The Northwestern Mutual Life Insurance Company agrees to pay the benefits provided in this policy (the "Policy"), subject to its terms and conditions.
Signed at Milwaukee, Wisconsin on the Date of Issue.

Edward S. Joe
President and CEO

Robert J. Benkem
Secretary

WHOLE LIFE POLICY

Eligible For Annual Dividends

Life Insurance Benefit payable on death of Insured.

Premiums payable for period shown on page 3.

Right To Return Policy. Please read this Policy carefully. The Policy may be returned by the Owner for any reason within ten days after it was received. The Policy may be returned to the Northwestern Mutual agent who sold it to you or to the Company at 720 East Wisconsin Avenue, Milwaukee, Wisconsin 53202 ("Home Office"). If returned, the Policy will be considered void from the beginning. Any premium paid will be refunded.

TT.WL.(0608)
This Policy is a legal contract between the Owner and The Northwestern Mutual Life Insurance Company.

Read your Policy carefully.

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ADDITIONAL BENEFITS (if any)

APPLICATION
A premium is payable on June 30, 2008 and every June 30 after that.

The first premium is $2,940.00.

The minimum annual premium is $2,940.00. See Section 3.2.

To determine the premium when paid more often than annually, see page 6.

The Owner may elect the Specified Rate or the Variable Rate loan interest option. See Sections 7.4 through 7.6 of the Policy. The Specified Rate loan interest option was elected on the Application.

This Policy is issued in a Premier (Non-Tobacco) premium classification.

Direct Beneficiary: Jane M. Doe
Owner: John J. Doe
Insured: John J. Doe
Policy Date: June 30, 2008
Plan: Whole Life
Paid-up at 90

Age and Sex: 35 Male
Policy Number: 00 000 000
Insurance Amount: $200,000

TT.WL.(0608) 3
TABLE OF GUARANTEED VALUES
For $200,000 Insurance Amount

<table>
<thead>
<tr>
<th>End of Policy Year</th>
<th>June 30,</th>
<th>Cash Value</th>
<th>Paid-up Insurance</th>
<th>Extended Term Insurance To*</th>
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*Based on Extended Term Insurance described in Section 6.2 and amounts shown on page 3.

Values are increased by Paid-up Additions and dividend accumulations and decreased by Policy Debt. Values shown at end of the Policy year do not reflect any premium due on that Policy anniversary.
# TABLE OF CASH VALUES

For $1.00 of Paid-up Additions

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<th>June 30, 2008</th>
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</table>

Values during a Policy year will reflect any portion of the year’s premium paid and the time elapsed in that year. These Cash Values are not guaranteed after the first 20 Policy years for increases in scheduled additional premiums or unscheduled additional premiums paid after the first 20 Policy years.

TT.WL.(0608)
PREMIUM PAYMENT FREQUENCIES OTHER THAN ANNUAL

The total amount of premiums due per year when paid on frequencies other than annual is greater than the annual premium shown on page 3. Premiums paid on a basis other than annual are increased to reflect the time value of money and to cover the administrative costs of processing the additional premium payments. If premiums are paid more often than annually (see Section 3.1), the premium amount will be determined as follows:

<table>
<thead>
<tr>
<th>Premium Frequency</th>
<th>Multiply Annual Premium by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every 6 months</td>
<td>0.5096</td>
</tr>
<tr>
<td>Every 3 months</td>
<td>0.2573</td>
</tr>
<tr>
<td>Monthly</td>
<td>0.0863</td>
</tr>
</tbody>
</table>

Depending upon the frequency premiums are paid and the premium payment method used, the Company may also charge an administrative fee to cover the additional costs associated with the payment method.
1.1 LIFE INSURANCE BENEFIT

The Northwestern Mutual Life Insurance Company ("Company") will pay the Life Insurance Benefit on the death of the Insured while this Policy is in force. Subject to the terms and conditions of the Policy, the payment of the Life Insurance Benefit will be:

- made after proof of the death of the Insured is received at the Home Office; and
- made to the Beneficiaries under Section 9.

The amount of the Life Insurance Benefit will be the sum of the following:

- the Insurance Amount shown on page 3; plus
- the amount of any Paid-up Additions in force under Section 5; plus
- the amount of any dividend accumulations (Section 4.2); plus
- the amount of any premium refund (Section 3.1) and any dividend at death (Section 4.3); minus the sum of the following:

- the amount of any Policy Debt (Section 7.3); plus
- the amount of any Adjustment to Life Insurance Benefit During Grace Period as described in Section 3.1; plus
- the amount of any unpaid additional premium used to purchase Paid-up Additions (Section 5).

These amounts will be determined as of the date of the Insured’s death. Even though the Owner does not have the right to take any policy loans after the date of the Insured’s death, any policy loans that are taken after the date of the Insured’s death will be deducted from the Life Insurance Benefit.

The amount of the Life Insurance Benefit when the Insured dies while the Policy is in force as Extended Term Insurance or Paid-up Insurance will be determined under Section 6.2 or 6.3.

1.2 ENTIRE CONTRACT; CHANGES

This Policy, together with the attached application and any application supplements (together referred to in this policy as "Application"), and any attached amendments, endorsements, riders and additional benefits, are the entire contract. Statements in the Application are representations and not warranties. This Policy may be changed by the Company to maintain compliance with applicable state and federal law or to assure continued qualification of the Policy under federal tax laws. A change in the terms of, or a waiver of the Company’s rights under, the Policy is valid only if it is approved in writing by an officer of the Company. The Company may require that the Policy be sent to it for endorsement to show a change or waiver. No agent has the authority to change the Policy or to waive the Company’s rights thereunder.

1.3 INCONTESTABILITY

The Company will not contest this Policy after the Policy has been in force, during the lifetime of the Insured, for two years from the Date of Issue or for two years from the effective date of a reinstatement (Section 3.4). A change to the terms of the Policy after the Date of Issue, which occurred upon the request of the Owner and was subject to the Company’s insurability requirements, will be incontestable after the change has been in force, during the lifetime of the Insured, for two years from the effective date of the change. Issuing the insurance, the Company has relied on the Application. While the insurance is contestable, the Company, on the basis of a misstatement in the Application, may rescind the insurance or deny a claim.

1.4 SUICIDE

If the Insured dies by suicide within one year from the Date of Issue, the amount payable by the Company will be limited to the premiums paid, less the amount of any Policy Debt. If the Insured dies by suicide within one year from the date of a change to the terms of the Policy, which occurred upon the request of the Owner and was subject to the Company’s insurability requirements, the amount payable with respect to such change will be limited to the premiums paid, less the amount of any Policy Debt.
1.5 POLICY DATE, DATE OF ISSUE AND ATTAINED AGE

Policy months, years, and anniversaries are computed from the Policy Date. The contestable and suicide periods begin with the Date of Issue. These dates are shown on page 3. The Date of Issue for any insurance issued under Additional Premiums Scheduled After Issue (Section 3.2) or Unscheduled Additional Premium Option (Section 3.3) will be shown on an amendment to the schedule of Benefits and Premiums. Attained Age is Issue Age (shown on page 3) plus the number of complete Policy years that have elapsed since the Policy Date.

