

**LifeScape®**  
**NonMed Term 350 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 (for 10-year term)									
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	0.76	0.02	0.90	0.02	18-20	1.05	0.02	1.12	0.02
21	0.81	0.02	0.97	0.02	21	1.14	0.03	1.22	0.03
22	0.88	0.02	1.06	0.02	22	1.24	0.03	1.34	0.03
23	0.96	0.02	1.18	0.03	23	1.35	0.03	1.46	0.03
24	1.05	0.02	1.32	0.03	24	1.47	0.03	1.60	0.04
25	1.15	0.03	1.48	0.03	25	1.60	0.04	1.76	0.04
26	1.26	0.03	1.66	0.04	26	1.73	0.04	1.92	0.04
27	1.38	0.03	1.84	0.05	27	1.86	0.05	2.09	0.05
28	1.51	0.04	2.06	0.05	28	2.01	0.05	2.27	0.06
29	1.67	0.04	2.32	0.06	29	2.17	0.05	2.48	0.06
30	1.85	0.05	2.65	0.07	30	2.37	0.06	2.74	0.07
31	2.05	0.05	3.02	0.08	31	2.59	0.07	3.03	0.08
32	2.27	0.06	3.41	0.09	32	2.83	0.08	3.34	0.09
33	2.52	0.07	3.86	0.11	33	3.09	0.09	3.69	0.10
34	2.81	0.08	4.42	0.13	34	3.39	0.10	4.10	0.12
35	3.16	0.09	5.10	0.15	35	3.73	0.11	4.58	0.13
36	3.56	0.11	5.90	0.18	36	4.11	0.12	5.13	0.15
37	4.00	0.12	6.79	0.21	37	4.53	0.14	5.73	0.18
38	4.49	0.15	7.79	0.25	38	4.99	0.16	6.40	0.21
39	5.05	0.17	8.93	0.30	39	5.48	0.18	7.14	0.24
40	5.68	0.20	10.24	0.36	40	5.99	0.21	7.97	0.28
41	6.39	0.23	11.71	0.42	41	6.53	0.24	8.88	0.32
42	7.16	0.27	13.32	0.50	42	7.10	0.27	9.87	0.37
43	8.01	0.32	15.08	0.60	43	7.70	0.30	10.93	0.43
44	8.91	0.37	16.99	0.71	44	8.32	0.35	12.09	0.50
45	9.88	0.43	19.04	0.83	45	8.97	0.39	13.34	0.58
46	10.89	0.50	21.19	0.97	46	9.63	0.44	14.67	0.67
47	11.95	0.58	23.44	1.14	47	10.31	0.50	16.07	0.78
48	13.08	0.67	25.86	1.32	48	11.02	0.56	17.58	0.90
49	14.30	0.78	28.52	1.56	49	11.77	0.64	19.21	1.05
50	15.64	0.91	31.50	1.84	50	12.57	0.73	20.99	1.22
51	17.07	1.05	34.73	2.15	51	13.42	0.83	22.91	1.42
52	18.58	1.23	38.18	2.54	52	14.32	0.95	24.95	1.66
53	20.19	1.43	41.92	2.98	53	15.26	1.08	27.14	1.93
54	21.95	1.67	46.04	3.51	54	16.26	1.24	29.48	2.25
55	23.88	1.95	50.63	4.13	55	17.32	1.41	32.01	2.61
56	25.98		55.73		56	18.44		34.74	
57	28.22		61.28		57	19.61		37.65	
58	30.61		67.22		58	20.85		40.72	
59	33.16		73.50		59	22.16		43.92	
60	35.87		80.07		60	23.56		47.21	
61	38.68		86.77		61	25.04		50.53	
62	41.60		93.64		62	26.58		53.89	
63	44.71		100.91		63	28.21		57.41	
64	48.06		108.81		64	29.95		61.16	
65	51.75		117.56		65	31.82		65.26	

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. Calculate for each rider separately and then sum.

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Critical Illness Rider and CI Rider Waiver of Premium Rider (for 10-year term)									
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	0.80	0.02	0.95	0.02	18-20	1.10	0.02	1.18	0.03
21	0.85	0.02	1.02	0.02	21	1.20	0.03	1.28	0.03
22	0.92	0.02	1.11	0.03	22	1.31	0.03	1.40	0.03
23	1.00	0.02	1.24	0.03	23	1.42	0.03	1.54	0.03
24	1.10	0.02	1.38	0.03	24	1.55	0.03	1.69	0.04
25	1.21	0.03	1.55	0.04	25	1.68	0.04	1.85	0.04
26	1.32	0.03	1.74	0.04	26	1.82	0.04	2.02	0.05
27	1.45	0.04	1.94	0.05	27	1.96	0.05	2.19	0.05
28	1.59	0.04	2.16	0.05	28	2.11	0.05	2.38	0.06
29	1.75	0.04	2.44	0.06	29	2.28	0.06	2.61	0.06
30	1.94	0.05	2.78	0.07	30	2.49	0.06	2.88	0.07
31	2.16	0.06	3.17	0.08	31	2.72	0.07	3.18	0.08
32	2.39	0.06	3.58	0.10	32	2.97	0.08	3.51	0.10
33	2.65	0.07	4.06	0.11	33	3.25	0.09	3.88	0.11
34	2.95	0.08	4.64	0.13	34	3.56	0.10	4.30	0.12
35	3.32	0.10	5.36	0.15	35	3.92	0.11	4.81	0.14
36	3.74	0.11	6.19	0.19	36	4.32	0.13	5.38	0.16
37	4.20	0.13	7.13	0.22	37	4.76	0.15	6.02	0.19
38	4.72	0.15	8.18	0.27	38	5.24	0.17	6.72	0.22
39	5.30	0.18	9.38	0.31	39	5.75	0.19	7.50	0.25
40	5.96	0.21	10.75	0.38	40	6.29	0.22	8.37	0.29
41	6.71	0.24	12.29	0.44	41	6.86	0.25	9.32	0.34
42	7.52	0.28	13.99	0.53	42	7.46	0.28	10.36	0.39
43	8.41	0.33	15.83	0.62	43	8.08	0.32	11.48	0.45
44	9.36	0.39	17.84	0.74	44	8.74	0.36	12.69	0.53
45	10.37	0.45	19.99	0.87	45	9.42	0.41	14.01	0.61
46	11.44	0.52	22.25	1.02	46	10.11	0.46	15.40	0.70
47	12.55	0.61	24.61	1.20	47	10.83	0.53	16.88	0.82
48	13.74	0.70	27.15	1.39	48	11.57	0.59	18.46	0.95
49	15.02	0.82	29.95	1.64	49	12.35	0.68	20.17	1.10
50	16.42	0.96	33.08	1.93	50	13.20	0.77	22.04	1.28
51	17.92	1.11	36.47	2.25	51	14.09	0.87	24.06	1.49
52	19.51	1.30	40.09	2.66	52	15.03	1.00	26.20	1.74
53	21.20	1.50	44.01	3.12	53	16.02	1.14	28.50	2.02
54	23.05	1.76	48.34	3.69	54	17.07	1.30	30.96	2.36
55	25.07	2.04	53.16	4.33	55	18.19	1.48	33.61	2.74
56	27.27		58.52		56	19.36		36.47	
57	29.63		64.34		57	20.59		39.53	
58	32.14		70.58		58	21.89		42.76	
59	34.82		77.18		59	23.27		46.12	
60	37.66		84.07		60	24.74		49.57	
61	40.62		91.11		61	26.29		53.05	
62	43.68		98.33		62	27.91		56.59	
63	46.94		105.96		63	29.62		60.28	
64	50.46		114.25		64	31.45		64.22	
65	54.34		123.44		65	33.41		68.52	

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. Calculate for each rider separately and then sum.

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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 (for 15-year term)									
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	0.85	0.02	1.05	0.02	18-20	1.16	0.03	1.27	0.03
21	0.91	0.02	1.14	0.03	21	1.26	0.03	1.38	0.03
22	0.99	0.02	1.25	0.03	22	1.36	0.03	1.50	0.03
23	1.08	0.02	1.40	0.03	23	1.49	0.03	1.65	0.04
24	1.19	0.03	1.59	0.04	24	1.62	0.04	1.81	0.04
25	1.32	0.03	1.80	0.04	25	1.77	0.04	2.00	0.05
26	1.46	0.03	2.03	0.05	26	1.93	0.04	2.20	0.05
27	1.60	0.04	2.28	0.06	27	2.09	0.05	2.40	0.06
28	1.77	0.04	2.57	0.06	28	2.27	0.06	2.64	0.06
29	1.96	0.05	2.92	0.07	29	2.48	0.06	2.90	0.07
30	2.19	0.06	3.35	0.09	30	2.71	0.07	3.22	0.08
31	2.45	0.06	3.84	0.10	31	2.97	0.08	3.58	0.09
32	2.74	0.07	4.39	0.12	32	3.25	0.09	3.96	0.11
33	3.06	0.09	5.01	0.14	33	3.55	0.10	4.40	0.12
34	3.42	0.10	5.72	0.16	34	3.89	0.11	4.89	0.14
35	3.84	0.11	6.56	0.19	35	4.26	0.12	5.45	0.16
36	4.31	0.13	7.50	0.22	36	4.66	0.14	6.08	0.18
37	4.82	0.15	8.53	0.26	37	5.10	0.16	6.76	0.21
38	5.38	0.17	9.67	0.31	38	5.57	0.18	7.50	0.24
39	6.00	0.20	10.96	0.36	39	6.06	0.20	8.33	0.28
40	6.69	0.23	12.40	0.43	40	6.59	0.23	9.24	0.32
41	7.45	0.27	14.00	0.51	41	7.15	0.26	10.24	0.37
42	8.27	0.31	15.72	0.59	42	7.73	0.29	11.31	0.43
43	9.16	0.36	17.61	0.69	43	8.35	0.33	12.47	0.49
44	10.12	0.42	19.66	0.82	44	8.99	0.37	13.72	0.57
45	11.16	0.49	21.91	0.96	45	9.66	0.42	15.08	0.66
46	12.26	0.56	24.31	1.11	46	10.35	0.47	16.53	0.76
47	13.43	0.65	26.85	1.31	47	11.06	0.54	18.07	0.88
48	14.68	0.75	29.59	1.52	48	11.81	0.60	19.71	1.01
49	16.02	0.88	32.59	1.78	49	12.60	0.69	21.48	1.18
50	17.48	1.02	35.91	2.09	50	13.44	0.78	23.39	1.36
51	19.04	1.18	39.52	2.44	51	14.33	0.89	25.45	1.57
52	20.69	1.38	43.37	2.88	52	15.26	1.01	27.64	1.84
53	22.45	1.59	47.52	3.37	53	16.25	1.15	29.96	2.13
54	24.34	1.86	52.00	3.97	54	17.29	1.32	32.42	2.47
55	26.40	2.15	56.86	4.64	55	18.41	1.50	35.02	2.85
56	28.63		62.16		56	19.59		37.78	
57	31.01		67.87		57	20.84		40.70	
58	33.53		73.89		58	22.15		43.74	
59	36.17		80.12		59	23.55		46.88	
60	38.91		86.47		60	25.04		50.08	
61	41.70		92.79		61	26.61		53.28	
62	44.55		99.14		62	28.26		56.49	
63	47.54		105.74		63	30.00		59.82	
64	50.75		112.80		64	31.86		63.35	
65	54.25		120.55		65	33.86		67.18	

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. Calculate for each rider separately and then sum.

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For the following states only: AR, GA, ID, ME, NC, ND, OK, UT, WV									
Critical Illness Rider and CI Rider Waiver of Premium Rider (for 15-year term)									
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	0.89	0.02	1.10	0.02	18-20	1.22	0.03	1.33	0.03
21	0.96	0.02	1.19	0.03	21	1.32	0.03	1.45	0.03
22	1.04	0.02	1.32	0.03	22	1.43	0.03	1.58	0.04
23	1.14	0.03	1.47	0.03	23	1.56	0.03	1.73	0.04
24	1.25	0.03	1.67	0.04	24	1.70	0.04	1.91	0.04
25	1.39	0.03	1.89	0.04	25	1.86	0.04	2.10	0.05
26	1.53	0.04	2.13	0.05	26	2.02	0.05	2.31	0.05
27	1.68	0.04	2.40	0.06	27	2.20	0.05	2.52	0.06
28	1.85	0.05	2.70	0.07	28	2.39	0.06	2.77	0.07
29	2.06	0.05	3.07	0.08	29	2.60	0.06	3.05	0.08
30	2.30	0.06	3.52	0.09	30	2.85	0.07	3.38	0.09
31	2.57	0.07	4.04	0.11	31	3.12	0.08	3.76	0.10
32	2.87	0.08	4.61	0.13	32	3.41	0.09	4.16	0.11
33	3.21	0.09	5.26	0.15	33	3.73	0.10	4.62	0.13
34	3.59	0.10	6.01	0.17	34	4.08	0.12	5.13	0.15
35	4.03	0.12	6.89	0.20	35	4.47	0.13	5.72	0.17
36	4.52	0.14	7.88	0.24	36	4.90	0.15	6.38	0.19
37	5.06	0.16	8.96	0.28	37	5.36	0.17	7.09	0.22
38	5.64	0.18	10.16	0.33	38	5.85	0.19	7.88	0.26
39	6.30	0.21	11.50	0.38	39	6.37	0.21	8.74	0.29
40	7.02	0.25	13.02	0.46	40	6.92	0.24	9.70	0.34
41	7.82	0.28	14.70	0.53	41	7.50	0.27	10.75	0.39
42	8.69	0.33	16.51	0.62	42	8.12	0.31	11.88	0.45
43	9.62	0.38	18.49	0.73	43	8.76	0.35	13.09	0.52
44	10.63	0.44	20.65	0.86	44	9.44	0.39	14.41	0.60
45	11.72	0.51	23.01	1.00	45	10.14	0.44	15.83	0.69
46	12.88	0.59	25.53	1.17	46	10.87	0.50	17.36	0.79
47	14.10	0.69	28.20	1.37	47	11.62	0.57	18.97	0.92
48	15.41	0.79	31.07	1.59	48	12.40	0.63	20.69	1.06
49	16.82	0.92	34.22	1.87	49	13.23	0.72	22.55	1.23
50	18.35	1.07	37.71	2.20	50	14.11	0.82	24.56	1.43
51	19.99	1.24	41.49	2.56	51	15.05	0.93	26.72	1.65
52	21.72	1.44	45.54	3.03	52	16.03	1.07	29.02	1.93
53	23.57	1.67	49.90	3.54	53	17.06	1.21	31.46	2.23
54	25.56	1.95	54.60	4.16	54	18.16	1.39	34.04	2.60
55	27.72	2.26	59.70	4.87	55	19.33	1.58	36.77	3.00
56	30.06		65.26		56	20.57		39.67	
57	32.56		71.26		57	21.88		42.73	
58	35.21		77.58		58	23.26		45.93	
59	37.98		84.13		59	24.72		49.23	
60	40.86		90.79		60	26.29		52.58	
61	43.79		97.42		61	27.94		55.94	
62	46.78		104.09		62	29.67		59.32	
63	49.92		111.02		63	31.50		62.81	
64	53.29		118.44		64	33.46		66.52	
65	56.96		126.58		65	35.55		70.54	

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. Calculate for each rider separately and then sum.

