

Home Mortgage Series

HMS150 • HMS150CBO

Universal & Term Life Insurance

Agent Guide

Policy Series 295/300

- ▶ Term with 30, 25, 20, & 15-Year Level Premiums
 - Guaranteed for Full Term or 5 Years
- ▶ Universal Life with Cash Back Option¹
 - 30, 25, 20, & 15 Year No-lapse Guaranteed Periods
- ▶ 50% Built-in Accidental Death Benefit Rider²
- ▶ No Mortgage Required³
- ▶ All Non-med and Simplified Issue⁴
- ▶ Variety of Riders Including Disability Income and Critical Illness⁵

Americo Contact Information

Americo.com: Access product information, forms, consumer-friendly information, and download quote software at our agent website www.americo.com.

Sales Support:
800.231.0801 or
salesupport@americo.com
Monday – Friday 8:00 A.M.
to 5:00 P.M., central.

Agent Contact Center:
800.231.0801 or
pending.business@americo.com
Monday – Friday 8:00 A.M.
to 5:00 P.M., central.

Underwriting: Have a special situation? Refer to americo.com or the Field Underwriting Guide. For specific underwriting questions, contact an underwriter directly through Sales Support at 800.231.0801.

For faster issue, fax underwriting and delivery requirements to 800.395.9238.

Table of Contents

Product Specifications	4
Riders & Benefits	6
New Business Information	9
Underwriting	10
Disability Income Rider Underwriting	11
Build Chart	11
Rate Charts	12

¹ At the end of the no-lapse guarantee period, the accumulation value of the policy will be at least as large as the total amount of premiums paid for the base policy, not including any premiums paid for riders.

² Accidental Death Benefit Rider (Rider Series 2165) - see product specifications for details.

³ In group states, policyowner or proposed insured(s) must have an interest in real estate at time of issue.

⁴ Issuance of policy may depend upon answers to medical questions.

⁵ Riders not available in all states.

Your clients deserve financial security ...



Home Mortgage Series offers unique products to fill your clients' needs.

Home Mortgage Series is a specially designed selection of term and universal life insurance products that can help protect your clients' loved ones. Optional riders offer additional benefits to further protect the family home mortgage in times of financial hardship.⁵

- ▶ **Simplified Issue.** Home Mortgage Series is simplified issue. Most policies are issued within days of submission. It is quick and easy to apply!
- ▶ **Level and 5-Year Guarantee Periods Available.** Clients can choose 30, 25, 20, or 15-year term periods and then choose either a fully guaranteed or a five-year guaranteed option. Five year option is not available with Cash Back Option product.
- ▶ **Mortgage not Required.**³ Unlike many competitors' products, you do not need a mortgage to apply for Home Mortgage Series.
- ▶ **Cash Back Option.**¹ If your client chooses a Cash Back Option product, they may request to receive 100% of base premiums back at the end of the no-lapse guarantee period.
- ▶ **Variety of Optional Riders.** With so many available riders, it is easy to customize Home Mortgage Series to fit almost any client need. Our most popular riders are the Disability Income Rider and Waiver of Premium.⁵

Home Mortgage Series at a Glance

Face Amounts:

Minimum: \$25,000

Maximum: \$400,000

Underwriting Classes:

Non-nicotine or Nicotine

Non-nicotine rates available if the applicant has not smoked cigarettes, cigars, used nicotine patches or chewed tobacco or nicotine gum in the last 12 months.

Underwriting:

Accept/Reject through Table 6
 Non-medical through \$400,000;
 saliva test \$250,001 to \$400,000.
 See Underwriting section for more information.

Sex Rating during initial premium period:

Unisex

Conversions:

None

Product Specifications

	HMS150CBO	HMS150
	Policy Series 295	Policy Series 300
Policy Type	Universal Life	Term Insurance
Maturity Date	Age 105	Age 105
Cash Back Option (CBO)	At the end of the no-lapse guarantee period, the accumulation value of the policy will be at least as large as the total amount of no-lapse guarantee premiums paid for the base policy, not including any premiums paid for riders.	Not available
Accidental Death Benefit Rider (Rider Series 2165)	<p>An Accidental Death Benefit equal to 50% of the base death benefit will be paid, if death occurs prior to the end of the level term period / no-lapse guarantee period and is a result of an accident.</p> <p>An additional 50% of the base death benefit will be payable, if death results from a bodily injury which is the direct result of an accident, while riding as a fare-paying passenger on a common carrier.</p> <p><i>This rider terminates at the end of the level premium period/no-lapse guarantee period.</i></p>	
Level and Guaranteed Premium Options	30, 25, 20, and 15 Year no lapse guarantee period	30, 25, 20, and 15-year guaranteed level premiums or 30, 25, 20, and 15 level premiums with 5-year guarantee
Premium Modes & Modal Factors	Monthly EFT (No modal factors. The annual premium is simply divided by 12 to obtain monthly premium.)	Monthly EFT: .095
Minimum Issue Age	20; Age Last Birthday	
Maximum Issue Ages	<p>Non-nicotine: 30 Year No-Lapse Guarantee: 55 25 Year No-Lapse Guarantee: 55 20 Year No-Lapse Guarantee: 60 15 Year No-Lapse Guarantee: 55</p> <p>Nicotine: 30 Year No-Lapse Guarantee: 50 25 Year No-Lapse Guarantee: 50 20 Year No-Lapse Guarantee: 52 15 Year No-Lapse Guarantee: 47 Age Last Birthday</p>	30 & 5 Year Guarantee: 60 25 & 5 Year Guarantee: 65 20 & 5 Year Guarantee: 70 15 & 5 Year Guarantee: 75 Age Last Birthday
Optional Benefit Riders	<ul style="list-style-type: none"> ‣ Disability Income (Also available on Additional Insured Rider) ‣ Critical Illness Accelerated Benefit ‣ Additional Insured ‣ Waiver of Premium for Disability Rider (HMS150 only) ‣ Waiver of Monthly Specified Premium (HMS150 CBO only) ‣ Involuntary Unemployment Waiver of Premium ‣ Children's Term (up to \$15,000 per child) 	
Policy Fee	\$90, Fully Commissionable	\$80, Fully Commissionable

Reinstatement

If the policy terminates under the terms of the grace period provision, we will reinstate the policy if the request is received within three years (five years in some states) from the date of the first unpaid premium and the client provides evidence of insurability acceptable to us.

See policy for reinstatement conditions.

Home Mortgage Series – Group and Individual Policy Forms

These products are offered on a group or individual basis depending on issue state. A certificate of coverage will be issued to anyone who becomes insured under the group plan. The certificate specifically states that in the event the group is dissolved, the certificate will be converted to an individual policy. There is no effect on the insured's coverage. A specimen group certificate and individual policy are available for your review at www.americo.com, and upon request.

Accidental Death Benefit Rider (Rider Series 2165)

This Rider is added automatically and at no additional cost to HMS150 and HMS150 CBO. Please see Product Specifications for death benefit amounts. This Rider terminates at the end of the level term period / no-lapse guarantee period.

This benefit provides for the payment of an additional benefit in the event of the insured's death, as a result of an accidental injury within 180 days of the injury. An additional amount will be paid in the event of the insured's death, as a result of an accidental injury while riding as a fare-paying passenger on a common carrier.