1.6 MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured has been misstated and has not been corrected through a policy change, the amount payable will be the amount which the premiums paid would have purchased at the correct age and sex.

1.7 PAYMENTS BY THE COMPANY

All payments by the Company under this Policy are payable in United States dollars at the Home Office.

1.8 INSURABILITY REQUIREMENTS

To make some changes under this Policy, the Insured must meet the Company's insurability requirements. These requirements are as follows:

- the Insured is alive;
- evidence of insurability must be given that is satisfactory to the Company; and
- under the Company's underwriting standards, the Insured is in an underwriting classification that is the same as, or better than, the one for this Policy.

SECTION 2. OWNERSHIP

2.1 THE OWNER

The Owner is named on page 3. All Policy rights may be exercised without the consent of any Beneficiaries by the Owner, the Owner's successor or the Owner's transferee. If the Policy has more than one Owner, Policy rights must be exercised only by authorization of all Owners. After the death of the Insured, Policy rights may be exercised only as provided in Sections 9 and 10.

2.2 TRANSFER OF OWNERSHIP

The Owner may transfer the ownership of this Policy by providing the Company with written proof of the transfer and supplying the information in a form that is acceptable to the Company, including supplying any required information about the new Owner. The Company will not be responsible to a subsequent Owner for any payment or other action taken by the Company until the above information is received at the Home Office in a form acceptable to the Company. The transfer will then take effect as of the date the transfer form was signed. The Company may require that the Policy be sent to it for endorsement to show the transfer.

2.3 NAMING AND CHANGING A SUCCESSOR OWNER

If the Owner is not the Insured, the Owner may name or change a successor owner who will become the new owner upon the Owner's death. Naming or changing a successor owner will be effective upon receipt at the Home Office of a written request that is acceptable to the Company, including any required information about the successor owner.
2.4 COLLATERAL ASSIGNMENT

The Owner may assign this Policy as collateral security. The Company is not responsible for the validity or effect of the collateral assignment. The Company will not be responsible to an assignee for any payment or other action taken by the Company before receipt of the assignment in writing at the Home Office.

The interest of the Beneficiaries will be subject to any collateral assignment made either before or after the Beneficiaries are named.

A collateral assignee is not an Owner. A collateral assignment is not a transfer of ownership. Ownership can be transferred only by complying with Section 2.2 or Section 2.3.

SECTION 3. PREMIUMS AND REINSTATEMENT

3.1 PREMIUM PAYMENT

Payment. All premiums after the first are payable at the Home Office or to a payment center designated by the Company. All payments must be made in United States dollars payable through a United States financial institution. A receipt signed by an officer of the Company will be furnished on request. Each premium must be paid on or before its due date. The date when each premium is due and the number of years for which premiums are payable are described on page 3.

No premiums may be paid while the Policy is in force as Extended Term Insurance or Paid-up Insurance under Sections 6.2 or 6.3, except as provided in Reinstatement (Section 3.4).

Frequency. Premiums may be paid every 3, 6 or 12 months. The Company may permit the payment of premiums on other frequencies under the terms of payment programs (such as a payment program that uses electronic funds transfer).

On request, the Company will provide:

- the amount of the premium due on any available frequency for any Policy year;
- the annual total of premiums due (including the amount of the administrative fee, if any) if paid on frequencies other than annual; and
- the amount by which that total differs from the annual premium. The total amount of premiums due per year when paid on frequencies other than annual is greater than the annual premium (see page 6). The Company also will provide an annual percentage rate calculation upon request.

A change in premium frequency will take effect when the Company accepts a premium on a new frequency.

Grace Period. A grace period of 31 days will be allowed to pay a premium that is not paid on its due date. The Policy will be in full force during this period. If the premium is not paid within the grace period, the Policy will terminate as of the due date unless it continues as Extended Term Insurance or Paid-up Insurance under Sections 6.2 or 6.3.

Adjustment To Life Insurance Benefit During Grace Period. If the Insured dies during the grace period, the amount of the unpaid premium will be deducted from the Life Insurance Benefit.

Premium Refund At Death. If the premium paid for the Policy year in which the Insured dies exceeds:

- the premium paid on an annual basis; multiplied by
- the fraction of the Policy year that has elapsed at the time of death,

then the Company will refund this excess amount. The refund will not include:

- any premium amount used to purchase a Paid-up Addition under Section 5; and
- any Unscheduled Additional Premium paid under Section 3.3.
3.2 AMOUNT OF PREMIUM; ADJUSTMENTS

Scheduled And Minimum Premiums. The premium due on this Policy is the scheduled premium. The scheduled premium is the sum of the minimum premium, any scheduled additional premium under Section 3.2, and any premium that is due for any additional benefit that is a part of this Policy. The annual premium amounts are shown on page 3.

Additional Premiums Scheduled At Issue. If requested on the Application, this Policy may have been issued with premiums that are larger than the minimum premium. The amount of the additional premium is shown on page 3.

Additional Premiums Scheduled After Issue. The Owner may pay additional premiums by requesting that the premium payable on the Policy be increased. This request may be made at any time before the earlier of either the Policy anniversary that is nearest to the Insured's 85th birthday or the end of the premium payable period shown on page 3. Additional premiums may be scheduled only if, at the time the increases are applied for:

- the Insured satisfies the insurability requirements stated in Section 1.8; and
- the insurance in force after applying the scheduled additional premiums will be within the Company's issue limits; and
- the total amount of the scheduled additional premiums and other premiums paid to the Company under any policy for purchases of paid-up life insurance on the life of the Insured is within the Company's limits for such premiums; however, the Company may not set a limit below $1,000.

Owner's Right To Decrease Scheduled Additional Premiums. The Owner may decrease the amount of the additional premium through a Policy change. This may be done at any time by written request sent to the Home Office. Later increases in the amount of the additional premium may be made only as provided in the preceding paragraph.

Effective Date. A premium change will take effect on the first premium due date that follows the receipt at the Home Office of the Owner's written request for change.

Additional Premiums Used To Purchase Paid-up Additions. Each scheduled additional premium paid will be used, as of the due date of the premium, to purchase Paid-up Additions as described in Section 5.

3.3 UNSCHEDULED ADDITIONAL PREMIUM OPTION

Unscheduled additional premiums may be paid to the Company at any time before the earlier of either the Policy anniversary that is nearest to the Insured's 85th birthday or the end of the premium payable period shown on page 3. An unscheduled additional premium may be paid only if, at the time the premium is paid:

- the Insured meets the insurability requirements stated in Section 1.8; and
- the insurance in force after applying the unscheduled additional premium will be within the Company's issue limits; and
- the total amount of the unscheduled additional premiums and other premiums paid to the Company under any policy for purchases of paid-up life insurance on the life of the Insured is within the Company's limits for such premiums; however, the Company may not set a limit below $1,000.

Each unscheduled premium may not be less than $100. Each unscheduled premium will be used, as of the date the premium is paid, to purchase Paid-up Additions as described in Section 5.