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Critical Illness Rider and CI Rider Waiver of Premium Rider (for 20-year term)									
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	0.99	0.02	1.28	0.03	18-20	1.32	0.03	1.46	0.03
21	1.07	0.02	1.40	0.03	21	1.43	0.03	1.59	0.04
22	1.16	0.03	1.56	0.04	22	1.56	0.04	1.74	0.04
23	1.28	0.03	1.76	0.04	23	1.70	0.04	1.92	0.04
24	1.42	0.03	2.00	0.05	24	1.86	0.04	2.12	0.05
25	1.58	0.04	2.29	0.05	25	2.03	0.05	2.35	0.05
26	1.76	0.04	2.61	0.06	26	2.22	0.05	2.60	0.06
27	1.95	0.05	2.96	0.07	27	2.41	0.06	2.86	0.07
28	2.16	0.05	3.36	0.08	28	2.63	0.06	3.16	0.08
29	2.41	0.06	3.82	0.09	29	2.87	0.07	3.49	0.09
30	2.69	0.07	4.36	0.11	30	3.13	0.08	3.87	0.10
31	3.00	0.08	4.96	0.13	31	3.41	0.09	4.29	0.11
32	3.34	0.09	5.62	0.15	32	3.72	0.10	4.74	0.13
33	3.72	0.10	6.36	0.18	33	4.05	0.11	5.24	0.15
34	4.14	0.12	7.20	0.20	34	4.41	0.13	5.80	0.16
35	4.62	0.13	8.16	0.24	35	4.80	0.14	6.44	0.19
36	5.14	0.15	9.23	0.28	36	5.23	0.16	7.14	0.21
37	5.71	0.18	10.39	0.32	37	5.69	0.18	7.90	0.24
38	6.32	0.21	11.67	0.38	38	6.18	0.20	8.74	0.28
39	7.01	0.23	13.11	0.44	39	6.70	0.22	9.65	0.32
40	7.77	0.27	14.73	0.52	40	7.26	0.25	10.66	0.37
41	8.61	0.31	16.52	0.60	41	7.85	0.28	11.76	0.42
42	9.52	0.36	18.47	0.69	42	8.47	0.32	12.94	0.49
43	10.50	0.41	20.59	0.81	43	9.12	0.36	14.21	0.56
44	11.55	0.48	22.89	0.95	44	9.80	0.41	15.58	0.65
45	12.69	0.55	25.39	1.11	45	10.51	0.46	17.06	0.74
46	13.90	0.64	28.07	1.28	46	11.24	0.51	18.64	0.85
47	15.18	0.74	30.92	1.50	47	12.00	0.58	20.31	0.99
48	16.54	0.85	33.97	1.74	48	12.79	0.66	22.09	1.13
49	18.00	0.99	37.27	2.04	49	13.63	0.75	23.99	1.31
50	19.58	1.14	40.83	2.38	50	14.53	0.85	26.01	1.52
51	21.29	1.32	44.71	2.76	51	15.50	0.96	28.19	1.74
52	23.13	1.54	48.87	3.25	52	16.54	1.10	30.52	2.03
53	25.07	1.78	53.27	3.78	53	17.62	1.25	32.95	2.34
54	27.05	2.06	57.83	4.41	54	18.73	1.43	35.45	2.70
55	29.06	2.37	62.52	5.10	55	19.83	1.62	37.95	3.09
56	31.04		67.22		56	20.91		40.41	
57	33.02		71.96		57	21.98		42.86	
58	35.06		76.91		58	23.08		45.37	
59	37.23		82.23		59	24.23		48.04	
60	39.60		88.07		60	25.47		50.94	

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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0762 and R I0766. 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®**  
**NonMed Term 350 Life Insurance**



For the following states only: AR, GA, ID, ME, NC, ND, OK, UT, WV									
Critical Illness Rider and CI Rider Waiver of Premium Rider (for 20-year term)									
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	1.04	0.02	1.34	0.03	18-20	1.39	0.03	1.53	0.03
21	1.12	0.03	1.47	0.03	21	1.50	0.03	1.67	0.04
22	1.22	0.03	1.63	0.04	22	1.64	0.04	1.83	0.04
23	1.35	0.03	1.85	0.04	23	1.78	0.04	2.01	0.04
24	1.49	0.03	2.10	0.05	24	1.95	0.04	2.23	0.05
25	1.66	0.04	2.40	0.05	25	2.13	0.05	2.47	0.06
26	1.84	0.04	2.74	0.06	26	2.33	0.05	2.73	0.06
27	2.04	0.05	3.11	0.08	27	2.54	0.06	3.01	0.07
28	2.27	0.06	3.52	0.09	28	2.76	0.07	3.31	0.08
29	2.53	0.06	4.01	0.10	29	3.01	0.07	3.66	0.09
30	2.82	0.07	4.58	0.12	30	3.29	0.08	4.06	0.10
31	3.15	0.08	5.21	0.14	31	3.59	0.09	4.50	0.12
32	3.51	0.10	5.90	0.16	32	3.90	0.11	4.98	0.14
33	3.91	0.11	6.68	0.19	33	4.25	0.12	5.50	0.15
34	4.35	0.12	7.55	0.21	34	4.63	0.13	6.09	0.17
35	4.85	0.14	8.57	0.25	35	5.04	0.15	6.76	0.20
36	5.40	0.16	9.69	0.29	36	5.49	0.16	7.50	0.22
37	5.99	0.19	10.91	0.34	37	5.97	0.18	8.30	0.26
38	6.64	0.22	12.26	0.40	38	6.49	0.21	9.17	0.30
39	7.36	0.24	13.77	0.46	39	7.04	0.23	10.13	0.34
40	8.16	0.29	15.47	0.54	40	7.62	0.27	11.19	0.39
41	9.04	0.33	17.35	0.63	41	8.24	0.30	12.35	0.45
42	9.99	0.38	19.39	0.73	42	8.89	0.33	13.59	0.51
43	11.02	0.43	21.61	0.85	43	9.57	0.38	14.92	0.59
44	12.13	0.51	24.03	1.00	44	10.29	0.43	16.36	0.68
45	13.32	0.58	26.66	1.16	45	11.04	0.48	17.91	0.78
46	14.60	0.67	29.48	1.35	46	11.81	0.54	19.57	0.90
47	15.94	0.78	32.47	1.58	47	12.60	0.61	21.33	1.04
48	17.37	0.89	35.67	1.83	48	13.43	0.69	23.20	1.19
49	18.90	1.03	39.13	2.14	49	14.31	0.78	25.19	1.38
50	20.56	1.20	42.87	2.50	50	15.26	0.89	27.31	1.59
51	22.36	1.38	46.94	2.90	51	16.28	1.01	29.60	1.83
52	24.29	1.61	51.31	3.41	52	17.37	1.15	32.05	2.13
53	26.32	1.87	55.93	3.97	53	18.51	1.31	34.60	2.46
54	28.41	2.17	60.73	4.63	54	19.66	1.50	37.22	2.84
55	30.51	2.49	65.65	5.35	55	20.82	1.70	39.85	3.25
56	32.59		70.58		56	21.96		42.43	
57	34.67		75.56		57	23.08		45.00	
58	36.81		80.76		58	24.24		47.64	
59	39.09		86.34		59	25.45		50.44	
60	41.58		92.47		60	26.74		53.49	

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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 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 (for 30-year term)									
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	1.44	0.03	2.14	0.05	18-20	1.75	0.04	2.07	0.05
21	1.58	0.04	2.38	0.05	21	1.90	0.04	2.27	0.05
22	1.74	0.04	2.68	0.06	22	2.07	0.05	2.50	0.06
23	1.92	0.04	3.02	0.07	23	2.26	0.05	2.76	0.06
24	2.13	0.05	3.41	0.08	24	2.45	0.06	3.05	0.07
25	2.36	0.05	3.85	0.09	25	2.67	0.06	3.37	0.08
26	2.61	0.06	4.33	0.10	26	2.90	0.07	3.71	0.09
27	2.88	0.07	4.84	0.12	27	3.14	0.08	4.07	0.10
28	3.18	0.08	5.41	0.13	28	3.39	0.08	4.47	0.11
29	3.51	0.09	6.06	0.15	29	3.67	0.09	4.90	0.12
30	3.88	0.10	6.80	0.17	30	3.98	0.10	5.40	0.14
31	4.29	0.11	7.62	0.20	31	4.31	0.11	5.94	0.16
32	4.73	0.13	8.50	0.23	32	4.67	0.13	6.53	0.18
33	5.21	0.15	9.48	0.26	33	5.04	0.14	7.17	0.20
34	5.75	0.16	10.57	0.30	34	5.45	0.15	7.87	0.22
35	6.34	0.18	11.80	0.34	35	5.90	0.17	8.65	0.25
36	6.99	0.21	13.16	0.39	36	6.38	0.19	9.50	0.28
37	7.69	0.24	14.63	0.45	37	6.89	0.21	10.42	0.32
38	8.44	0.27	16.23	0.53	38	7.43	0.24	11.41	0.37
39	9.26	0.31	17.98	0.60	39	8.01	0.27	12.48	0.41
40	10.17	0.36	19.90	0.70	40	8.63	0.30	13.64	0.48
41	11.18	0.40	22.04	0.80	41	9.30	0.34	14.92	0.54
42	12.30	0.46	24.38	0.92	42	10.03	0.38	16.30	0.61
43	13.47	0.53	26.86	1.06	43	10.78	0.43	17.76	0.70
44	14.66	0.61	29.41	1.23	44	11.54	0.48	19.25	0.80
45	15.84	0.69	31.95	1.39	45	12.27	0.53	20.74	0.90
46	16.97	0.78			46	12.96	0.59		
47	18.07	0.88			47	13.62	0.66		
48	19.19	0.98			48	14.29	0.73		
49	20.39	1.12			49	14.99	0.82		
50	21.70	1.26			50	15.74	0.92		

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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0762 and R I0766. 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®**  
**NonMed Term 350 Life Insurance**



For the following states only: AR, GA, ID, ME, NC, ND, OK, UT, WV									
Critical Illness Rider and CI Rider Waiver of Premium Rider (for 30-year term)									
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	1.51	0.03	2.25	0.05	18-20	1.84	0.04	2.17	0.05
21	1.65	0.04	2.50	0.06	21	2.00	0.04	2.39	0.05
22	1.82	0.04	2.81	0.06	22	2.17	0.05	2.63	0.06
23	2.02	0.04	3.17	0.07	23	2.37	0.05	2.90	0.06
24	2.23	0.05	3.58	0.08	24	2.58	0.06	3.20	0.07
25	2.48	0.06	4.04	0.09	25	2.80	0.06	3.54	0.08
26	2.74	0.06	4.54	0.11	26	3.04	0.07	3.90	0.09
27	3.02	0.07	5.08	0.12	27	3.29	0.08	4.27	0.10
28	3.33	0.08	5.68	0.14	28	3.56	0.09	4.69	0.12
29	3.68	0.09	6.36	0.16	29	3.86	0.10	5.15	0.13
30	4.07	0.10	7.14	0.18	30	4.18	0.11	5.67	0.15
31	4.50	0.12	8.00	0.21	31	4.53	0.12	6.24	0.16
32	4.97	0.14	8.93	0.24	32	4.90	0.13	6.86	0.19
33	5.47	0.15	9.95	0.28	33	5.30	0.15	7.52	0.21
34	6.03	0.17	11.10	0.32	34	5.73	0.16	8.26	0.23
35	6.66	0.19	12.39	0.36	35	6.20	0.18	9.08	0.26
36	7.34	0.22	13.82	0.41	36	6.70	0.20	9.98	0.30
37	8.07	0.25	15.36	0.48	37	7.23	0.22	10.94	0.34
38	8.86	0.29	17.04	0.55	38	7.81	0.25	11.98	0.39
39	9.73	0.32	18.88	0.63	39	8.41	0.28	13.10	0.43
40	10.68	0.37	20.90	0.73	40	9.06	0.32	14.32	0.50
41	11.74	0.42	23.14	0.84	41	9.77	0.35	15.66	0.57
42	12.91	0.49	25.60	0.96	42	10.53	0.40	17.12	0.64
43	14.14	0.56	28.21	1.11	43	11.32	0.45	18.65	0.74
44	15.40	0.64	30.88	1.29	44	12.12	0.51	20.21	0.84
45	16.63	0.72	33.55	1.46	45	12.88	0.56	21.78	0.95
46	17.81	0.82			46	13.61	0.62		
47	18.97	0.92			47	14.30	0.70		
48	20.15	1.03			48	15.00	0.77		
49	21.41	1.17			49	15.74	0.86		
50	22.79	1.33			50	16.53	0.96		