An accidental injury is defined as an accidental bodily injury sustained by the insured, which is a direct result of an accident, independent of disease, bodily or mental illness, infirmity, or any other cause.

A common carrier is a public passenger conveyance operated by a duly licensed common carrier for regular passenger service by land, water, or air with a definite schedule of arrivals and departures.

Cash Back Option

HMS 150 CBO is a universal life policy that builds cash value, primarily in the last 3 to 5 years of the policy's no-lapse guarantee period.

The key benefit of the CBO product is that it returns 100% of the base policy's no-lapse guarantee premiums, less any outstanding loan balance, at the end of the no-lapse guarantee period if the policy is terminated. In addition, in the 3 - 5 years prior to the end of the no-lapse guarantee period, the accumulation value is guaranteed to be a

Client Materials

We offer a full range of client-approved materials to assist you in the sale. You can order or download these materials from www.americo.com.

- ▶ Brochures
- ▶ Presentations
- ▶ Pre-approved advertising
- ▶ Pre-approved prospecting letters

percentage of the cumulative premiums paid on the base policy. These percentages are shown below. The surrender request to obtain any accumulation values must be received within 30 days of the policy anniversary at the end of the year an accumulation value is available. If the policyholder does not surrender at this time, the full accumulation value may no longer be available. (State variations apply.)

Guaranteed Accumulation Percentages

End of Policy Year	15-Year No-Lapse Guarantee	20-Year No-Lapse Guarantee	25-Year No-Lapse Guarantee	30-Year No-Lapse Guarantee
0-12	0%	0%	0%	0%
13	20%	0%	0%	0%
14	60%	0%	0%	0%
15	100%	0%	0%	0%
16	0%	0%	0%	0%
17	0%	0%	0%	0%
18	0%	25%	0%	0%
19	0%	50%	0%	0%
20	0%	100%	0%	0%
21	0%	0%	0%	0%
22	0%	0%	20%	0%
23	0%	0%	40%	0%
24	0%	0%	65%	0%
25	0%	0%	100%	0%
26	0%	0%	0%	20%
27	0%	0%	0%	30%
28	0%	0%	0%	50%
29	0%	0%	0%	70%
30	0%	0%	0%	100%
31+	0%	0%	0%	0%

Cash Back Option Example:

- ▶ Male, age 30, Non-Nicotine, \$150,000 HMS150 CBO with a 30-Year No-Lapse Guarantee period.
- ▶ The annual premium is \$945.
- ▶ After 30 years, the cumulative premium paid is \$28,350.
- ▶ The Guaranteed Accumulation Value at the end of the 30 year period is \$28,350.

End of Year	Cumulative Premiums Paid	Guaranteed Accumulation Value	Guaranteed Cash Value	Guaranteed Cash Surrender Value
1	\$945	\$0	\$39	\$0
5	\$4,725	\$0	\$211	\$0
10	\$9,450	\$0	\$471	\$0
15	\$14,175	\$0	\$792	\$0
20	\$18,900	\$0	\$1,193	\$1,193
25	\$23,625	\$0	\$1,703	\$1,703
26	\$24,570	\$4,914	\$4,914	\$4,914
27	\$25,515	\$7,655	\$7,655	\$7,655
28	\$26,460	\$13,230	\$13,230	\$13,230
29	\$27,405	\$19,184	\$19,184	\$19,184
30	\$28,350	\$28,350	\$28,350	\$28,350

- ▶ If your client terminated coverage at the end of the 30th year, they are guaranteed to get 100% of their base premium returned (less any outstanding loans). This surrender must be requested within 30 days of the 30th anniversary date. If requested after this time, there is no guarantee of the full cash surrender value.
- ▶ Additionally, if your client terminates within 30 days of their 26th policy anniversary, they are guaranteed to receive no less than 20% (see chart above for guaranteed accumulation percentages) of the base premiums paid, less any outstanding loans. In this case, they would receive \$4,914. (Based on your client's underwriting class, the no-lapse guarantee period, and the face amount, the actual guaranteed accumulation value may be greater than 20% of the cumulative base premiums.)

Loans

Policy loans may be made on the cash surrender value. The policy loan interest rate is 7.4% per year in advance. If at any time the total loan amount exceeds the cash value, the policy will terminate. Americo will send a notice to the policyowner at least 30 days prior to this type of termination. Policy loans can be repaid at any time. State variations may exist.

Additional Premiums / Decreases to Coverage

HMS150 CBO is a universal life product, and does offer contract provisions for additional premiums and decreases to the Specified Amount. Additional premiums do not apply toward the Cash Back Option. Please contact Americo Customer Service for inforce illustrations.

Optional Benefit Riders

Disability Income Rider

Rider Series 2145

The Disability Income (DI) Rider allows the Insured and the Additional Insured (spouse) to receive monthly benefit payments in the event of a total disability. A 90-day waiting period applies, which means disability income benefits begin to accrue after the Insured has been totally disabled for 90 continuous days, and the Insured has met all of the requirements for benefits under this rider. No benefits are payable unless the period of total disability lasts longer than 90 days. Benefit payments begin to accrue on the 91st day and are payable in arrears on or near the 120th day. The exact date that the client begins receiving benefits depends on the issue state of the Insured. See the policy for complete details.

Specifications

Total disability must:

- ▶ begin while coverage is in effect,
- ▶ continue for at least three months,
- ▶ result from injury or disease, and
- ▶ keep the insured person from performing the material and substantial duties of his or her regular occupation while not engaged in any other occupation for wage or profit, as a result of the injury or disease.

Issue Ages: 20-60, age last birthday

Minimum Benefit: The minimum benefit is \$100 per month.

Maximum Benefit: The maximum benefit is the lesser of \$2,000 per month or 2% of the base face amount. Benefit amounts are limited to a maximum of 60% of the applicant's gross earned monthly income, 40% in CA. For Federal, state, county, and city employees, benefit amounts are limited to a maximum of \$1,500.

The DI benefit issued will coordinate with other individual DI insurance in force on the applicant. The maximum benefit issued will be based upon the total DI benefits on the applicant, not exceeding the percentages stated above. Group DI insurance will not be included in determining the amount of coverage currently in force on the applicant.

Maximum Benefit Period: Benefits will be paid for a maximum of one to two years depending on which option is chosen at time of issue (two years only in New Jersey.) After a period of total disability, if the insured returns to work for a period of less than six months, any subsequent total disability resulting from the initial cause or a related condition(s) will be considered a part of the initial total disability.

Termination: DI Rider coverage terminates upon:

- ▶ surrender or termination of the base coverage,
- ▶ the coverage anniversary following the insured's 65th birthday, or
- ▶ the month anniversary following the receipt of written request to terminate the rider.

Claiming the Benefit: The insured must send us satisfactory written notice of total disability. We must receive such notice:

- ▶ while the rider coverage is in effect for the insured,
- ▶ during the insured person's life,
- ▶ while the insured is totally disabled, and
- ▶ within 30 days of becoming totally disabled.

In addition to the notice, proof of total disability must be furnished, and all requirements for claiming the benefit must be met. See contract for details and exceptions.

Note: This rider can be added to Additional Insured Term Insurance Rider.