3.4 REINSTATEMENT

The Policy may be reinstated within three years after the due date of the overdue premium. All unpaid minimum premiums and premiums for any additional benefits that are a part of this Policy (and interest as required below) must be received by the Company while the Insured is alive. The Policy may not be reinstated if the Policy was surrendered for its Cash Surrender Value. Any Policy Debt on the due date of the overdue premium, with interest from that date, must be repaid or reinstated.

In addition, for the Policy to be reinstated more than 31 days after the end of the grace period:

- the Insured must satisfy the insurability requirements stated in Section 1.8; and
- all unpaid minimum premiums and premiums for any additional benefits that are a part of this Policy must be paid with interest from the due date of each premium. Interest is at an annual effective rate of 6%.
SECTION 4. DIVIDENDS

4.1 ANNUAL DIVIDENDS

This Policy is eligible to share in the divisible surplus of the Company. This divisible surplus is determined each year. The Policy's share, if any, will be credited as a dividend on the Policy anniversary. This dividend will reflect the mortality, expense and investment experience of the Company and will be affected by any Policy Debt during the Policy year. Decisions concerning the amount and appropriate allocation of divisible surplus are within the sole discretion of the Company's Board of Trustees. There is no guaranteed method or formula for the determination or allocation of divisible surplus. The Company's approach is subject to change. There is no guarantee of a divisible surplus. Even if there is a divisible surplus, the payment of a dividend on this Policy is not guaranteed. No dividend will be paid on Extended Term Insurance (Section 6.2).

4.2 USE OF DIVIDENDS

Annual dividends, if any, may be paid in cash or used for one of the following:

- **Paid-up Additions.** Dividends will purchase Paid-up Additions as described in Section 5.

- **Dividend Accumulations.** Dividends will accumulate at interest. Interest is credited at an annual effective rate of not less than 0.5%. The Company may set a higher rate. Dividend accumulations increase the Policy's Cash Value. They are payable as part of the Life Insurance Benefit. Accumulations may be withdrawn unless they are used for a loan, for Extended Term Insurance, or for Paid-up Insurance.

- **Premium Payment.** Dividends will be applied to the payment of any premium then due. If the balance of a premium is not paid, or if this Policy is in force as Paid-up Insurance, the dividend will purchase Paid-up Additions.

Other uses of dividends may be made available by the Company.

If no direction is given for the use of dividends, they will purchase Paid-up Additions.

4.3 DIVIDEND AT DEATH

A dividend for the period from the beginning of the Policy year to the date of the Insured's death will be payable as part of the Life Insurance Benefit.

SECTION 5. PAID-UP ADDITIONS

Paid-up Additions are purchased at the beginning of the Policy year by additional premiums and by dividends. The amount of Paid-up Additions purchased by additional premiums is based on the annual additional premium minus a charge for expenses, even if the additional premium is paid other than annually. The charge will not be more than 9% for scheduled additional premiums that were scheduled at issue or that are applied for in the first 20 Policy years. The charge will not be more than 9% for unscheduled additional premiums paid during the first 20 Policy years.

Paid-up Additions will increase the Life Insurance Benefit payable under Section 1.1. Paid-up Additions increase the Policy's Cash Value and are eligible to share in the divisible surplus (Section 4.1). They may be surrendered unless they are used for a loan, for Extended Term Insurance, or for Paid-up Insurance.
SECTION 6. CASH VALUE, EXTENDED TERM INSURANCE
AND PAID-UP INSURANCE

6.1 CASH VALUE

The Cash Value for this Policy, when all premiums due have been paid, will be the sum of:

- the Cash Value from the Table of Guaranteed Values;
- the Cash Value of any Paid-up Additions; and
- the amount of any dividend accumulations.

If premiums are not paid on this Policy on an annual basis, the Cash Value will reflect a reduction for any premiums due later in the Policy year.

The Cash Value within three months after the due date of any unpaid premium will be the Cash Value on that due date reduced by any later surrender of Paid-up Additions and by any later withdrawal of dividend accumulations. After that, the Cash Value will be the Cash Value of the insurance then in force, including the Cash Value of any Paid-up Additions and any dividend accumulations.

The Cash Value of any Extended Term Insurance, Paid-up Insurance or Paid-up Additions will be the net single premium for that insurance at the Attained Age of the Insured.

6.2 EXTENDED TERM INSURANCE

If any premium is unpaid at the end of the grace period, this Policy will be in force as Extended Term Insurance. The amount of the Life Insurance Benefit under this Extended Term Insurance will be:

- the Insurance Amount shown on page 3; plus
- the amount of any Paid-up Additions in force under Section 5; plus
- the amount of any existing dividend accumulations (Section 4.2); minus
- the amount of any Policy Debt (Section 7.3).

These amounts will be determined as of the due date of the unpaid premium. The Extended Term Insurance will start as of the due date of the unpaid premium. The period of the Extended Term Insurance will be determined by using the Cash Surrender Value as a net single premium at the Attained Age of the Insured. If the Extended Term Insurance would extend to or beyond age 121, Paid-up Insurance will be provided instead. Extended Term Insurance does not share in divisible surplus (Section 4.1).

If the Extended Term Insurance is surrendered within 31 days after a Policy anniversary, the Cash Value will not be less than the Cash Value on that anniversary.

6.3 PAID-UP INSURANCE

Paid-up Insurance may be selected in place of Extended Term Insurance. A written request must be received at the Home Office no later than three months after the due date of an unpaid premium. The amount of insurance will be determined by using the Cash Value as a net single premium at the Attained Age of the Insured. Any Policy Debt will continue. Paid-up Insurance will share in divisible surplus (Section 4.1).

The amount of the Life Insurance Benefit when this Policy is in force as Paid-up Insurance will be:

- the amount of Paid-up Insurance determined above; plus
- the amount of any in force Paid-up Additions purchased by dividends after the Policy has become Paid-up Insurance (Section 5); plus
- the amount of any existing dividend accumulations (Section 4.2); plus
- the amount of any dividend at death (Section 4.3); minus
- the amount of any Policy Debt (Section 7.3).
These amounts will be determined as of the date of death. Even though the Owner does not have the right to take any policy loans after the date of the Insured’s death, any policy loans that are taken after the date of the Insured’s death will be deducted from the Life Insurance Benefit.

If Paid-up Insurance is surrendered within 31 days after a Policy anniversary, the Cash Value will not be less than the Cash Value on that anniversary reduced by any later surrender of Paid-up Additions and by any later withdrawal of dividend accumulations.

6.4 CASH SURRENDER

The Owner may surrender this Policy for its Cash Surrender Value. The Cash Surrender Value is the Cash Value less any Policy Debt. A written surrender of all claims, acceptable to the Company, will be required. The date of surrender will be the date of receipt at the Home Office of the written surrender. The Policy will terminate and the Cash Surrender Value will be determined as of the date of surrender. The Company may require that the Policy be sent to it.

Surrender proceeds will be the Cash Surrender Value as of the date of surrender. These proceeds will be paid in cash or under a payment plan that is elected by the Owner. The Company may defer paying the surrender proceeds for up to six months from the date of surrender. If payment is deferred for 30 days or more, interest will be paid on the surrender proceeds from the date of surrender to the date of payment. Interest will be at an annual effective rate in accordance with the laws of the state in which this Policy is delivered.

