	74
46	17.70	42.00	82.50	123.00	163.50	244.50	325.50	406.50	487.50	75
47	18.70	44.50	87.50	130.50	173.50	259.50	345.50	431.50	517.50	76
48	19.70	47.00	92.50	138.00	183.50	274.50	365.50	456.50	547.50	77
49	21.30	51.00	100.50	150.00	199.50	298.50	397.50	496.50	595.50	78
50	22.40	53.75	106.00	158.25	210.50					79
51	24.10	58.00	114.50	171.00	227.50					80
52	26.20	63.25	125.00	186.75	248.50					82
53	27.90	67.50	133.50	199.50	265.50					83
54	30.00	72.75	144.00	215.25	286.50					85
55	31.50	76.50	151.50	226.50	301.50					86
56	32.80	79.75	158.00	236.25	314.50					85
57	33.80	82.25	163.00	243.75	324.50					84
58	35.60	86.75	172.00	257.25	342.50					84
59	37.10	90.50	179.50	268.50	357.50					84
60	38.10	93.00	184.50	276.00	367.50					84
61	40.70	99.50	197.50	295.50	393.50					85
62	44.00	107.75	214.00	320.25	426.50					87
63	47.40	116.25	231.00	345.75	460.50					89
64	51.10	125.50	249.50	373.50	497.50					93
65	53.60	131.75	262.00	392.25	522.50					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".

# TEXASLIFE INSURANCE COMPANY SPOUSE/CHILD MONTHLY PREMIUMS

## PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00	
15D-10										75
11-16										70
17-20		48,530	54,412	66,177	77,942	83,824	89,706	98,530	113,236	66
21		47,143	52,858	64,286	75,715	81,429	87,143	95,715	110,000	66
22		47,143	52,858	64,286	75,715	81,429	87,143	95,715	110,000	65
23-25		45,834	51,389	62,500	73,612	79,167	84,723	93,056	106,945	63
26		44,595	50,000	60,811	71,622	77,028	82,433	90,541	104,055	63
27		43,422	48,685	59,211	69,737	75,000	80,264	88,158	101,316	63
28		43,422	48,685	59,211	69,737	75,000	80,264	88,158	101,316	62
29		42,308	47,436	57,693	67,949	73,077	78,206	85,898	98,718	62
30-31		41,250	46,250	56,250	66,250	71,250	76,250	83,750	96,250	60
32		39,286	44,048	53,572	63,096	67,858	72,620	79,762	91,667	61
33		37,500	42,046	51,137	60,228	64,773	69,319	76,137	87,501	62
34		35,870	40,218	48,914	57,609	61,957	66,305	72,827	83,696	62
35		33,674	37,756	45,919	54,082	58,164	62,245	68,368	78,572	64
36		32,353	36,275	44,118	51,961	55,883	59,804	65,687	75,491	64
37		31,133	34,906	42,453	50,000	53,774	57,548	63,208	72,642	64
38		29,465	33,036	40,179	47,322	50,893	54,465	59,822	68,750	65
39		27,500	30,834	37,500	44,167	47,500	50,834	55,834	64,167	66
40	7.90	25,782	28,907	35,157	41,407	44,532	47,657	52,344	60,157	67
41	8.40	23,914	26,812	32,609	38,406	41,305	44,203	48,551	55,798	68
42	9.10	21,711	24,343	29,606	34,869	37,501	40,132	44,079	50,658	70
43	9.80	19,880	22,290	27,109	31,928	34,338	36,747	40,362	46,386	72
44	10.50	18,334	20,556	25,000	29,445	31,667	33,889	37,223	42,778	73
45	11.30	16,837	18,878	22,960	27,041	29,082	31,123	34,184	39,286	74
46	12.10	15,566	17,453	21,227	25,001	26,887	28,774	31,604	36,321	75
47	12.80	14,602	16,372	19,912	23,452	25,222	26,992	29,647	34,071	76
48	13.60	13,637	15,290	18,596	21,901	23,554	25,207	27,686	31,818	77
49	14.50	12,692	14,231	17,308	20,385	21,924	23,462	25,770	29,616	78
50	15.60	11,703	13,121	15,958	18,795	20,213	21,632	23,759	27,305	79
51	16.90	10,715	12,013	14,611	17,208	18,507	19,806	21,754	25,000	80
52	18.50		10,883	13,236	15,589	16,765	17,941	19,706	22,648	82
53	20.10			12,097	14,248	15,323	16,398	18,011	20,699	83
54	21.70			11,139	13,119	14,109	15,100	16,585	19,060	85
55	23.10			10,417	12,269	13,194	14,121	15,510	17,824	86
56	24.10				11,726	12,611	13,496	14,823	17,036	85
57	24.80				11,374	12,232	13,091	14,378	16,524	84
58	25.60				10,996	11,826	12,656	13,901	15,976	84
59	26.60				10,558	11,355	12,152	13,347	15,339	84
60	27.30				10,272	11,047	11,822	12,985	14,923	84
61	29.60					10,143	10,855	11,922	13,702	85
62	32.40							10,842	12,460	87
63	35.50								11,324	89
64	39.60								10,105	93
65	42.50									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 SPOUSE/CHILD MONTHLY PREMIUMS