Proof of Continued Total Disability: We may periodically require proof of continued total disability. We may also require that a physician of our choice, at our expense, examine the insured. Monthly benefits will end if the insured does not provide satisfactory proof within 30 days of our request, if the insured is no longer totally disabled, or if the policy is surrendered or terminated. The insured will agree to notify us as soon as possible after the insured is no longer totally disabled.

See Disability Income Rider underwriting guidelines for more information.

Critical Illness Accelerated Benefit Rider

(In Washington: Accelerated Benefit Rider)

Rider Series 2139

Up to 50% of the death benefit will be advanced upon the diagnosis of a qualifying event. Americo will advance the amount selected at the time of application. The advance is an acceleration of the death benefit, which will be reduced by the amount of the advance. Premium will be reduced accordingly. Only one acceleration per contract is permitted.

Rates, benefits, and qualifying events vary by state. Contact the Home Office for specific variations.

Not available with the Waiver of Premium for Disability Rider.

Specifications

Issue Ages: 20-60, age last birthday.

Minimum Benefit: \$10,000

Maximum Benefit: Lesser of 50% of the face amount of the base coverage or \$200,000.

Current & Guaranteed Premiums: Current premiums are anticipated to be level for the entire term. They are guaranteed for the first five years of coverage. After five years, guaranteed premiums are equal to two times the current premiums.

Termination: Critical Illness Accelerated Benefit Rider (CIAB) coverage terminates upon the earlier of:

- ▶ the date an Accelerated Benefit Payment is paid,
- ▶ the date a Qualifying Event occurs during the Waiting Period,
- ▶ 15, 20, 25, or 30 years, depending on the length of the initial term period / no-lapse guarantee period, or
- ▶ Attained age 65.

Qualifying Events: The qualifying event must occur on or after the 30th day following the effective date of this rider, except in the case of life-threatening cancer, which must manifest itself 90 days after the effective date. The following is a list of conditions constituting a qualifying event:

- ▶ Life-threatening cancer – Malignant neoplasms (including hematological malignancy), which are identified by the uncontrollable growth and spread of malignant cells and the invasion of tissue, including tumors and malignant melanomas that have spread through the epidermis. Cancer does not include pre-malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, stage A prostate cancer, non-invasive cancer in situ, or any skin cancer other than invasive malignant melanoma into the dermis or deeper.
- ▶ Heart attack (myocardial infarction) – The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on electrocardiographic changes consistent with heart attack accompanied by concurrent diagnostic elevation of cardiac enzymes. The heart attack must have been severe enough to require an inpatient hospital stay and any impairment sustained as a result of the heart attack must be evident for at least 60 days after hospital discharge. Heart attack does not include Transient Ischemic Attacks (TIA), angina, or the chance finding of EKG changes suggestive of a previous heart attack.
- ▶ Stroke (cerebrovascular accident) - Infarction (death) of brain caused by hemorrhage, thrombosis or embolus producing measurable, neurological deficit persisting for at least 60 days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attacks (TIA).
- ▶ Renal failure – Chronic irreversible failure of both kidneys (end stage renal disease), which requires the undergoing of regular dialysis. Benefits will become payable, if permanent renal failure persists for a period of at least 90 days.

- ▶ Major organ transplant – The receipt by transplant of any of the following organs or tissues: the entire heart, liver, lung, kidney, or bone marrow. Transplantation means the replacement of the recipient’s malfunctioning organ(s) or tissue, with the organ(s) or tissue from a suitable donor under generally accepted medical procedures.
- ▶ Paralysis – Complete and permanent loss or use of two or more limbs through neurological injury producing paralysis, confirmed by a physician to have been present for a continuous period of at least 180 days from the time paralysis begins.

Americo will require a written request and proof satisfactory to the company that the insured has been diagnosed with a qualifying event.

Waiver of Premium for Disability Rider

Rider Series 2158/2159

Waiver of Monthly Specified Premium Rider

Rider Series 2158-UL / 2159-UL

These riders provide that the total premium / specified premium (including premium for riders) will be waived, if the base Insured becomes totally disabled. After 180 consecutive days of disability, the premium will be waived from the date of disability for the duration of the disability. This benefit terminates on the earliest of:

- ▶ the coverage anniversary nearest the insured’s 60th birthday, if the insured is not disabled at the time,
- ▶ the date the Insured recovers, if disabled on the coverage anniversary nearest the insured’s 60th birthday, or
- ▶ the date the base coverage terminates.

If the coverage includes a Children’s Term Rider, the Waiver of Premium for Disability Rider must also be purchased on the Children’s Term Rider. There is an additional charge for Waiver of Premium for Disability, if there is an Additional Insured Term Insurance Rider, which is based on the additional insured’s age and face amount. If the Primary Insured becomes disabled, the premium for the entire coverage (including the Additional Insured Term Insurance Rider) is waived. However, if the Additional Insured becomes disabled when the rider coverage is on the Primary Insured, premiums are not waived. If the Additional Insured wants the Waiver of Premium for Disability benefit to apply to him/herself, apply for separate coverage on the Additional Insured instead of attaching the Additional Insured Term Insurance Rider.

Not available with the Critical Illness Accelerated Benefit Rider.

Specifications

Issue Ages: 20 – 55, Age Last Birthday.

Guaranteed Premiums: The annual premium per \$1,000 of face amount is based on the Insured’s issue age for the benefit.

Involuntary Unemployment Waiver of Premium Rider

Rider Series 2140

There is no charge for this rider and it will automatically be added when the Waiver of Premium for Disability Rider / Waiver of Monthly Specified Premium Rider is selected (not available in all states). This rider will waive up to six months of the premium for the period of the Insured’s continuous unemployment, if the Insured suffers Involuntary Unemployment, up to a maximum of \$500 per month. This benefit may be used only once every five years. The Insured must have worked full-time for at least 90 days after the effective date of the rider and for at least 90 days prior to receiving State or Federal unemployment benefits. In order to waive the premium, the Insured must be receiving State or Federal unemployment benefits for at least four consecutive weeks and not be currently employed on a full-time basis.

Specifications

Issue Ages: 20 – 55, Age Last Birthday.

Termination: Age 60

Payments cease when the Insured secures new employment. Proof must be given of continuous unemployment or disability in order to continue to collect the benefit. If the Insured becomes unemployed on more than one occasion, premiums will only be waived once every five years.

Additional Insured Term Insurance Rider

Rider Series 2160

Provides term life coverage for the spouse of the base insured. Rates are guaranteed level for the full period or for five years. There is no policy fee associated with this rider.

Specifications

Issue Ages: Same as base coverage.

Face Amounts:

Minimum = \$25,000

Maximum = Not to exceed the face amount of the base coverage.

Children's Term Rider

Rider Series 2162

This rider provides level term life insurance on any child, stepchild, or legally adopted child of the insured named in the application, provided the child is 18 years of age or younger on the date of application. After the date of application, the rider will include any child born to the insured or legally adopted by the insured, provided the child is 18 years of age or younger at the time of adoption. The Children's Term Rider is issued in units of \$1,000 of level term life insurance. The maximum number of units available is 15. Coverage on each child terminates on the child's 25th birthday or the coverage anniversary nearest the base insured's 65th birthday, whichever comes first. If the base insured dies while this rider is in force, the level term life insurance on each child becomes fully paid-up term insurance.