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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Monthly Disability Income Rider and DI Rider Waiver of Premium Rider									
Annual Premium per \$100 Benefit									
(for 10-yr term)					(for 15-yr term)				
Issue Age	Male		Female		Issue Age	Male		Female	
	DI	Waiv	DI	Waiv		DI	Waiv	DI	Waiv
18-25	11.24	0.14	13.63	0.21	18-25	11.52	0.18	14.66	0.29
26	11.40	0.15	14.31	0.23	26	11.76	0.19	15.41	0.33
27	11.56	0.15	14.99	0.26	27	12.00	0.20	16.16	0.37
28	11.71	0.16	15.66	0.29	28	12.24	0.21	16.91	0.41
29	11.87	0.17	16.34	0.31	29	12.48	0.22	17.66	0.45
30	12.03	0.17	17.02	0.34	30	12.72	0.23	18.42	0.49
31	12.45	0.19	18.06	0.40	31	13.28	0.26	19.49	0.57
32	12.87	0.20	19.10	0.45	32	13.84	0.29	20.56	0.65
33	13.30	0.22	20.14	0.51	33	14.40	0.31	21.64	0.73
34	13.72	0.23	21.18	0.56	34	14.96	0.34	22.71	0.81
35	14.14	0.25	22.21	0.62	35	15.52	0.37	23.79	0.89
36	15.04	0.29	23.42	0.71	36	16.62	0.44	24.99	1.02
37	15.93	0.33	24.62	0.79	37	17.73	0.51	26.20	1.14
38	16.83	0.37	25.82	0.88	38	18.84	0.58	27.41	1.27
39	17.73	0.41	27.03	0.97	39	19.95	0.65	28.61	1.40
40	18.62	0.45	28.23	1.06	40	21.05	0.71	29.82	1.52
41	20.28	0.55	29.46	1.18	41	23.02	0.89	31.10	1.69
42	21.94	0.66	30.69	1.30	42	24.98	1.07	32.37	1.87
43	23.59	0.76	31.92	1.42	43	26.95	1.25	33.65	2.04
44	25.25	0.87	33.15	1.54	44	28.92	1.43	34.93	2.21
45	26.91	0.97	34.38	1.66	45	30.88	1.61	36.21	2.39
46	29.66	1.24	35.74	1.83	46	34.07	2.06	37.72	2.68
47	32.41	1.50	37.09	1.99	47	37.25	2.52	39.23	2.97
48	35.17	1.77	38.45	2.15	48	40.44	2.98	40.74	3.26
49	37.92	2.03	39.80	2.31	49	43.62	3.44	42.25	3.55
50	40.67	2.30	41.16	2.48	50	46.81	3.89	43.76	3.84
51	44.97	3.02	42.97	2.83	51	49.88	4.30	45.05	3.92
52	49.27	3.75	44.78	3.18	52	52.95	4.70	46.35	4.00
53	53.57	4.47	46.60	3.53	53	56.03	5.11	47.64	4.08
54	57.87	5.19	48.41	3.88	54	59.10	5.51	48.93	4.16
55	62.17	5.92	50.22	4.24	55	62.17	5.92	50.22	4.24
56	65.25		51.52		56	65.25		51.52	
57	68.32		52.81		57	68.32		52.81	
58	71.40		54.10		58	71.40		54.10	
59	74.47		55.39		59	74.47		55.39	
60	77.54		56.69		60	77.54		56.69	

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Monthly Disability Income Rider and DI Rider Waiver of Premium Rider									
Annual Premium per \$100 Benefit									
(for 20-yr term)					(for 30-yr term)*				
Issue Age	Male		Female		Issue Age	Male		Female	
	DI	Waiv	DI	Waiv		DI	Waiv	DI	Waiv
18-25	11.92	0.21	15.58	0.37	18-25	12.99	0.30	16.88	0.54
26	12.25	0.23	16.37	0.43	26	13.49	0.33	17.71	0.62
27	12.58	0.25	17.16	0.48	27	13.98	0.37	18.54	0.70
28	12.91	0.27	17.95	0.54	28	14.48	0.40	19.37	0.78
29	13.23	0.29	18.74	0.59	29	14.98	0.44	20.19	0.86
30	13.56	0.30	19.53	0.65	30	15.48	0.47	21.02	0.94
31	14.26	0.35	20.61	0.75	31	16.43	0.55	22.15	1.09
32	14.97	0.39	21.69	0.86	32	17.37	0.62	23.29	1.23
33	15.67	0.43	22.77	0.96	33	18.32	0.70	24.42	1.37
34	16.37	0.47	23.85	1.06	34	19.26	0.77	25.55	1.52
35	17.07	0.52	24.93	1.17	35	20.21	0.85	26.68	1.66
36	18.40	0.62	26.17	1.33	36	21.41	0.96	27.81	1.81
37	19.72	0.73	27.40	1.49	37	22.60	1.07	28.93	1.97
38	21.04	0.83	28.63	1.65	38	23.80	1.18	30.06	2.12
39	22.36	0.94	29.87	1.81	39	25.00	1.29	31.19	2.27
40	23.68	1.05	31.10	1.97	40	26.20	1.40	32.31	2.42
41	25.93	1.31	32.47	2.21	41	27.94	1.59	33.44	2.57
42	28.18	1.57	33.85	2.46	42	29.68	1.78	34.57	2.73
43	30.43	1.83	35.22	2.70	43	31.43	1.97	35.71	2.88
44	32.67	2.10	36.59	2.95	44	33.17	2.17	36.84	3.04
45	34.92	2.36	37.97	3.19	45	34.92	2.36	37.97	3.19
46	37.30	2.67	39.13	3.32	46	37.30	2.67	39.13	3.32
47	39.67	2.97	40.28	3.45	47	39.67	2.97	40.28	3.45
48	42.05	3.28	41.44	3.58	48	42.05	3.28	41.44	3.58
49	44.43	3.59	42.60	3.71	49	44.43	3.59	42.60	3.71
50	46.81	3.89	43.76	3.84	50	46.81	3.89	43.76	3.84
51	49.88	4.30	45.05	3.92					
52	52.95	4.70	46.35	4.00					
53	56.03	5.11	47.64	4.08					
54	59.10	5.51	48.93	4.16					
55	62.17	5.92	50.22	4.24					
56	65.25		51.52						
57	68.32		52.81						
58	71.40		54.10						
59	74.47		55.39						
60	77.54		56.69						

\* For issue ages 46-50, rider available to NT only.

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) 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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0825-T and R I0766. 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®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Accident Only Disability Income Rider and ADI Rider Waiver of Premium Rider									
Annual Premium per \$100 Benefit									
(for 10-yr term)					(for 15-yr term)				
Issue Age	Male		Female		Issue Age	Male		Female	
	Acc DI	Waiv	Acc DI	Waiv		Acc DI	Waiv	Acc DI	Waiv
18-25	7.58	0.09	7.73	0.12	18-25	7.58	0.12	7.73	0.15
26	7.58	0.10	7.73	0.13	26	7.58	0.12	7.73	0.17
27	7.58	0.10	7.73	0.14	27	7.58	0.13	7.73	0.18
28	7.58	0.10	7.73	0.15	28	7.58	0.13	7.73	0.20
29	7.58	0.11	7.73	0.16	29	7.58	0.14	7.73	0.21
30	7.77	0.11	8.54	0.17	30	7.77	0.14	8.54	0.23
31	7.77	0.12	8.54	0.18	31	7.77	0.15	8.54	0.25
32	7.77	0.12	8.54	0.20	32	7.77	0.16	8.54	0.27
33	7.77	0.13	8.54	0.21	33	7.77	0.17	8.54	0.28
34	7.77	0.13	8.54	0.22	34	7.77	0.18	8.54	0.30
35	7.77	0.14	8.54	0.24	35	7.77	0.18	8.54	0.32
36	7.77	0.15	8.54	0.26	36	7.77	0.20	8.54	0.36
37	7.77	0.16	8.54	0.29	37	7.77	0.22	8.54	0.39
38	7.77	0.17	8.54	0.31	38	7.77	0.24	8.54	0.43
39	7.77	0.18	8.54	0.34	39	7.77	0.25	8.54	0.46
40	7.98	0.19	9.72	0.37	40	7.98	0.27	9.72	0.50
41	7.98	0.21	9.72	0.39	41	7.98	0.30	9.72	0.52
42	7.98	0.23	9.72	0.41	42	7.98	0.33	9.72	0.55
43	7.98	0.25	9.72	0.43	43	7.98	0.36	9.72	0.58
44	7.98	0.27	9.72	0.45	44	7.98	0.39	9.72	0.61
45	7.98	0.29	9.72	0.47	45	7.98	0.42	9.72	0.64
46	7.98	0.32	9.72	0.51	46	7.98	0.47	9.72	0.71
47	7.98	0.36	9.72	0.55	47	7.98	0.53	9.72	0.78
48	7.98	0.40	9.72	0.59	48	7.98	0.58	9.72	0.85
49	7.98	0.43	9.72	0.63	49	7.98	0.64	9.72	0.91
50	8.33	0.47	11.19	0.67	50	8.33	0.69	11.19	0.98
51	8.33	0.54	11.19	0.73	51	8.33	0.71	11.19	0.97
52	8.33	0.60	11.19	0.78	52	8.33	0.73	11.19	0.97
53	8.33	0.66	11.19	0.84	53	8.33	0.75	11.19	0.96
54	8.33	0.73	11.19	0.89	54	8.33	0.77	11.19	0.95
55	8.33	0.79	11.19	0.94	55	8.33	0.79	11.19	0.94
56	8.33		11.19		56	8.33		11.19	
57	8.33		11.19		57	8.33		11.19	
58	8.33		11.19		58	8.33		11.19	
59	8.33		11.19		59	8.33		11.19	
60	8.33		11.19		60	8.33		11.19	

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) 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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R 10827-T and R 10766. 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®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Accident Only Disability Income Rider and ADI Rider Waiver of Premium Rider									
Annual Premium per \$100 Benefit									
(for 20-yr term)					(for 30-yr term)*				
Issue Age	Male		Female		Issue Age	Male		Female	
	Acc DI	Waiv	Acc DI	Waiv		Acc DI	Waiv	Acc DI	Waiv
18-25	7.58	0.14	7.73	0.19	18-25	7.58	0.18	7.73	0.25
26	7.58	0.14	7.73	0.21	26	7.58	0.19	7.73	0.28
27	7.58	0.15	7.73	0.22	27	7.58	0.20	7.73	0.30
28	7.58	0.16	7.73	0.24	28	7.58	0.21	7.73	0.33
29	7.58	0.17	7.73	0.26	29	7.58	0.22	7.73	0.36
30	7.77	0.17	8.54	0.28	30	7.77	0.24	8.54	0.38
31	7.77	0.19	8.54	0.31	31	7.77	0.25	8.54	0.41
32	7.77	0.20	8.54	0.33	32	7.77	0.27	8.54	0.44
33	7.77	0.21	8.54	0.35	33	7.77	0.29	8.54	0.47
34	7.77	0.22	8.54	0.38	34	7.77	0.31	8.54	0.50
35	7.77	0.23	8.54	0.40	35	7.77	0.33	8.54	0.53
36	7.77	0.26	8.54	0.44	36	7.77	0.35	8.54	0.57
37	7.77	0.28	8.54	0.49	37	7.77	0.37	8.54	0.61
38	7.77	0.31	8.54	0.53	38	7.77	0.39	8.54	0.65
39	7.77	0.33	8.54	0.57	39	7.77	0.41	8.54	0.69
40	7.98	0.35	9.72	0.62	40	7.98	0.43	9.72	0.73
41	7.98	0.39	9.72	0.66	41	7.98	0.45	9.72	0.75
42	7.98	0.43	9.72	0.70	42	7.98	0.47	9.72	0.76
43	7.98	0.46	9.72	0.74	43	7.98	0.49	9.72	0.78
44	7.98	0.50	9.72	0.78	44	7.98	0.52	9.72	0.80
45	7.98	0.54	9.72	0.82	45	7.98	0.54	9.72	0.82
46	7.98	0.57	9.72	0.85	46	7.98	0.57	9.72	0.85
47	7.98	0.60	9.72	0.88	47	7.98	0.60	9.72	0.88
48	7.98	0.63	9.72	0.92	48	7.98	0.63	9.72	0.92
49	7.98	0.66	9.72	0.95	49	7.98	0.66	9.72	0.95
50	8.33	0.69	11.19	0.98	50	8.33	0.69	11.19	0.98
51	8.33	0.71	11.19	0.97					
52	8.33	0.73	11.19	0.97					
53	8.33	0.75	11.19	0.96					
54	8.33	0.77	11.19	0.95					
55	8.33	0.79	11.19	0.94					
56	8.33		11.19						
57	8.33		11.19						
58	8.33		11.19						
59	8.33		11.19						
60	8.33		11.19						

\* For issue ages 46-50, rider available to NT only.

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) 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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0827-T and R I0766. 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® NonMed Term 350 Life Insurance



For all states except the following: MT									
Return of Premium Benefit Rider and ROP Rider Waiver of Premium Rider									
(for 20-year term)									
Annual Premium per \$1,000 Base Policy Benefit									
Male									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	1.36	2.22	3.02	0.13	18-20	3.82	5.40	7.32	0.13
21	1.36	2.25	3.06	0.13	21	3.85	5.43	7.35	0.13
22	1.36	2.30	3.12	0.14	22	3.90	5.49	7.43	0.14
23	1.36	2.36	3.20	0.14	23	3.98	5.59	7.56	0.14
24	1.36	2.43	3.29	0.15	24	4.09	5.73	7.72	0.15
25	1.38	2.52	3.41	0.16	25	4.22	5.90	7.93	0.16
26	1.44	2.61	3.54	0.17	26	4.37	6.10	8.18	0.17
27	1.52	2.71	3.69	0.18	27	4.54	6.32	8.46	0.18
28	1.61	2.82	3.85	0.19	28	4.74	6.59	8.79	0.19
29	1.73	2.96	4.05	0.20	29	4.98	6.91	9.18	0.20
30	1.87	3.14	4.29	0.22	30	5.28	7.30	9.63	0.22
31	2.04	3.37	4.57	0.24	31	5.65	7.79	10.17	0.24
32	2.23	3.63	4.89	0.26	32	6.08	8.38	10.79	0.26
33	2.44	3.92	5.24	0.29	33	6.55	9.01	11.47	0.29
34	2.68	4.24	5.62	0.32	34	7.04	9.65	12.16	0.32
35	2.92	4.58	6.03	0.35	35	7.53	10.25	12.83	0.35
36	3.17	4.93	6.47	0.38	36	8.00	10.79	13.49	0.38
37	3.44	5.30	6.95	0.42	37	8.48	11.31	14.15	0.42
38	3.72	5.69	7.45	0.45	38	8.97	11.83	14.82	0.45
39	4.03	6.12	7.98	0.49	39	9.49	12.38	15.50	0.49
40	4.37	6.58	8.53	0.54	40	10.04	12.99	16.19	0.54
41	4.76	7.10	9.10	0.59	41	10.65	13.71	16.93	0.59
42	5.18	7.66	9.70	0.65	42	11.30	14.51	17.71	0.65
43	5.63	8.25	10.31	0.71	43	11.98	15.33	18.49	0.71
44	6.08	8.86	10.94	0.77	44	12.64	16.11	19.18	0.77
45	6.54	9.45	11.57	0.84	45	13.26	16.78	19.74	0.84
46	6.98	10.04	12.21	0.91	46	13.85	17.34	20.14	0.91
47	7.42	10.63	12.87	0.98	47	14.42	17.83	20.41	0.98
48	7.87	11.23	13.53	1.05	48	14.97	18.26	20.60	1.05
49	8.34	11.82	14.18	1.13	49	15.49	18.62	20.74	1.13
50	8.86	12.42	14.81	1.22	50	15.96	18.91	20.85	1.22
51	9.44	13.04	15.45	1.31	51	16.40	19.11	20.92	1.31
52	10.08	13.68	16.11	1.41	52	16.81	19.23	20.93	1.41
53	10.73	14.31	16.73	1.51	53	17.18	19.29	20.93	1.51
54	11.37	14.90	17.28	1.62	54	17.48	19.33	20.93	1.62
55	11.95	15.42	17.70	1.74	55	17.70	19.36	20.93	1.74
56	12.45	15.84	17.95		56	17.81	19.39	20.93	
57	12.91	16.18	18.07		57	17.83	19.39	20.93	
58	13.34	16.47	18.11		58	17.83	19.39	20.93	
59	13.78	16.77	18.13		59	17.83	19.39	20.93	
60	14.26	17.09	18.19		60	17.83	19.39	20.93	