6.5 TABLE OF GUARANTEED VALUES; BASIS OF VALUES

Cash Values and Paid-up Insurance for the Insurance Amount are shown on page 4 for the end of the Policy years indicated. These values assume that all premiums due have been paid for the number of years stated. They do not reflect Paid-up Additions, dividend accumulations or Policy Debt. Cash Values for Paid-up Additions are shown on page 5. Values during a Policy year will reflect any portion of the year’s premium paid and the time elapsed in that year.

Values for Policy years not shown are calculated on the same basis as those shown on page 4. A list of these values will be furnished on request.

The Cash Value for each Policy year not shown on page 4 and the net single premiums are based on the 2001 Commissioners Standard Ordinary Mortality Table Ultimate Rates for the sex and smoking status of the Insured. Interest is based on an annual effective rate of 4%. Calculations assume the continuous payment of premiums and the immediate payment of claims.

For increases in premium that occur under Section 3 after the twentieth Policy year, the Company may base Cash Values and premiums on the interest rates and mortality tables being used as the basis of values of whole life insurance then being issued by the Company.

A detailed statement of the method of calculation of all values has been filed with the insurance supervisory official of the state in which this Policy is delivered. The Company will furnish this statement at the request of the Owner. All values are at least as great as those required by that state.
SECTION 7. LOANS

7.1 POLICY AND PREMIUM LOANS

The Owner may obtain a loan from the Company in an amount that is not more than the Loan Value (Section 7.2).

Policy Loan. The loan may be obtained on written request. No loan will be made if the Policy is in force as Extended Term Insurance. The Company may defer making the loan for up to six months unless the loan is to be used to pay premiums due the Company.

Premium Loan. If the premium loan provision is in effect on this Policy, a loan will be made to pay an overdue scheduled premium. If the Loan Value is not large enough to pay the overdue scheduled premium, a scheduled premium will be paid for any other frequency permitted by this Policy for which the Loan Value is large enough. If the Loan Value is not large enough to pay the overdue scheduled premium on any frequency permitted by this Policy, the Policy will continue in force or terminate as provided in Section 3.1. The Owner may elect or revoke the premium loan provision by written request received at the Home Office.

7.2 LOAN VALUE

The Loan Value is the Cash Value on the next Policy anniversary after the date of the loan, minus the sum of:

- any Policy Debt;
- any scheduled premium then due or billed;
- any remaining unpaid modal premiums for the current Policy year; and
- loan interest on the new loan and any outstanding loans to the next Policy anniversary.

7.3 POLICY DEBT

Policy Debt consists of all outstanding loans and accrued loan interest. It may be paid to the Company at any time. Policy Debt affects any dividends that may be paid under Section 4.1. Any Policy Debt will be deducted from the Policy proceeds.

If the Policy Debt equals or exceeds the Cash Value, this Policy will terminate. Termination occurs 31 days after a notice has been mailed to the Owner and to any assignee on record at the Home Office.

7.4 LOAN INTEREST

Loan interest accrues and is payable on a daily basis from the date of the loan on policy loans and from the premium due date on premium loans. Unpaid loan interest is included in Policy Debt.

The Specified Rate loan interest option or the Variable Rate loan interest option is elected on the Application.

Change To Variable Rate Loan Interest Option. The Owner may request a change to the Variable Rate loan interest option at any time, with the change to take effect on the January 1st following receipt of a written request at the Company’s Home Office.

Change To Specified Rate Loan Interest Option. The Owner may request a change to the Specified Rate loan interest option if the loan interest rate set by the Company under Section 7.6 for the year beginning on the next January 1st is less than 8%. The written request to change must be received at the Home Office between November 15th and the last business day of the calendar year; the change will take effect on the January 1st following receipt of the request at the Home Office.
7.5 SPECIFIED RATE LOAN INTEREST OPTION

Loan interest is payable at an annual effective rate of 8%.

7.6 VARIABLE RATE LOAN INTEREST OPTION

Loan interest is payable at an annual effective rate that is set by the Company annually and applied to new or outstanding Policy Debt during the year beginning each January 1st. The highest loan interest rate that may be set by the Company is the greater of 5% or a rate based on the Moody's Corporate Bond Yield Averages-Monthly Average Corporates for the immediately preceding October. This Average is published by Moody's Investor's Service, Inc. If it is no longer published, the highest loan interest rate will be based on some other similar average established by the insurance supervisory official of the state in which this Policy is delivered.

The loan interest rate set by the Company will not exceed the maximum rate permitted by the laws of the state in which this Policy is delivered. The loan interest rate may be increased only if the increase in the annual effective rate is at least 1/2%. The loan interest rate will be decreased if the decrease in the annual effective rate is at least 1/2%.

The Company will give notice:
- of the initial loan interest rate in effect at the time a Policy or premium loan is made.
- of an increase in loan interest rate on outstanding Policy Debt no later than 30 days before the January 1st on which the increase takes effect.

This Policy will not terminate during a Policy year as the sole result of an increase in the loan interest rate during that Policy year.

SECTION 8. CHANGE OF POLICY

8.1 REDUCTION OF POLICY AMOUNT

The Owner may reduce the amount of this Policy, subject to the Company's minimum policy amount rules.

8.2 CHANGE OF PLAN

The Owner may change this Policy to any permanent life insurance plan agreed to by the Owner and the Company by:
- paying the required costs; and
- meeting any other conditions set by the Company.

SECTION 9. BENEFICIARIES

9.1 DEFINITION OF BENEFICIARIES

The term "Beneficiaries" means direct beneficiaries, contingent beneficiaries, and further payees of the Life Insurance Benefit.

9.2 NAMING AND CHANGE OF BENEFICIARIES

By Owner. The Owner may name and change the Beneficiaries of the Life Insurance Benefit:
- while the Insured is living; or
- during the first 60 days after the date of death of the Insured, if the Insured at the time of his or her death was not the Owner. A change made during the 60 days cannot be revoked.
Effective Date. A naming or a change of Beneficiaries will be made on receipt at the Home Office of a written request. The request will then take effect as of the date that it was signed. The Company is not responsible for any payment or other action that is taken by it before the receipt of the request. Any change of Beneficiary terminates all rights under previous Beneficiary designations. The Company may require that the Policy be sent to it to be endorsed.

9.3 SUCCESSION IN INTEREST OF BENEFICIARIES

At Least One Beneficiary Survives And Receives Payment. If at least one of the Beneficiaries survives the Insured and receives payment of his or her share of the Life Insurance Benefit, then the Life Insurance Benefit will be paid as follows:

Direct Beneficiaries. The Life Insurance Benefit of this Policy will be paid in equal shares, unless otherwise designated by the Owner, to the direct beneficiaries who survive and receive payment. If a direct beneficiary dies before receiving all or part of the direct beneficiary's full share, then the unpaid portion will be paid in equal shares to the other direct beneficiaries who survive and receive payment.