Conversion to a new policy is available on the child's 25th birthday or the coverage anniversary nearest the base insured's 65th birthday, whichever comes first. Conversion to a permanent policy of insurance is permitted for up to five times the amount of coverage in force on the child.

Children's Term Rider		
Annual Rates per \$1,000 Rider Face		
	w/o Waiver of Premium	w/Waiver of Premium
Base	\$5.75	\$5.95

Specifications

Issue Ages: Child must be 15 days - 18 years, age last birthday

Face Amount

Minimum = \$1,000 (1 unit)

Maximum = \$15,000 (15 units)

New Business Information

Completing the Application

- ▶ Print clearly and use black ink.
- ▶ Answer all questions thoroughly.
- ▶ Make sure all required forms for your product and state are complete.
- ▶ Note special requests such as effective date, draft date, save age, issue family members in the Agent Comments section of the application.
- ▶ Double check for correct signatures, agent number, and dates.
- ▶ The Payor section of the application is not necessary unless the Payor is different from the owner or insured.

Fax Your Application

- ▶ Use the Americo Fax Application Transmittal Form (#AFSFAX2002).
- ▶ Attach the application, additional required forms and a copy of the premium check or EFT form.
- ▶ Fax to: 800.395.9238.
- ▶ If you provide your fax # or email address on the Fax Transmittal form, you will receive a confirmation including the policy number within 3 business hours.
- ▶ Please do not mail the originals.

Upload Your Application

Submit your business electronically to Americo's secure site.

- ▶ If your documents are not already saved electronically, scan and save them to your PC. We accept the following file types: .doc, .jpg, .pdf, .tif, .tiff, .bmp
- ▶ You can upload 5 documents at a time with a maximum size of 10 megabytes.
- ▶ The name of your documents must be 45 characters or less.
- ▶ Log on to www.americo.com and click on the "Upload Documents" link on the lower, left side of the home page.
- ▶ Follow the easy instructions.
- ▶ You can also upload outstanding requirements for existing pending business. Please remember to write a policy number on the document.

Forms of Payment

- ▶ Please do not send cash or partial premiums.
- ▶ Americo will accept cashier's checks, but NOT money orders.

- ▶ We cannot process premium checks that are postdated, backdated by more than six months, or improperly endorsed. Please make sure the policy number, if known, is noted on any check sent to Americo.
- ▶ Personal checks, written by the agent on behalf of the applicant, will not be accepted.

Drafting for Premium

Americo will draft for initial premium.

- ▶ If outstanding requirements are not received on a timely basis, or if you request a future effective date, we will draft for the first and second months' premium.
- ▶ If a third month is required, we will call you for approval.
- ▶ Drafting is not available on the 29th, 30th or 31st of any month.
- ▶ If your client requests a specific draft date, please write it in the Agent Comments section of the application.
- ▶ The draft date and the effective date will always be the same.
- ▶ If no specific draft date is requested, the first draft will be submitted the day the application is approved and issued.
- ▶ Some clients may prefer to write a check for the initial premium and then provide the Bank Draft Authorization form (AF55019) for future monthly drafts. If this is the case, please provide a copy of the initial premium check with application, if you fax or upload your documents. This will prevent us from drafting for the initial premium.
- ▶ Americo will draft from a checking or savings account as follows:
 - Checking accounts – include voided check
 - Savings accounts – must include a pre-printed deposit slip
 - Complete Americo's Bank Draft Authorization form (AF55019) for either type of account

Please remember to explain the drafting process to your clients when taking an application. This will lead to fewer drafts being returned and fewer complications for you and your client.

Underwriting

Amounts	Ages 20 - 75
\$25,000-250,000	Non-medical*
\$250,001-400,000	Agent Collected Saliva

*Maine Residents: Agent-collected saliva required.

Home Mortgage Series Underwriting Advantages

- ▶ Clean applications are typically issued in a couple of days.
- ▶ Underwriting decisions are based on medical questions on the application, an MIB, and prescription drug check at some ages. No parameds, no blood, no urine, no APSs...no hassle.
- ▶ On face amounts over \$250,000, agent collected saliva is required. This is a simple requirement fulfilled easily at the point of sale.

Non-Medical

It is important to secure an accurate medical history, asking all health questions and providing the answers in the space provided on the application. In every case, please provide the name, address and telephone number of the applicant's personal physician plus the date, reason and results of the last check-up.

Agent Collected Saliva:

The saliva specimen is collected by the agent during the sale. The process is simple:

- ▶ You must complete a brief training and obtain your certification. Please go to www.salivatrain.com. The entire process should take only 10 minutes.
- ▶ The specimen is collected by you and sent to the lab in a special, postage-paid envelope provided in the saliva kit.
- ▶ To order your saliva kits or ask any questions about the process, please contact: Clinical Reference Laboratory (CRL), 800.882.1922.

Medical Impairments

If your client answers "yes" to any of the medical questions on the application, please provide full details on the application. If your applicant has a condition or activity covered by any additional questionnaires, we suggest that you complete it. The additional information provided by these questionnaires allows us to make a quicker decision. Many times it will also provide enough information to approve the case, rather than decline the case because we do not have sufficient information.

Mortgage Requirements

Proof of mortgage is never required. In group states, the applicant or policyowner is required to have an interest in real estate.

Disability Income Rider Underwriting

Underwriting for the DI Rider utilizes information obtained from the base policy as well as information obtained on the DI Rider supplemental application (Individual Application Series 5083; Group Application Series 5083-C).

Sex Rating

Unisex

Underwriting

Accept/Reject through Table 2.

Occupational Classes

Class 4A, 3A, 2A, A, and B are acceptable. The rider is not available to railroad employees or military members. Self-employed individuals are eligible. However, be sure to evaluate the qualifying amount on the net monthly income instead of the gross monthly income. Refer to the Disability Income Rider Occupation List in the Americo Field Underwriting Guidelines.

Exclusions

We will not pay the monthly disability benefit if total disability results from:

- ▶ Attempted suicide
- ▶ Willful and intentionally self-inflicted injury
- ▶ Normal pregnancy or childbirth
- ▶ Any act of war, declared or undeclared, or any act related to war
- ▶ Military service for any country at war
- ▶ Mental or emotional disorders
- ▶ Committing or attempting to commit an assault or a felony
- ▶ Intoxication or being under the influence of any drug unless prescribed by a physician
- ▶ Mountaineering, skydiving, hang gliding, or bungee jumping
- ▶ Participating in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft
- ▶ Pre-existing condition

Underwriting Build Chart

HEIGHT	HMS150 HMS150 CBO	DI RIDER
4'8"	74 - 198	74 - 178
4'9"	77 - 205	77 - 184
4'10"	79 - 212	79 - 191
4'11"	82 - 220	82 - 198
5'0"	85 - 227	85 - 204
5'1"	88 - 235	88 - 211
5'2"	91 - 243	91 - 218
5'3"	94 - 251	94 - 225
5'4"	97 - 259	97 - 233
5'5"	100 - 267	100 - 240
5'6"	103 - 275	103 - 247
5'7"	106 - 284	106 - 255
5'8"	109 - 292	109 - 263
5'9"	112 - 301	112 - 270
5'10"	115 - 310	115 - 278
5'11"	119 - 319	119 - 286
6'0"	122 - 328	122 - 294
6'1"	126 - 337	126 - 303
6'2"	129 - 346	129 - 311
6'3"	133 - 356	133 - 320
6'4"	136 - 365	136 - 328
6'5"	140 - 375	140 - 337
6'6"	143 - 385	143 - 346
6'7"	147 - 395	147 - 355

