

Life Insurance Underwriting Guide

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Products issued by

National Life Insurance Company® | Life Insurance Company of the Southwest®

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT, Life Insurance Company of the Southwest (LSW), Addison, TX and their affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. LSW is not an authorized insurer in New York and does not conduct insurance business in New York.

Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | 800-906-3310 | www.NationalLife.com
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Important Contact Information

Company Website: www.NationalLife.com

Status of pending business

Application kits

Medical Questionnaires and other forms

New Business Fax Numbers / Email Address

Applications: Fax 802-229-7592

Email: NBAApplicationImages@NationalLife.com

Underwriting Requirement Submission: Fax 802-229-4726
or email: NBRequirementImages@NationalLife.com

Email: NBRequirementImages@NationalLife.com

Forms on delivery: FormsOnDelivery@NationalLife.com

Large Case Submission: LargeCase@NationalLife.com

Life Insurance – Agent Services

Phone: 800-906-3310

Email: LifeServices@NationalLife.com

Assistance with: Agent Contracting/Licensing and Website

Life Insurance - Sales Desk

Phone: 800-906-3310

Email: LDeskTeam@NationalLife.com

Assistance with: Illustrations, Products, Case Design

The guidelines in this booklet are subject to change at any time. Please refer to the website for current information

Quick Tips for Efficient Processing

We are focused on helping you improve productivity. As part of our journey to Straight Through Processing, we have introduced e-App for many of our life and annuity products, offering agents a tool that helps ensure that applications are completed in Good Order, resulting in fewer follow-up visits with clients.

The following products are now available on eApp!

Life Products	Annuity Products
NL FlexLife	LSW SecurePlus Paramount 5
LSW Foundation	LSW SecurePlus Paramount 5 457(b)
LSW FlexLife	LSW SecurePlus Elite 5
LSW Provider	LSW SecurePlus Elite 5 457(b)
LSW Term	LSW SecurePlus Elite 403(b)
	LSW SecurePlus Elite 457(b)
	LSW SecurePlus Platinum
	LSW SecurePlus Platinum 457(b)
	LSW SecurePlus Gold
	LSW SecurePlus Gold 457(b)

Please visit our website (www.NationalLife.com) for the most up to date information regarding our eApp, as well as, an interactive training module to help get you started.

Completing an Application

- All applications must be completed in the physical presence of the proposed insured (face to face).
- Agents who do not speak the same language as the proposed insured are advised to contact their underwriter for special guidance before taking an application.

Before submitting a paper application for processing, be sure the application is fully completed with answers to all questions and details to all questions answered Yes. Use black or blue ink only. Do not use white-out or make changes after the client has signed the application form.

Be sure to use the most current version of the application kit and include all required forms. This can include illustrations, sales certificates, strategy allocations forms, replacement forms, etc. If COM is elected, attach a voided check to the checklist.

Ways to Submit an Application

1. eApp
2. Secure upload on website
3. Email: NBAApplicationImages@NationalLife.com
4. Fax: 802-229-7592
5. US Mail: National Life/LSW
Attn: New Business M300,
One National Life Dr.
Montpelier, VT 05604.

Originals: In most cases there is no need to send originals to the Home Office. However, incoming 1035 transfer paperwork, lost policy forms, surrender forms, absolute assignment forms and policies from other companies must be sent via mail with an original signature since transferring companies will require the original signature and forms.

Status: Website: www.NationalLife.com

Once submitted, application status and outstanding requirements are available to view via the website address above. Please allow processing time up to three to five business days to check the status of new applications and requirements. Please refrain from calling the Home Office for status to allow our staff to actively process the business.

Underwriting Requirements

Please note that requirements vary by product, issue age, rate class and product; refer to the product-specific charts in this guide. If medical testing is needed, notify the exam service of the total amount applied for and rate class applied for. See listing of our approved paramedical services in this guide. The Company may request additional requirements as deemed necessary upon underwriter review.

Once your application has been processed, you will be notified by email of any outstanding underwriting requirements. As the writing agent, you are responsible for ordering and following up on requirements. The Home Office will order medical records (APS) unless otherwise noted (EMSI is available for agency ordered APSs; see additional information in this guide).

Approved Paramed Vendors

Approved Medical Record Retrieval Service (Agent Ordered)

Full testing may be needed depending on the product, issue age, rate class, face amount applied for and medical history (i.e. diabetes or obesity). Please review the Life Underwriting Requirements in this guide. See website for the most current listing of our company approved paramedical services. The paramed company will contact the prospective client to set up an appointment. Reference LSW/National Life when contacting the paramed company. If full testing is needed, one of the following companies must be utilized:

APPS-Portamedic		516-822-6230
EMSI/Examination Management Service, Inc.	www.emsinet.com	214-689-3600
Exam One	www.examone.com	877-933-9261
Superior Mobile Insurance Solutions (SMIS)	www.smminsurance.com	In California: 619-299-EXAM (3926) Outside California: 800-898-EXAM (3926)

Approved Medical Record Retrieval Service

On occasion, medical records from the proposed insured's physician may be needed due to face amount applied for or based on client's medical history.