Contingent Beneficiaries. If the direct beneficiaries do not survive and receive payment of the entire Life Insurance Benefit, then the unpaid portion will be paid in equal shares, unless otherwise designated by the Owner, to the contingent beneficiaries who survive and receive payment. If a contingent beneficiary dies before receiving all or part of the contingent beneficiary's full share, then the unpaid portion will be paid in equal shares to the other contingent beneficiaries who survive and receive payment.

Further Payees. If the direct and contingent beneficiaries do not survive and receive payment of the entire Life Insurance Benefit, then the unpaid portion will be paid in one sum:

- in equal shares, unless otherwise designated by the Owner, to the further payees who survive and receive payment; or
- if no further payees survive and receive payment of the Life Insurance Benefit, then to the estate of the last to die of all of the Beneficiaries.

No Beneficiaries Survive And Receive Payment. If no Beneficiaries survive the Insured and receive payment of any portion of the Life Insurance Benefit, then the Life Insurance Benefit will be paid to the Owner or to the Owner's estate.

9.4 TRUSTEE AS BENEFICIARY

If a trustee is named as a Beneficiary and no qualified trustee makes claim to the Life Insurance Benefit within one year after payment becomes due to the trustee, or if acceptable evidence is furnished to the Company within that year showing that no trustee can qualify to receive payment, payment will be made as though the trustee had not been named.

The Company will be fully discharged of liability for any action taken by the trustee and for all amounts paid to, or at the direction of, the trustee and will have no obligation as to the use of the amounts. In all dealings with the trustee, the Company will be fully protected against the claims of every other person. The Company will not be charged with notice of a change of trustee unless written evidence of the change is received at the Home Office.

9.5 GENERAL

Transfer Of Ownership. A transfer of ownership will not change the interest of the Beneficiaries.

Claims Of Creditors. So far as allowed by law, no amount payable under this Policy will be subject to the claims of creditors of the Beneficiaries.
SECTION 10. PAYMENT OF POLICY BENEFITS

10.1 PAYMENT OF PROCEEDS

The Life Insurance Benefit will be paid in a lump sum cash payment or paid under a fixed payment plan as follows:

- in a manner designated by the Owner and accepted by the Company; or
- if the Owner has not designated an acceptable manner of payment, then in cash or in a manner designated by a direct or contingent beneficiary and accepted by the Company.

The Company will pay interest on the Life Insurance Benefit from the date of death of the Insured until the proceeds are paid in cash or into a payment plan. Interest will be paid at an annual effective rate determined by the Company, but the rate shall not be less than the rate, if any, required by applicable state law for unpaid death proceeds under a life insurance policy.

10.2 PAYMENT PLANS

Payment Plan Elections.

The Owner may elect a payment plan for each Beneficiary's share of the Life Insurance Benefit:

- while the Insured is living; or
- during the first 60 days after the death of the Insured, if the Insured at the time of his or her death was not the Owner. An election made during the 60 days cannot be revoked.

Subject to the Owner's rights and upon supplying any required information to the Company, a direct or contingent beneficiary may elect a payment plan for his or her share of the Life Insurance Benefit and/or name his or her own Beneficiary for the remaining value, if any, in the payment plan existing at the time of the direct or contingent beneficiary's death. If no such payment plan Beneficiary is named, then the payment plan Beneficiary for the remaining value, if any, shall be the estate of the direct or contingent beneficiary to whom payment plan payments were being made. Payment plan Beneficiaries will continue under the terms of the payment plan.

The Owner may elect payment plans for surrender proceeds. The Owner will be the direct beneficiary.

Effective Date. A payment plan that is elected by the Owner will take effect on the date of the death of the Insured if the election is received at the Home Office while the Insured is living. In all other situations, a payment plan that is elected will take effect on the date the election is received at the Home Office or on a later date, if requested.

Payment Date. The first payment is due as of the effective date of the plan. If applicable, proof of the date of birth and other required information, acceptable to the Company, must be furnished for each individual on whose life the payments are based.

Transfer Between Payment Plans. A direct or contingent beneficiary who is receiving payment under a payment plan which includes the right to withdraw may transfer the withdrawal value to any other available plan.

Minimum Payment. The Company may limit the election of a payment plan to one that results in payments of at least $50. If payments under a payment plan are or become less than $50, the Company may change the frequency of payments. If the payments are being made once every 12 months and are less than $50, the Company may pay the present value or the balance of the payment plan.
Payment Plan Offerings.

The Company will make available the following Life Income Plans:

- **Single Life Income.** The Company will make monthly payments for the selected certain period, if any, and thereafter during the remaining lifetime of the individual upon whose life income payments are based. The choices for the certain period are:
  a. zero years;
  b. 10 years;
  c. 20 years; or
  d. a refund period which continues until the sum of the payments that have been made is equal to the amount that was applied under this Life Income Plan.

- **Joint And Survivor Life Income.** The Company will make monthly payments for a 10-year certain period, and after that as long as one or both individuals, upon whose lives income payments are based, is alive.

The Company may offer additional payment plans.

The following shall apply to Life Income Plans:

**Withdrawal.** The remaining value, if any, in a Life Income Plan may be withdrawn in a lump sum upon the death of all individuals upon whose lives income payments are based. The withdrawal value will be the present value of any unpaid payments for the remaining certain period. The present value will be based on the rate of interest used to determine the amount of the payments.

**Limitations.** A direct or contingent beneficiary who is a natural person may be paid under a Life Income Plan only if the payments depend on his or her life. A non-natural person may be paid under a Life Income Plan only if the payments depend on the life of the Insured’s spouse or the Insured’s dependent.

**Payment Frequency.** On request, payments will be made once every 3, 6 or 12 months instead of each month.

Increase Of Monthly Income. A direct or contingent beneficiary may increase the amount of the monthly payments. This is done by the payment of an annuity premium to the Company at the time the payment plan elected takes effect. The amount that will be applied under the payment plan will be the net premium. The net premium is the annuity premium less a charge of not more than 2% and less any premium tax. The net premium will be applied under the same payment plan and at the same rates as the Policy proceeds. The Company may limit this net premium to an amount that is equal to the direct or contingent beneficiary’s share of the Life Insurance Benefit payable under this Policy.

**Payment Plan Rates.** Life Income Plan payments will be based on rates declared by the Company. These rates will provide at least as much income as would the Company’s rates, on the date that the payment plan takes effect, for a single premium immediate annuity contract. Payments under these rates will not be less than the amounts that are described in Minimum Payment Rates.

Minimum Payment Rates. The minimum payment rates for the Life Income Plans are shown in the Minimum Payment Rate Tables.

The Life Income Plan payment rates in those tables depend on the sex and the adjusted age of each person on whose life the payments are based. The adjusted age is:

- the age on the birthday that is nearest to the date on which the payment plan takes effect; plus
- the age adjustment shown below for the number of Policy years that have elapsed from the Policy Date to the date that the payment plan takes effect. A part of a Policy year is counted as a full year.