HMS 150 CBO Base Guaranteed Rates - Add \$90 policy fee - Annual Rates per \$1,000

HMS 150 CBO - Full guarantee. Base coverage only - no riders								
Issue Ages	15 Year		20 year		25 Year		30 Year	
	NS	SM	NS	SM	NS	SM	NS	SM
20	15.75	24.00	8.90	13.30	6.25	9.80	5.10	8.00
21	15.75	24.00	8.90	13.30	6.25	9.80	5.12	8.04
22	15.75	24.00	8.90	13.30	6.25	9.80	5.14	8.08
23	15.75	24.00	8.90	13.30	6.25	9.80	5.16	8.12
24	15.75	24.00	8.90	13.30	6.25	9.80	5.18	8.16
25	15.75	24.00	8.90	13.30	6.25	9.80	5.20	8.20
26	16.07	24.66	9.00	13.53	6.35	10.01	5.30	8.41
27	16.39	25.34	9.10	13.77	6.45	10.23	5.40	8.62
28	16.72	26.04	9.20	14.01	6.55	10.45	5.50	8.84
29	17.06	26.76	9.30	14.25	6.65	10.67	5.60	9.07
30	17.40	27.50	9.40	14.50	6.75	10.90	5.70	9.30
31	17.77	28.20	9.66	15.09	6.96	11.38	5.89	9.75
32	18.15	28.92	9.92	15.70	7.17	11.88	6.08	10.23
33	18.54	29.66	10.19	16.34	7.39	12.40	6.28	10.73
34	18.94	30.42	10.47	17.00	7.62	12.94	6.49	11.25
35	19.35	31.20	10.75	17.70	7.85	13.50	6.70	11.80
36	20.16	32.75	11.21	18.68	8.21	14.33	7.08	12.56
37	21.00	34.38	11.69	19.72	8.58	15.21	7.49	13.37
38	21.88	36.09	12.19	20.82	8.97	16.15	7.92	14.24
39	22.80	37.88	12.71	21.98	9.38	17.14	8.37	15.16
40	23.75	39.75	13.25	23.20	9.80	18.20	8.85	16.15
41	24.97	42.19	13.93	24.62	10.35	19.35	9.41	17.20
42	26.25	44.78	14.64	26.13	10.93	20.57	10.00	18.31
43	27.60	47.52	15.39	27.73	11.55	21.87	10.63	19.50
44	29.02	50.43	16.18	29.43	12.20	23.25	11.30	20.76
45	30.50	53.52	17.00	31.25	12.90	24.70	12.00	22.10
46	32.04	56.79	18.06	32.91	13.74	26.33	12.87	23.59
47	33.65	60.26	19.19	34.66	14.64	28.07	13.80	25.18
48	35.35	-	20.39	36.50	15.60	29.92	14.80	26.87
49	37.13	-	21.66	38.44	16.62	31.89	15.87	28.68
50	39.00	-	23.00	40.50	17.70	34.00	17.00	30.60
51	40.82	-	24.26	42.49	18.85	-	18.55	-
52	42.73	-	25.58	44.58	20.08	-	20.14	-
53	44.73	-	26.98	-	21.39	-	21.87	-
54	46.82	-	28.45	-	22.78	-	23.74	-
55	49.00	-	30.00	-	24.25	-	25.77	-
56	-	-	31.03	-	-	-	-	-
57	-	-	32.09	-	-	-	-	-
58	-	-	33.19	-	-	-	-	-
59	-	-	34.32	-	-	-	-	-
60	-	-	35.50	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply.

HMS 150 Base Guaranteed Rates - Add \$80 policy fee - Annual Rates per \$1,000

HMS 150- 5-year guarantee. Base coverage only - no riders

Issue Ages	15/5		20/5		25/5		30/5	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
21	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
22	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
23	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
24	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
25	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
26	1.45	2.63	1.69	2.87	1.97	3.07	2.22	3.44
27	1.45	2.63	1.69	2.91	1.97	3.15	2.22	3.56
28	1.45	2.71	1.73	3.00	2.06	3.25	2.29	3.66
29	1.45	2.71	1.73	3.10	2.06	3.45	2.29	3.87
30	1.45	2.90	1.87	3.18	2.13	3.54	2.37	4.09
31	1.54	2.98	1.87	3.37	2.13	3.85	2.37	4.29
32	1.54	3.16	1.96	3.64	2.22	4.04	2.55	4.61
33	1.64	3.34	2.07	3.84	2.31	4.33	2.63	4.81
34	1.73	3.59	2.22	4.10	2.45	4.62	2.69	5.13
35	1.85	3.78	2.36	4.38	2.60	5.00	2.84	5.55
36	2.03	4.23	2.53	4.84	2.90	5.50	3.07	6.07
37	2.24	4.58	2.71	5.31	3.09	6.08	3.37	6.59
38	2.43	5.03	2.96	5.85	3.38	6.64	3.68	7.23
39	2.62	5.56	3.21	6.43	3.67	7.24	4.01	7.95
40	2.88	6.01	3.48	7.06	3.92	7.92	4.33	8.69
41	3.18	6.62	3.71	7.61	4.31	8.70	4.72	9.51
42	3.45	7.15	4.04	8.34	4.66	9.49	5.16	10.36
43	3.75	7.79	4.36	9.00	5.03	10.26	5.66	11.30
44	4.08	8.39	4.67	9.74	5.47	11.13	6.07	12.24
45	4.27	9.03	5.03	10.57	5.99	12.01	6.62	13.28
46	4.83	9.92	5.59	11.48	6.55	13.07	7.24	14.50
47	5.30	10.81	6.22	12.51	7.23	14.24	7.90	15.86
48	5.84	11.70	6.79	13.61	7.90	15.39	8.56	16.90
49	6.30	12.59	7.43	14.63	8.65	16.56	9.27	18.42
50	6.85	13.56	8.09	15.74	9.40	17.83	9.99	19.47
51	7.49	14.54	8.81	16.94	10.12	19.19	10.99	21.16
52	8.14	15.52	9.55	18.03	10.92	20.66	12.09	23.00
53	8.86	16.59	10.30	19.33	11.76	22.25	13.30	25.00
54	9.63	17.67	11.02	20.54	12.73	23.95	14.63	27.18
55	10.34	18.72	11.85	21.82	13.78	25.78	16.06	29.58
56	11.09	19.89	13.67	25.06	15.19	28.72	17.71	32.98
57	11.86	21.03	15.75	28.77	16.74	31.99	19.53	36.77
58	12.60	22.20	16.85	31.75	18.45	35.64	21.54	41.00
59	13.36	23.44	18.05	34.44	20.33	39.70	23.76	45.72
60	14.12	24.59	19.32	37.33	22.40	44.22	26.22	50.92
61	16.03	28.97	21.25	40.88	24.64	46.95	-	-
62	18.28	34.15	23.38	44.76	27.10	49.85	-	-
63	20.84	40.23	25.72	49.01	29.81	52.93	-	-
64	23.76	47.42	28.29	53.67	32.79	56.20	-	-
65	25.65	55.88	31.11	58.69	36.09	59.65	-	-
66	28.60	59.48	34.22	63.06	-	-	-	-
67	31.89	63.32	37.64	67.76	-	-	-	-
68	35.56	67.40	41.40	72.81	-	-	-	-
69	39.65	71.75	45.54	78.23	-	-	-	-
70	44.12	76.39	50.10	84.09	-	-	-	-
71	49.55	88.61	-	-	-	-	-	-
72	55.64	102.79	-	-	-	-	-	-
73	62.48	119.24	-	-	-	-	-	-
74	70.17	138.32	-	-	-	-	-	-
75	78.87	161.00	-	-	-	-	-	-