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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0766 and R I0767. Product availability, features and rates may vary by state. The policy and riders 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® NonMed Term 350 Life Insurance



For all states except the following: MT									
Return of Premium Benefit Rider and ROP Rider Waiver of Premium Rider (for 20-year term) Annual Premium per \$1,000 Base Policy Benefit									
Female									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.74	0.97	1.26	0.08	18-20	1.57	2.48	3.34	0.08
21	0.76	1.00	1.33	0.08	21	1.67	2.59	3.48	0.08
22	0.79	1.05	1.42	0.08	22	1.79	2.73	3.66	0.08
23	0.82	1.10	1.52	0.09	23	1.93	2.89	3.86	0.09
24	0.86	1.18	1.64	0.09	24	2.08	3.08	4.10	0.09
25	0.90	1.26	1.78	0.10	25	2.24	3.29	4.37	0.10
26	0.95	1.36	1.93	0.11	26	2.41	3.52	4.67	0.11
27	1.00	1.46	2.10	0.12	27	2.60	3.77	4.99	0.12
28	1.06	1.58	2.28	0.12	28	2.80	4.05	5.35	0.12
29	1.13	1.72	2.48	0.14	29	3.03	4.36	5.74	0.14
30	1.21	1.88	2.70	0.15	30	3.29	4.71	6.18	0.15
31	1.31	2.06	2.94	0.17	31	3.60	5.11	6.68	0.17
32	1.42	2.26	3.19	0.18	32	3.94	5.54	7.24	0.18
33	1.54	2.47	3.47	0.20	33	4.30	6.01	7.83	0.20
34	1.67	2.71	3.76	0.23	34	4.69	6.49	8.43	0.23
35	1.83	2.96	4.06	0.25	35	5.08	6.97	9.00	0.25
36	2.00	3.23	4.37	0.27	36	5.48	7.44	9.53	0.27
37	2.19	3.51	4.68	0.30	37	5.88	7.91	10.04	0.30
38	2.40	3.81	5.01	0.33	38	6.30	8.39	10.55	0.33
39	2.62	4.13	5.38	0.36	39	6.75	8.90	11.10	0.36
40	2.87	4.48	5.79	0.40	40	7.22	9.43	11.71	0.40
41	3.14	4.86	6.26	0.44	41	7.73	10.01	12.42	0.44
42	3.43	5.27	6.78	0.49	42	8.28	10.62	13.21	0.49
43	3.73	5.70	7.33	0.55	43	8.86	11.25	14.02	0.55
44	4.05	6.15	7.90	0.61	44	9.43	11.88	14.81	0.61
45	4.39	6.60	8.45	0.67	45	10.00	12.49	15.51	0.67
46	4.73	7.05	8.99	0.74	46	10.56	13.08	16.13	0.74
47	5.09	7.51	9.52	0.81	47	11.12	13.65	16.70	0.81
48	5.46	7.99	10.06	0.89	48	11.68	14.22	17.22	0.89
49	5.86	8.50	10.62	0.98	49	12.24	14.78	17.71	0.98
50	6.29	9.05	11.21	1.07	50	12.81	15.34	18.16	1.07
51	6.77	9.68	11.86	1.17	51	13.41	15.93	18.59	1.17
52	7.29	10.37	12.56	1.28	52	14.05	16.56	18.99	1.28
53	7.83	11.08	13.27	1.39	53	14.68	17.17	19.34	1.39
54	8.37	11.77	13.95	1.52	54	15.26	17.68	19.64	1.52
55	8.88	12.40	14.55	1.66	55	15.73	18.05	19.85	1.66
56	9.35	12.94	15.05		56	16.07	18.22	19.96	
57	9.80	13.42	15.48		57	16.32	18.25	19.97	
58	10.24	13.88	15.87		58	16.51	18.25	19.97	
59	10.70	14.34	16.27		59	16.69	18.25	19.97	
60	11.20	14.85	16.70		60	16.90	18.25	19.97	

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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Return of Premium Benefit Rider and ROP Rider Waiver of Premium Rider									
(for 30-year term)									
Annual Premium per \$1,000 Base Policy Benefit									
Male									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.70	1.01	1.33	0.07	18-20	1.64	2.43	3.16	0.07
21	0.71	1.02	1.38	0.07	21	1.68	2.48	3.23	0.07
22	0.72	1.05	1.45	0.08	22	1.74	2.54	3.31	0.08
23	0.74	1.08	1.51	0.08	23	1.80	2.61	3.39	0.08
24	0.77	1.12	1.58	0.09	24	1.87	2.69	3.47	0.09
25	0.80	1.17	1.66	0.09	25	1.95	2.77	3.56	0.09
26	0.84	1.23	1.74	0.09	26	2.04	2.86	3.65	0.09
27	0.88	1.29	1.82	0.10	27	2.14	2.96	3.74	0.10
28	0.93	1.37	1.91	0.10	28	2.25	3.07	3.83	0.10
29	0.99	1.46	2.01	0.10	29	2.36	3.19	3.93	0.10
30	1.06	1.56	2.13	0.11	30	2.49	3.32	4.04	0.11
31	1.14	1.68	2.27	0.12	31	2.63	3.47	4.18	0.12
32	1.23	1.82	2.42	0.13	32	2.79	3.64	4.34	0.13
33	1.33	1.96	2.59	0.13	33	2.96	3.81	4.50	0.13
34	1.43	2.11	2.76	0.14	34	3.12	3.97	4.64	0.14
35	1.53	2.26	2.92	0.15	35	3.27	4.11	4.75	0.15
36	1.63	2.40	3.08	0.16	36	3.41	4.23	4.81	0.16
37	1.74	2.55	3.23	0.16	37	3.54	4.34	4.83	0.16
38	1.85	2.70	3.38	0.17	38	3.67	4.43	4.83	0.17
39	1.97	2.84	3.53	0.17	39	3.78	4.50	4.83	0.17
40	2.08	2.99	3.68	0.18	40	3.87	4.56	4.83	0.18
41	2.19	3.14	3.82	0.19	41	3.94	4.59	4.84	0.19
42	2.31	3.29	3.97	0.20	42	3.99	4.59	4.84	0.20
43	2.42	3.44	4.11	0.20	43	4.02	4.59	4.84	0.20
44	2.54	3.59	4.24	0.22	44	4.06	4.59	4.84	0.22
45	2.66	3.74	4.37	0.23	45	4.10	4.59	4.84	0.23
46	2.78	3.88	4.49	0.25					
47	2.90	4.02	4.60	0.27					
48	3.03	4.15	4.70	0.29					
49	3.16	4.29	4.81	0.31					
50	3.30	4.44	4.92	0.34					

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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0766 and R I0767. Product availability, features and rates may vary by state. The policy and riders 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®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Return of Premium Benefit Rider and ROP Rider Waiver of Premium Rider									
(for 30-year term)									
Annual Premium per \$1,000 Base Policy Benefit									
Female									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.42	0.51	0.70	0.05	18-20	0.86	1.20	1.67	0.05
21	0.43	0.54	0.75	0.05	21	0.92	1.27	1.77	0.05
22	0.45	0.58	0.80	0.06	22	0.98	1.35	1.88	0.06
23	0.48	0.62	0.86	0.06	23	1.04	1.44	2.00	0.06
24	0.50	0.67	0.92	0.07	24	1.11	1.53	2.11	0.07
25	0.53	0.72	0.99	0.07	25	1.19	1.64	2.24	0.07
26	0.56	0.77	1.06	0.07	26	1.27	1.76	2.37	0.07
27	0.60	0.83	1.12	0.08	27	1.35	1.88	2.50	0.08
28	0.63	0.89	1.19	0.08	28	1.44	2.02	2.64	0.08
29	0.68	0.96	1.28	0.08	29	1.53	2.16	2.79	0.08
30	0.73	1.04	1.38	0.09	30	1.64	2.31	2.95	0.09
31	0.79	1.13	1.51	0.10	31	1.76	2.47	3.12	0.10
32	0.85	1.24	1.65	0.10	32	1.90	2.65	3.31	0.10
33	0.92	1.35	1.81	0.11	33	2.04	2.84	3.51	0.11
34	1.00	1.47	1.97	0.12	34	2.19	3.01	3.70	0.12
35	1.08	1.58	2.12	0.13	35	2.32	3.18	3.86	0.13
36	1.16	1.69	2.26	0.14	36	2.45	3.33	4.01	0.14
37	1.25	1.79	2.40	0.15	37	2.57	3.48	4.14	0.15
38	1.35	1.90	2.53	0.15	38	2.68	3.62	4.27	0.15
39	1.45	2.01	2.67	0.16	39	2.80	3.74	4.37	0.16
40	1.56	2.13	2.82	0.17	40	2.92	3.86	4.45	0.17
41	1.69	2.27	2.98	0.18	41	3.04	3.96	4.49	0.18
42	1.83	2.42	3.16	0.19	42	3.15	4.05	4.51	0.19
43	1.97	2.57	3.34	0.20	43	3.27	4.13	4.51	0.20
44	2.12	2.72	3.51	0.21	44	3.39	4.20	4.51	0.21
45	2.25	2.86	3.66	0.22	45	3.52	4.29	4.51	0.22
46	2.37	2.98	3.78	0.24					
47	2.47	3.08	3.87	0.25					
48	2.58	3.18	3.96	0.27					
49	2.68	3.28	4.04	0.30					
50	2.80	3.39	4.13	0.32					

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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider (for 10-year term) Annual Premium per \$1,000 Benefit									
Male									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.63	1.05	1.45	0.09	18-20	1.79	2.63	3.56	0.09
21	0.63	1.05	1.45	0.09	21	1.79	2.63	3.56	0.09
22	0.63	1.05	1.45	0.09	22	1.79	2.63	3.56	0.09
23	0.64	1.05	1.45	0.09	23	1.79	2.63	3.56	0.09
24	0.64	1.05	1.45	0.10	24	1.79	2.63	3.56	0.10
25	0.64	1.06	1.45	0.10	25	1.80	2.63	3.56	0.10
26	0.64	1.07	1.47	0.10	26	1.83	2.67	3.61	0.10
27	0.64	1.09	1.49	0.10	27	1.86	2.72	3.68	0.10
28	0.64	1.11	1.52	0.11	28	1.91	2.79	3.77	0.11
29	0.64	1.15	1.57	0.11	29	1.98	2.89	3.91	0.11
30	0.65	1.20	1.64	0.12	30	2.08	3.04	4.11	0.12
31	0.69	1.27	1.73	0.13	31	2.22	3.24	4.38	0.13
32	0.74	1.35	1.85	0.14	32	2.39	3.48	4.70	0.14
33	0.80	1.45	1.98	0.16	33	2.58	3.76	5.07	0.16
34	0.87	1.57	2.13	0.17	34	2.80	4.07	5.49	0.17
35	0.94	1.69	2.30	0.19	35	3.03	4.41	5.94	0.19
36	1.02	1.82	2.48	0.21	36	3.27	4.76	6.41	0.21
37	1.10	1.96	2.67	0.23	37	3.52	5.11	6.89	0.23
38	1.19	2.12	2.88	0.25	38	3.80	5.51	7.42	0.25
39	1.29	2.30	3.12	0.28	39	4.11	5.97	8.04	0.28
40	1.41	2.51	3.41	0.32	40	4.49	6.51	8.77	0.32
41	1.55	2.76	3.74	0.36	41	4.93	7.14	9.62	0.36
42	1.71	3.03	4.11	0.41	42	5.41	7.85	10.57	0.41
43	1.88	3.33	4.51	0.47	43	5.94	8.62	11.60	0.47
44	2.07	3.66	4.95	0.54	44	6.52	9.45	12.72	0.54
45	2.27	4.01	5.43	0.62	45	7.12	10.33	13.90	0.62
46	2.48	4.38	5.93	0.71	46	7.74	11.22	15.10	0.71
47	2.71	4.77	6.45	0.81	47	8.37	12.14	16.34	0.81
48	2.95	5.19	7.02	0.92	48	9.05	13.13	17.66	0.92
49	3.22	5.66	7.65	1.06	49	9.81	14.23	19.16	1.06
50	3.52	6.19	8.37	1.25	50	10.69	15.51	20.88	1.25
51	3.86	6.79	9.18	1.46	51	11.69	16.97	22.85	1.46
52	4.22	7.44	10.06	1.70	52	12.80	18.57	25.02	1.70
53	4.61	8.15	11.02	1.97	53	14.00	20.31	27.37	1.97
54	5.04	8.91	12.05	2.31	54	15.27	22.17	29.87	2.31
55	5.51	9.74	13.17	2.73	55	16.61	24.12	32.52	2.73
56	6.00	10.60	14.33		56	17.96	26.09	35.19	
57	6.49	11.48	15.52		57	19.33	28.09	37.90	
58	7.04	12.43	16.81		58	20.80	30.25	40.83	
59	7.68	13.52	18.27		59	22.46	32.67	44.13	
60	8.46	14.77	19.97		60	24.39	35.50	47.98	
61	9.36	16.17	21.87		61	26.57	38.68	52.33	
62	10.35	17.70	23.94		62	28.95	42.14	57.05	
63	11.46	19.37	26.21		63	31.55	45.94	62.24	
64	12.71	21.23	28.74		64	34.43	50.13	67.98	
65	14.13	23.31	31.57		65	37.62	54.79	74.36	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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# LifeScape® NonMed Term 350 Life Insurance