## PureLife-plus — Standard Risk Table Premiums — Tobacco — Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-10										75
11-16										70
17-20		48,040	51,961	55,883	65,687	75,491	85,295	95,099	104,902	66
21		46,227	50,000	53,774	63,208	72,642	82,076	91,510	100,944	66
22		46,227	50,000	53,774	63,208	72,642	82,076	91,510	100,944	65
23-25		43,750	47,322	50,893	59,822	68,750	77,679	86,608	95,536	63
26		42,983	46,492	50,000	58,772	67,544	76,316	85,088	93,860	63
27		42,242	45,689	49,138	57,759	66,380	75,000	83,621	92,242	63
28		41,526	44,916	48,306	56,780	65,255	73,729	82,204	90,678	62
29		40,834	44,167	47,500	55,834	64,167	72,500	80,834	89,167	62
30-31		36,030	38,971	41,912	49,265	56,618	63,971	71,324	78,677	60
32		35,001	37,858	40,715	47,858	55,001	62,143	69,286	76,429	61
33		34,508	37,324	40,141	47,184	54,226	61,268	68,310	75,353	62
34		34,028	36,806	39,584	46,528	53,473	60,417	67,362	74,306	62
35		31,818	34,416	37,013	43,507	50,001	56,494	62,988	69,481	64
36		30,625	33,125	35,625	41,875	48,125	54,375	60,626	66,876	64
37		28,824	31,177	33,530	39,412	45,295	51,177	57,059	62,941	64
38		27,841	30,114	32,387	38,068	43,750	49,432	55,114	60,796	65
39		26,063	28,191	30,319	35,639	40,958	46,277	51,596	56,915	66
40	11.80	23,787	25,729	27,670	32,525	37,379	42,234	47,088	51,942	67
41	12.50	22,273	24,091	25,910	30,455	35,000	39,546	44,091	48,637	68
42	13.40	20,589	22,269	23,950	28,152	32,353	36,555	40,757	44,958	70
43	14.80	18,422	19,925	21,429	25,188	28,947	32,707	36,467	40,226	72
44	15.60	17,376	18,795	20,213	23,759	27,305	30,852	34,398	37,943	73
45	16.70	16,119	17,435	18,750	22,040	25,329	28,619	31,908	35,197	74
46	17.70	15,124	16,359	17,593	20,680	23,766	26,852	29,938	33,025	75
47	18.70	14,245	15,407	16,570	19,477	22,384	25,291	28,198	31,105	76
48	19.70	13,462	14,561	15,660	18,407	21,154	23,902	26,649	29,396	77
49	21.30	12,374	13,384	14,394	16,920	19,444	21,970	24,495	27,021	78
50	22.40	11,723	12,680	13,637	16,029	18,422	20,813	23,206	25,599	79
51	24.10	10,841	11,726	12,611	14,823	17,036	19,248	21,461	23,673	80
52	26.20		10,729	11,539	13,563	15,587	17,612	19,636	21,660	82
53	27.90		10,038	10,796	12,689	14,583	16,478	18,372	20,266	83
54	30.00			10,000	11,755	13,509	15,264	17,018	18,772	85
55	31.50				11,167	12,833	14,501	16,167	17,833	86
56	32.80				10,703	12,301	13,898	15,496	17,093	85
57	33.80				10,372	11,920	13,468	15,016	16,563	84
58	35.60					11,291	12,757	14,223	15,689	84
59	37.10					10,813	12,219	13,624	15,029	84
60	38.10					10,520	11,886	13,252	14,618	84
61	40.70						11,097	12,373	13,648	85
62	44.00						10,236	11,412	12,589	87
63	47.40							10,567	11,656	89
64	51.10								10,787	93
65	53.60								10,269	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".