HMS 150 - Full guarantee. Base coverage only - no riders

Issue Ages	15/15		20/20		25/25		30/30	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
21	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
22	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
23	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
24	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
25	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
26	1.64	2.97	1.84	3.26	2.53	3.81	2.67	4.41
27	1.64	2.97	1.94	3.42	2.65	3.99	2.77	4.69
28	1.64	3.06	2.03	3.58	2.78	4.18	2.88	4.97
29	1.64	3.06	2.15	3.73	2.92	4.37	3.00	5.25
30	1.64	3.26	2.26	3.90	3.05	4.56	3.11	5.52
31	1.74	3.37	2.39	4.19	3.19	4.93	3.24	5.91
32	1.74	3.58	2.51	4.48	3.31	5.31	3.38	6.30
33	1.85	3.77	2.64	4.78	3.45	5.69	3.52	6.69
34	1.97	4.06	2.77	5.07	3.58	6.07	3.64	7.09
35	2.10	4.27	2.90	5.36	3.75	6.45	3.84	7.48
36	2.29	4.78	3.18	5.94	4.14	7.21	4.25	8.34
37	2.50	5.17	3.44	6.54	4.53	7.98	4.66	9.21
38	2.72	5.68	3.73	7.12	4.91	8.75	5.07	10.08
39	2.91	6.29	4.01	7.72	5.28	9.53	5.49	10.95
40	3.20	6.78	4.28	8.29	5.68	10.30	5.89	11.82
41	3.51	7.48	4.66	9.25	6.25	11.35	6.50	13.07
42	3.81	8.09	5.03	10.20	6.82	12.41	7.12	14.31
43	4.11	8.80	5.40	11.15	7.39	13.46	7.73	15.56
44	4.52	9.49	5.77	12.09	7.95	14.52	8.34	16.80
45	4.83	10.20	6.20	13.04	8.64	15.58	8.99	18.06
46	5.47	11.20	6.86	14.12	9.68	17.09	9.89	19.55
47	6.01	12.20	7.52	15.20	10.71	18.61	10.88	21.16
48	6.67	13.22	8.18	16.29	11.76	20.12	11.96	22.90
49	7.20	14.22	8.84	17.39	12.79	21.63	13.17	24.79
50	7.85	15.33	9.50	18.49	13.84	23.15	14.48	26.84
51	8.62	16.43	10.52	20.17	15.01	25.15	15.72	29.09
52	9.40	17.53	11.53	21.84	16.28	27.31	17.07	31.53
53	10.03	18.75	12.56	23.53	17.67	29.65	18.53	34.18
54	10.92	19.95	13.59	25.21	19.16	32.21	20.12	37.05
55	11.68	21.16	14.62	26.91	20.80	34.99	21.84	40.24
56	12.53	22.47	16.52	30.28	23.31	38.63	24.47	44.87
57	13.40	23.77	18.67	34.06	26.12	42.65	27.42	50.03
58	14.25	25.08	21.08	38.33	29.27	47.09	30.72	55.78
59	15.09	26.49	23.83	43.12	32.80	51.99	34.42	62.19
60	15.95	27.79	26.92	48.51	36.76	57.48	38.61	69.25
61	17.92	32.25	28.40	51.72	38.97	61.03	-	-
62	20.14	37.40	29.96	55.14	41.31	64.80	-	-
63	22.63	43.40	31.60	58.79	43.79	68.80	-	-
64	25.43	50.36	33.33	62.68	46.42	73.04	-	-
65	26.92	58.42	35.16	66.84	49.22	77.54	-	-
66	29.88	62.24	39.31	73.29	-	-	-	-
67	33.17	66.31	43.95	80.36	-	-	-	-
68	36.82	70.65	49.14	88.11	-	-	-	-
69	40.87	75.27	54.94	96.61	-	-	-	-
70	45.45	80.21	61.49	105.92	-	-	-	-
71	51.09	93.20	-	-	-	-	-	-
72	57.43	108.30	-	-	-	-	-	-
73	64.55	125.84	-	-	-	-	-	-
74	72.55	146.23	-	-	-	-	-	-
75	81.55	170.00	-	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine • All Rates Unisex • Not available in all states. Certain restrictions apply.

To calculate premium: {Face amount/1000} * rate + \$80 policy fee = annual premium
To calculate monthly premium: annual premium * .095

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
1 Year not available in NJ.

All States except CA			California Only	
Issue Ages	1 Year	2 Year	1 Year	2 Year
20	7.05	11.00	8.81	13.75
21	7.05	11.00	8.81	13.75
22	7.05	11.00	8.81	13.75
23	7.05	11.00	8.81	13.75
24	7.05	11.00	8.81	13.75
25	7.05	11.00	8.81	13.75
26	7.42	11.58	9.28	14.48
27	7.79	12.16	9.74	15.20
28	8.16	12.74	10.20	15.93
29	8.53	13.32	10.66	16.65
30	8.90	13.90	11.13	17.38
31	9.27	14.48	11.59	18.10
32	9.65	15.06	12.06	18.83
33	10.02	15.64	12.53	19.55
34	10.39	16.22	12.99	20.28
35	10.76	16.80	13.45	21.00
36	11.50	17.96	14.38	22.45
37	12.25	19.12	15.31	23.90
38	12.99	20.28	16.24	25.35
39	13.73	21.44	17.16	26.80
40	14.48	22.60	18.10	28.25
41	15.22	23.76	19.03	29.70
42	15.96	24.92	19.95	31.15
43	16.70	26.08	20.88	32.60
44	17.45	27.24	21.81	34.05
45	18.19	28.40	22.74	35.50
46	19.33	30.18	24.16	37.73
47	20.46	31.95	25.58	39.94
48	21.60	33.73	27.00	42.16
49	22.74	35.50	28.43	44.38
50	23.88	37.28	29.85	46.60
51	25.01	39.05	31.26	48.81
52	26.15	40.83	32.69	51.04
53	27.29	42.60	34.11	53.25
54	28.43	44.38	35.54	55.48
55	29.56	46.15	36.95	57.69
56	32.59	50.88	40.74	63.60
57	35.62	55.62	44.53	69.53
58	38.65	60.35	48.31	75.44
59	41.69	65.09	52.11	81.36
60	44.72	69.82	55.90	87.28

Waiver of Premium for Disability Rider

Annual Rates per \$1,000 of Base Policy

Issue Ages	Base
20	0.13
21	0.13
22	0.13
23	0.13
24	0.13
25	0.14
26	0.14
27	0.15
28	0.15
29	0.15
30	0.16
31	0.17
32	0.17
33	0.18
34	0.19
35	0.20
36	0.21
37	0.23
38	0.24
39	0.26
40	0.28
41	0.31
42	0.34
43	0.37
44	0.41
45	0.47
46	0.53
47	0.60
48	0.68
49	0.78
50	0.91
51	1.06
52	1.25
53	1.47
54	1.75
55	2.10

