

LifeScape® Whole Life Insurance

Annual Premium per \$1,000 Benefit



For all states except the following: MT							
Band 1: Benefit Amounts \$10,000-\$74,999							
Male							
Issue Ages	Non-Tob	Tobacco	Waiver	Issue Ages	Non-Tob	Tobacco	Waiver
0	5.04			43	20.87	28.15	1.07
1	5.36			44	21.66	29.37	1.18
2	5.68			45	22.51	30.67	1.30
3	6.04			46	23.38	32.05	1.42
4	6.44			47	24.27	33.49	1.57
5	6.59			48	25.23	34.99	1.74
6	6.77			49	26.29	36.56	1.94
7	6.93			50	27.50	38.22	2.15
8	7.08			51	28.90	39.95	2.40
9	7.24			52	30.46	41.74	2.69
10	7.44			53	32.13	43.61	3.02
11	7.68			54	33.83	45.58	3.39
12	7.95			55	35.52	47.65	3.80
13	8.24			56	37.21	49.77	
14	8.54			57	38.82	51.93	
15	8.85	10.01	0.20	58	40.44	54.22	
16	9.18	10.99	0.21	59	42.17	56.73	
17	9.53	11.56	0.23	60	44.09	59.55	
18	9.89	11.87	0.23	61	46.15	62.74	
19	10.23	12.10	0.24	62	48.29	66.24	
20	10.53	12.48	0.26	63	50.59	69.96	
21	10.79	12.85	0.27	64	53.15	73.80	
22	11.01	13.16	0.28	65	56.05	77.67	
23	11.22	13.45	0.28	66	59.34	81.37	
24	11.44	13.75	0.29	67	62.97	84.98	
25	11.71	14.11	0.32	68	66.86	88.77	
26	12.02	14.51	0.33	69	70.94	93.02	
27	12.34	14.93	0.34	70	75.13	98.01	
28	12.69	15.39	0.35	71	79.05	103.69	
29	13.07	15.88	0.38	72	82.73	109.86	
30	13.48	16.41	0.40	73	86.78	116.62	
31	13.92	16.98	0.43	74	91.78	124.06	
32	14.40	17.57	0.45	75	98.31	132.27	
33	14.90	18.21	0.48	76	106.23	140.38	
34	15.42	18.92	0.52	77	115.16	148.33	
35	15.94	19.70	0.55	78	125.29	157.42	
36	16.46	20.57	0.60	79	136.86	168.97	
37	16.99	21.53	0.64	80	150.08	184.28	
38	17.53	22.54	0.70	81	164.69	203.17	
39	18.11	23.60	0.77	82	180.56	224.76	
40	18.74	24.69	0.82	83	198.06	249.34	
41	19.41	25.84	0.91	84	217.55	277.17	
42	20.12	26.98	0.99	85	239.43	308.54	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

For agent use only. Not for use with consumers. Policy form I L0880 (R01-13). Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

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Annual Premium per \$1,000 Benefit



For all states except the following: MT							
Band 1: Benefit Amounts \$10,000-\$74,999							
Female							
Issue Ages	Non-Tob	Tobacco	Waiver	Issue Ages	Non-Tob	Tobacco	Waiver
0	3.66			43	18.16	23.82	0.94
1	3.92			44	18.79	24.74	1.03
2	4.20			45	19.46	25.72	1.12
3	4.51			46	20.15	26.75	1.22
4	4.84			47	20.85	27.82	1.35
5	5.18			48	21.60	28.95	1.48
6	5.54			49	22.43	30.14	1.65
7	5.91			50	23.37	31.40	1.83
8	6.27			51	24.47	32.73	2.02
9	6.45			52	25.69	34.12	2.27
10	6.64			53	26.99	35.57	2.52
11	6.86			54	28.30	37.08	2.83
12	7.08			55	29.58	38.65	3.15
13	7.30			56	30.77	40.24	
14	7.53			57	31.85	41.86	
15	7.78	8.98	0.19	58	32.95	43.55	
16	8.06	9.87	0.20	59	34.21	45.36	
17	8.36	10.39	0.22	60	35.77	47.34	
18	8.67	10.68	0.23	61	37.63	49.43	
19	8.97	10.90	0.23	62	39.70	51.61	
20	9.25	11.28	0.25	63	41.98	53.95	
21	9.50	11.62	0.26	64	44.47	56.51	
22	9.73	11.91	0.27	65	47.15	59.38	
23	9.95	12.19	0.27	66	50.02	62.54	
24	10.19	12.48	0.28	67	53.07	65.96	
25	10.45	12.82	0.29	68	56.33	69.62	
26	10.74	13.22	0.31	69	59.83	73.55	
27	11.06	13.66	0.33	70	63.60	77.74	
28	11.39	14.12	0.35	71	67.62	82.16	
29	11.74	14.61	0.36	72	71.86	86.74	
30	12.10	15.12	0.39	73	76.37	91.59	
31	12.48	15.66	0.41	74	81.17	96.83	
32	12.88	16.23	0.44	75	86.28	102.60	
33	13.30	16.82	0.47	76	91.32	108.12	
34	13.73	17.42	0.49	77	96.25	113.32	
35	14.16	18.04	0.52	78	101.69	119.34	
36	14.59	18.66	0.56	79	108.22	127.32	
37	15.03	19.28	0.60	80	116.44	138.42	
38	15.48	19.92	0.65	81	126.46	153.03	
39	15.95	20.60	0.68	82	137.89	170.39	
40	16.46	21.33	0.75	83	150.55	189.90	
41	17.00	22.12	0.80	84	164.28	210.96	
42	17.57	22.94	0.86	85	178.91	232.98	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape® Whole Life Insurance



Annual Premium per \$1,000 Benefit

For all states except the following: MT										
Band 2: Benefit Amounts \$75,000-\$149,999										
Male										
Non-Tobacco										
Issue Ages	Preferred +	Preferred	Select	Waiver		Issue Ages	Preferred +	Preferred	Select	Waiver
0			4.21			43	18.85	19.71	20.01	1.00
1			4.30			44	19.60	20.52	20.85	1.10
2			4.40			45	20.40	21.38	21.76	1.22
3			4.51			46	21.23	22.28	22.72	1.34
4			4.64			47	22.10	23.22	23.73	1.48
5			4.79			48	23.01	24.20	24.81	1.65
6			4.94			49	23.97	25.25	25.95	1.85
7			5.10			50	24.99	26.35	27.16	2.06
8			5.28			51	26.07	27.53	28.45	2.32
9			5.49			52	27.21	28.77	29.82	2.61
10			5.74			53	28.40	30.07	31.25	2.95
11			6.06			54	29.62	31.40	32.75	3.33
12			6.42			55	30.86	32.76	34.31	3.75
13			6.82			56	32.07	34.10	35.93	
14			7.22			57	33.27	35.43	37.62	
15	7.59	7.59	7.59	0.18		58	34.51	36.81	39.37	
16	7.85	7.91	7.94	0.18		59	35.86	38.32	41.19	
17	8.10	8.22	8.29	0.20		60	37.39	40.01	43.08	
18	8.36	8.53	8.63	0.20		61	39.07	41.86	44.95	
19	8.63	8.83	8.96	0.22		62	40.84	43.82	46.81	
20	8.89	9.12	9.27	0.24		63	42.77	45.94	48.78	
21	9.15	9.39	9.55	0.25		64	44.89	48.26	50.98	
22	9.41	9.65	9.79	0.26		65	47.24	50.82	53.54	
23	9.67	9.90	10.03	0.26		66	49.80	53.59	56.45	
24	9.94	10.16	10.28	0.27		67	52.53	56.55	59.62	
25	10.24	10.46	10.57	0.29		68	55.48	59.74	63.07	
26	10.56	10.78	10.89	0.31		69	58.69	63.21	66.81	
27	10.89	11.12	11.22	0.32		70	62.22	67.00	70.85	
28	11.24	11.48	11.58	0.33		71	65.86	70.92	74.97	
29	11.61	11.87	11.97	0.35		72	69.58	74.93	79.17	
30	12.01	12.29	12.39	0.38		73	73.68	79.33	83.77	
31	12.44	12.75	12.85	0.40		74	78.45	84.44	89.09	
32	12.90	13.24	13.36	0.43		75	84.19	90.56	95.45	
33	13.38	13.75	13.88	0.46		76	90.35	97.11	102.24	
34	13.86	14.28	14.43	0.49		77	96.74	103.90	109.26	
35	14.35	14.81	14.97	0.53		78	104.18	111.78	117.40	
36	14.82	15.32	15.50	0.57		79	113.47	121.61	127.57	
37	15.28	15.83	16.02	0.61		80	125.45	134.24	140.68	
38	15.76	16.35	16.56	0.65		81	140.10	149.59	156.66	
39	16.27	16.91	17.14	0.72		82	156.87	167.08	174.91	
40	16.84	17.53	17.78	0.77		83	175.78	186.86	195.53	
41	17.47	18.21	18.48	0.84		84	196.84	209.04	218.61	
42	18.14	18.93	19.22	0.92		85	220.07	233.78	244.25	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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Annual Premium per \$1,000 Benefit



For all states except the following: MT								
Band 2: Benefit Amounts \$75,000-\$149,999								
Male								
Tobacco								
Issue Ages	Preferred	Standard	Waiver		Issue Ages	Preferred	Standard	Waiver
0					43	25.48	26.27	1.00
1					44	26.63	27.50	1.10
2					45	27.86	28.82	1.22
3					46	29.16	30.21	1.34
4					47	30.52	31.68	1.48
5					48	31.96	33.23	1.65
6					49	33.50	34.87	1.85
7					50	35.14	36.63	2.06
8					51	36.91	38.51	2.32
9					52	38.78	40.51	2.61
10					53	40.75	42.60	2.95
11					54	42.79	44.77	3.33
12					55	44.88	46.99	3.75
13					56	46.94	49.22	
14					57	48.99	51.47	
15	8.88	8.88	0.18		58	51.14	53.81	
16	9.36	9.43	0.18		59	53.50	56.33	
17	9.83	9.96	0.20		60	56.19	59.09	
18	10.27	10.45	0.20		61	59.21	62.07	
19	10.70	10.92	0.22		62	62.48	65.21	
20	11.11	11.35	0.24		63	66.00	68.56	
21	11.48	11.73	0.25		64	69.76	72.17	
22	11.82	12.06	0.26		65	73.75	76.09	
23	12.15	12.37	0.26		66	77.94	80.31	
24	12.49	12.70	0.27		67	82.34	84.79	
25	12.88	13.07	0.29		68	86.99	89.56	
26	13.30	13.49	0.31		69	91.92	94.61	
27	13.74	13.92	0.32		70	97.17	99.96	
28	14.20	14.39	0.33		71	102.45	105.31	
29	14.70	14.90	0.35		72	107.72	110.65	
30	15.25	15.45	0.38		73	113.44	116.44	
31	15.85	16.06	0.40		74	120.05	123.11	
32	16.50	16.71	0.43		75	128.00	131.13	
33	17.19	17.41	0.46		76	136.48	139.68	
34	17.90	18.13	0.49		77	145.21	148.46	
35	18.62	18.88	0.53		78	155.37	158.69	
36	19.33	19.63	0.57		79	168.16	171.58	
37	20.04	20.40	0.61		80	184.78	188.35	
38	20.78	21.20	0.65		81	205.20	208.99	
39	21.57	22.07	0.72		82	228.62	232.68	
40	22.44	23.01	0.77		83	255.09	259.44	
41	23.39	24.03	0.84		84	284.62	289.29	
42	24.40	25.12	0.92		85	317.26	322.23	