For all states except the following: MT									
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider (for 10-year term) Annual Premium per \$1,000 Benefit									
Female									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.25	0.38	0.53	0.06	18-20	0.67	0.98	1.34	0.06
21	0.25	0.38	0.54	0.06	21	0.67	0.99	1.35	0.06
22	0.25	0.39	0.55	0.06	22	0.69	1.01	1.38	0.06
23	0.25	0.40	0.58	0.06	23	0.71	1.05	1.43	0.06
24	0.26	0.42	0.60	0.06	24	0.75	1.10	1.50	0.06
25	0.27	0.45	0.64	0.06	25	0.79	1.17	1.59	0.06
26	0.28	0.48	0.68	0.06	26	0.84	1.25	1.69	0.06
27	0.30	0.52	0.73	0.07	27	0.90	1.34	1.81	0.07
28	0.32	0.56	0.78	0.08	28	0.97	1.44	1.95	0.08
29	0.34	0.61	0.84	0.08	29	1.06	1.56	2.11	0.08
30	0.37	0.67	0.92	0.09	30	1.16	1.71	2.31	0.09
31	0.41	0.74	1.01	0.10	31	1.28	1.88	2.54	0.10
32	0.45	0.81	1.11	0.10	32	1.41	2.08	2.80	0.10
33	0.49	0.89	1.22	0.11	33	1.56	2.29	3.09	0.11
34	0.54	0.98	1.34	0.12	34	1.72	2.52	3.40	0.12
35	0.59	1.07	1.46	0.13	35	1.88	2.75	3.71	0.13
36	0.64	1.16	1.58	0.14	36	2.04	2.98	4.02	0.14
37	0.69	1.25	1.71	0.16	37	2.21	3.22	4.34	0.16
38	0.75	1.35	1.85	0.18	38	2.38	3.47	4.68	0.18
39	0.82	1.46	2.00	0.20	39	2.58	3.75	5.05	0.20
40	0.89	1.59	2.17	0.22	40	2.80	4.06	5.47	0.22
41	0.97	1.73	2.35	0.25	41	3.04	4.40	5.93	0.25
42	1.06	1.87	2.55	0.27	42	3.30	4.77	6.42	0.27
43	1.16	2.04	2.76	0.30	43	3.59	5.17	6.96	0.30
44	1.27	2.22	3.01	0.34	44	3.90	5.61	7.56	0.34
45	1.39	2.43	3.29	0.39	45	4.26	6.12	8.24	0.39
46	1.53	2.66	3.60	0.44	46	4.64	6.67	8.97	0.44
47	1.67	2.91	3.94	0.50	47	5.03	7.25	9.75	0.50
48	1.83	3.19	4.31	0.57	48	5.47	7.89	10.60	0.57
49	2.01	3.50	4.73	0.66	49	5.98	8.61	11.57	0.66
50	2.21	3.86	5.21	0.78	50	6.57	9.45	12.70	0.78
51	2.44	4.27	5.77	0.92	51	7.27	10.43	14.02	0.92
52	2.69	4.74	6.39	1.07	52	8.06	11.54	15.51	1.07
53	2.97	5.23	7.06	1.24	53	8.91	12.72	17.11	1.24
54	3.26	5.75	7.77	1.46	54	9.81	13.94	18.77	1.46
55	3.56	6.28	8.48	1.74	55	10.72	15.16	20.41	1.74
56	3.86	6.79	9.17		56	11.62	16.31	21.96	
57	4.16	7.29	9.84		57	12.53	17.41	23.45	
58	4.48	7.81	10.56		58	13.49	18.57	25.02	
59	4.86	8.42	11.37		59	14.54	19.88	26.79	
60	5.31	9.13	12.34		60	15.73	21.44	28.90	
61	5.83	9.95	13.45		61	17.05	23.24	31.33	
62	6.41	10.84	14.65		62	18.46	25.21	33.99	
63	7.04	11.83	15.99		63	19.98	27.37	36.91	
64	7.76	12.92	17.46		64	21.66	29.75	40.13	
65	8.56	14.13	19.09		65	23.50	32.37	43.66	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT										
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider (for 15-year term) Annual Premium per \$1,000 Benefit										
Male										
Issue Ages	Non-Tobacco					Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver			Select+	Select	Standard	Waiver
18-20	0.67	1.07	1.48	0.09		18-20	1.88	2.77	3.76	0.09
21	0.67	1.07	1.48	0.09		21	1.88	2.77	3.76	0.09
22	0.67	1.07	1.48	0.09		22	1.88	2.77	3.76	0.09
23	0.67	1.08	1.50	0.09		23	1.88	2.77	3.76	0.09
24	0.67	1.10	1.52	0.10		24	1.91	2.81	3.81	0.10
25	0.67	1.13	1.56	0.10		25	1.96	2.88	3.91	0.10
26	0.68	1.16	1.60	0.11		26	2.02	2.97	4.03	0.11
27	0.70	1.20	1.65	0.11		27	2.09	3.08	4.17	0.11
28	0.72	1.25	1.72	0.12		28	2.19	3.21	4.36	0.12
29	0.75	1.31	1.80	0.13		29	2.31	3.39	4.59	0.13
30	0.80	1.39	1.91	0.14		30	2.46	3.61	4.89	0.14
31	0.86	1.49	2.05	0.15		31	2.65	3.89	5.26	0.15
32	0.94	1.61	2.20	0.17		32	2.88	4.22	5.70	0.17
33	1.02	1.75	2.38	0.18		33	3.14	4.59	6.20	0.18
34	1.12	1.90	2.58	0.20		34	3.42	4.99	6.73	0.20
35	1.22	2.06	2.80	0.22		35	3.71	5.41	7.30	0.22
36	1.32	2.23	3.03	0.24		36	4.01	5.84	7.87	0.24
37	1.43	2.40	3.26	0.27		37	4.31	6.27	8.45	0.27
38	1.55	2.59	3.52	0.30		38	4.64	6.75	9.09	0.30
39	1.69	2.82	3.82	0.33		39	5.02	7.29	9.82	0.33
40	1.85	3.08	4.18	0.38		40	5.47	7.95	10.70	0.38
41	2.04	3.39	4.60	0.43		41	6.01	8.73	11.74	0.43
42	2.26	3.74	5.06	0.50		42	6.62	9.61	12.92	0.50
43	2.49	4.11	5.57	0.57		43	7.28	10.56	14.20	0.57
44	2.74	4.52	6.12	0.65		44	7.98	11.58	15.56	0.65
45	3.01	4.95	6.70	0.75		45	8.70	12.62	16.96	0.75
46	3.28	5.39	7.29	0.86		46	9.41	13.65	18.34	0.86
47	3.55	5.83	7.89	0.96		47	10.13	14.69	19.73	0.96
48	3.85	6.31	8.54	1.09		48	10.90	15.79	21.22	1.09
49	4.18	6.85	9.26	1.26		49	11.76	17.03	22.89	1.26
50	4.56	7.47	10.10	1.47		50	12.76	18.48	24.83	1.47
51	4.98	8.18	11.05	1.72		51	13.91	20.15	27.08	1.72
52	5.44	8.95	12.09	1.99		52	15.19	22.01	29.57	1.99
53	5.95	9.79	13.22	2.31		53	16.57	24.01	32.26	2.31
54	6.50	10.69	14.44	2.70		54	18.04	26.14	35.11	2.70
55	7.12	11.66	15.74	3.19		55	19.58	28.35	38.09	3.19
56	7.76	12.65	17.07			56	21.13	30.54	41.05	
57	8.43	13.66	18.43			57	22.70	32.74	44.01	
58	9.17	14.75	19.90			58	24.39	35.10	47.20	
59	10.04	16.00	21.59			59	26.30	37.78	50.83	
60	11.08	17.48	23.58			60	28.53	40.94	55.10	
61	12.28	19.16	25.84			61	31.05	44.54	59.97	
62	13.59	20.99	28.30			62	33.80	48.48	65.30	
63	15.07	23.01	31.03			63	36.81	52.82	71.16	
64	16.73	25.26	34.06			64	40.14	57.60	77.64	
65	18.63	27.78	37.45			65	43.83	62.90	84.81	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider (for 15-year term) Annual Premium per \$1,000 Benefit									
Female									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.26	0.39	0.56	0.06	18-20	0.73	1.09	1.50	0.06
21	0.26	0.41	0.58	0.06	21	0.75	1.13	1.55	0.06
22	0.27	0.43	0.61	0.06	22	0.79	1.18	1.62	0.06
23	0.29	0.46	0.65	0.06	23	0.83	1.24	1.71	0.06
24	0.30	0.49	0.70	0.07	24	0.88	1.32	1.82	0.07
25	0.32	0.53	0.75	0.07	25	0.95	1.42	1.95	0.07
26	0.34	0.57	0.81	0.07	26	1.02	1.53	2.10	0.07
27	0.37	0.62	0.88	0.08	27	1.11	1.65	2.26	0.08
28	0.39	0.68	0.95	0.09	28	1.20	1.79	2.44	0.09
29	0.43	0.74	1.03	0.09	29	1.31	1.95	2.66	0.09
30	0.47	0.81	1.13	0.10	30	1.44	2.13	2.90	0.10
31	0.52	0.89	1.24	0.11	31	1.59	2.34	3.18	0.11
32	0.57	0.98	1.36	0.12	32	1.75	2.58	3.50	0.12
33	0.63	1.08	1.49	0.13	33	1.93	2.84	3.85	0.13
34	0.70	1.18	1.63	0.14	34	2.12	3.11	4.21	0.14
35	0.77	1.29	1.78	0.15	35	2.32	3.39	4.58	0.15
36	0.84	1.40	1.92	0.16	36	2.52	3.66	4.94	0.16
37	0.91	1.50	2.07	0.18	37	2.72	3.92	5.28	0.18
38	0.99	1.62	2.22	0.20	38	2.94	4.19	5.66	0.20
39	1.08	1.76	2.40	0.22	39	3.19	4.52	6.09	0.22
40	1.18	1.92	2.62	0.25	40	3.48	4.91	6.62	0.25
41	1.30	2.11	2.88	0.28	41	3.81	5.38	7.25	0.28
42	1.43	2.33	3.17	0.32	42	4.17	5.91	7.96	0.32
43	1.57	2.56	3.49	0.36	43	4.57	6.48	8.73	0.36
44	1.73	2.82	3.84	0.42	44	5.00	7.10	9.56	0.42
45	1.90	3.10	4.21	0.48	45	5.46	7.76	10.44	0.48
46	2.08	3.39	4.60	0.55	46	5.93	8.42	11.33	0.55
47	2.26	3.68	5.00	0.62	47	6.42	9.10	12.23	0.62
48	2.46	4.01	5.43	0.70	48	6.95	9.84	13.21	0.70
49	2.68	4.37	5.92	0.81	49	7.55	10.66	14.32	0.81
50	2.94	4.79	6.48	0.95	50	8.25	11.62	15.60	0.95
51	3.23	5.27	7.13	1.11	51	9.05	12.74	17.10	1.11
52	3.54	5.80	7.84	1.29	52	9.95	13.98	18.78	1.29
53	3.88	6.38	8.62	1.50	53	10.92	15.32	20.58	1.50
54	4.25	6.99	9.44	1.75	54	11.94	16.72	22.46	1.75
55	4.65	7.62	10.29	2.07	55	13.00	18.13	24.36	2.07
56	5.05	8.24	11.13		56	14.07	19.49	26.18	
57	5.46	8.86	11.96		57	15.15	20.81	27.95	
58	5.90	9.52	12.86		58	16.30	22.21	29.83	
59	6.43	10.29	13.88		59	17.57	23.81	31.97	
60	7.06	11.20	15.11		60	19.01	25.72	34.52	
61	7.79	12.25	16.52		61	20.60	27.92	37.45	
62	8.60	13.40	18.06		62	22.31	30.33	40.67	
63	9.50	14.67	19.77		63	24.17	32.98	44.22	
64	10.52	16.08	21.67		64	26.21	35.90	48.11	
65	11.67	17.66	23.78		65	28.45	39.12	52.41	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider									
(for 20-year term)									
Annual Premium per \$1,000 Benefit									
Male									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.77	1.17	1.61	0.09	18-20	2.07	3.04	4.12	0.09
21	0.77	1.18	1.63	0.09	21	2.08	3.06	4.15	0.09
22	0.77	1.20	1.65	0.09	22	2.11	3.10	4.20	0.09
23	0.77	1.23	1.69	0.10	23	2.16	3.17	4.30	0.10
24	0.77	1.27	1.75	0.10	24	2.23	3.27	4.43	0.10
25	0.78	1.32	1.81	0.11	25	2.31	3.39	4.59	0.11
26	0.81	1.37	1.88	0.12	26	2.41	3.53	4.77	0.12
27	0.84	1.43	1.96	0.13	27	2.51	3.68	4.98	0.13
28	0.89	1.50	2.05	0.13	28	2.64	3.87	5.23	0.13
29	0.95	1.58	2.16	0.15	29	2.80	4.10	5.53	0.15
30	1.02	1.69	2.31	0.16	30	3.00	4.39	5.92	0.16
31	1.11	1.82	2.49	0.18	31	3.25	4.75	6.40	0.18
32	1.21	1.98	2.70	0.19	32	3.54	5.16	6.95	0.19
33	1.32	2.15	2.93	0.21	33	3.86	5.62	7.56	0.21
34	1.45	2.34	3.19	0.23	34	4.20	6.12	8.23	0.23
35	1.58	2.55	3.47	0.26	35	4.57	6.64	8.93	0.26
36	1.72	2.76	3.76	0.29	36	4.94	7.17	9.64	0.29
37	1.86	2.99	4.06	0.32	37	5.31	7.70	10.35	0.32
38	2.02	3.23	4.38	0.35	38	5.72	8.29	11.13	0.35
39	2.19	3.51	4.76	0.40	39	6.18	8.95	12.02	0.40
40	2.40	3.83	5.19	0.45	40	6.72	9.73	13.06	0.45
41	2.64	4.20	5.69	0.51	41	7.36	10.64	14.28	0.51
42	2.90	4.61	6.24	0.59	42	8.07	11.66	15.64	0.59
43	3.19	5.06	6.84	0.67	43	8.84	12.77	17.11	0.67
44	3.49	5.54	7.49	0.76	44	9.65	13.94	18.66	0.76
45	3.82	6.05	8.17	0.88	45	10.49	15.14	20.26	0.88
46	4.15	6.57	8.86	1.00	46	11.32	16.33	21.84	1.00
47	4.49	7.09	9.57	1.13	47	12.15	17.52	23.43	1.13
48	4.86	7.66	10.33	1.28	48	13.03	18.79	25.11	1.28
49	5.28	8.30	11.19	1.47	49	14.03	20.21	27.01	1.47
50	5.77	9.03	12.17	1.72	50	15.20	21.86	29.20	1.72
51	6.32	9.86	13.28	2.00	51	16.55	23.76	31.73	2.00
52	6.92	10.77	14.50	2.32	52	18.04	25.85	34.51	2.32
53	7.58	11.75	15.81	2.68	53	19.65	28.11	37.53	2.68
54	8.31	12.82	17.24	3.13	54	21.37	30.51	40.72	3.13
55	9.13	13.97	18.78	3.68	55	23.19	33.01	44.05	3.68
56	10.01	15.18	20.40		56	25.06	35.56	47.45	
57	10.95	16.45	22.09		57	27.00	38.19	50.96	
58	11.97	17.82	23.91		58	29.06	40.96	54.67	
59	13.11	19.31	25.90		59	31.30	43.96	58.67	
60	14.38	20.97	28.11		60	33.76	47.25	63.06	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider (for 20-year term) Annual Premium per \$1,000 Benefit									
Female									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.33	0.47	0.68	0.06	18-20	0.88	1.31	1.80	0.06
21	0.34	0.50	0.72	0.06	21	0.92	1.38	1.90	0.06
22	0.36	0.54	0.77	0.07	22	0.98	1.47	2.01	0.07
23	0.38	0.58	0.82	0.07	23	1.05	1.57	2.15	0.07
24	0.40	0.63	0.88	0.08	24	1.12	1.68	2.30	0.08
25	0.43	0.68	0.95	0.08	25	1.21	1.81	2.47	0.08
26	0.46	0.73	1.02	0.08	26	1.31	1.95	2.65	0.08
27	0.49	0.79	1.10	0.09	27	1.41	2.09	2.84	0.09
28	0.53	0.85	1.19	0.09	28	1.52	2.25	3.06	0.09
29	0.58	0.92	1.28	0.10	29	1.65	2.43	3.30	0.10
30	0.63	1.01	1.40	0.11	30	1.81	2.65	3.59	0.11
31	0.69	1.11	1.53	0.12	31	1.99	2.90	3.92	0.12
32	0.76	1.22	1.68	0.13	32	2.19	3.18	4.30	0.13
33	0.83	1.34	1.84	0.15	33	2.40	3.48	4.71	0.15
34	0.91	1.47	2.01	0.16	34	2.64	3.81	5.14	0.16
35	1.00	1.61	2.20	0.18	35	2.89	4.15	5.60	0.18
36	1.09	1.75	2.39	0.20	36	3.15	4.50	6.06	0.20
37	1.19	1.90	2.59	0.22	37	3.42	4.85	6.53	0.22
38	1.30	2.06	2.80	0.25	38	3.71	5.23	7.04	0.25
39	1.42	2.24	3.05	0.27	39	4.03	5.66	7.61	0.27
40	1.56	2.45	3.33	0.31	40	4.40	6.16	8.28	0.31
41	1.71	2.69	3.66	0.35	41	4.81	6.74	9.05	0.35
42	1.88	2.96	4.02	0.39	42	5.25	7.38	9.90	0.39
43	2.06	3.25	4.41	0.45	43	5.74	8.07	10.82	0.45
44	2.26	3.56	4.83	0.51	44	6.25	8.81	11.80	0.51
45	2.47	3.90	5.28	0.58	45	6.81	9.58	12.83	0.58
46	2.69	4.24	5.74	0.66	46	7.38	10.35	13.86	0.66
47	2.92	4.60	6.21	0.74	47	7.97	11.13	14.89	0.74
48	3.18	4.98	6.71	0.84	48	8.60	11.97	16.01	0.84
49	3.46	5.41	7.29	0.97	49	9.32	12.92	17.27	0.97
50	3.79	5.91	7.96	1.13	50	10.15	14.03	18.75	1.13
51	4.16	6.49	8.74	1.32	51	11.11	15.33	20.48	1.32
52	4.57	7.13	9.59	1.53	52	12.17	16.79	22.43	1.53
53	5.01	7.83	10.53	1.77	53	13.32	18.36	24.52	1.77
54	5.50	8.57	11.52	2.07	54	14.54	20.00	26.71	2.07
55	6.04	9.35	12.57	2.44	55	15.81	21.67	28.93	2.44
56	6.61	10.15	13.64		56	17.10	23.34	31.14	
57	7.22	10.98	14.75		57	18.43	25.02	33.37	
58	7.87	11.86	15.93		58	19.83	26.78	35.69	
59	8.60	12.82	17.22		59	21.36	28.68	38.20	
60	9.41	13.89	18.64		60	23.04	30.77	40.95	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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# LifeScape® NonMed Term 350 Life Insurance