Critical Illness Accelerated Benefit Rider

Current Annual Rates per \$1,000 Lump Sum Benefit

Issue Ages	15-Year		20-Year		25-Year		30-Year	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37
21	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37
22	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37
23	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37
24	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37
25	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37
26	2.01	3.53	2.04	3.55	2.23	4.32	2.59	4.41
27	2.08	3.57	2.12	3.62	2.31	4.36	2.67	4.49
28	2.19	3.63	2.25	3.75	2.43	4.47	2.80	4.61
29	2.35	3.86	2.41	4.00	2.60	4.62	2.96	4.86
30	2.54	4.17	2.61	4.36	2.80	4.93	3.15	5.18
31	2.76	4.58	2.85	4.78	3.03	5.31	3.38	5.60
32	3.02	5.08	3.12	5.30	3.30	5.79	3.64	6.08
33	3.31	5.66	3.43	5.91	3.60	6.36	3.93	6.67
34	3.64	6.33	3.79	6.60	3.94	7.02	4.25	7.32
35	4.01	7.09	4.17	7.38	4.32	7.76	4.62	8.06
36	4.40	7.89	4.58	8.21	4.71	8.54	4.99	8.83
37	4.79	8.72	4.99	9.04	5.12	9.33	5.37	9.60
38	5.21	9.58	5.44	9.91	5.62	10.16	5.76	10.40
39	5.66	10.51	5.91	10.87	6.14	11.08	6.19	11.27
40	6.15	11.56	6.43	11.93	6.65	12.25	6.65	12.25
41	6.70	12.76	7.00	13.14	7.17	13.37	7.17	13.37
42	7.31	14.13	7.64	14.51	7.76	14.67	7.76	14.67
43	8.02	15.72	8.36	16.09	8.43	16.19	8.43	16.19
44	8.82	17.54	9.17	17.91	9.20	17.95	9.20	17.95
45	9.72	19.65	10.08	20.00	10.08	20.00	10.08	20.00
46	10.83	22.18	11.17	22.52	11.17	22.52	11.17	22.52
47	12.02	24.95	12.34	25.26	12.34	25.26	12.34	25.26
48	13.31	27.96	13.62	28.25	13.62	28.25	13.62	28.25
49	14.87	31.30	14.99	31.45	14.99	31.45	14.99	31.45
50	16.43	34.88	16.43	34.88	16.43	34.88	16.43	34.88
51	17.98	38.54	17.98	38.54	17.98	38.54	17.98	38.54
52	19.61	42.43	19.61	42.43	19.61	42.43	19.61	42.43
53	21.34	46.55	21.34	46.55	21.34	46.55	21.34	46.55
54	23.16	50.90	23.16	50.90	23.16	50.90	23.16	50.90
55	25.06	55.47	25.06	55.47	25.06	55.47	25.06	55.47
56	27.12	60.47	27.12	60.47	27.12	60.47	27.12	60.47
57	29.36	65.89	29.36	65.89	29.36	65.89	29.36	65.89
58	31.78	71.82	31.78	71.82	31.78	71.82	31.78	71.82
59	34.40	78.28	34.40	78.28	34.40	78.28	34.40	78.28
60	37.23	85.32	37.23	85.32	37.23	85.32	37.23	85.32

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply. Disability Income Rider (Rider Series 2145). Waiver of Premium for Disability Rider (Rider Series 2158). Critical Illness Accelerated Benefit Rider (Rider Series 2139)

HMS 150 and HMS 150 CBO Additional Insured Rates. Annual Rates per \$1,000

HMS 150 - 5-year guarantee.

Issue Ages	15/5		20/5		25/5		30/5	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
21	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
22	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
23	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
24	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
25	1.35	2.54	1.59	2.77	1.87	3.07	2.13	3.35
26	1.45	2.63	1.69	2.87	1.97	3.07	2.22	3.44
27	1.45	2.63	1.69	2.91	1.97	3.15	2.22	3.56
28	1.45	2.71	1.73	3.00	2.06	3.25	2.29	3.66
29	1.45	2.71	1.73	3.10	2.06	3.45	2.29	3.87
30	1.45	2.90	1.87	3.18	2.13	3.54	2.37	4.09
31	1.54	2.98	1.87	3.37	2.13	3.85	2.37	4.29
32	1.54	3.16	1.96	3.64	2.22	4.04	2.55	4.61
33	1.64	3.34	2.07	3.84	2.31	4.33	2.63	4.81
34	1.73	3.59	2.22	4.10	2.45	4.62	2.69	5.13
35	1.85	3.78	2.36	4.38	2.60	5.00	2.84	5.55
36	2.03	4.23	2.53	4.84	2.90	5.50	3.07	6.07
37	2.24	4.58	2.71	5.31	3.09	6.08	3.37	6.59
38	2.43	5.03	2.96	5.85	3.38	6.64	3.68	7.23
39	2.62	5.56	3.21	6.43	3.67	7.24	4.01	7.95
40	2.88	6.01	3.48	7.06	3.92	7.92	4.33	8.69
41	3.18	6.62	3.71	7.61	4.31	8.70	4.72	9.51
42	3.45	7.15	4.04	8.34	4.66	9.49	5.16	10.36
43	3.75	7.79	4.36	9.00	5.03	10.26	5.66	11.30
44	4.08	8.39	4.67	9.74	5.47	11.13	6.07	12.24
45	4.27	9.03	5.03	10.57	5.99	12.01	6.62	13.28
46	4.83	9.92	5.59	11.48	6.55	13.07	7.24	14.50
47	5.30	10.81	6.22	12.51	7.23	14.24	7.90	15.86
48	5.84	11.70	6.79	13.61	7.90	15.39	8.56	16.90
49	6.30	12.59	7.43	14.63	8.65	16.56	9.27	18.42
50	6.85	13.56	8.09	15.74	9.40	17.83	9.99	19.47
51	7.49	14.54	8.81	16.94	10.12	19.19	10.99	21.16
52	8.14	15.52	9.55	18.03	10.92	20.66	12.09	23.00
53	8.86	16.59	10.30	19.33	11.76	22.25	13.30	25.00
54	9.63	17.67	11.02	20.54	12.73	23.95	14.63	27.18
55	10.34	18.72	11.85	21.82	13.78	25.78	16.06	29.58
56	11.09	19.89	13.67	25.06	15.19	28.72	17.71	32.98
57	11.86	21.03	15.75	28.77	16.74	31.99	19.53	36.77
58	12.60	22.20	16.85	31.75	18.45	35.64	21.54	41.00
59	13.36	23.44	18.05	34.44	20.33	39.70	23.76	45.72
60	14.12	24.59	19.32	37.33	22.40	44.22	26.22	50.92
61	16.03	28.97	21.25	40.88	24.64	46.95	-	-
62	18.28	34.15	23.38	44.76	27.10	49.85	-	-
63	20.84	40.23	25.72	49.01	29.81	52.93	-	-
64	23.76	47.42	28.29	53.67	32.79	56.20	-	-
65	25.65	55.88	31.11	58.69	36.09	59.65	-	-
66	28.60	59.48	34.22	63.06	-	-	-	-
67	31.89	63.32	37.64	67.76	-	-	-	-
68	35.56	67.40	41.40	72.81	-	-	-	-
69	39.65	71.75	45.54	78.23	-	-	-	-
70	44.12	76.39	50.10	84.09	-	-	-	-
71	49.55	88.61	-	-	-	-	-	-
72	55.64	102.79	-	-	-	-	-	-
73	62.48	119.24	-	-	-	-	-	-
74	70.17	138.32	-	-	-	-	-	-
75	78.87	161.00	-	-	-	-	-	-