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Annual Premium per \$1,000 Benefit

For all states except the following: MT										
Band 2: Benefit Amounts \$75,000-\$149,999										
Female										
Non-Tobacco										
Issue Ages	Preferred +	Preferred	Select	Waiver		Issue Ages	Preferred +	Preferred	Select	Waiver
0			3.61			43	16.46	16.94	17.23	0.92
1			3.69			44	17.07	17.58	17.90	1.01
2			3.78			45	17.72	18.26	18.60	1.10
3			3.88			46	18.39	18.97	19.33	1.21
4			3.98			47	19.09	19.70	20.09	1.34
5			4.10			48	19.82	20.48	20.90	1.47
6			4.21			49	20.60	21.29	21.75	1.64
7			4.33			50	21.42	22.16	22.66	1.83
8			4.46			51	22.30	23.09	23.64	2.03
9			4.61			52	23.23	24.07	24.68	2.28
10			4.82			53	24.20	25.10	25.77	2.55
11			5.09			54	25.19	26.15	26.90	2.87
12			5.42			55	26.20	27.23	28.06	3.20
13			5.77			56	27.18	28.29	29.22	
14			6.12			57	28.14	29.33	30.40	
15	6.45	6.45	6.45	0.16		58	29.15	30.43	31.62	
16	6.69	6.72	6.75	0.17		59	30.24	31.62	32.93	
17	6.94	6.98	7.05	0.19		60	31.49	32.98	34.37	
18	7.18	7.25	7.33	0.20		61	32.87	34.48	35.90	
19	7.43	7.51	7.62	0.20		62	34.35	36.09	37.50	
20	7.68	7.77	7.89	0.22		63	35.94	37.83	39.22	
21	7.93	8.02	8.15	0.23		64	37.68	39.72	41.09	
22	8.17	8.27	8.39	0.25		65	39.59	41.78	43.18	
23	8.42	8.51	8.63	0.25		66	41.62	43.96	45.44	
24	8.68	8.77	8.89	0.25		67	43.75	46.26	47.84	
25	8.96	9.06	9.17	0.27		68	46.05	48.73	50.43	
26	9.26	9.37	9.48	0.28		69	48.60	51.45	53.28	
27	9.58	9.70	9.81	0.31		70	51.46	54.48	56.43	
28	9.92	10.05	10.17	0.32		71	54.54	57.73	59.80	
29	10.27	10.41	10.53	0.33		72	57.79	61.15	63.35	
30	10.63	10.79	10.92	0.36		73	61.35	64.89	67.21	
31	11.01	11.19	11.33	0.39		74	65.36	69.07	71.52	
32	11.42	11.62	11.76	0.41		75	69.95	73.85	76.41	
33	11.84	12.07	12.21	0.44		76	74.76	78.83	81.50	
34	12.26	12.51	12.67	0.47		77	79.69	83.93	86.70	
35	12.68	12.96	13.12	0.49		78	85.30	89.72	92.59	
36	13.09	13.39	13.56	0.53		79	92.15	96.77	99.74	
37	13.49	13.81	14.00	0.57		80	100.79	105.65	108.73	
38	13.90	14.24	14.45	0.62		81	111.45	116.65	119.88	
39	14.33	14.70	14.92	0.65		82	123.76	129.39	132.81	
40	14.81	15.20	15.44	0.72		83	137.38	143.44	147.04	
41	15.33	15.75	16.00	0.77		84	151.97	158.36	162.07	
42	15.88	16.32	16.60	0.84		85	167.19	173.71	177.43	

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Female								
Tobacco								
Issue Ages	Preferred	Standard	Waiver		Issue Ages	Preferred	Standard	Waiver
0					43	22.44	23.19	0.92
1					44	23.39	24.20	1.01
2					45	24.38	25.27	1.10
3					46	25.41	26.38	1.21
4					47	26.49	27.54	1.34
5					48	27.61	28.75	1.47
6					49	28.80	30.03	1.64
7					50	30.07	31.39	1.83
8					51	31.42	32.83	2.03
9					52	32.85	34.35	2.28
10					53	34.34	35.93	2.55
11					54	35.88	37.58	2.87
12					55	37.48	39.28	3.20
13					56	39.08	41.03	
14					57	40.70	42.82	
15	7.79	7.79	0.16		58	42.40	44.68	
16	8.23	8.29	0.17		59	44.22	46.63	
17	8.65	8.76	0.19		60	46.24	48.69	
18	9.06	9.21	0.20		61	48.44	50.82	
19	9.45	9.63	0.20		62	50.79	53.00	
20	9.82	10.03	0.22		63	53.29	55.30	
21	10.16	10.38	0.23		64	55.96	57.79	
22	10.47	10.69	0.25		65	58.80	60.52	
23	10.77	10.98	0.25		66	61.79	63.50	
24	11.09	11.29	0.25		67	64.93	66.69	
25	11.45	11.65	0.27		68	68.25	70.08	
26	11.86	12.07	0.28		69	71.77	73.68	
27	12.30	12.51	0.31		70	75.52	77.49	
28	12.76	12.99	0.32		71	79.32	81.32	
29	13.25	13.50	0.33		72	83.15	85.17	
30	13.77	14.03	0.36		73	87.29	89.32	
31	14.32	14.60	0.39		74	92.02	94.06	
32	14.89	15.20	0.41		75	97.61	99.66	
33	15.49	15.83	0.44		76	103.51	105.57	
34	16.10	16.47	0.47		77	109.53	111.59	
35	16.72	17.12	0.49		78	116.51	118.57	
36	17.32	17.75	0.53		79	125.28	127.36	
37	17.92	18.37	0.57		80	136.68	138.81	
38	18.53	19.01	0.62		81	151.37	153.60	
39	19.19	19.70	0.65		82	168.79	171.16	
40	19.91	20.47	0.72		83	187.95	190.48	
41	20.70	21.32	0.77		84	207.86	210.50	
42	21.55	22.22	0.84		85	227.53	230.22	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape® Whole Life Insurance

Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Band 3: Benefit Amounts \$150,000+									
Male									
Non-Tobacco									
Issue Ages	Preferred +	Preferred	Select	Waiver	Issue Ages	Preferred +	Preferred	Select	Waiver
0			3.58		43	17.81	18.87	19.22	0.96
1			3.68		44	18.57	19.71	20.10	1.07
2			3.79		45	19.39	20.61	21.03	1.18
3			3.91		46	20.26	21.57	22.02	1.30
4			4.04		47	21.18	22.57	23.07	1.45
5			4.19		48	22.15	23.62	24.16	1.62
6			4.35		49	23.16	24.74	25.33	1.82
7			4.51		50	24.23	25.91	26.56	2.03
8			4.69		51	25.37	27.16	27.88	2.29
9			4.89		52	26.57	28.49	29.29	2.59
10			5.10		53	27.82	29.87	30.75	2.93
11			5.33		54	29.08	31.27	32.24	3.31
12			5.59		55	30.33	32.65	33.73	3.74
13			5.86		56	31.51	33.96	35.16	
14			6.13		57	32.64	35.21	36.54	
15	6.41	6.41	6.41	0.15	58	33.80	36.50	37.97	
16	6.58	6.66	6.69	0.16	59	35.09	37.94	39.56	
17	6.77	6.91	6.98	0.17	60	36.58	39.60	41.39	
18	6.98	7.16	7.27	0.18	61	38.25	41.47	43.45	
19	7.19	7.43	7.57	0.19	62	40.05	43.49	45.68	
20	7.43	7.69	7.85	0.21	63	42.01	45.70	48.10	
21	7.68	7.95	8.12	0.22	64	44.18	48.11	50.75	
22	7.94	8.21	8.37	0.23	65	46.60	50.79	53.65	
23	8.23	8.48	8.62	0.23	66	49.24	53.68	56.77	
24	8.52	8.76	8.89	0.24	67	52.08	56.76	60.08	
25	8.84	9.08	9.20	0.27	68	55.15	60.10	63.65	
26	9.18	9.43	9.54	0.28	69	58.52	63.74	67.52	
27	9.53	9.80	9.91	0.29	70	62.24	67.75	71.76	
28	9.91	10.20	10.30	0.30	71	66.09	71.91	76.12	
29	10.29	10.61	10.71	0.33	72	70.03	76.16	80.57	
30	10.69	11.03	11.14	0.35	73	74.39	80.87	85.47	
31	11.09	11.46	11.57	0.38	74	79.49	86.35	91.16	
32	11.49	11.89	12.02	0.40	75	85.67	92.95	98.01	
33	11.91	12.34	12.48	0.42	76	92.36	100.08	105.39	
34	12.36	12.83	12.98	0.46	77	99.34	107.51	113.06	
35	12.84	13.36	13.53	0.50	78	107.45	116.13	121.97	
36	13.36	13.94	14.12	0.53	79	117.54	126.83	133.03	
37	13.91	14.55	14.75	0.57	80	130.46	140.48	147.19	
38	14.50	15.20	15.42	0.62	81	146.16	156.94	164.31	
39	15.11	15.88	16.13	0.68	82	164.08	175.62	183.75	
40	15.75	16.59	16.86	0.74	83	184.28	196.74	205.75	
41	16.41	17.32	17.62	0.81	84	206.82	220.54	230.49	
42	17.10	18.08	18.40	0.89	85	231.76	247.22	258.20	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape® Whole Life Insurance