For all states except the following: MT									
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider (for 30-year term) Annual Premium per \$1,000 Benefit									
Male									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.94	1.38	1.91	0.10	18-20	2.50	3.63	4.91	0.10
21	0.95	1.43	1.98	0.11	21	2.58	3.75	5.07	0.11
22	0.97	1.49	2.06	0.11	22	2.67	3.89	5.25	0.11
23	1.00	1.57	2.15	0.12	23	2.78	4.06	5.48	0.12
24	1.04	1.65	2.26	0.13	24	2.92	4.25	5.73	0.13
25	1.09	1.74	2.38	0.14	25	3.07	4.47	6.02	0.14
26	1.15	1.84	2.51	0.15	26	3.23	4.70	6.32	0.15
27	1.22	1.94	2.64	0.16	27	3.40	4.94	6.64	0.16
28	1.30	2.05	2.79	0.17	28	3.60	5.22	7.00	0.17
29	1.39	2.18	2.97	0.18	29	3.83	5.55	7.43	0.18
30	1.51	2.35	3.19	0.20	30	4.12	5.95	7.96	0.20
31	1.65	2.55	3.46	0.22	31	4.47	6.44	8.60	0.22
32	1.80	2.78	3.76	0.24	32	4.87	7.01	9.35	0.24
33	1.97	3.03	4.09	0.27	33	5.32	7.63	10.16	0.27
34	2.16	3.30	4.45	0.30	34	5.79	8.29	11.02	0.30
35	2.36	3.58	4.83	0.33	35	6.28	8.96	11.90	0.33
36	2.57	3.87	5.21	0.37	36	6.77	9.62	12.76	0.37
37	2.80	4.16	5.60	0.41	37	7.27	10.28	13.62	0.41
38	3.04	4.47	6.02	0.45	38	7.80	10.98	14.54	0.45
39	3.32	4.83	6.50	0.50	39	8.40	11.77	15.57	0.50
40	3.64	5.25	7.05	0.57	40	9.10	12.70	16.78	0.57
41	4.00	5.73	7.69	0.65	41	9.89	13.75	18.15	0.65
42	4.40	6.27	8.40	0.73	42	10.75	14.91	19.64	0.73
43	4.84	6.85	9.17	0.82	43	11.69	16.17	21.27	0.82
44	5.32	7.48	9.99	0.94	44	12.72	17.55	23.06	0.94
45	5.84	8.15	10.85	1.08	45	13.87	19.07	25.02	1.08
46	6.39	8.85	11.74	1.24					
47	6.97	9.58	12.66	1.41					
48	7.60	10.37	13.63	1.61					
49	8.29	11.23	14.69	1.85					
50	9.07	12.18	15.86	2.14					

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For all states except the following: MT									
Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider									
(for 30-year term)									
Annual Premium per \$1,000 Benefit									
Female									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.48	0.65	0.92	0.07	18-20	1.23	1.79	2.44	0.07
21	0.51	0.70	0.99	0.07	21	1.31	1.91	2.60	0.07
22	0.54	0.76	1.06	0.07	22	1.41	2.04	2.78	0.07
23	0.58	0.83	1.15	0.08	23	1.52	2.20	2.98	0.08
24	0.63	0.90	1.25	0.08	24	1.65	2.37	3.20	0.08
25	0.68	0.98	1.35	0.09	25	1.79	2.55	3.45	0.09
26	0.73	1.06	1.46	0.10	26	1.94	2.74	3.71	0.10
27	0.79	1.14	1.57	0.11	27	2.10	2.94	3.98	0.11
28	0.85	1.23	1.70	0.12	28	2.28	3.16	4.27	0.12
29	0.93	1.34	1.84	0.13	29	2.48	3.42	4.61	0.13
30	1.01	1.46	2.01	0.14	30	2.72	3.72	5.01	0.14
31	1.11	1.61	2.21	0.15	31	2.99	4.08	5.48	0.15
32	1.21	1.77	2.43	0.17	32	3.29	4.48	6.01	0.17
33	1.33	1.95	2.67	0.19	33	3.62	4.91	6.59	0.19
34	1.45	2.14	2.92	0.21	34	3.98	5.37	7.19	0.21
35	1.59	2.35	3.19	0.23	35	4.35	5.84	7.80	0.23
36	1.73	2.56	3.45	0.25	36	4.74	6.30	8.40	0.25
37	1.88	2.78	3.72	0.28	37	5.14	6.75	8.98	0.28
38	2.04	3.01	4.01	0.31	38	5.56	7.23	9.61	0.31
39	2.23	3.27	4.33	0.34	39	6.03	7.77	10.31	0.34
40	2.44	3.58	4.71	0.39	40	6.55	8.40	11.13	0.39
41	2.68	3.93	5.15	0.44	41	7.11	9.12	12.06	0.44
42	2.94	4.31	5.63	0.50	42	7.71	9.90	13.07	0.50
43	3.22	4.72	6.15	0.56	43	8.35	10.76	14.17	0.56
44	3.54	5.17	6.72	0.64	44	9.06	11.71	15.39	0.64
45	3.89	5.66	7.32	0.74	45	9.84	12.75	16.72	0.74
46	4.27	6.17	7.95	0.85					
47	4.67	6.71	8.61	0.97					
48	5.10	7.29	9.32	1.12					
49	5.59	7.92	10.09	1.28					
50	6.13	8.63	10.95	1.49					

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For Montana Only									
Critical Illness Rider and CI Rider Waiver of Premium Rider									
Annual Premium per \$1,000 Benefit									
(for 10-year term)					(for 15-year term)				
Issue Age	Non-Tobacco		Tobacco		Issue Age	Non-Tobacco		Tobacco	
	CI	Waiv	CI	Waiv		CI	Waiv	CI	Waiv
18-20	0.89	0.02	1.00	0.02	18-20	0.99	0.02	1.15	0.02
21	0.96	0.02	1.08	0.02	21	1.06	0.02	1.25	0.03
22	1.04	0.02	1.18	0.02	22	1.15	0.02	1.36	0.03
23	1.13	0.02	1.30	0.03	23	1.26	0.02	1.51	0.03
24	1.23	0.02	1.44	0.03	24	1.38	0.03	1.69	0.04
25	1.35	0.03	1.60	0.03	25	1.52	0.03	1.89	0.04
26	1.47	0.03	1.77	0.04	26	1.67	0.03	2.10	0.05
27	1.59	0.04	1.95	0.05	27	1.82	0.04	2.33	0.06
28	1.73	0.04	2.15	0.05	28	1.99	0.05	2.60	0.06
29	1.89	0.04	2.39	0.06	29	2.19	0.05	2.91	0.07
30	2.08	0.05	2.69	0.07	30	2.42	0.06	3.29	0.09
31	2.29	0.06	3.02	0.08	31	2.68	0.07	3.73	0.10
32	2.52	0.07	3.38	0.09	32	2.96	0.08	4.20	0.12
33	2.77	0.08	3.79	0.11	33	3.28	0.09	4.74	0.13
34	3.07	0.09	4.28	0.13	34	3.63	0.10	5.35	0.15
35	3.41	0.10	4.87	0.14	35	4.02	0.11	6.07	0.18
36	3.80	0.11	5.56	0.17	36	4.46	0.13	6.88	0.20
37	4.23	0.13	6.32	0.20	37	4.94	0.15	7.75	0.24
38	4.71	0.15	7.18	0.23	38	5.46	0.17	8.72	0.28
39	5.24	0.17	8.14	0.27	39	6.03	0.20	9.80	0.32
40	5.82	0.20	9.24	0.32	40	6.65	0.23	11.01	0.38
41	6.45	0.23	10.46	0.38	41	7.32	0.27	12.35	0.45
42	7.13	0.27	11.80	0.44	42	8.03	0.30	13.78	0.52
43	7.87	0.31	13.25	0.53	43	8.80	0.35	15.35	0.60
44	8.65	0.36	14.83	0.62	44	9.62	0.40	17.05	0.71
45	9.48	0.41	16.53	0.72	45	10.50	0.46	18.90	0.83
46	10.34	0.47	18.32	0.84	46	11.42	0.52	20.89	0.96
47	11.23	0.54	20.20	0.98	47	12.39	0.60	22.99	1.12
48	12.17	0.62	22.22	1.14	48	13.42	0.68	25.24	1.30
49	13.19	0.72	24.42	1.34	49	14.52	0.80	27.70	1.52
50	14.29	0.83	26.88	1.57	50	15.70	0.91	30.40	1.77
51	15.46	0.95	29.53	1.83	51	16.97	1.05	33.33	2.06
52	16.71	1.11	32.36	2.15	52	18.30	1.22	36.45	2.42
53	18.02	1.28	35.42	2.52	53	19.72	1.40	39.79	2.82
54	19.45	1.48	38.75	2.96	54	21.24	1.62	43.38	3.31
55	20.99	1.71	42.44	3.46	55	22.88	1.86	47.25	3.85
56	22.66		46.49		56	24.65		51.43	
57	24.43		50.88		57	26.54		55.92	
58	26.32		55.56		58	28.52		60.62	
59	28.32		60.48		59	30.62		65.49	
60	30.45		65.61		60	32.81		70.46	
61	32.68		70.82		61	35.06		75.41	
62	34.99		76.15		62	37.38		80.37	
63	37.45		81.77		63	39.82		85.54	
64	40.09		87.84		64	42.44		91.04	
65	42.98		94.55		65	45.28		97.07	

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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0762 and R I0766. 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®**  
**NonMed Term 350 Life Insurance**



For Montana Only									
Critical Illness Rider and CI Rider Waiver of Premium Rider									
Annual Premium per \$1,000 Benefit									
(for 20-year term)					(for 30-year term)				
Issue Age	Non-Tobacco		Tobacco		Issue Age	Non-Tobacco		Tobacco	
	CI	Waiv	CI	Waiv		CI	Waiv	CI	Waiv
18-20	1.14	0.02	1.36	0.03	18-20	1.58	0.03	2.11	0.05
21	1.23	0.02	1.48	0.03	21	1.72	0.04	2.33	0.05
22	1.34	0.03	1.64	0.04	22	1.89	0.04	2.60	0.06
23	1.46	0.03	1.83	0.04	23	2.07	0.04	2.91	0.07
24	1.61	0.03	2.05	0.05	24	2.27	0.05	3.25	0.08
25	1.78	0.04	2.32	0.05	25	2.50	0.05	3.64	0.09
26	1.96	0.04	2.61	0.06	26	2.74	0.06	4.06	0.10
27	2.15	0.05	2.92	0.07	27	2.99	0.07	4.50	0.11
28	2.37	0.05	3.27	0.08	28	3.27	0.08	5.00	0.12
29	2.61	0.06	3.67	0.09	29	3.58	0.09	5.55	0.14
30	2.88	0.07	4.14	0.11	30	3.92	0.10	6.18	0.16
31	3.18	0.08	4.67	0.12	31	4.30	0.11	6.88	0.18
32	3.51	0.09	5.23	0.14	32	4.70	0.13	7.63	0.21
33	3.87	0.10	5.87	0.17	33	5.14	0.15	8.46	0.23
34	4.26	0.12	6.58	0.18	34	5.62	0.16	9.38	0.26
35	4.70	0.13	7.40	0.22	35	6.15	0.18	10.41	0.30
36	5.18	0.15	8.31	0.25	36	6.72	0.20	11.55	0.34
37	5.70	0.18	9.29	0.28	37	7.34	0.23	12.78	0.39
38	6.26	0.21	10.38	0.34	38	8.00	0.26	14.11	0.46
39	6.87	0.23	11.59	0.39	39	8.71	0.29	15.56	0.52
40	7.55	0.26	12.94	0.45	40	9.49	0.33	17.15	0.60
41	8.28	0.30	14.43	0.52	41	10.35	0.37	18.91	0.69
42	9.06	0.34	16.04	0.60	42	11.30	0.42	20.82	0.78
43	9.89	0.39	17.78	0.70	43	12.29	0.49	22.86	0.90
44	10.78	0.45	19.67	0.82	44	13.29	0.55	24.94	1.04
45	11.73	0.51	21.72	0.95	45	14.27	0.62	27.02	1.17
46	12.73	0.58	23.92	1.09	46	15.21	0.70		
47	13.78	0.67	26.25	1.28	47	16.11	0.78		
48	14.89	0.77	28.74	1.47	48	17.03	0.87		
49	16.08	0.88	31.43	1.72	49	18.01	0.99		
50	17.36	1.01	34.31	2.00	50	19.08	1.11		
51	18.74	1.16	37.44	2.31					
52	20.23	1.35	40.80	2.71					
53	21.79	1.55	44.33	3.15					
54	23.39	1.78	47.98	3.66					
55	25.00	2.04	51.71	4.22					
56	26.58		55.42						
57	28.16		59.16						
58	29.79		63.03						
59	31.51		67.19						
60	33.38		71.73						