HMS 150 & HMS 150 CBO - Full guarantee. Base coverage only - no riders

Issue Ages	15/15		20/20		25/25		30/30	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
21	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
22	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
23	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
24	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
25	1.52	2.87	1.74	3.11	2.40	3.63	2.55	4.14
26	1.64	2.97	1.84	3.26	2.53	3.81	2.67	4.41
27	1.64	2.97	1.94	3.42	2.65	3.99	2.77	4.69
28	1.64	3.06	2.03	3.58	2.78	4.18	2.88	4.97
29	1.64	3.06	2.15	3.73	2.92	4.37	3.00	5.25
30	1.64	3.26	2.26	3.90	3.05	4.56	3.11	5.52
31	1.74	3.37	2.39	4.19	3.19	4.93	3.24	5.91
32	1.74	3.58	2.51	4.48	3.31	5.31	3.38	6.30
33	1.85	3.77	2.64	4.78	3.45	5.69	3.52	6.69
34	1.97	4.06	2.77	5.07	3.58	6.07	3.64	7.09
35	2.10	4.27	2.90	5.36	3.75	6.45	3.84	7.48
36	2.29	4.78	3.18	5.94	4.14	7.21	4.25	8.34
37	2.50	5.17	3.44	6.54	4.53	7.98	4.66	9.21
38	2.72	5.68	3.73	7.12	4.91	8.75	5.07	10.08
39	2.91	6.29	4.01	7.72	5.28	9.53	5.49	10.95
40	3.20	6.78	4.28	8.29	5.68	10.30	5.89	11.82
41	3.51	7.48	4.66	9.25	6.25	11.35	6.50	13.07
42	3.81	8.09	5.03	10.20	6.82	12.41	7.12	14.31
43	4.11	8.80	5.40	11.15	7.39	13.46	7.73	15.56
44	4.52	9.49	5.77	12.09	7.95	14.52	8.34	16.80
45	4.83	10.20	6.20	13.04	8.64	15.58	8.99	18.06
46	5.47	11.20	6.86	14.12	9.68	17.09	9.89	19.55
47	6.01	12.20	7.52	15.20	10.71	18.61	10.88	21.16
48	6.67	13.22	8.18	16.29	11.76	20.12	11.96	22.90
49	7.20	14.22	8.84	17.39	12.79	21.63	13.17	24.79
50	7.85	15.33	9.50	18.49	13.84	23.15	14.48	26.84
51	8.62	16.43	10.52	20.17	15.01	25.15	15.72	29.09
52	9.40	17.53	11.53	21.84	16.28	27.31	17.07	31.53
53	10.03	18.75	12.56	23.53	17.67	29.65	18.53	34.18
54	10.92	19.95	13.59	25.21	19.16	32.21	20.12	37.05
55	11.68	21.16	14.62	26.91	20.80	34.99	21.84	40.24
56	12.53	22.47	16.52	30.28	23.31	38.63	24.47	44.87
57	13.40	23.77	18.67	34.06	26.12	42.65	27.42	50.03
58	14.25	25.08	21.08	38.33	29.27	47.09	30.72	55.78
59	15.09	26.49	23.83	43.12	32.80	51.99	34.42	62.19
60	15.95	27.79	26.92	48.51	36.76	57.48	38.61	69.25
61	17.92	32.25	28.40	51.72	38.97	61.03	-	-
62	20.14	37.40	29.96	55.14	41.31	64.80	-	-
63	22.63	43.40	31.60	58.79	43.79	68.80	-	-
64	25.43	50.36	33.33	62.68	46.42	73.04	-	-
65	26.92	58.42	35.16	66.84	49.22	77.54	-	-
66	29.88	62.24	39.31	73.29	-	-	-	-
67	33.17	66.31	43.95	80.36	-	-	-	-
68	36.82	70.65	49.14	88.11	-	-	-	-
69	40.87	75.27	54.94	96.61	-	-	-	-
70	45.45	80.21	61.49	105.92	-	-	-	-
71	51.09	93.20	-	-	-	-	-	-
72	57.43	108.30	-	-	-	-	-	-
73	64.55	125.84	-	-	-	-	-	-
74	72.55	146.23	-	-	-	-	-	-
75	81.55	170.00	-	-	-	-	-	-

NS-Non-nicotine, SM-Nicotine ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply.

To calculate premium: {Face amount/1000} * rate = annual premium
To calculate monthly premium for HMS 150: annual premium * .095
To calculate monthly premium for HMS 150 CBO: annual premium/12



Americo Financial Life and
Annuity Insurance Company
300 W. 11th Street
Kansas City, MO 64105

About Americo

For over 100 years, Americo Life, Inc.'s family of insurance companies has been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.¹ We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your individual situation.

Innovative thinking and sound investment decisions have helped us build a strong financial foundation for our business. Today, Americo Financial Life and Annuity Insurance Company is the lead company in one of the largest independent, privately held insurance groups in the United States², with over 750,000 policies, over \$38 billion of life insurance in force, and \$6.0 billion in assets for year-end 2010.³

¹Americo Life, Inc. is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.

²Admitted Assets, Top Life Writers-2010, "A.M. Best Co., as of July 2010.

³Information is as of year end 2010 on a consolidated basis for Americo Financial Life and Annuity Insurance Company and the other life insurance subsidiaries of Americo Life, Inc., unless otherwise indicated. Information is prepared on the basis of generally accepted accounting principles (GAAP).

Important Information

Americo Financial Life and Annuity Insurance Company is authorized to conduct business in the District of Columbia and all states except NY and VT.

Products are underwritten by Americo Financial Life and Annuity Insurance Company (Americo), Kansas City, MO, and may vary in accordance with state laws. Some products and benefits may not be available in all states. Some riders are optional and available for an additional cost. Certain restrictions and variations apply. Consult policy and riders for all limitations and exclusions. For exact terms and conditions, please refer to the policy.

The company reserves the right to contest coverage for up to two years due to any misrepresentations in the application. If the insured, sane or insane, dies by suicide while the contract is in force and within two years (one year in Colorado, Missouri, and North Dakota) after the issue date, the proceeds payable will be limited to the sum of premiums paid, less any indebtedness. See Missouri contract for special provisions regarding suicide.

Neither Americo Financial Life and Annuity Insurance Company nor any agent representing Americo Financial Life and Annuity Insurance Company is authorized to give legal or tax advice. Please consult a qualified professional regarding the information and concepts contained in this material.

Any illustrations of future value used in a sales presentation are provided only for illustrative purposes. Any such illustration must not be regarded as guaranteed or as estimated future performance unless it is based solely on the minimum guaranteed interest rates.