Annual Premium per \$1,000 Benefit



For all states except the following: MT							
Band 3: Benefit Amounts \$150,000+							
Male							
Tobacco							
Issue Ages	Preferred	Standard	Waiver	Issue Ages	Preferred	Standard	Waiver
0				43	25.00	25.44	0.96
1				44	26.19	26.67	1.07
2				45	27.48	28.00	1.18
3				46	28.85	29.43	1.30
4				47	30.30	30.93	1.45
5				48	31.83	32.53	1.62
6				49	33.47	34.23	1.82
7				50	35.21	36.05	2.03
8				51	37.10	38.02	2.29
9				52	39.12	40.14	2.59
10				53	41.23	42.35	2.93
11				54	43.38	44.61	3.31
12				55	45.52	46.86	3.74
13				56	47.55	49.00	
14				57	49.49	51.05	
15	7.76	7.76	0.15	58	51.52	53.19	
16	8.18	8.25	0.16	59	53.79	55.57	
17	8.59	8.73	0.17	60	56.48	58.37	
18	8.99	9.18	0.18	61	59.60	61.60	
19	9.39	9.61	0.19	62	63.04	65.16	
20	9.78	10.03	0.21	63	66.77	69.00	
21	10.15	10.41	0.22	64	70.77	73.11	
22	10.50	10.75	0.23	65	75.00	77.45	
23	10.84	11.07	0.23	66	79.43	81.98	
24	11.21	11.42	0.24	67	84.07	86.72	
25	11.62	11.82	0.27	68	88.98	91.73	
26	12.07	12.27	0.28	69	94.23	97.06	
27	12.55	12.75	0.29	70	99.86	102.78	
28	13.05	13.25	0.30	71	105.56	108.55	
29	13.58	13.79	0.33	72	111.28	114.35	
30	14.14	14.35	0.35	73	117.51	120.65	
31	14.71	14.93	0.38	74	124.74	127.95	
32	15.30	15.53	0.40	75	133.44	136.73	
33	15.92	16.16	0.42	76	142.79	146.16	
34	16.58	16.84	0.46	77	152.47	155.90	
35	17.31	17.58	0.50	78	163.72	167.23	
36	18.10	18.39	0.53	79	177.78	181.39	
37	18.95	19.25	0.57	80	195.88	199.66	
38	19.85	20.16	0.62	81	217.95	221.96	
39	20.80	21.12	0.68	82	243.15	247.44	
40	21.79	22.14	0.74	83	271.62	276.22	
41	22.82	23.19	0.81	84	303.48	308.41	
42	23.88	24.29	0.89	85	338.85	344.13	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape® Whole Life Insurance



Annual Premium per \$1,000 Benefit

For all states except the following: MT										
Band 3: Benefit Amounts \$150,000+										
Female										
Non-Tobacco										
Issue Ages	Preferred +	Preferred	Select	Waiver		Issue Ages	Preferred +	Preferred	Select	Waiver
0			3.00			43	15.39	15.97	16.29	0.89
1			3.09			44	16.01	16.63	16.97	0.98
2			3.18			45	16.68	17.34	17.71	1.07
3			3.28			46	17.39	18.09	18.49	1.18
4			3.39			47	18.14	18.88	19.31	1.31
5			3.51			48	18.92	19.71	20.18	1.44
6			3.64			49	19.75	20.59	21.09	1.62
7			3.77			50	20.62	21.51	22.05	1.80
8			3.91			51	21.55	22.50	23.08	2.00
9			4.06			52	22.53	23.55	24.17	2.26
10			4.23			53	23.55	24.64	25.30	2.53
11			4.41			54	24.58	25.74	26.46	2.84
12			4.61			55	25.59	26.84	27.60	3.17
13			4.82			56	26.53	27.87	28.68	
14			5.04			57	27.42	28.86	29.72	
15	5.26	5.26	5.26	0.14		58	28.34	29.89	30.79	
16	5.44	5.46	5.49	0.14		59	29.36	31.03	31.99	
17	5.63	5.67	5.73	0.16		60	30.57	32.36	33.39	
18	5.83	5.89	5.97	0.17		61	31.95	33.88	34.99	
19	6.04	6.12	6.22	0.18		62	33.45	35.54	36.73	
20	6.27	6.36	6.47	0.19		63	35.09	37.34	38.62	
21	6.51	6.60	6.72	0.20		64	36.89	39.30	40.68	
22	6.75	6.85	6.96	0.21		65	38.85	41.44	42.91	
23	7.01	7.11	7.21	0.21		66	40.93	43.69	45.27	
24	7.29	7.38	7.47	0.22		67	43.11	46.06	47.74	
25	7.58	7.68	7.77	0.24		68	45.48	48.61	50.41	
26	7.89	8.01	8.10	0.25		69	48.12	51.44	53.35	
27	8.23	8.36	8.46	0.28		70	51.11	54.62	56.65	
28	8.57	8.72	8.84	0.29		71	54.36	58.05	60.20	
29	8.93	9.10	9.22	0.30		72	57.80	61.68	63.95	
30	9.29	9.48	9.61	0.33		73	61.59	65.66	68.06	
31	9.64	9.85	9.99	0.35		74	65.89	70.15	72.66	
32	10.00	10.22	10.37	0.38		75	70.84	75.30	77.93	
33	10.36	10.60	10.76	0.40		76	76.08	80.73	83.47	
34	10.75	11.01	11.18	0.43		77	81.50	86.34	89.17	
35	11.17	11.45	11.63	0.46		78	87.66	92.69	95.62	
36	11.63	11.94	12.13	0.49		79	95.12	100.38	103.40	
37	12.11	12.45	12.66	0.53		80	104.46	109.97	113.10	
38	12.62	13.00	13.22	0.58		81	115.91	121.77	125.04	
39	13.15	13.57	13.80	0.63		82	129.09	135.41	138.85	
40	13.69	14.15	14.40	0.69		83	143.65	150.41	154.01	
41	14.24	14.74	15.01	0.74		84	159.22	166.31	170.03	
42	14.81	15.34	15.64	0.81		85	175.43	182.66	186.38	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape® Whole Life Insurance

Annual Premium per \$1,000 Benefit



For all states except the following: MT							
Band 3: Benefit Amounts \$150,000+							
Female							
Tobacco							
Issue Ages	Preferred	Standard	Waiver	Issue Ages	Preferred	Standard	Waiver
0				43	21.79	22.52	0.89
1				44	22.77	23.54	0.98
2				45	23.82	24.63	1.07
3				46	24.93	25.77	1.18
4				47	26.08	26.97	1.31
5				48	27.30	28.22	1.44
6				49	28.58	29.53	1.62
7				50	29.93	30.92	1.80
8				51	31.37	32.40	2.00
9				52	32.90	33.97	2.26
10				53	34.49	35.59	2.53
11				54	36.11	37.25	2.84
12				55	37.74	38.92	3.17
13				56	39.31	40.53	
14				57	40.83	42.10	
15	6.64	6.64	0.14	58	42.41	43.73	
16	7.02	7.07	0.14	59	44.14	45.50	
17	7.39	7.50	0.16	60	46.11	47.53	
18	7.75	7.90	0.17	61	48.32	49.80	
19	8.11	8.29	0.18	62	50.70	52.26	
20	8.46	8.67	0.19	63	53.27	54.90	
21	8.79	9.01	0.20	64	56.02	57.73	
22	9.10	9.32	0.21	65	58.96	60.74	
23	9.41	9.63	0.21	66	62.07	63.91	
24	9.75	9.96	0.22	67	65.34	67.23	
25	10.13	10.34	0.24	68	68.81	70.76	
26	10.57	10.79	0.25	69	72.53	74.52	
27	11.05	11.28	0.28	70	76.53	78.56	
28	11.55	11.80	0.29	71	80.61	82.67	
29	12.08	12.34	0.30	72	84.75	86.82	
30	12.60	12.88	0.33	73	89.24	91.33	
31	13.12	13.42	0.35	74	94.41	96.50	
32	13.63	13.96	0.38	75	100.55	102.66	
33	14.16	14.52	0.40	76	107.12	109.24	
34	14.73	15.12	0.43	77	113.92	116.05	
35	15.35	15.77	0.46	78	121.76	123.90	
36	16.02	16.48	0.49	79	131.48	133.64	
37	16.74	17.22	0.53	80	143.90	146.11	
38	17.49	18.01	0.58	81	159.71	162.02	
39	18.28	18.84	0.63	82	178.36	180.81	
40	19.11	19.71	0.69	83	198.81	201.41	
41	19.97	20.61	0.74	84	220.03	222.75	
42	20.86	21.54	0.81	85	240.99	243.75	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape®
Whole Life Insurance
Annual Premium per \$1,000 Benefit



For Montana Only							
Band 1: Benefit Amounts \$10,000-\$74,999							
Issue Ages	Non-Tob	Tobacco	Waiver	Issue Ages	Non-Tob	Tobacco	Waiver
0	5.04			43	20.87	28.15	1.07
1	5.36			44	21.66	29.37	1.18
2	5.68			45	22.51	30.67	1.30
3	6.04			46	23.38	32.05	1.42
4	6.44			47	24.27	33.49	1.57
5	6.59			48	25.23	34.99	1.74
6	6.77			49	26.29	36.56	1.94
7	6.93			50	27.50	38.22	2.15
8	7.08			51	28.90	39.95	2.40
9	7.24			52	30.46	41.74	2.69
10	7.44			53	32.13	43.61	3.02
11	7.68			54	33.83	45.58	3.39
12	7.95			55	35.52	47.65	3.80
13	8.24			56	37.21	49.77	
14	8.54			57	38.82	51.93	
15	8.85	10.01	0.20	58	40.44	54.22	
16	9.18	10.99	0.21	59	42.17	56.73	
17	9.53	11.56	0.23	60	44.09	59.55	
18	9.89	11.87	0.23	61	46.15	62.74	
19	10.23	12.10	0.24	62	48.29	66.24	
20	10.53	12.48	0.26	63	50.59	69.96	
21	10.79	12.85	0.27	64	53.15	73.80	
22	11.01	13.16	0.28	65	56.05	77.67	
23	11.22	13.45	0.28	66	59.34	81.37	
24	11.44	13.75	0.29	67	62.97	84.98	
25	11.71	14.11	0.32	68	66.86	88.77	
26	12.02	14.51	0.33	69	70.94	93.02	
27	12.34	14.93	0.34	70	75.13	98.01	
28	12.69	15.39	0.35	71	79.05	103.69	
29	13.07	15.88	0.38	72	82.73	109.86	
30	13.48	16.41	0.40	73	86.78	116.62	
31	13.92	16.98	0.43	74	91.78	124.06	
32	14.40	17.57	0.45	75	98.31	132.27	
33	14.90	18.21	0.48	76	106.23	140.38	
34	15.42	18.92	0.52	77	115.16	148.33	
35	15.94	19.70	0.55	78	125.29	157.42	
36	16.46	20.57	0.60	79	136.86	168.97	
37	16.99	21.53	0.64	80	150.08	184.28	
38	17.53	22.54	0.70	81	164.69	203.17	
39	18.11	23.60	0.77	82	180.56	224.76	
40	18.74	24.69	0.82	83	198.06	249.34	
41	19.41	25.84	0.91	84	217.55	277.17	
42	20.12	26.98	0.99	85	239.43	308.54	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape®
Whole Life Insurance
Annual Premium per \$1,000 Benefit