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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0762 and R I0766. 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®**  
**NonMed Term 350 Life Insurance**



For Montana Only									
Monthly Disability Income Rider and DI Rider Waiver of Premium Rider									
Annual Premium per \$100 Benefit									
Issue Age	10-year Term		15-year Term		Issue Age	20-year Term		30-year Term*	
	DI	Waiv	DI	Waiv		DI	Waiv	DI	Waiv
18-25	13.63	0.21	14.66	0.29	18-25	15.58	0.37	16.88	0.54
26	14.31	0.23	15.41	0.33	26	16.37	0.43	17.71	0.62
27	14.99	0.26	16.16	0.37	27	17.16	0.48	18.54	0.70
28	15.66	0.29	16.91	0.41	28	17.95	0.54	19.37	0.78
29	16.34	0.31	17.66	0.45	29	18.74	0.59	20.19	0.86
30	17.02	0.34	18.42	0.49	30	19.53	0.65	21.02	0.94
31	18.06	0.40	19.49	0.57	31	20.61	0.75	22.15	1.09
32	19.10	0.45	20.56	0.65	32	21.69	0.86	23.29	1.23
33	20.14	0.51	21.64	0.73	33	22.77	0.96	24.42	1.37
34	21.18	0.56	22.71	0.81	34	23.85	1.06	25.55	1.52
35	22.21	0.62	23.79	0.89	35	24.93	1.17	26.68	1.66
36	23.42	0.71	24.99	1.02	36	26.17	1.33	27.81	1.81
37	24.62	0.79	26.20	1.14	37	27.40	1.49	28.93	1.97
38	25.82	0.88	27.41	1.27	38	28.63	1.65	30.06	2.12
39	27.03	0.97	28.61	1.40	39	29.87	1.81	31.19	2.27
40	28.23	1.06	29.82	1.52	40	31.10	1.97	32.31	2.42
41	29.46	1.18	31.10	1.69	41	32.47	2.21	33.44	2.57
42	30.69	1.30	32.37	1.87	42	33.85	2.46	34.57	2.73
43	31.92	1.42	33.65	2.04	43	35.22	2.70	35.71	2.88
44	33.15	1.54	34.93	2.21	44	36.59	2.95	36.84	3.04
45	34.38	1.66	36.21	2.39	45	37.97	3.19	37.97	3.19
46	35.74	1.83	37.72	2.68	46	39.13	3.32	39.13	3.32
47	37.09	1.99	39.23	2.97	47	40.28	3.45	40.28	3.45
48	38.45	2.15	40.74	3.26	48	41.44	3.58	41.44	3.58
49	39.80	2.31	42.25	3.55	49	42.60	3.71	42.60	3.71
50	41.16	2.48	43.76	3.84	50	43.76	3.84	43.76	3.84
51	42.97	2.83	45.05	3.92	51	45.05	3.92		
52	44.78	3.18	46.35	4.00	52	46.35	4.00		
53	46.60	3.53	47.64	4.08	53	47.64	4.08		
54	48.41	3.88	48.93	4.16	54	48.93	4.16		
55	50.22	4.24	50.22	4.24	55	50.22	4.24		
56	51.52		51.52		56	51.52			
57	52.81		52.81		57	52.81			
58	54.10		54.10		58	54.10			
59	55.39		55.39		59	55.39			
60	56.69		56.69		60	56.69			

\* For issue ages 46-50, rider available to NT only.

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) 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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0825-T and R I0766. 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®**  
**NonMed Term 350 Life Insurance**



For Montana Only									
Accident Only Disability Income Rider and ADI Rider Waiver of Premium Rider									
Annual Premium per \$100 Benefit									
Issue Age	10-year Term		15-year Term		Issue Age	20-year Term		30-year Term*	
	Acc DI	Waiv	Acc DI	Waiv		Acc DI	Waiv	Acc DI	Waiv
18-25	7.73	0.12	7.73	0.15	18-25	7.73	0.19	7.73	0.25
26	7.73	0.13	7.73	0.17	26	7.73	0.21	7.73	0.28
27	7.73	0.14	7.73	0.18	27	7.73	0.22	7.73	0.30
28	7.73	0.15	7.73	0.20	28	7.73	0.24	7.73	0.33
29	7.73	0.16	7.73	0.21	29	7.73	0.26	7.73	0.36
30	8.54	0.17	8.54	0.23	30	8.54	0.28	8.54	0.38
31	8.54	0.18	8.54	0.25	31	8.54	0.31	8.54	0.41
32	8.54	0.20	8.54	0.27	32	8.54	0.33	8.54	0.44
33	8.54	0.21	8.54	0.28	33	8.54	0.35	8.54	0.47
34	8.54	0.22	8.54	0.30	34	8.54	0.38	8.54	0.50
35	8.54	0.24	8.54	0.32	35	8.54	0.40	8.54	0.53
36	8.54	0.26	8.54	0.36	36	8.54	0.44	8.54	0.57
37	8.54	0.29	8.54	0.39	37	8.54	0.49	8.54	0.61
38	8.54	0.31	8.54	0.43	38	8.54	0.53	8.54	0.65
39	8.54	0.34	8.54	0.46	39	8.54	0.57	8.54	0.69
40	9.72	0.37	9.72	0.50	40	9.72	0.62	9.72	0.73
41	9.72	0.39	9.72	0.52	41	9.72	0.66	9.72	0.75
42	9.72	0.41	9.72	0.55	42	9.72	0.70	9.72	0.76
43	9.72	0.43	9.72	0.58	43	9.72	0.74	9.72	0.78
44	9.72	0.45	9.72	0.61	44	9.72	0.78	9.72	0.80
45	9.72	0.47	9.72	0.64	45	9.72	0.82	9.72	0.82
46	9.72	0.51	9.72	0.71	46	9.72	0.85	9.72	0.85
47	9.72	0.55	9.72	0.78	47	9.72	0.88	9.72	0.88
48	9.72	0.59	9.72	0.85	48	9.72	0.92	9.72	0.92
49	9.72	0.63	9.72	0.91	49	9.72	0.95	9.72	0.95
50	11.19	0.67	11.19	0.98	50	11.19	0.98	11.19	0.98
51	11.19	0.73	11.19	0.97	51	11.19	0.97		
52	11.19	0.78	11.19	0.97	52	11.19	0.97		
53	11.19	0.84	11.19	0.96	53	11.19	0.96		
54	11.19	0.89	11.19	0.95	54	11.19	0.95		
55	11.19	0.94	11.19	0.94	55	11.19	0.94		
56	11.19		11.19		56	11.19			
57	11.19		11.19		57	11.19			
58	11.19		11.19		58	11.19			
59	11.19		11.19		59	11.19			
60	11.19		11.19		60	11.19			

\* For issue ages 46-50, rider available to NT only.

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) 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. Calculate for each rider separately and then sum.

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**LifeScape®**  
**NonMed Term 350 Life Insurance**



For Montana Only									
Return of Premium Benefit Rider and ROP Rider Waiver of Premium Rider									
(for 20-year term)									
Annual Premium per \$1,000 Base Policy Benefit									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	1.36	2.22	3.02	0.13	18-20	3.82	5.40	7.32	0.13
21	1.36	2.25	3.06	0.13	21	3.85	5.43	7.35	0.13
22	1.36	2.30	3.12	0.14	22	3.90	5.49	7.43	0.14
23	1.36	2.36	3.20	0.14	23	3.98	5.59	7.56	0.14
24	1.36	2.43	3.29	0.15	24	4.09	5.73	7.72	0.15
25	1.38	2.52	3.41	0.16	25	4.22	5.90	7.93	0.16
26	1.44	2.61	3.54	0.17	26	4.37	6.10	8.18	0.17
27	1.52	2.71	3.69	0.18	27	4.54	6.32	8.46	0.18
28	1.61	2.82	3.85	0.19	28	4.74	6.59	8.79	0.19
29	1.73	2.96	4.05	0.20	29	4.98	6.91	9.18	0.20
30	1.87	3.14	4.29	0.22	30	5.28	7.30	9.63	0.22
31	2.04	3.37	4.57	0.24	31	5.65	7.79	10.17	0.24
32	2.23	3.63	4.89	0.26	32	6.08	8.38	10.79	0.26
33	2.44	3.92	5.24	0.29	33	6.55	9.01	11.47	0.29
34	2.68	4.24	5.62	0.32	34	7.04	9.65	12.16	0.32
35	2.92	4.58	6.03	0.35	35	7.53	10.25	12.83	0.35
36	3.17	4.93	6.47	0.38	36	8.00	10.79	13.49	0.38
37	3.44	5.30	6.95	0.42	37	8.48	11.31	14.15	0.42
38	3.72	5.69	7.45	0.45	38	8.97	11.83	14.82	0.45
39	4.03	6.12	7.98	0.49	39	9.49	12.38	15.50	0.49
40	4.37	6.58	8.53	0.54	40	10.04	12.99	16.19	0.54
41	4.76	7.10	9.10	0.59	41	10.65	13.71	16.93	0.59
42	5.18	7.66	9.70	0.65	42	11.30	14.51	17.71	0.65
43	5.63	8.25	10.31	0.71	43	11.98	15.33	18.49	0.71
44	6.08	8.86	10.94	0.77	44	12.64	16.11	19.18	0.77
45	6.54	9.45	11.57	0.84	45	13.26	16.78	19.74	0.84
46	6.98	10.04	12.21	0.91	46	13.85	17.34	20.14	0.91
47	7.42	10.63	12.87	0.98	47	14.42	17.83	20.41	0.98
48	7.87	11.23	13.53	1.05	48	14.97	18.26	20.60	1.05
49	8.34	11.82	14.18	1.13	49	15.49	18.62	20.74	1.13
50	8.86	12.42	14.81	1.22	50	15.96	18.91	20.85	1.22
51	9.44	13.04	15.45	1.31	51	16.40	19.11	20.92	1.31
52	10.08	13.68	16.11	1.41	52	16.81	19.23	20.93	1.41
53	10.73	14.31	16.73	1.51	53	17.18	19.29	20.93	1.51
54	11.37	14.90	17.28	1.62	54	17.48	19.33	20.93	1.62
55	11.95	15.42	17.70	1.74	55	17.70	19.36	20.93	1.74
56	12.45	15.84	17.95		56	17.81	19.39	20.93	
57	12.91	16.18	18.07		57	17.83	19.39	20.93	
58	13.34	16.47	18.11		58	17.83	19.39	20.93	
59	13.78	16.77	18.13		59	17.83	19.39	20.93	
60	14.26	17.09	18.19		60	17.83	19.39	20.93	

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. Calculate for each rider separately and then sum.

**FOR AGENT USE ONLY. Not for use with consumers.** Rider forms R I0766 and R I0767. Product availability, features and rates may vary by state. The policy and riders 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® NonMed Term 350 Life Insurance



For Montana Only									
Return of Premium Benefit Rider and ROP Rider Waiver of Premium Rider									
(for 30-year term)									
Annual Premium per \$1,000 Base Policy Benefit									
Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.70	1.01	1.33	0.07	18-20	1.64	2.43	3.16	0.07
21	0.71	1.02	1.38	0.07	21	1.68	2.48	3.23	0.07
22	0.72	1.05	1.45	0.08	22	1.74	2.54	3.31	0.08
23	0.74	1.08	1.51	0.08	23	1.80	2.61	3.39	0.08
24	0.77	1.12	1.58	0.09	24	1.87	2.69	3.47	0.09
25	0.80	1.17	1.66	0.09	25	1.95	2.77	3.56	0.09
26	0.84	1.23	1.74	0.09	26	2.04	2.86	3.65	0.09
27	0.88	1.29	1.82	0.10	27	2.14	2.96	3.74	0.10
28	0.93	1.37	1.91	0.10	28	2.25	3.07	3.83	0.10
29	0.99	1.46	2.01	0.10	29	2.36	3.19	3.93	0.10
30	1.06	1.56	2.13	0.11	30	2.49	3.32	4.04	0.11
31	1.14	1.68	2.27	0.12	31	2.63	3.47	4.18	0.12
32	1.23	1.82	2.42	0.13	32	2.79	3.64	4.34	0.13
33	1.33	1.96	2.59	0.13	33	2.96	3.81	4.50	0.13
34	1.43	2.11	2.76	0.14	34	3.12	3.97	4.64	0.14
35	1.53	2.26	2.92	0.15	35	3.27	4.11	4.75	0.15
36	1.63	2.40	3.08	0.16	36	3.41	4.23	4.81	0.16
37	1.74	2.55	3.23	0.16	37	3.54	4.34	4.83	0.16
38	1.85	2.70	3.38	0.17	38	3.67	4.43	4.83	0.17
39	1.97	2.84	3.53	0.17	39	3.78	4.50	4.83	0.17
40	2.08	2.99	3.68	0.18	40	3.87	4.56	4.83	0.18
41	2.19	3.14	3.82	0.19	41	3.94	4.59	4.84	0.19
42	2.31	3.29	3.97	0.20	42	3.99	4.59	4.84	0.20
43	2.42	3.44	4.11	0.20	43	4.02	4.59	4.84	0.20
44	2.54	3.59	4.24	0.22	44	4.06	4.59	4.84	0.22
45	2.66	3.74	4.37	0.23	45	4.10	4.59	4.84	0.23
46	2.78	3.88	4.49	0.25					
47	2.90	4.02	4.60	0.27					
48	3.03	4.15	4.70	0.29					
49	3.16	4.29	4.81	0.31					
50	3.30	4.44	4.92	0.34					

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. Calculate for each rider separately and then sum.