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<th>POLICY YEARS ELAPSED</th>
<th>AGE ADJUSTMENT</th>
<th>POLICY YEARS ELAPSED</th>
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# MINIMUM PAYMENT RATE TABLES

**Minimum Monthly Income Payments per $1,000 of Proceeds**

## SINGLE LIFE INCOME PLAN

### SINGLE LIFE MONTHLY PAYMENTS

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<td>10.89</td>
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</tbody>
</table>

## JOINT AND SURVIVOR LIFE INCOME PLAN

### JOINT AND SURVIVOR MONTHLY PAYMENTS (with 10 years certain)

<table>
<thead>
<tr>
<th>MALE ADJUSTED AGE*</th>
<th>JOINT AND SURVIVOR MONTHLY PAYMENTS</th>
<th>FEMALE ADJUSTED AGE*</th>
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</thead>
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<tr>
<td></td>
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</tr>
<tr>
<td>85 and over</td>
<td>$3.45</td>
<td>$3.80</td>
</tr>
</tbody>
</table>

* See Section 10.2

Monthly payment rates are based on 2.50% interest and the Annuity 2000 Mortality Table with 125% of Projection Scale G. Mortality improvements are projected for 8 years plus the remaining life of the Annuitant.
**LIFE INSURANCE APPLICATION**

**INSURED NAME** (First, Middle Initial, Last)  
John J. Doe  

**POLICY NUMBER**  
00 000 000  
EF210415

**COMPANY NAME**  
THE NORTHEASTERN MUTUAL LIFE INSURANCE COMPANY  
720 E. WISCONSIN AVENUE, MILWAUKEE, WISCONSIN 53202

**APPLICATION**

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>APB Option</th>
<th>Life &amp; Disability Application</th>
<th>LTC Application</th>
<th>Exam (NM, PME, MD) in Home Office</th>
<th>Plan Group Number</th>
</tr>
</thead>
</table>

**INSURED**

Has an application or informal inquiry ever been made to Northwestern Mutual Life for annuity, life, long-term care or disability insurance on the life of the Insured?  
Yes  ☐  No  ☐  If yes, the last policy number is ____________

A.  
☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.  ☐ Other

B.  
☐ MALE  ☐ FEMALE

C. **BIRTHDATE** (MM/DD/YYYY)  
06/30/1973

D. **STATE OF BIRTH** (or Foreign Country):  
Wisconsin

E. **TAXPAYER IDENTIFICATION NUMBER:**  
000 000 000

**PRIMARY RESIDENCE:**

**STREET OR PO BOX:**  
123 Main Street

**CITY, STATE, ZIP** (Country if other than U.S.A.):  
Milwaukee, WI 53202

**E-MAIL ADDRESS:**  
johnjdoe@acme.com

**APPLICANT**

Select ONLY:  
☐ Insured at Insured’s Address  ☐ Other (Complete A, B and C)

A.  
☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.  ☐ Other

**PERSONAL NAME:**

(First, Middle Initial, Last)

**RELATIONSHIP TO INSURED:**

**BIRTHDATE:**

OR

**BUSINESS/TRUST NAME:**

**TYPE OF ORGANIZATION:**  
☐ Trust  ☐ Corporation  ☐ Partnership  ☐ Other type of Business

**AUTHORIZED COMPANY REP/TRUSTEE NAME:**

B. **TAXPAYER IDENTIFICATION NUMBER:**

C. **ADDRESS:**

**STREET OR PO BOX:**

**CITY, STATE, ZIP** (Country if other than U.S.A.):  

**E-MAIL ADDRESS:**

**PREMIUM PAYER**

Select ONLY:  
☐ USA (Omit A through D below)  ☐ Insured (Complete D only)  ☐ Applicant (Complete D only)  
☐ Owner (Complete D only)  ☐ Other (Complete A, B, C and D)

A.  
☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.  ☐ Other

**PERSONAL NAME:**

(First, Middle Initial, Last)

**BIRTHDATE:**  
MM / DD / YYYY

OR

**BUSINESS/TRUST NAME:**

B. **TAXPAYER IDENTIFICATION NUMBER:**

C. **DAYTIME TELEPHONE NUMBER:**

Area Code  _ _ _

Send premium and other notices regarding this policy to:

D. **ADDRESS:**  
☐ Insured’s Address  ☐ Applicant’s Address  ☐ Other

**STREET OR PO BOX:**

**CITY, STATE, ZIP** (Country if other than U.S.A.):  

**E-MAIL ADDRESS:**
OWNERS (CAUTION: A MINORITY OWNER CANNOT EXERCISE POLICY RIGHTS)

Select ONLY ONE: ☐ Insured (Complete C only) ☐ Applicant (Complete C only) ☐ Other (Complete A, B and C) ☐ See attached supplement form

A. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other

PERSONAL NAME:
FIRST, MIDDLE, INITIAL, LAST

RELATIONSHIP TO INSURED:

BIRTHDATE: __/__/____

OR

BUSINESS/TRUST NAME:

RELATIONSHIP TO INSURED:

B. TAXPAYER IDENTIFICATION NUMBER:

C. ADDRESS: ☐ Insured’s Address ☐ Applicant’s Address ☐ Premium Payer’s Address

STREET OR PO BOX:

CITY, STATE, ZIP (Country if other than U.S.A.):

E-MAIL ADDRESS:

SUCCESSOR OWNER - COMPLETE THIS SECTION ONLY IF THE OWNER IN QUESTION 2 IS THE APPLICANT AND A SUCCESSOR OWNER IS TO BE NAMED.

(CAUTION: A MINORITY OWNER CANNOT EXERCISE POLICY RIGHTS)

Select ONLY ONE:

☐ A. If the Applicant dies before the Insured, the Insured will be the Owner.

☐ B. If the Applicant dies before the Insured, the Owner will be:

NAME:

If both die before the Insured, the Insured will be the Owner.

RELATIONSHIP TO THE INSURED

☐ C. The Insured will become the Owner upon attaining the age of ____ years. If the Applicant dies before the Insured, the Owner will be:

NAME:

until the Insured attains such age. Upon the Insured attaining such age, or if both die before the Insured, the Insured will be the Owner.

RELATIONSHIP TO THE INSURED

RESERVED

ADDITIONAL PURCHASE BENEFIT OPTION - COMPLETE THIS SECTION IF EXERCISING AN APB OPTION (NOTE: SMOKING QUESTIONNAIRE MAY BE REQUIRED)

A. List the policy number(s) and purchase amount(s) for each option being exercised:

Policy 1 ___________________________ Regular $ __________ Advance $ __________

Policy 2 ___________________________ Regular $ __________ Advance $ __________

Policy 3 ___________________________ Regular $ __________ Advance $ __________

B. If Advance Purchase, the event is: ☐ Marriage ☐ Birth of child ☐ Adoption of child

NAME OF SPOUSE OR CHILD: ___________________________ ___________________________ ___________________________

FIRST MIDDLE INITIAL LAST

Date and place of marriage, birth or final decree of adoption: __/__/____

CITY ☐ Yes ☐ No

STATE

☐ Yes ☐ No

C. Is the amount applied for more than the additional purchase option amount available?

If yes, what is the excess amount to be underwritten? $ __________

SPECIAL DATE - COMPLETE THIS SECTION ONLY IF A SPECIAL POLICY DATE IS BEING REQUESTED

A. PREPAID:

☐ Short Term — Policy Date will coincide with ISA Payment Date (For monthly ISA only)