For Montana Only									
Band 2: Benefit Amounts \$75,000-\$149,999									
Non-Tobacco									
Issue Ages	Preferred +	Preferred	Select	Waiver	Issue Ages	Preferred +	Preferred	Select	Waiver
0			4.21		43	18.85	19.71	20.01	1.00
1			4.30		44	19.60	20.52	20.85	1.10
2			4.40		45	20.40	21.38	21.76	1.22
3			4.51		46	21.23	22.28	22.72	1.34
4			4.64		47	22.10	23.22	23.73	1.48
5			4.79		48	23.01	24.20	24.81	1.65
6			4.94		49	23.97	25.25	25.95	1.85
7			5.10		50	24.99	26.35	27.16	2.06
8			5.28		51	26.07	27.53	28.45	2.32
9			5.49		52	27.21	28.77	29.82	2.61
10			5.74		53	28.40	30.07	31.25	2.95
11			6.06		54	29.62	31.40	32.75	3.33
12			6.42		55	30.86	32.76	34.31	3.75
13			6.82		56	32.07	34.10	35.93	
14			7.22		57	33.27	35.43	37.62	
15	7.59	7.59	7.59	0.18	58	34.51	36.81	39.37	
16	7.85	7.91	7.94	0.18	59	35.86	38.32	41.19	
17	8.10	8.22	8.29	0.20	60	37.39	40.01	43.08	
18	8.36	8.53	8.63	0.20	61	39.07	41.86	44.95	
19	8.63	8.83	8.96	0.22	62	40.84	43.82	46.81	
20	8.89	9.12	9.27	0.24	63	42.77	45.94	48.78	
21	9.15	9.39	9.55	0.25	64	44.89	48.26	50.98	
22	9.41	9.65	9.79	0.26	65	47.24	50.82	53.54	
23	9.67	9.90	10.03	0.26	66	49.80	53.59	56.45	
24	9.94	10.16	10.28	0.27	67	52.53	56.55	59.62	
25	10.24	10.46	10.57	0.29	68	55.48	59.74	63.07	
26	10.56	10.78	10.89	0.31	69	58.69	63.21	66.81	
27	10.89	11.12	11.22	0.32	70	62.22	67.00	70.85	
28	11.24	11.48	11.58	0.33	71	65.86	70.92	74.97	
29	11.61	11.87	11.97	0.35	72	69.58	74.93	79.17	
30	12.01	12.29	12.39	0.38	73	73.68	79.33	83.77	
31	12.44	12.75	12.85	0.40	74	78.45	84.44	89.09	
32	12.90	13.24	13.36	0.43	75	84.19	90.56	95.45	
33	13.38	13.75	13.88	0.46	76	90.35	97.11	102.24	
34	13.86	14.28	14.43	0.49	77	96.74	103.90	109.26	
35	14.35	14.81	14.97	0.53	78	104.18	111.78	117.40	
36	14.82	15.32	15.50	0.57	79	113.47	121.61	127.57	
37	15.28	15.83	16.02	0.61	80	125.45	134.24	140.68	
38	15.76	16.35	16.56	0.65	81	140.10	149.59	156.66	
39	16.27	16.91	17.14	0.72	82	156.87	167.08	174.91	
40	16.84	17.53	17.78	0.77	83	175.78	186.86	195.53	
41	17.47	18.21	18.48	0.84	84	196.84	209.04	218.61	
42	18.14	18.93	19.22	0.92	85	220.07	233.78	244.25	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

For agent use only. Not for use with consumers. Policy form I L0880 (R01-13). Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape®
Whole Life Insurance
Annual Premium per \$1,000 Benefit



For Montana Only							
Band 2: Benefit Amounts \$75,000-\$149,999							
Tobacco							
Issue Ages	Preferred	Standard	Waiver	Issue Ages	Preferred	Standard	Waiver
0				43	25.48	26.27	1.00
1				44	26.63	27.50	1.10
2				45	27.86	28.82	1.22
3				46	29.16	30.21	1.34
4				47	30.52	31.68	1.48
5				48	31.96	33.23	1.65
6				49	33.50	34.87	1.85
7				50	35.14	36.63	2.06
8				51	36.91	38.51	2.32
9				52	38.78	40.51	2.61
10				53	40.75	42.60	2.95
11				54	42.79	44.77	3.33
12				55	44.88	46.99	3.75
13				56	46.94	49.22	
14				57	48.99	51.47	
15	8.88	8.88	0.18	58	51.14	53.81	
16	9.36	9.43	0.18	59	53.50	56.33	
17	9.83	9.96	0.20	60	56.19	59.09	
18	10.27	10.45	0.20	61	59.21	62.07	
19	10.70	10.92	0.22	62	62.48	65.21	
20	11.11	11.35	0.24	63	66.00	68.56	
21	11.48	11.73	0.25	64	69.76	72.17	
22	11.82	12.06	0.26	65	73.75	76.09	
23	12.15	12.37	0.26	66	77.94	80.31	
24	12.49	12.70	0.27	67	82.34	84.79	
25	12.88	13.07	0.29	68	86.99	89.56	
26	13.30	13.49	0.31	69	91.92	94.61	
27	13.74	13.92	0.32	70	97.17	99.96	
28	14.20	14.39	0.33	71	102.45	105.31	
29	14.70	14.90	0.35	72	107.72	110.65	
30	15.25	15.45	0.38	73	113.44	116.44	
31	15.85	16.06	0.40	74	120.05	123.11	
32	16.50	16.71	0.43	75	128.00	131.13	
33	17.19	17.41	0.46	76	136.48	139.68	
34	17.90	18.13	0.49	77	145.21	148.46	
35	18.62	18.88	0.53	78	155.37	158.69	
36	19.33	19.63	0.57	79	168.16	171.58	
37	20.04	20.40	0.61	80	184.78	188.35	
38	20.78	21.20	0.65	81	205.20	208.99	
39	21.57	22.07	0.72	82	228.62	232.68	
40	22.44	23.01	0.77	83	255.09	259.44	
41	23.39	24.03	0.84	84	284.62	289.29	
42	24.40	25.12	0.92	85	317.26	322.23	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape®
Whole Life Insurance
Annual Premium per \$1,000 Benefit



For Montana Only									
Band 3: Benefit Amounts \$150,000+									
Non-Tobacco									
Issue Ages	Preferred +	Preferred	Select	Waiver	Issue Ages	Preferred +	Preferred	Select	Waiver
0			3.58		43	17.81	18.87	19.22	0.96
1			3.68		44	18.57	19.71	20.10	1.07
2			3.79		45	19.39	20.61	21.03	1.18
3			3.91		46	20.26	21.57	22.02	1.30
4			4.04		47	21.18	22.57	23.07	1.45
5			4.19		48	22.15	23.62	24.16	1.62
6			4.35		49	23.16	24.74	25.33	1.82
7			4.51		50	24.23	25.91	26.56	2.03
8			4.69		51	25.37	27.16	27.88	2.29
9			4.89		52	26.57	28.49	29.29	2.59
10			5.10		53	27.82	29.87	30.75	2.93
11			5.33		54	29.08	31.27	32.24	3.31
12			5.59		55	30.33	32.65	33.73	3.74
13			5.86		56	31.51	33.96	35.16	
14			6.13		57	32.64	35.21	36.54	
15	6.41	6.41	6.41	0.15	58	33.80	36.50	37.97	
16	6.58	6.66	6.69	0.16	59	35.09	37.94	39.56	
17	6.77	6.91	6.98	0.17	60	36.58	39.60	41.39	
18	6.98	7.16	7.27	0.18	61	38.25	41.47	43.45	
19	7.19	7.43	7.57	0.19	62	40.05	43.49	45.68	
20	7.43	7.69	7.85	0.21	63	42.01	45.70	48.10	
21	7.68	7.95	8.12	0.22	64	44.18	48.11	50.75	
22	7.94	8.21	8.37	0.23	65	46.60	50.79	53.65	
23	8.23	8.48	8.62	0.23	66	49.24	53.68	56.77	
24	8.52	8.76	8.89	0.24	67	52.08	56.76	60.08	
25	8.84	9.08	9.20	0.27	68	55.15	60.10	63.65	
26	9.18	9.43	9.54	0.28	69	58.52	63.74	67.52	
27	9.53	9.80	9.91	0.29	70	62.24	67.75	71.76	
28	9.91	10.20	10.30	0.30	71	66.09	71.91	76.12	
29	10.29	10.61	10.71	0.33	72	70.03	76.16	80.57	
30	10.69	11.03	11.14	0.35	73	74.39	80.87	85.47	
31	11.09	11.46	11.57	0.38	74	79.49	86.35	91.16	
32	11.49	11.89	12.02	0.40	75	85.67	92.95	98.01	
33	11.91	12.34	12.48	0.42	76	92.36	100.08	105.39	
34	12.36	12.83	12.98	0.46	77	99.34	107.51	113.06	
35	12.84	13.36	13.53	0.50	78	107.45	116.13	121.97	
36	13.36	13.94	14.12	0.53	79	117.54	126.83	133.03	
37	13.91	14.55	14.75	0.57	80	130.46	140.48	147.19	
38	14.50	15.20	15.42	0.62	81	146.16	156.94	164.31	
39	15.11	15.88	16.13	0.68	82	164.08	175.62	183.75	
40	15.75	16.59	16.86	0.74	83	184.28	196.74	205.75	
41	16.41	17.32	17.62	0.81	84	206.82	220.54	230.49	
42	17.10	18.08	18.40	0.89	85	231.76	247.22	258.20	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape® Whole Life Insurance

Annual Premium per \$1,000 Benefit



For Montana Only							
Band 3: Benefit Amounts \$150,000+							
Tobacco							
Issue Ages	Preferred	Standard	Waiver	Issue Ages	Preferred	Standard	Waiver
0				43	25.00	25.44	0.96
1				44	26.19	26.67	1.07
2				45	27.48	28.00	1.18
3				46	28.85	29.43	1.30
4				47	30.30	30.93	1.45
5				48	31.83	32.53	1.62
6				49	33.47	34.23	1.82
7				50	35.21	36.05	2.03
8				51	37.10	38.02	2.29
9				52	39.12	40.14	2.59
10				53	41.23	42.35	2.93
11				54	43.38	44.61	3.31
12				55	45.52	46.86	3.74
13				56	47.55	49.00	
14				57	49.49	51.05	
15	7.76	7.76	0.15	58	51.52	53.19	
16	8.18	8.25	0.16	59	53.79	55.57	
17	8.59	8.73	0.17	60	56.48	58.37	
18	8.99	9.18	0.18	61	59.60	61.60	
19	9.39	9.61	0.19	62	63.04	65.16	
20	9.78	10.03	0.21	63	66.77	69.00	
21	10.15	10.41	0.22	64	70.77	73.11	
22	10.50	10.75	0.23	65	75.00	77.45	
23	10.84	11.07	0.23	66	79.43	81.98	
24	11.21	11.42	0.24	67	84.07	86.72	
25	11.62	11.82	0.27	68	88.98	91.73	
26	12.07	12.27	0.28	69	94.23	97.06	
27	12.55	12.75	0.29	70	99.86	102.78	
28	13.05	13.25	0.30	71	105.56	108.55	
29	13.58	13.79	0.33	72	111.28	114.35	
30	14.14	14.35	0.35	73	117.51	120.65	
31	14.71	14.93	0.38	74	124.74	127.95	
32	15.30	15.53	0.40	75	133.44	136.73	
33	15.92	16.16	0.42	76	142.79	146.16	
34	16.58	16.84	0.46	77	152.47	155.90	
35	17.31	17.58	0.50	78	163.72	167.23	
36	18.10	18.39	0.53	79	177.78	181.39	
37	18.95	19.25	0.57	80	195.88	199.66	
38	19.85	20.16	0.62	81	217.95	221.96	
39	20.80	21.12	0.68	82	243.15	247.44	
40	21.79	22.14	0.74	83	271.62	276.22	
41	22.82	23.19	0.81	84	303.48	308.41	
42	23.88	24.29	0.89	85	338.85	344.13	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$65, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01.

