

1701 Research Boulevard
Rockville, Maryland 20850-3191
(301) 279-4800

CONDITIONAL RECEIPT

NOTICE TO PROPOSED INSURED AND OWNER. No coverage will become effective prior to delivery of the policy applied for unless and until all the conditions of this receipt are met. No agent or broker has the authority to alter the terms or conditions of this receipt. This receipt shall be void if altered or modified.

No payment may be accepted with the application if, within the last 24 months, any person proposed for coverage has been treated for or diagnosed by a member of the medical profession as having: AIDS or any other immunological disorder; heart trouble; stroke; cancer; alcoholism; drug dependency; insulin dependent diabetes; or any blood pressure condition requiring medication.

CONDITIONS WHICH MUST BE MET BEFORE INSURANCE MAY BECOME EFFECTIVE PRIOR TO DELIVERY OF THE POLICY:

1. An amount equal to the modal premium indicated on the application must be submitted; the mode must be either annual, semi-annual, quarterly or pre-authorized check plan (two months' premium required); and
2. All medical examinations, test, x-rays and electrocardiograms initially required by the Company's published rules with regard to age and amount requested must be completed within ninety (90) days from the date of this receipt; and
3. The proposed insureds are, on the Effective Date indicated below, risks acceptable for insurance exactly as applied for on a standard premium basis according to the Company's rules and practices, without modification of plan, premium rate or amount; and
4. On the Effective Date the state of health and all factors affecting the insurability of each person proposed for coverage must be as stated in applications required by the Company, and;
5. Any check or money order given in payment is honored when first presented.

EFFECTIVE DATE. If all the conditions above are met, then insurance, subject to all the terms and conditions of the policy applied for and as if the policy applied for had already been issued and delivered, will become effective on the latest of: (a) the date of application; (b) the date of application - part II; (c) the date of completion of all underwriting requirements stated in (2) above; or (d) the special policy date requested in the application, if any.

MAXIMUM AMOUNT. The total amount of life insurance available under this receipt shall be the amount shown in Part 1, Question 25 of the application. This amount, together with any insurance now applied for or pending issue with the Company, including Accidental Death Benefits, shall not exceed \$1,000,000 to issue age seventy (70).

There is no coverage beyond age seventy (70); there is no coverage for any Last Survivor product applied for.

RETURN OF MONEY. If any of the above conditions is not met, the liability of the Company will be limited to the return of the amount remitted with this receipt. All returns will be made without interest to or for the benefit of the owner.

AGREEMENT. I agree that: (1) the limited amount of insurance that may begin prior to policy delivery will not exceed the Maximum Amount as defined above; (2) this limited amount of insurance will not begin unless all of the CONDITIONS listed above are first met exactly; (3) this receipt will be void if the application or this receipt contains any material misrepresentation or the Proposed Insured dies by suicide; and (4) this receipt will be of no legal effect on and after the earliest of the following: (a) the date the entire amount remitted with this receipt is returned, or (b) the date a policy is delivered to the Owner; and I further agree to any remaining terms, limits, and conditions of the Conditional Receipt and the Agreement in the Application.

Signature of Proposed Insured

____/____/_____
Date of this Receipt

Signature of Owner (if other than Proposed Insured)

BROKER STATEMENT.

Amount Remitted: \$ _____ Person from whom Received: _____

On the Date of this Receipt, I received the amount indicated above in exchange for this receipt. This receipt bears the same date as the Application - Part 1. I have accurately represented the terms and conditions of this receipt to the Proposed Insured and Owner. I know of no reason why any person to be covered may not be eligible for insurance.

Signature of Broker