☐ Short Term to: __/__/____ ☐ Date to save age ☐ Backdate to __/__/____

B. NONPREPAID:

☐ Specified future date: __/__/____ ☐ Date to save age ☐ Backdate to __/__/____

90-1 L.I. (0198)
LIFE INSURANCE APPLICATION
Page 3

INSURED NAME (First, Middle Initial, Last)
John J. Doe

POLICY NUMBER
00 000 000

EF247914

9 POLICY APPLIED FOR
FIRST POLICY INFORMATION
APPLICATION SUPPLEMENT (required for CompLife, Variable, Universal Life Products)

A. PLAN: Whole Life Paid-up at 90

AMOUNT: $ 200,000

B. ADDITIONAL BENEFITS:

(1) Waiver of Premium
(2) Waiver of Premium

(benefit amount)
(3) Accidental Death $ 200,000

(amount per option)
(4) Additional Purchase $ 200,000

Payor Benefit
Indexed Protection

Other

C. ANNUAL DIVIDENDS:

(1) Reduce current premium
(2) Purchase paid-up additions

(3) Accumulate at interest
(4) Be paid in cash

(5) Be used for a combination of options above - complete form 18-1364-01

D. POLICY LOAN INTEREST RATE OPTION:

☐ 8% ☐ Variable Rate

10 If an additional benefit cannot be approved, should the company issue a policy without the benefit? ☐ Yes ☐ No

11 Shall the Premium Loan provision, if available, become operative according to its terms? ☐ Yes ☐ No

12 PREMIUM FREQUENCY:

☐ Annually ☐ Semiannually ☐ Quarterly ☐ Single

13 RESERVED / 14 RESERVED

15 BENEFICIARY

A. DIRECT

BENEFICIARY 1. Jane M. Doe First, Middle Initial, Last Relationship to Insured

spouse

2.

3.

BUSINESS ORGANIZATION __________________________

OR TRUST

B. CONTINGENT

BENEFICIARY 1. Jack J. Doe First, Middle Initial, Last Relationship to Insured

son

2.

3.

Box (1) or (2) may be selected to include all of the children or brothers and sisters without naming them, or to add to the contingent beneficiaries named. Box (3) may be selected to provide for the children of a deceased contingent beneficiary; use only if contingent beneficiaries are named and/or Box (1) or (2) is checked. NOTE: The word “children” includes child and any legally adopted child.

☐ (1) and all (other) children of the Insured.

☐ (2) and all (other) brothers and sisters of the Insured born of the marriage of or legally adopted by __________________________ and __________________________ before the Insured's death.

☐ (3) any amount that would have been paid to a deceased contingent beneficiary, if living, will be paid in one sum and in equal shares to the children of that contingent beneficiary who survive and receive payment.

C. FURTHER

PAYEES

D. ☐ SEE ATTACHED SUPPLEMENT FORM (To be used in place of designations above.)

TRUSTEE AS BENEFICIARY if a trustee is named as a beneficiary and no qualified trustee makes claim to the proceeds, or to the present value of any unpaid payments under a payment plan, within one year after payment becomes due to the trustee, or if satisfactory evidence is furnished to the Company within that year showing that no trustee can qualify to receive payment, payment will be as provided in the contract as though the trustee had not been named. The Company will be fully discharged of liability for any action taken by the trustee and for all amounts paid to, or at the direction of, the trustee and will have no obligation as to the use of the amounts. In all dealings with the trustee the Company will be fully protected against the claims of every other person. The Company will not be charged with notice of a change of trustee unless written evidence of the change is received at the Home Office.

90-1 L.I. (0198)
17 CONDITIONAL LIFE INSURANCE AGREEMENT

Has the premium for the policy applied for been given to the agent in exchange for the Conditional Life Insurance Agreement with the same number as this application? □ Yes □ No

18 INSURANCE HISTORY

Has the Insured ever had life, disability or health insurance declined, rated, modified, issued with an exclusion rider, cancelled, or not renewed? If yes, explain in ADDITIONAL REMARKS. □ Yes □ No

19 When was the insured’s last examination or application for life, disability or accidental death insurance?

Month __________ Year ________ Company ____________________________ OR □ None

20 Does the Insured have any other life insurance in force, pending or contemplated in other companies?

If yes, indicate Company Name, Individual (Ind) or Group (Grp) and identify the amount of In Force, Pending or Contemplated.

LIFE INSURANCE AMOUNTS

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Ind or Grp</th>
<th>In Force Amount</th>
<th>Pending Amount</th>
<th>Contemplated Amount</th>
<th>Accidental Death Amount</th>
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<tbody>
<tr>
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</table>

21 As a result of this purchase will the values or benefits of any other life insurance policy or annuity contract, on any Insured, be affected in any way? □ Yes □ No

NOTE TO AGENT: Values or benefits are affected if any question on the Definition of Replacement Supplement could be answered “yes.”

if “yes”, this transaction is a replacement of life insurance or annuity.

The agent must:
- submit sales materials, if required, and
- provide state required replacement disclosure notices signed and dated by the applicant.

The applicant must answer the questions:
- on the Definition of Replacement Supplement and
- A, B, and C below.

Will this insurance:
A. replace Northwestern Mutual Life? □ Yes □ No
B. replace other Companies? □ Yes □ No
C. result in 1035 exchange? □ Yes □ No

22 RESERVED

ADDITIONAL REMARKS
LIFE INSURANCE APPLICATION

INSURED NAME (First, Middle Initial, Last)  John J. Doe
POLICY NUMBER  00 000 000
EF129529

PERSONAL HISTORY QUESTIONNAIRE

23. Insured's Marital Status: ☐ Single, Widowed or Divorced ☑ Married

24. A. Insured is a citizen of: ☑ U.S.A. ☐ Other
   If other: Type of Visa: __________________________ Visa Number: __________________________
   B. How many years has the Insured resided in the U.S.A. immediately prior to completing this application? 35 years

25. Does the Insured regularly travel outside the U.S.A. or have plans to leave the U.S.A. for travel or residence? ☐ Yes ☑ No
   If yes, explain in the chart below.

<table>
<thead>
<tr>
<th>Destination (List all Cities and Countries)</th>
<th>Number of Trips</th>
<th>Duration of Each Trip (No. of Days)</th>
<th>Departure Date (Month/Year)</th>
<th>Purpose of Trip</th>
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<tbody>
<tr>
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26. A. What is the Insured's occupation(s)? Office manager
   B. What are the Insured's duties? General office duties
   C. Employers Name: Acme Company
      Address: 345 Main Street
      City, State, Zip Code: Milwaukee, WI 53202

C. How long has the Insured been employed? 10 years (If less than 2 years, explain in ADDITIONAL REMARKS)

QUESTIONS 27 THROUGH 30 ARE NOT REQUIRED IF THE INSURED IS UNDER AGE 16.