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LifeScape® Whole Life Insurance



For all states except the following: AR, GA, ID, ME, MT, NC, ND, OK, UT, WV

Critical Illness Rider and CI Rider Waiver of Premium Rider

Annual Premium per \$1,000 Benefit

Issue Age	Male Non-Tobacco		Male Tobacco		Issue Age	Female Non-Tobacco		Female Tobacco	
	CI	Waiv	CI	Waiv		CI	Waiv	CI	Waiv
18-20	2.63	0.09	4.50	0.09	18-20	2.59	0.08	3.56	0.08
21	2.81	0.10	4.84	0.10	21	2.77	0.09	3.82	0.09
22	3.02	0.11	5.23	0.11	22	2.96	0.09	4.10	0.09
23	3.25	0.12	5.66	0.12	23	3.16	0.10	4.41	0.10
24	3.49	0.13	6.13	0.13	24	3.38	0.11	4.74	0.11
25	3.76	0.15	6.65	0.15	25	3.61	0.12	5.10	0.12
26	4.04	0.16	7.20	0.16	26	3.85	0.13	5.48	0.13
27	4.34	0.18	7.79	0.18	27	4.11	0.14	5.87	0.14
28	4.67	0.19	8.43	0.19	28	4.38	0.15	6.30	0.15
29	5.02	0.22	9.13	0.22	29	4.67	0.17	6.76	0.17
30	5.41	0.24	9.91	0.24	30	4.98	0.19	7.27	0.19
31	5.83	0.27	10.75	0.27	31	5.31	0.21	7.82	0.21
32	6.28	0.30	11.65	0.30	32	5.67	0.23	8.41	0.23
33	6.76	0.33	12.62	0.33	33	6.04	0.25	9.03	0.25
34	7.29	0.37	13.69	0.37	34	6.44	0.28	9.72	0.28
35	7.86	0.42	14.87	0.42	35	6.87	0.30	10.46	0.30
36	8.47	0.47	16.15	0.47	36	7.33	0.34	11.26	0.34
37	9.12	0.52	17.52	0.52	37	7.82	0.37	12.11	0.37
38	9.82	0.59	19.00	0.59	38	8.34	0.42	13.01	0.42
39	10.57	0.67	20.60	0.67	39	8.88	0.46	13.99	0.46
40	11.39	0.74	22.35	0.74	40	9.45	0.53	15.04	0.53
41	12.27	0.85	24.25	0.85	41	10.04	0.58	16.17	0.58
42	13.21	0.96	26.27	0.96	42	10.67	0.65	17.38	0.65
43	14.21	1.08	28.44	1.08	43	11.31	0.74	18.65	0.74
44	15.26	1.23	30.73	1.23	44	11.98	0.83	20.00	0.83
45	16.37	1.40	33.17	1.40	45	12.67	0.93	21.41	0.93
46	17.53	1.58	35.72	1.58	46	13.37	1.05	22.88	1.05
47	18.74	1.79	38.39	1.79	47	14.09	1.19	24.42	1.19
48	20.01	2.05	41.21	2.05	48	14.82	1.33	26.03	1.33
49	21.35	2.34	44.21	2.34	49	15.59	1.52	27.73	1.52
50	22.76	2.67	47.41	2.67	50	16.40	1.72	29.53	1.72
51	24.23	3.05	50.79	3.05	51	17.24	1.94	31.42	1.94
52	25.76	3.50	54.32	3.50	52	18.11	2.22	33.40	2.22
53	27.36	4.02	58.06	4.02	53	19.01	2.52	35.48	2.52
54	29.06	4.61	62.05	4.61	54	19.96	2.87	37.66	2.87
55	30.87	5.29	66.36	5.29	55	20.95	3.26	39.97	3.26
56	32.76		70.92		56	21.97		42.37	
57	34.71		75.70		57	23.01		44.86	
58	36.78		80.79		58	24.11		47.48	
59	39.02		86.26		59	25.30		50.27	
60	41.47		92.19		60	26.61		53.28	
61	44.12		98.53		61	28.05		56.49	
62	46.94		105.21		62	29.58		59.87	
63	49.94		112.34		63	31.22		63.45	
64	53.16		120.00		64	32.96		67.26	
65	56.62		128.29		65	34.80		71.34	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0881 and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For the following states only: AR, GA, ID, ME, NC, ND, OK, UT, WV

Critical Illness Rider (30-Day Wait) and CI Rider Waiver of Premium Rider

Annual Premium per \$1,000 Benefit

Issue Age	Male Non-Tobacco		Male Tobacco		Issue Age	Female Non-Tobacco		Female Tobacco	
	CI	Waiv	CI	Waiv		CI	Waiv	CI	Waiv
18	2.76	0.09	4.73	0.09	18	2.72	0.08	3.74	0.08
19	2.76	0.10	4.73	0.10	19	2.72	0.08	3.74	0.08
20	2.76	0.10	4.73	0.10	20	2.72	0.08	3.74	0.08
21	2.95	0.11	5.08	0.11	21	2.91	0.09	4.01	0.09
22	3.17	0.12	5.49	0.12	22	3.11	0.10	4.31	0.10
23	3.41	0.12	5.94	0.12	23	3.32	0.10	4.63	0.10
24	3.66	0.14	6.44	0.14	24	3.55	0.11	4.98	0.11
25	3.95	0.16	6.98	0.16	25	3.79	0.12	5.36	0.12
26	4.24	0.17	7.56	0.17	26	4.04	0.13	5.75	0.13
27	4.56	0.19	8.18	0.19	27	4.32	0.15	6.16	0.15
28	4.90	0.20	8.85	0.20	28	4.60	0.16	6.62	0.16
29	5.27	0.23	9.59	0.23	29	4.90	0.17	7.10	0.17
30	5.68	0.25	10.41	0.25	30	5.23	0.20	7.63	0.20
31	6.12	0.28	11.29	0.28	31	5.58	0.22	8.21	0.22
32	6.59	0.31	12.23	0.31	32	5.95	0.24	8.83	0.24
33	7.10	0.35	13.25	0.35	33	6.34	0.26	9.48	0.26
34	7.65	0.39	14.37	0.39	34	6.76	0.29	10.21	0.29
35	8.25	0.44	15.61	0.44	35	7.21	0.32	10.98	0.32
36	8.89	0.49	16.96	0.49	36	7.70	0.35	11.82	0.35
37	9.58	0.55	18.40	0.55	37	8.21	0.39	12.72	0.39
38	10.31	0.62	19.95	0.62	38	8.76	0.44	13.66	0.44
39	11.10	0.70	21.63	0.70	39	9.32	0.49	14.69	0.49
40	11.96	0.78	23.47	0.78	40	9.92	0.55	15.79	0.55
41	12.88	0.89	25.46	0.89	41	10.54	0.61	16.98	0.61
42	13.87	1.01	27.58	1.01	42	11.20	0.69	18.25	0.69
43	14.92	1.13	29.86	1.13	43	11.88	0.77	19.58	0.77
44	16.02	1.29	32.27	1.29	44	12.58	0.88	21.00	0.88
45	17.19	1.47	34.83	1.47	45	13.30	0.98	22.48	0.98
46	18.41	1.66	37.51	1.66	46	14.04	1.10	24.02	1.10
47	19.68	1.88	40.31	1.88	47	14.79	1.25	25.64	1.25
48	21.01	2.15	43.27	2.15	48	15.56	1.40	27.33	1.40
49	22.42	2.46	46.42	2.46	49	16.37	1.59	29.12	1.59
50	23.90	2.80	49.78	2.80	50	17.22	1.81	31.01	1.81
51	25.44	3.21	53.33	3.21	51	18.10	2.04	32.99	2.04
52	27.05	3.68	57.04	3.68	52	19.02	2.33	35.07	2.33
53	28.73	4.22	60.96	4.22	53	19.96	2.64	37.25	2.64
54	30.51	4.84	65.15	4.84	54	20.96	3.02	39.54	3.02
55	32.41	5.56	69.68	5.56	55	22.00	3.42	41.97	3.42
56	34.40		74.47		56	23.07		44.49	
57	36.45		79.49		57	24.16		47.10	
58	38.62		84.83		58	25.32		49.85	
59	40.97		90.57		59	26.57		52.78	
60	43.54		96.80		60	27.94		55.94	
61	46.33		103.46		61	29.45		59.31	
62	49.29		110.47		62	31.06		62.86	
63	52.44		117.96		63	32.78		66.62	
64	55.82		126.00		64	34.61		70.62	
65	59.45		134.70		65	36.54		74.91	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0881 and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For all states except the following: MT									
Monthly Disability Income Rider, Accident Only Disability Income Rider, DI Rider Waiver of Premium Rider and ADI Rider Waiver of Premium Rider									
Annual Premium per \$100 Benefit									
Disability Income Rider					Accident Only Disability Income Rider				
Issue Age	Male		Female		Issue Age	Male		Female	
	DI	Waiv	DI	Waiv		DI	Waiv	DI	Waiv
18-25	14.12	0.39	17.63	0.67	18-25	7.58	0.21	7.73	0.30
26	14.57	0.42	18.41	0.75	26	7.58	0.22	7.73	0.32
27	15.03	0.46	19.19	0.83	27	7.58	0.23	7.73	0.35
28	15.49	0.49	19.96	0.90	28	7.58	0.24	7.73	0.37
29	15.95	0.52	20.74	0.98	29	7.58	0.25	7.73	0.40
30	16.41	0.55	21.52	1.06	30	7.77	0.26	8.54	0.42
31	17.17	0.61	22.55	1.18	31	7.77	0.28	8.54	0.44
32	17.93	0.67	23.58	1.30	32	7.77	0.29	8.54	0.47
33	18.69	0.73	24.62	1.42	33	7.77	0.30	8.54	0.49
34	19.45	0.79	25.65	1.54	34	7.77	0.31	8.54	0.51
35	20.21	0.85	26.68	1.66	35	7.77	0.33	8.54	0.53
36	21.41	0.96	27.81	1.81	36	7.77	0.35	8.54	0.57
37	22.60	1.07	28.93	1.97	37	7.77	0.37	8.54	0.61
38	23.80	1.18	30.06	2.12	38	7.77	0.39	8.54	0.65
39	25.00	1.29	31.19	2.27	39	7.77	0.41	8.54	0.69
40	26.20	1.40	32.31	2.42	40	7.98	0.43	9.72	0.73
41	27.94	1.59	33.44	2.57	41	7.98	0.45	9.72	0.75
42	29.68	1.78	34.57	2.73	42	7.98	0.47	9.72	0.76
43	31.43	1.97	35.71	2.88	43	7.98	0.49	9.72	0.78
44	33.17	2.17	36.84	3.04	44	7.98	0.52	9.72	0.80
45	34.92	2.36	37.97	3.19	45	7.98	0.54	9.72	0.82
46	37.30	2.67	39.13	3.32	46	7.98	0.57	9.72	0.85
47	39.67	2.97	40.28	3.45	47	7.98	0.60	9.72	0.88
48	42.05	3.28	41.44	3.58	48	7.98	0.63	9.72	0.92
49	44.43	3.59	42.60	3.71	49	7.98	0.66	9.72	0.95
50	46.81	3.89	43.76	3.84	50	8.33	0.69	11.19	0.98
51	49.88	4.30	45.05	3.92	51	8.33	0.71	11.19	0.97
52	52.95	4.70	46.35	4.00	52	8.33	0.73	11.19	0.97
53	56.03	5.11	47.64	4.08	53	8.33	0.75	11.19	0.96
54	59.10	5.51	48.93	4.16	54	8.33	0.77	11.19	0.95
55	62.17	5.92	50.22	4.24	55	8.33	0.79	11.19	0.94
56	65.25		51.52		56	8.33		11.19	
57	68.32		52.81		57	8.33		11.19	
58	71.40		54.10		58	8.33		11.19	
59	74.47		55.39		59	8.33		11.19	
60	77.54		56.69		60	8.33		11.19	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0825-W, R I0827-W and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For all states except the following: MT								
Male								
10-Year Term Rider Premium per \$1,000 Death Benefit						10-Year Term Waiver of Premium Rider Premium per \$1,000 Death Benefit		
Issue Age	Preferred + Non-Tob	Preferred Non-Tob	Select Tob	Non- Tobacco	Preferred Tobacco	Standard Tobacco	Issue Age	
18-30	0.99	1.15	1.26	1.60	1.75		18	0.03
31	0.99	1.15	1.26	1.67	1.83		19-30	0.04
32	0.99	1.15	1.26	1.77	1.93		31	0.05
33	0.99	1.15	1.26	1.89	2.06		32	0.05
34	0.99	1.15	1.26	2.04	2.22		33	0.05
35	0.99	1.15	1.26	2.20	2.39		34	0.06
36	1.03	1.19	1.31	2.38	2.58		35	0.07
37	1.08	1.25	1.38	2.57	2.78		36	0.07
38	1.14	1.32	1.46	2.78	3.01		37	0.08
39	1.21	1.40	1.56	3.03	3.27		38	0.09
40	1.29	1.49	1.67	3.31	3.57		39	0.11
41	1.37	1.59	1.79	3.62	3.90		40	0.12
42	1.46	1.69	1.91	3.96	4.26		41	0.14
43	1.56	1.81	2.05	4.34	4.66		42	0.16
44	1.67	1.94	2.21	4.76	5.11		43	0.18
45	1.79	2.09	2.38	5.24	5.62		44	0.20
46	1.93	2.25	2.57	5.76	6.18		45	0.24
47	2.07	2.42	2.77	6.32	6.78		46	0.27
48	2.24	2.61	2.99	6.93	7.45		47	0.32
49	2.42	2.83	3.24	7.61	8.19		48	0.37
50	2.63	3.07	3.53	8.38	9.02		49	0.43
51	2.86	3.34	3.85	9.22	9.94		50	0.51
52	3.11	3.64	4.19	10.13	10.94		51	0.60
53	3.39	3.96	4.58	11.12	12.02		52	0.71
54	3.69	4.32	5.00	12.20	13.19		53	0.83
55	4.04	4.72	5.49	13.36	14.46		54	0.98
56	4.42	5.16	6.02	14.59	15.79		55	1.15
57	4.82	5.62	6.60	15.88	17.19			
58	5.26	6.13	7.23	17.28	18.69			
59	5.75	6.69	7.93	18.81	20.34			
60	6.30	7.32	8.72	20.52	22.19			