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# LifeScape® NonMed Term 350 Life Insurance



**For Montana Only**

**Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider**

(for 10-year term)

Annual Premium per \$1,000 Benefit

Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.63	1.05	1.45	0.09	18-20	1.79	2.63	3.56	0.09
21	0.63	1.05	1.45	0.09	21	1.79	2.63	3.56	0.09
22	0.63	1.05	1.45	0.09	22	1.79	2.63	3.56	0.09
23	0.64	1.05	1.45	0.09	23	1.79	2.63	3.56	0.09
24	0.64	1.05	1.45	0.10	24	1.79	2.63	3.56	0.10
25	0.64	1.06	1.45	0.10	25	1.80	2.63	3.56	0.10
26	0.64	1.07	1.47	0.10	26	1.83	2.67	3.61	0.10
27	0.64	1.09	1.49	0.10	27	1.86	2.72	3.68	0.10
28	0.64	1.11	1.52	0.11	28	1.91	2.79	3.77	0.11
29	0.64	1.15	1.57	0.11	29	1.98	2.89	3.91	0.11
30	0.65	1.20	1.64	0.12	30	2.08	3.04	4.11	0.12
31	0.69	1.27	1.73	0.13	31	2.22	3.24	4.38	0.13
32	0.74	1.35	1.85	0.14	32	2.39	3.48	4.70	0.14
33	0.80	1.45	1.98	0.16	33	2.58	3.76	5.07	0.16
34	0.87	1.57	2.13	0.17	34	2.80	4.07	5.49	0.17
35	0.94	1.69	2.30	0.19	35	3.03	4.41	5.94	0.19
36	1.02	1.82	2.48	0.21	36	3.27	4.76	6.41	0.21
37	1.10	1.96	2.67	0.23	37	3.52	5.11	6.89	0.23
38	1.19	2.12	2.88	0.25	38	3.80	5.51	7.42	0.25
39	1.29	2.30	3.12	0.28	39	4.11	5.97	8.04	0.28
40	1.41	2.51	3.41	0.32	40	4.49	6.51	8.77	0.32
41	1.55	2.76	3.74	0.36	41	4.93	7.14	9.62	0.36
42	1.71	3.03	4.11	0.41	42	5.41	7.85	10.57	0.41
43	1.88	3.33	4.51	0.47	43	5.94	8.62	11.60	0.47
44	2.07	3.66	4.95	0.54	44	6.52	9.45	12.72	0.54
45	2.27	4.01	5.43	0.62	45	7.12	10.33	13.90	0.62
46	2.48	4.38	5.93	0.71	46	7.74	11.22	15.10	0.71
47	2.71	4.77	6.45	0.81	47	8.37	12.14	16.34	0.81
48	2.95	5.19	7.02	0.92	48	9.05	13.13	17.66	0.92
49	3.22	5.66	7.65	1.06	49	9.81	14.23	19.16	1.06
50	3.52	6.19	8.37	1.25	50	10.69	15.51	20.88	1.25
51	3.86	6.79	9.18	1.46	51	11.69	16.97	22.85	1.46
52	4.22	7.44	10.06	1.70	52	12.80	18.57	25.02	1.70
53	4.61	8.15	11.02	1.97	53	14.00	20.31	27.37	1.97
54	5.04	8.91	12.05	2.31	54	15.27	22.17	29.87	2.31
55	5.51	9.74	13.17	2.73	55	16.61	24.12	32.52	2.73
56	6.00	10.60	14.33		56	17.96	26.09	35.19	
57	6.49	11.48	15.52		57	19.33	28.09	37.90	
58	7.04	12.43	16.81		58	20.80	30.25	40.83	
59	7.68	13.52	18.27		59	22.46	32.67	44.13	
60	8.46	14.77	19.97		60	24.39	35.50	47.98	
61	9.36	16.17	21.87		61	26.57	38.68	52.33	
62	10.35	17.70	23.94		62	28.95	42.14	57.05	
63	11.46	19.37	26.21		63	31.55	45.94	62.24	
64	12.71	21.23	28.74		64	34.43	50.13	67.98	
65	14.13	23.31	31.57		65	37.62	54.79	74.36	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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# LifeScape® NonMed Term 350 Life Insurance



**For Montana Only**

**Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider**

(for 15-year term)

Annual Premium per \$1,000 Benefit

Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.67	1.07	1.48	0.09	18-20	1.88	2.77	3.76	0.09
21	0.67	1.07	1.48	0.09	21	1.88	2.77	3.76	0.09
22	0.67	1.07	1.48	0.09	22	1.88	2.77	3.76	0.09
23	0.67	1.08	1.50	0.09	23	1.88	2.77	3.76	0.09
24	0.67	1.10	1.52	0.10	24	1.91	2.81	3.81	0.10
25	0.67	1.13	1.56	0.10	25	1.96	2.88	3.91	0.10
26	0.68	1.16	1.60	0.11	26	2.02	2.97	4.03	0.11
27	0.70	1.20	1.65	0.11	27	2.09	3.08	4.17	0.11
28	0.72	1.25	1.72	0.12	28	2.19	3.21	4.36	0.12
29	0.75	1.31	1.80	0.13	29	2.31	3.39	4.59	0.13
30	0.80	1.39	1.91	0.14	30	2.46	3.61	4.89	0.14
31	0.86	1.49	2.05	0.15	31	2.65	3.89	5.26	0.15
32	0.94	1.61	2.20	0.17	32	2.88	4.22	5.70	0.17
33	1.02	1.75	2.38	0.18	33	3.14	4.59	6.20	0.18
34	1.12	1.90	2.58	0.20	34	3.42	4.99	6.73	0.20
35	1.22	2.06	2.80	0.22	35	3.71	5.41	7.30	0.22
36	1.32	2.23	3.03	0.24	36	4.01	5.84	7.87	0.24
37	1.43	2.40	3.26	0.27	37	4.31	6.27	8.45	0.27
38	1.55	2.59	3.52	0.30	38	4.64	6.75	9.09	0.30
39	1.69	2.82	3.82	0.33	39	5.02	7.29	9.82	0.33
40	1.85	3.08	4.18	0.38	40	5.47	7.95	10.70	0.38
41	2.04	3.39	4.60	0.43	41	6.01	8.73	11.74	0.43
42	2.26	3.74	5.06	0.50	42	6.62	9.61	12.92	0.50
43	2.49	4.11	5.57	0.57	43	7.28	10.56	14.20	0.57
44	2.74	4.52	6.12	0.65	44	7.98	11.58	15.56	0.65
45	3.01	4.95	6.70	0.75	45	8.70	12.62	16.96	0.75
46	3.28	5.39	7.29	0.86	46	9.41	13.65	18.34	0.86
47	3.55	5.83	7.89	0.96	47	10.13	14.69	19.73	0.96
48	3.85	6.31	8.54	1.09	48	10.90	15.79	21.22	1.09
49	4.18	6.85	9.26	1.26	49	11.76	17.03	22.89	1.26
50	4.56	7.47	10.10	1.47	50	12.76	18.48	24.83	1.47
51	4.98	8.18	11.05	1.72	51	13.91	20.15	27.08	1.72
52	5.44	8.95	12.09	1.99	52	15.19	22.01	29.57	1.99
53	5.95	9.79	13.22	2.31	53	16.57	24.01	32.26	2.31
54	6.50	10.69	14.44	2.70	54	18.04	26.14	35.11	2.70
55	7.12	11.66	15.74	3.19	55	19.58	28.35	38.09	3.19
56	7.76	12.65	17.07		56	21.13	30.54	41.05	
57	8.43	13.66	18.43		57	22.70	32.74	44.01	
58	9.17	14.75	19.90		58	24.39	35.10	47.20	
59	10.04	16.00	21.59		59	26.30	37.78	50.83	
60	11.08	17.48	23.58		60	28.53	40.94	55.10	
61	12.28	19.16	25.84		61	31.05	44.54	59.97	
62	13.59	20.99	28.30		62	33.80	48.48	65.30	
63	15.07	23.01	31.03		63	36.81	52.82	71.16	
64	16.73	25.26	34.06		64	40.14	57.60	77.64	
65	18.63	27.78	37.45		65	43.83	62.90	84.81	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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# LifeScape® NonMed Term 350 Life Insurance



**For Montana Only**

**Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider**

(for 20-year term)

Annual Premium per \$1,000 Benefit

Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.77	1.17	1.61	0.09	18-20	2.07	3.04	4.12	0.09
21	0.77	1.18	1.63	0.09	21	2.08	3.06	4.15	0.09
22	0.77	1.20	1.65	0.09	22	2.11	3.10	4.20	0.09
23	0.77	1.23	1.69	0.10	23	2.16	3.17	4.30	0.10
24	0.77	1.27	1.75	0.10	24	2.23	3.27	4.43	0.10
25	0.78	1.32	1.81	0.11	25	2.31	3.39	4.59	0.11
26	0.81	1.37	1.88	0.12	26	2.41	3.53	4.77	0.12
27	0.84	1.43	1.96	0.13	27	2.51	3.68	4.98	0.13
28	0.89	1.50	2.05	0.13	28	2.64	3.87	5.23	0.13
29	0.95	1.58	2.16	0.15	29	2.80	4.10	5.53	0.15
30	1.02	1.69	2.31	0.16	30	3.00	4.39	5.92	0.16
31	1.11	1.82	2.49	0.18	31	3.25	4.75	6.40	0.18
32	1.21	1.98	2.70	0.19	32	3.54	5.16	6.95	0.19
33	1.32	2.15	2.93	0.21	33	3.86	5.62	7.56	0.21
34	1.45	2.34	3.19	0.23	34	4.20	6.12	8.23	0.23
35	1.58	2.55	3.47	0.26	35	4.57	6.64	8.93	0.26
36	1.72	2.76	3.76	0.29	36	4.94	7.17	9.64	0.29
37	1.86	2.99	4.06	0.32	37	5.31	7.70	10.35	0.32
38	2.02	3.23	4.38	0.35	38	5.72	8.29	11.13	0.35
39	2.19	3.51	4.76	0.40	39	6.18	8.95	12.02	0.40
40	2.40	3.83	5.19	0.45	40	6.72	9.73	13.06	0.45
41	2.64	4.20	5.69	0.51	41	7.36	10.64	14.28	0.51
42	2.90	4.61	6.24	0.59	42	8.07	11.66	15.64	0.59
43	3.19	5.06	6.84	0.67	43	8.84	12.77	17.11	0.67
44	3.49	5.54	7.49	0.76	44	9.65	13.94	18.66	0.76
45	3.82	6.05	8.17	0.88	45	10.49	15.14	20.26	0.88
46	4.15	6.57	8.86	1.00	46	11.32	16.33	21.84	1.00
47	4.49	7.09	9.57	1.13	47	12.15	17.52	23.43	1.13
48	4.86	7.66	10.33	1.28	48	13.03	18.79	25.11	1.28
49	5.28	8.30	11.19	1.47	49	14.03	20.21	27.01	1.47
50	5.77	9.03	12.17	1.72	50	15.20	21.86	29.20	1.72
51	6.32	9.86	13.28	2.00	51	16.55	23.76	31.73	2.00
52	6.92	10.77	14.50	2.32	52	18.04	25.85	34.51	2.32
53	7.58	11.75	15.81	2.68	53	19.65	28.11	37.53	2.68
54	8.31	12.82	17.24	3.13	54	21.37	30.51	40.72	3.13
55	9.13	13.97	18.78	3.68	55	23.19	33.01	44.05	3.68
56	10.01	15.18	20.40		56	25.06	35.56	47.45	
57	10.95	16.45	22.09		57	27.00	38.19	50.96	
58	11.97	17.82	23.91		58	29.06	40.96	54.67	
59	13.11	19.31	25.90		59	31.30	43.96	58.67	
60	14.38	20.97	28.11		60	33.76	47.25	63.06	

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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# LifeScape® NonMed Term 350 Life Insurance



**For Montana Only**

**Other Insured Term Insurance Benefit Rider and OIT Rider Waiver of Premium Rider**

(for 30-year term)

Annual Premium per \$1,000 Benefit

Issue Ages	Non-Tobacco				Issue Ages	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.94	1.38	1.91	0.10	18-20	2.50	3.63	4.91	0.10
21	0.95	1.43	1.98	0.11	21	2.58	3.75	5.07	0.11
22	0.97	1.49	2.06	0.11	22	2.67	3.89	5.25	0.11
23	1.00	1.57	2.15	0.12	23	2.78	4.06	5.48	0.12
24	1.04	1.65	2.26	0.13	24	2.92	4.25	5.73	0.13
25	1.09	1.74	2.38	0.14	25	3.07	4.47	6.02	0.14
26	1.15	1.84	2.51	0.15	26	3.23	4.70	6.32	0.15
27	1.22	1.94	2.64	0.16	27	3.40	4.94	6.64	0.16
28	1.30	2.05	2.79	0.17	28	3.60	5.22	7.00	0.17
29	1.39	2.18	2.97	0.18	29	3.83	5.55	7.43	0.18
30	1.51	2.35	3.19	0.20	30	4.12	5.95	7.96	0.20
31	1.65	2.55	3.46	0.22	31	4.47	6.44	8.60	0.22
32	1.80	2.78	3.76	0.24	32	4.87	7.01	9.35	0.24
33	1.97	3.03	4.09	0.27	33	5.32	7.63	10.16	0.27
34	2.16	3.30	4.45	0.30	34	5.79	8.29	11.02	0.30
35	2.36	3.58	4.83	0.33	35	6.28	8.96	11.90	0.33
36	2.57	3.87	5.21	0.37	36	6.77	9.62	12.76	0.37
37	2.80	4.16	5.60	0.41	37	7.27	10.28	13.62	0.41
38	3.04	4.47	6.02	0.45	38	7.80	10.98	14.54	0.45
39	3.32	4.83	6.50	0.50	39	8.40	11.77	15.57	0.50
40	3.64	5.25	7.05	0.57	40	9.10	12.70	16.78	0.57
41	4.00	5.73	7.69	0.65	41	9.89	13.75	18.15	0.65
42	4.40	6.27	8.40	0.73	42	10.75	14.91	19.64	0.73
43	4.84	6.85	9.17	0.82	43	11.69	16.17	21.27	0.82
44	5.32	7.48	9.99	0.94	44	12.72	17.55	23.06	0.94
45	5.84	8.15	10.85	1.08	45	13.87	19.07	25.02	1.08
46	6.39	8.85	11.74	1.24					
47	6.97	9.58	12.66	1.41					
48	7.60	10.37	13.63	1.61					
49	8.29	11.23	14.69	1.85					
50	9.07	12.18	15.86	2.14					

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the rider fee of \$50, 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. Calculate for each rider separately and then sum.

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