27. Is the Insured a member of, or does the Insured plan on joining any branch of, the Armed Forces or reserve military unit? ☐ Yes ☑ No

28. Except as a passenger on a regularly scheduled flight, has the Insured flown within the past 2 years, or does the Insured have plans to fly in the future? ☐ Yes ☑ No

29. In the past 2 years, has the Insured participated in or does the Insured have plans to participate in: racing (automobile, snowmobile, motorcycle, boat or go-cart), underwater or sky diving, hang gliding, bungee jumping, mountain or rock climbing, or rodeos? ☐ Yes ☑ No

30. A. What is the Insured's automobile driver's license number? # 000 000000
    B. The Insured does not have a driver's license.
    C. In the past 5 years, has the Insured been in a motor vehicle accident, has the Insured been charged with a moving violation of any motor vehicle law, or has the Insured’s driver’s license been restricted, suspended or revoked? ☐ Yes ☑ No
       If yes, complete the chart below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Type and Details (Speeding, Reckless Driving, Driving While Intoxicated, Etc.)</th>
<th>Action (Citation, Fine, Etc.)</th>
<th>Accident (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

ADDITIONAL REMARKS

90-1 L.I. (0198)
The Insured consents to this application and declares that the answers and statements made on this application are correct, complete and true to the best of the Insured’s knowledge and belief. Answers and statements brought to the attention of the agent, medical examiner, or paramedical examiner are not considered information brought to the attention of the Company unless stated in the application. Statements in this application are representations and not warranties.

It is agreed that:

1. If the premium is not paid when the application is signed, no insurance will be in effect. The insurance will take effect at the time the policy is delivered and the premium is paid; if the Insured is living at the time; and the answers and statements in the application are then true to the best of the Insured’s knowledge and belief.

2. If the premium is paid when the application is taken, no insurance will be in effect except as provided in the Conditional Life Insurance Agreement with the same number as this application.

3. If the policy is issued in an extra premium class, acceptance of the policy will amend it so extended term insurance can be in force only if: the Company gives its consent; or the loan value is not large enough to grant a premium loan. If a premium is not paid within the grace period and extended term insurance cannot be in force, paid-up insurance will be selected.

4. No agent is authorized to make or alter contracts or to waive any of the Company’s rights or requirements.

**INSURED’S AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

I authorize The Northwestern Mutual Life Insurance Company, its agents, employees, reinsurers, insurance support organizations and their representatives to obtain information about me to evaluate this application and to verify information in this application. This information will include: (a) age; (b) medical history, condition and care; (c) physical and mental health; (d) occupation; (e) income and financial history; (f) foreign travel; (g) avocations; (h) driving record (i) other personal characteristics; and (j) other insurance. This authorization extends to information on the use of alcohol, drugs and tobacco; the diagnosis or treatment of HIV (AIDS virus) infection and sexually transmitted diseases; and the diagnosis and treatment of mental illness. During the time this authorization is valid it extends to information required to determine eligibility for benefits under any policy issued as a result of this application.

I authorize any person, including any physician, health care professional, hospital, clinic, medical facility, government agency including the Veterans and Social Security Administrations, the MIB, Inc., employer, business associates, consumer reporting agency, bank, accountant, tax preparer, or other insurance company, to release information about me to The Northwestern Mutual Life Insurance Company or its representatives on receipt of this authorization. The Northwestern Mutual Life Insurance Company or its representatives may release this information about me to translators, to reinsurers, to the MIB, Inc., or to another insurance company to whom I have applied or to whom a claim has been made. No other release may be made except as allowed by law or as I further authorize.

I have received a copy of the Medical Information Bureau and Fair Credit Reporting Act notice. I authorize The Northwestern Mutual Life Insurance Company to obtain an investigative consumer report on me.

☐ I request to be interviewed if an investigative consumer report is done.

This authorization is valid for 30 months from the date it is signed. A copy of this authorization is as valid as the original and will be provided on request.

The Owner of the policy applied for herein certifies, under penalties of perjury, (1) that the Taxpayer Identification Number given for the Owner on the second page of this application is the Owner’s correct Taxpayer Identification Number (or the Owner is waiting for a number to be issued) and (2) the Owner is not subject to backup withholding either because the Owner has not been notified by the Internal Revenue Service (IRS) that the Owner is subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified the Owner that the Owner is no longer subject to backup withholding, and (3) that the Owner is a U.S. person (includes U.S. citizen, resident alien, and others as defined by the IRS). (See Taxpayer Identification Number instructions.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The signatures below apply to the authorization, the application, the Policy Application Supplement and the certification of Taxpayer Identification Number.

**Signature of INSURED** (if other than Applicant and 15 years of age or over)
Print name of Insured if under age 15:

**Signature of PARENT OR GUARDIAN** (if other than Applicant and Insured is a minor):

**Signature of OWNER** (if other than Applicant or Insured):

**Signature of LICENSED AGENT**

---

John F. Doe
Milwaukee, WI

Signed by Applicant at CITY, COUNTY, STATE
DATE Signed by Applicant MONTH DAY YEAR

Norm Weston

90-1 L.I. (0198)
INSURED: John J. Doe

PLAN NAME: Whole Life Paid Up At 90

<table>
<thead>
<tr>
<th>POLICY: Amount</th>
<th>$200,000</th>
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<tbody>
<tr>
<td>Scheduled Annual Additional Premium</td>
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</tr>
<tr>
<td>Unscheduled Additional Premium (Lump Sum)</td>
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</tr>
<tr>
<td>Waiver</td>
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</tr>
<tr>
<td>APB</td>
<td>No</td>
</tr>
<tr>
<td>IPB</td>
<td>No</td>
</tr>
<tr>
<td>ADB (eligible APB elections and Term Conversions only)</td>
<td>No</td>
</tr>
<tr>
<td>Surrender of Policy Endorsement</td>
<td>No</td>
</tr>
</tbody>
</table>

ANNUAL DIVIDENDS: Purchase Paid-up Additions

POLICY LOAN INTEREST RATE: 8%

For Administrative Use Only
It is recommended that you ...

read your Policy.

notify your Northwestern Mutual agent or the Company at 720 East Wisconsin Avenue, Milwaukee, Wisconsin 53202, of an address change.

call your Northwestern Mutual agent for information--particularly on a suggestion to terminate or exchange this Policy for another policy or plan.

Important Notice Concerning Statements in the Application for Your Insurance

Please read the copy of the Application attached in this policy. Omission or misstatements in the Application could cause an otherwise valid claim to be denied. Carefully check the Application and write to the Company at 720 East Wisconsin Avenue, Milwaukee, Wisconsin 53202, within ten days of delivery, if any information shown on it is not correct and complete, or if any past medical history or other information has been left out of the Application. The Application is part of the policy and the policy was issued on the basis that the answers to all questions and the information shown on the Application are correct and complete.

Election of Trustees

The members of The Northwestern Mutual Life Insurance Company are its policyholders of insurance policies and deferred annuity contracts. The members exercise control through a Board of Trustees. Elections to the Board are held each year at the annual meeting of members. Members are entitled to vote in person or by proxy.

WHOLE LIFE POLICY

Eligible For Annual Dividends

Life Insurance Benefit payable on death of Insured.

Premiums payable for period shown on page 3.

TT.WL.(0608)