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R 10884 and R 10883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For all states except the following: MT							
Female							
10-Year Term Rider						10-Year Term Waiver of Premium Rider	
Premium per \$1,000 Death Benefit							
Issue Age	Preferred + Non-Tob	Preferred Non-Tob	Select Tob	Non- Tobacco	Preferred Tobacco	Standard Tobacco	Premium per \$1,000 Death Benefit
18-25	0.67	0.72	0.83	1.11	1.29	1.29	Issue Age
26	0.67	0.72	0.83	1.12	1.30	1.30	18-25
27	0.68	0.73	0.83	1.12	1.31	1.31	26
28	0.68	0.73	0.84	1.13	1.32	1.32	27
29	0.69	0.74	0.84	1.16	1.35	1.35	28
30	0.71	0.76	0.86	1.20	1.40	1.40	29
31	0.73	0.79	0.89	1.26	1.47	1.47	30
32	0.75	0.82	0.92	1.33	1.56	1.56	31
33	0.78	0.85	0.96	1.42	1.67	1.67	32
34	0.81	0.90	1.00	1.52	1.79	1.79	33
35	0.85	0.94	1.05	1.64	1.93	1.93	34
36	0.89	0.99	1.10	1.76	2.08	2.08	35
37	0.93	1.03	1.16	1.90	2.24	2.24	36
38	0.97	1.08	1.23	2.05	2.41	2.41	37
39	1.02	1.14	1.30	2.22	2.62	2.62	38
40	1.08	1.21	1.38	2.43	2.86	2.86	39
41	1.15	1.29	1.47	2.67	3.14	3.14	40
42	1.22	1.37	1.57	2.94	3.44	3.44	41
43	1.31	1.46	1.68	3.24	3.78	3.78	42
44	1.40	1.56	1.79	3.56	4.15	4.15	43
45	1.50	1.67	1.92	3.93	4.55	4.55	44
46	1.61	1.79	2.06	4.33	4.98	4.98	45
47	1.73	1.92	2.20	4.75	5.45	5.45	46
48	1.85	2.06	2.36	5.21	5.95	5.95	47
49	1.99	2.22	2.52	5.72	6.49	6.49	48
50	2.13	2.38	2.71	6.27	7.08	7.08	49
51	2.28	2.55	2.90	6.86	7.71	7.71	50
52	2.42	2.72	3.10	7.49	8.38	8.38	51
53	2.58	2.91	3.32	8.17	9.10	9.10	52
54	2.77	3.12	3.57	8.91	9.88	9.88	53
55	2.98	3.36	3.86	9.73	10.75	10.75	54
56	3.23	3.64	4.19	10.62	11.69	11.69	55
57	3.49	3.94	4.54	11.55	12.68	12.68	0.88
58	3.79	4.27	4.94	12.57	13.76	13.76	
59	4.11	4.63	5.37	13.69	14.94	14.94	
60	4.47	5.03	5.84	14.94	16.25	16.25	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0884 and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For all states except the following: MT							
Male							
20-Year Term Rider						20-Year Term Waiver	
Premium per \$1,000 Death Benefit						of Premium Rider	
Issue Age	Preferred + Non-Tob	Preferred Non-Tob	Select Tob	Non-Tobacco	Preferred Tobacco	Standard Tobacco	Premium per \$1,000 Death Benefit
18-25	1.12	1.23	1.38	1.75	1.97		0.04
26	1.12	1.23	1.38	1.79	2.00		0.05
27	1.12	1.23	1.38	1.85	2.04		0.05
28	1.12	1.23	1.38	1.93	2.10		0.05
29	1.12	1.23	1.38	2.03	2.18		0.05
30	1.12	1.23	1.38	2.15	2.30		0.06
31	1.15	1.26	1.41	2.30	2.45		0.06
32	1.19	1.31	1.45	2.47	2.63		0.07
33	1.23	1.37	1.49	2.67	2.83		0.07
34	1.29	1.44	1.56	2.90	3.07		0.08
35	1.37	1.53	1.65	3.15	3.33		0.09
36	1.46	1.64	1.76	3.43	3.62		0.10
37	1.56	1.76	1.89	3.73	3.93		0.12
38	1.67	1.89	2.04	4.05	4.27		0.13
39	1.80	2.05	2.21	4.42	4.66		0.15
40	1.95	2.22	2.40	4.84	5.09		0.17
41	2.12	2.41	2.61	5.30	5.56		0.19
42	2.30	2.61	2.84	5.79	6.07		0.22
43	2.50	2.84	3.08	6.33	6.63		0.25
44	2.72	3.09	3.36	6.93	7.25		0.29
45	2.97	3.37	3.67	7.59	7.94		0.34
46	3.24	3.68	4.01	8.30	8.69		0.38
47	3.54	4.01	4.37	9.05	9.49		0.44
48	3.85	4.36	4.76	9.87	10.37		0.52
49	4.21	4.76	5.19	10.78	11.34		0.60
50	4.60	5.20	5.67	11.79	12.42		0.70

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0884 and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For all states except the following: MT							
Female							
20-Year Term Rider						20-Year Term Waiver of Premium Rider Premium per \$1,000 Death Benefit	
Premium per \$1,000 Death Benefit							
Issue Age	Preferred + Non-Tob	Preferred Non-Tob	Select Tob	Non- Preferred Tobacco	Standard Tobacco		
18-25	0.72	0.77	0.86	1.17	1.35	18-25	0.03
26	0.72	0.77	0.86	1.21	1.39	26	0.03
27	0.73	0.78	0.86	1.26	1.44	27	0.04
28	0.73	0.78	0.87	1.32	1.50	28	0.04
29	0.75	0.80	0.89	1.40	1.58	29	0.04
30	0.78	0.83	0.92	1.51	1.70	30	0.04
31	0.83	0.88	0.97	1.64	1.85	31	0.05
32	0.88	0.94	1.04	1.79	2.02	32	0.05
33	0.95	1.02	1.12	1.97	2.21	33	0.06
34	1.03	1.10	1.21	2.16	2.43	34	0.07
35	1.11	1.19	1.31	2.38	2.67	35	0.08
36	1.20	1.29	1.42	2.61	2.93	36	0.09
37	1.29	1.39	1.53	2.86	3.20	37	0.10
38	1.39	1.51	1.65	3.13	3.50	38	0.11
39	1.50	1.63	1.79	3.44	3.83	39	0.13
40	1.62	1.77	1.94	3.78	4.20	40	0.15
41	1.76	1.92	2.11	4.16	4.61	41	0.17
42	1.90	2.09	2.28	4.57	5.06	42	0.19
43	2.06	2.26	2.47	5.02	5.54	43	0.22
44	2.23	2.45	2.68	5.50	6.07	44	0.25
45	2.42	2.66	2.91	6.03	6.63	45	0.29
46	2.62	2.88	3.15	6.58	7.22	46	0.33
47	2.83	3.11	3.41	7.17	7.84	47	0.38
48	3.06	3.35	3.68	7.79	8.50	48	0.44
49	3.31	3.62	3.98	8.48	9.22	49	0.50
50	3.58	3.91	4.31	9.25	10.03	50	0.58