1st Deduction Date: \_\_\_\_\_ Employer: \_\_\_\_\_

Proposed Insured(s)	Sex	Birth Date	Age <sup>1</sup>	Within the past 12 months has the Proposed Insured age 17 or older used tobacco in any form?	Face Amount <sup>2</sup>	Premium	
<b>Employee Name</b>							
Last	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No			
First							MI
Social Sec No							
Hire Date							
Beneficiary (Spouse is beneficiary unless otherwise stated here)				Relationship:			
<b>Spouse Name</b>							
Last	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No			
First							MI
Social Sec No							
Current Occupation							
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:			
<b>Children's Names (not required if applying only for Child Term Rider)</b>							
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Sec No							
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:			
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Sec No							
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:			
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Sec No							
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:			
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Sec No							
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:			
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Sec No							
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:			
<b>Select Riders to be added:</b>		Add Child Term Rider premium, if applied for: \$					
Child Term for \$10,000 added to policy of: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse		<b>Total premium: \$</b>					
<input type="checkbox"/> Accidental Death <sup>3</sup> <input type="checkbox"/> Waiver Premium <sup>3</sup> <input type="checkbox"/> Chronic Illness							
<b>Payroll is per:</b> <input type="checkbox"/> Week <input type="checkbox"/> Bi-Week <input type="checkbox"/> Semi-Month <input type="checkbox"/> Month <input type="checkbox"/> Skip _____							
<b>Home Address</b>							
Street/P.O. Box: _____ City: _____ State: _____ Zip: _____							
Phone — Day: (    )                      Evening: (    )                      Personal E-mail Address: _____							
Will proposed coverage replace or change any existing insurance or annuity policy? (If "Yes", identify and complete replacement form.) Company: _____ Policy No: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	

(1) Age as of Issue Date. (2) or Face Amount purchased by premium shown, if less. (3) For issue ages 17-59.

**CONTINUE AND SIGN ON REVERSE SIDE**

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

QUES NO.	PROPOSED INSURED	DETAILS

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

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) SignatureSpouse Signature (or Child over 18) if to be insured

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

X \_\_\_\_\_

Enroller/Agent SignaturePrint Enroller/Agent NameAgt No. DateCityState

## 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-K-M-3AD R 06-01-16 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:	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<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:	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cancer, tumor, diabetes, or disorder of the blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

4. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details below.	Employee	Spouse	Children
	<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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# TEXASLIFE INSURANCE COMPANY AUTHORIZATION FORM

## 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.

- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at anytime by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

**A photocopy of this form is as valid as the original form.**

**SIGNATURES**

**(Parent or Guardian, if a proposed insured is under age 18, sign on line for proposed insured.)**

\_\_\_\_\_  
*Proposed Insured # 1* *Date:* \_\_\_\_\_

Print Name of Proposed Insured # 1 \_\_\_\_\_

\_\_\_\_\_  
*Proposed Insured # 2* *Date:* \_\_\_\_\_

Print Name of Proposed Insured # 2 \_\_\_\_\_

\_\_\_\_\_  
*Witness* *Date:* \_\_\_\_\_

# 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	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](http://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](http://www.texaslife.com), or write to us, c/o Texas Life Privacy Officer, PO Box 830, Waco, Texas 76703.

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