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0884 and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For all states except the following: MT															
Payor Rider Gross Premiums															
Percent of Premium Waived															
Payors Age	Age of Child														
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
18-20	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	3%	2%	2%	2%	2%
21	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%	2%	2%
22	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%	2%	2%
23	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%	2%	2%
24	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%	2%	2%
25	5%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%	2%
26	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%	2%
27	5%	5%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%
28	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%
29	5%	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%
30	6%	5%	5%	5%	4%	4%	4%	4%	4%	3%	3%	3%	3%	2%	2%
31	6%	6%	5%	5%	5%	5%	4%	4%	4%	3%	3%	3%	3%	3%	2%
32	6%	6%	6%	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	2%
33	7%	6%	6%	6%	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%
34	7%	7%	6%	6%	6%	5%	5%	5%	4%	4%	4%	3%	3%	3%	3%
35	8%	7%	7%	6%	6%	6%	5%	5%	5%	4%	4%	4%	3%	3%	3%
36	8%	8%	7%	7%	7%	6%	6%	5%	5%	5%	4%	4%	4%	3%	3%
37	9%	8%	8%	7%	7%	7%	6%	6%	5%	5%	5%	4%	4%	3%	3%
38	10%	9%	9%	8%	8%	7%	6%	6%	6%	5%	5%	4%	4%	4%	3%
39	10%	10%	9%	9%	8%	7%	7%	7%	6%	6%	5%	5%	4%	4%	4%
40	11%	11%	10%	9%	9%	8%	8%	7%	7%	6%	6%	5%	5%	4%	4%
41	12%	11%	11%	10%	9%	9%	8%	8%	7%	6%	6%	5%	5%	5%	4%
42	13%	12%	12%	11%	10%	10%	9%	8%	8%	7%	7%	6%	5%	5%	4%
43	14%	13%	12%	12%	11%	10%	10%	9%	8%	8%	7%	6%	6%	5%	5%
44	15%	14%	13%	13%	12%	11%	10%	10%	9%	8%	8%	7%	6%	6%	5%
45	16%	15%	14%	14%	13%	12%	11%	10%	10%	9%	8%	7%	7%	6%	6%
46	17%	16%	15%	15%	14%	13%	12%	11%	11%	10%	9%	8%	7%	7%	6%
47	19%	17%	16%	16%	15%	14%	13%	12%	11%	11%	10%	9%	8%	7%	7%
48	20%	19%	18%	17%	16%	15%	14%	13%	12%	11%	11%	10%	9%	8%	7%
49	22%	20%	19%	18%	17%	16%	15%	14%	13%	12%	11%	11%	10%	9%	8%
50	23%	22%	21%	19%	18%	17%	16%	15%	14%	13%	12%	11%	10%	10%	9%
51	25%	24%	22%	21%	20%	19%	17%	16%	15%	14%	13%	12%	11%	10%	10%
52	27%	25%	24%	23%	21%	20%	19%	18%	16%	15%	14%	13%	12%	11%	10%
53	29%	27%	26%	24%	23%	21%	20%	19%	18%	16%	15%	14%	13%	12%	11%
54	31%	30%	28%	26%	25%	23%	22%	20%	19%	17%	16%	15%	14%	13%	12%
55	34%	32%	30%	28%	26%	25%	23%	22%	20%	19%	17%	16%	15%	13%	12%

To calculate the modal premium, multiply total premium by the rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider form R I0886. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For all states except the following: MT					
Protected Insurability Benefit Rider		Children's Term Benefit Rider		Accidental Death Benefit Rider	
Premium per \$1,000 Benefit		Premium per \$1,000 Benefit		Premium per \$1,000 Benefit	
Issue Ages		Base	5.50	Issue Ages	
0	0.49	Waiver of Premium	0.20	10	1.19
1	0.51			11	1.20
2	0.53			12	1.20
3	0.55			13	1.21
4	0.57			14	1.22
5	0.60			15	1.22
6	0.63			16	1.23
7	0.66			17	1.22
8	0.69			18	1.21
9	0.72			19	1.20
10	0.76			20	1.19
11	0.80			21	1.15
12	0.84			22	1.11
13	0.89			23	1.07
14	0.93			24	1.03
15	1.01			25	1.00
16	1.04			26	0.96
17	1.07			27	0.93
18	1.10			28	0.90
19	1.13			29	0.88
20	1.16			30	0.85
21	1.20			31	0.82
22	1.23			32	0.80
23	1.27			33	0.81
24	1.32			34	0.82
25	1.36			35	0.82
26	1.41			36	0.83
27	1.46			37	0.84
28	1.51			38	0.85
29	1.56			39	0.87
30	1.61			40	0.88
31	1.65			41	0.89
32	1.69			42	0.90
33	1.73			43	0.92
34	1.76			44	0.93
35	1.79			45	0.95
36	1.82			46	0.96
37	1.84			47	0.98
				48	0.99
				49	1.01
				50	1.03
				51	1.05
				52	1.07
				53	1.09
				54	1.12
				55	1.14
				56	1.17
				57	1.20
				58	1.23
				59	1.26
				60	1.30

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0887, A-R M35 & A-R 130. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For Montana Only				
Critical Illness Rider and CI Rider Waiver of Premium Rider				
Annual Premium per \$1,000 Benefit				
Issue Age	Non-Tobacco		Tobacco	
	CI	Waiv	CI	Waiv
18	2.61	0.09	4.03	0.09
19	2.61	0.09	4.03	0.09
20	2.61	0.09	4.03	0.09
21	2.79	0.10	4.33	0.10
22	2.99	0.10	4.67	0.10
23	3.21	0.11	5.04	0.11
24	3.44	0.12	5.44	0.12
25	3.69	0.14	5.88	0.14
26	3.95	0.15	6.34	0.15
27	4.23	0.16	6.83	0.16
28	4.53	0.17	7.37	0.17
29	4.85	0.20	7.95	0.20
30	5.20	0.22	8.59	0.22
31	5.57	0.24	9.29	0.24
32	5.98	0.27	10.03	0.27
33	6.40	0.29	10.83	0.29
34	6.87	0.33	11.71	0.33
35	7.37	0.36	12.67	0.36
36	7.90	0.41	13.71	0.41
37	8.47	0.45	14.82	0.45
38	9.08	0.51	16.01	0.51
39	9.73	0.57	17.30	0.57
40	10.42	0.64	18.70	0.64
41	11.16	0.72	20.21	0.72
42	11.94	0.81	21.83	0.81
43	12.76	0.91	23.55	0.91
44	13.62	1.03	25.37	1.03
45	14.52	1.17	27.29	1.17
46	15.45	1.32	29.30	1.32
47	16.42	1.49	31.41	1.49
48	17.42	1.69	33.62	1.69
49	18.47	1.93	35.97	1.93
50	19.58	2.20	38.47	2.20
51	20.74	2.50	41.11	2.50
52	21.94	2.86	43.86	2.86
53	23.19	3.27	46.77	3.27
54	24.51	3.74	49.86	3.74
55	25.91	4.28	53.17	4.28
56	27.37		56.65	
57	28.86		60.28	
58	30.45		64.14	
59	32.16		68.27	
60	34.04		72.74	
61	36.09		77.51	
62	38.26		82.54	
63	40.58		87.90	
64	43.06		93.63	
65	45.71		99.82	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0881 and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

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LifeScape® Whole Life Insurance



For Montana Only					
Monthly Disability Income Rider, Accident Only Disability Income Rider, DI Rider Waiver of Premium Rider and ADI Rider Waiver of Premium Rider Annual Premium per \$100 Benefit					
Disability Income Rider			Accident Only DI Rider		
Issue Age	DI	Waiv	Issue Age	DI	Waiv
18-25	17.63	0.67	18-25	7.73	0.30
26	18.41	0.75	26	7.73	0.32
27	19.19	0.83	27	7.73	0.35
28	19.96	0.90	28	7.73	0.37
29	20.74	0.98	29	7.73	0.40
30	21.52	1.06	30	8.54	0.42
31	22.55	1.18	31	8.54	0.44
32	23.58	1.30	32	8.54	0.47
33	24.62	1.42	33	8.54	0.49
34	25.65	1.54	34	8.54	0.51
35	26.68	1.66	35	8.54	0.53
36	27.81	1.81	36	8.54	0.57
37	28.93	1.97	37	8.54	0.61
38	30.06	2.12	38	8.54	0.65
39	31.19	2.27	39	8.54	0.69
40	32.31	2.42	40	9.72	0.73
41	33.44	2.57	41	9.72	0.75
42	34.57	2.73	42	9.72	0.76
43	35.71	2.88	43	9.72	0.78
44	36.84	3.04	44	9.72	0.80
45	37.97	3.19	45	9.72	0.82
46	39.13	3.32	46	9.72	0.85
47	40.28	3.45	47	9.72	0.88
48	41.44	3.58	48	9.72	0.92
49	42.60	3.71	49	9.72	0.95
50	43.76	3.84	50	11.19	0.98
51	45.05	3.92	51	11.19	0.97
52	46.35	4.00	52	11.19	0.97
53	47.64	4.08	53	11.19	0.96
54	48.93	4.16	54	11.19	0.95
55	50.22	4.24	55	11.19	0.94
56	51.52		56	11.19	
57	52.81		57	11.19	
58	54.10		58	11.19	
59	55.39		59	11.19	
60	56.69		60	11.19	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0825-W, R I0827-W and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For Montana Only								
10-Year Term Rider Premium per \$1,000 Death Benefit						10-Year Term Waiver of Premium Rider Premium per \$1,000 Death Benefit		
Issue Age	Preferred + Non-Tob	Preferred Non-Tob	Select Tob	Non- Tobacco	Preferred Tobacco	Standard Tobacco	Issue Age	
18-30	0.99	1.15	1.26	1.60	1.75		18	0.03
31	0.99	1.15	1.26	1.67	1.83		19-30	0.04
32	0.99	1.15	1.26	1.77	1.93		31	0.05
33	0.99	1.15	1.26	1.89	2.06		32	0.05
34	0.99	1.15	1.26	2.04	2.22		33	0.05
35	0.99	1.15	1.26	2.20	2.39		34	0.06
36	1.03	1.19	1.31	2.38	2.58		35	0.07
37	1.08	1.25	1.38	2.57	2.78		36	0.07
38	1.14	1.32	1.46	2.78	3.01		37	0.08
39	1.21	1.40	1.56	3.03	3.27		38	0.09
40	1.29	1.49	1.67	3.31	3.57		39	0.11
41	1.37	1.59	1.79	3.62	3.90		40	0.12
42	1.46	1.69	1.91	3.96	4.26		41	0.14
43	1.56	1.81	2.05	4.34	4.66		42	0.16
44	1.67	1.94	2.21	4.76	5.11		43	0.18
45	1.79	2.09	2.38	5.24	5.62		44	0.20
46	1.93	2.25	2.57	5.76	6.18		45	0.24
47	2.07	2.42	2.77	6.32	6.78		46	0.27
48	2.24	2.61	2.99	6.93	7.45		47	0.32
49	2.42	2.83	3.24	7.61	8.19		48	0.37
50	2.63	3.07	3.53	8.38	9.02		49	0.43
51	2.86	3.34	3.85	9.22	9.94		50	0.51
52	3.11	3.64	4.19	10.13	10.94		51	0.60
53	3.39	3.96	4.58	11.12	12.02		52	0.71
54	3.69	4.32	5.00	12.20	13.19		53	0.83
55	4.04	4.72	5.49	13.36	14.46		54	0.98
56	4.42	5.16	6.02	14.59	15.79		55	1.15
57	4.82	5.62	6.60	15.88	17.19			
58	5.26	6.13	7.23	17.28	18.69			
59	5.75	6.69	7.93	18.81	20.34			
60	6.30	7.32	8.72	20.52	22.19			

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R 10884 and R 10883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For Montana Only							
20-Year Term Rider Premium per \$1,000 Death Benefit						20-Year Term Waiver of Premium Rider Premium per \$1,000 Death Benefit	
Issue Age	Preferred + Non-Tob	Preferred Non-Tob	Select Tob	Non- Tobacco	Preferred Tobacco	Standard Tobacco	
18-25	1.12	1.23	1.38	1.75	1.97		18-25
26	1.12	1.23	1.38	1.79	2.00		26
27	1.12	1.23	1.38	1.85	2.04		27
28	1.12	1.23	1.38	1.93	2.10		28
29	1.12	1.23	1.38	2.03	2.18		29
30	1.12	1.23	1.38	2.15	2.30		30
31	1.15	1.26	1.41	2.30	2.45		31
32	1.19	1.31	1.45	2.47	2.63		32
33	1.23	1.37	1.49	2.67	2.83		33
34	1.29	1.44	1.56	2.90	3.07		34
35	1.37	1.53	1.65	3.15	3.33		35
36	1.46	1.64	1.76	3.43	3.62		36
37	1.56	1.76	1.89	3.73	3.93		37
38	1.67	1.89	2.04	4.05	4.27		38
39	1.80	2.05	2.21	4.42	4.66		39
40	1.95	2.22	2.40	4.84	5.09		40
41	2.12	2.41	2.61	5.30	5.56		41
42	2.30	2.61	2.84	5.79	6.07		42
43	2.50	2.84	3.08	6.33	6.63		43
44	2.72	3.09	3.36	6.93	7.25		44
45	2.97	3.37	3.67	7.59	7.94		45
46	3.24	3.68	4.01	8.30	8.69		46
47	3.54	4.01	4.37	9.05	9.49		47
48	3.85	4.36	4.76	9.87	10.37		48
49	4.21	4.76	5.19	10.78	11.34		49
50	4.60	5.20	5.67	11.79	12.42		50

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider forms R I0884 and R I0883. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For Montana Only															
Payor Rider Gross Premiums															
Percent of Premium Waived															
Payors Age	Age of Child														
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
18-20	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	3%	2%	2%	2%	2%
21	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%	2%	2%
22	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%	2%	2%
23	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%	2%	2%
24	4%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%	2%	2%
25	5%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%	2%
26	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%	2%
27	5%	5%	4%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%
28	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	3%	3%	2%	2%
29	5%	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	3%	2%	2%
30	6%	5%	5%	5%	4%	4%	4%	4%	4%	3%	3%	3%	3%	2%	2%
31	6%	6%	5%	5%	5%	5%	4%	4%	4%	3%	3%	3%	3%	3%	2%
32	6%	6%	6%	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%	2%
33	7%	6%	6%	6%	5%	5%	5%	4%	4%	4%	4%	3%	3%	3%	3%
34	7%	7%	6%	6%	6%	5%	5%	5%	4%	4%	4%	3%	3%	3%	3%
35	8%	7%	7%	6%	6%	6%	5%	5%	5%	4%	4%	4%	3%	3%	3%
36	8%	8%	7%	7%	7%	6%	6%	5%	5%	5%	4%	4%	4%	3%	3%
37	9%	8%	8%	7%	7%	7%	6%	6%	5%	5%	5%	4%	4%	3%	3%
38	10%	9%	9%	8%	8%	7%	6%	6%	6%	5%	5%	4%	4%	4%	3%
39	10%	10%	9%	9%	8%	7%	7%	7%	6%	6%	5%	5%	4%	4%	4%
40	11%	11%	10%	9%	9%	8%	8%	7%	7%	6%	6%	5%	5%	4%	4%
41	12%	11%	11%	10%	9%	9%	8%	8%	7%	6%	6%	5%	5%	5%	4%
42	13%	12%	12%	11%	10%	10%	9%	8%	8%	7%	7%	6%	5%	5%	4%
43	14%	13%	12%	12%	11%	10%	10%	9%	8%	8%	7%	6%	6%	5%	5%
44	15%	14%	13%	13%	12%	11%	10%	10%	9%	8%	8%	7%	6%	6%	5%
45	16%	15%	14%	14%	13%	12%	11%	10%	10%	9%	8%	7%	7%	6%	6%
46	17%	16%	15%	15%	14%	13%	12%	11%	11%	10%	9%	8%	7%	7%	6%
47	19%	17%	16%	16%	15%	14%	13%	12%	11%	11%	10%	9%	8%	7%	7%
48	20%	19%	18%	17%	16%	15%	14%	13%	12%	11%	11%	10%	9%	8%	7%
49	22%	20%	19%	18%	17%	16%	15%	14%	13%	12%	11%	11%	10%	9%	8%
50	23%	22%	21%	19%	18%	17%	16%	15%	14%	13%	12%	11%	10%	10%	9%
51	25%	24%	22%	21%	20%	19%	17%	16%	15%	14%	13%	12%	11%	10%	10%
52	27%	25%	24%	23%	21%	20%	19%	18%	16%	15%	14%	13%	12%	11%	10%
53	29%	27%	26%	24%	23%	21%	20%	19%	18%	16%	15%	14%	13%	12%	11%
54	31%	30%	28%	26%	25%	23%	22%	20%	19%	17%	16%	15%	14%	13%	12%
55	34%	32%	30%	28%	26%	25%	23%	22%	20%	19%	17%	16%	15%	13%	12%

To calculate the modal premium, multiply total premium by the rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider form R I0886. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape® Whole Life Insurance



For Montana Only					
Protected Insurability Benefit Rider		Children's Term Benefit Rider		Accidental Death Benefit Rider	
Premium per \$1,000 Benefit		Premium per \$1,000 Benefit		Premium per \$1,000 Benefit	
Issue Ages		Base	5.50	Issue Ages	
0	0.49	Waiver of Premium	0.20	10	1.19
1	0.51			11	1.20
2	0.53			12	1.20
3	0.55			13	1.21
4	0.57			14	1.22
5	0.60			15	1.22
6	0.63			16	1.23
7	0.66			17	1.22
8	0.69			18	1.21
9	0.72			19	1.20
10	0.76			20	1.19
11	0.80			21	1.15
12	0.84			22	1.11
13	0.89			23	1.07
14	0.93			24	1.03
15	1.01			25	1.00
16	1.04			26	0.96
17	1.07			27	0.93
18	1.10			28	0.90
19	1.13			29	0.88
20	1.16			30	0.85
21	1.20			31	0.82
22	1.23			32	0.80
23	1.27			33	0.81
24	1.32			34	0.82
25	1.36			35	0.82
26	1.41			36	0.83
27	1.46			37	0.84
28	1.51			38	0.85
29	1.56			39	0.87
30	1.61			40	0.88
31	1.65			41	0.89
32	1.69			42	0.90
33	1.73			43	0.92
34	1.76			44	0.93
35	1.79			45	0.95
36	1.82			46	0.96
37	1.84			47	0.98
				48	0.99
				49	1.01
				50	1.03
				51	1.05
				52	1.07
				53	1.09
				54	1.12
				55	1.14
				56	1.17
				57	1.20
				58	1.23
				59	1.26
				60	1.30

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium

For agent use only. Rider forms R I0887, A-R M35 & A-R 130. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape®
Whole Life Insurance



Periodic Value Enhancement Rider (PVER) Waiver of Premium Rider				
Percent of Premium Waived				
Issue Age	For all states except the following: MT		For Montana Only	
	Male	Female	Male	Female
15	1.46%	1.60%	1.46%	1.46%
16	1.52%	1.65%	1.52%	1.52%
17	1.50%	1.62%	1.50%	1.50%
18	1.52%	1.66%	1.52%	1.52%
19	1.54%	1.63%	1.54%	1.54%
20	1.53%	1.62%	1.53%	1.53%
21	1.55%	1.65%	1.55%	1.55%
22	1.58%	1.64%	1.58%	1.58%
23	1.62%	1.72%	1.62%	1.62%
24	1.64%	1.74%	1.64%	1.64%
25	1.69%	1.72%	1.69%	1.69%
26	1.70%	1.77%	1.70%	1.70%
27	1.74%	1.81%	1.74%	1.74%
28	1.77%	1.85%	1.77%	1.77%
29	1.82%	1.88%	1.82%	1.82%
30	1.84%	1.91%	1.84%	1.84%
31	1.88%	1.96%	1.88%	1.88%
32	1.94%	1.97%	1.94%	1.94%
33	1.99%	2.07%	1.99%	1.99%
34	2.06%	2.11%	2.06%	2.06%
35	2.12%	2.16%	2.12%	2.12%
36	2.19%	2.24%	2.19%	2.19%
37	2.26%	2.31%	2.26%	2.26%
38	2.36%	2.41%	2.36%	2.36%
39	2.45%	2.49%	2.45%	2.45%
40	2.53%	2.59%	2.53%	2.53%
41	2.65%	2.71%	2.65%	2.65%
42	2.75%	2.81%	2.75%	2.75%
43	2.90%	2.94%	2.90%	2.90%
44	3.03%	3.09%	3.03%	3.03%
45	3.20%	3.25%	3.20%	3.20%
46	3.38%	3.42%	3.38%	3.38%
47	3.56%	3.60%	3.56%	3.56%
48	3.77%	3.81%	3.77%	3.77%
49	4.02%	4.06%	4.02%	4.02%
50	4.28%	4.32%	4.28%	4.28%
51	4.58%	4.62%	4.58%	4.58%
52	4.89%	4.94%	4.89%	4.89%
53	5.24%	5.28%	5.24%	5.24%
54	5.62%	5.66%	5.62%	5.62%
55	6.03%	6.05%	6.03%	6.03%

To calculate the modal premium, multiply the annual premium for the Periodic Value Enhancement Rider by the percentage listed above, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.087) and round to the nearest \$.01 before adding to the modal policy premium.

For agent use only. Rider form R I0889 (R08-14), ICC14 R I0889 and R I0883 . Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.