Parameds.com	www.parameds.com	800-872-3674
EMSI/Examination Management Service, Inc.	www.emsinet.com	214-689-3600

Laboratory Testing Services

Clinical Reference Lab is the approved testing service for blood profiles and urinalyses. Use of our approved lab helps ensure the timely transmission of test results. A full blood profile and urinalysis is always required for Preferred and Elite Preferred consideration. A urinalysis is required whenever blood testing is needed. Please refer to the product-specific charts in this guide for additional information. HIV consent forms must be submitted in those states where required, for all proposed insureds that require laboratory testing. Completion of these forms is the agent's responsibility.

Medical Testing Protocol

Medical Testing Orders

National Life does not authorize medical testing such as paramedical exam or laboratory tests (blood/urine) to be ordered or completed until after the proposed insured has completed and signed National Life or Life of the Southwest application forms which include an authorization and appropriate HIPAA form.

Maximum lifetime amount of non-fluid coverage for ages 18 and up is \$250,000. National Life Group will request age appropriate medicals anytime the amount of the NL/LSW non-fluid inforce and newly applied for coverage exceeds \$250,000.

No Fluid Products

Certain products are offered without routine medical testing up to age 65, up to \$250,000 face amount; please refer to the product-specific charts for more information. We reserve the right to request medical testing for cause (such as diabetes, morbid obesity, etc).

Medical Requirements For Policy's Issued Within The Last 12 Months

When determining the age/amount requirements for total line of coverage with National Life Group issued in the last 12 months, the face amounts will be added together.

Release of Medical Testing

When medical testing is required, it is our standard protocol for the paramedical service providers to send the exam, ekg, senior assessment and lab slip along with the specimens to the lab for timely processing. Medical testing results are provided to the Home Office and a copy of the paramedical exam will be included in any policy issued. A copy of the medical testing is not sent to the agent. If an agent or firm is brokering business they may wish to consider ordering the medical testing using their own account in order to receive a copy of the exam. If a policy is placed with National Life, reimbursement may be requested.

* The health questions on the application must be completed.

Quick Tips for Efficient Processing *(continued)*

Requests for lab results to be sent to a client

Form 7935 - Release for Medical Information must be signed by the client and forwarded to the Home Office. Lab results will be sent via U.S. postal service to the client's address on record when the application process has been finalized.

Medical Testing Completed by Other Companies

We will consider using a paramedical exam, EKG and/or lab results that have been completed for another carrier within the last twelve months if copies are made available to us. We reserve the right to request current testing at older ages, for large face amounts and at the underwriter's discretion.

Questionnaires

Medical Questionnaires are available to help avoid the need for medical records and also assist in gathering detailed information from a client. Available on web site and in this guide.

	Form	Catalog#
Alcohol Use/DUI	9270	47552
Arthritis	9275	47557
Avocation, Aviation & Foreign Travel	1480	51381
Back Pain	9277	47559
Blood Pressure/Hypertension	8625	50789
Business Insurance	20098	51945
Cardiac/Chest Pain	9274	47556
Criminal History	20087	51943
Depression/Anxiety/Psych.	9437	48390
Diabetes	9594	48824
Drug Use	9269	47551
Financial	1392	40121
Foreign National	8327	50038
Gastro-Intestinal	9276	47558
Genitourinary	9267	47549
Military Personnel	20086	51942
Migraines	9271	47553
Mountain Climbing	20088	51944
Respiratory/Asthma/Sleep Apnea	9268	47550
Seizures	9272	47554
Stroke/TIA	8624	50788
Tumors	9279	47561

APS (Attending Physician Statement)

The Home Office will order medical records unless otherwise noted. We offer the service of ordering medical records through EMSI/Examination Management Service or Parameds.com. Contact your New Business Case Manager if you wish to use either service.

An APS (copy of the client's medical records) may be required by the underwriter in order to complete the underwriting process. Obtaining these records can take 2-6 weeks, depending on the physician. It's important to provide complete physician information on the application (full name, address, phone number) for the personal physician as well as all other physicians and specialists seen. The Underwriter will advise of options for requirements for certain impairments. If available, you will be notified via email from the Underwriter. Please refer to the specific section in this guide for APS guidelines.

Financial Underwriting Requirements

Requirements/ Documentation	Age Range (if applicable)	Face Amount/ Coverage Amount
Financial Questionnaire Form 1392		\$2,000,001 and up
Form 4506T IRS Form/ Tax Returns	All Ages	Home Office will order tax returns as follows: \$2,000,001 - \$5,000,000 (IC) Individual Consideration
Electronic Inspection Report (Home office will order)	All Ages	\$2,000,001 & up
Third Party Verified Financial Statement	All Ages	\$5,000,001 & up

* These are general guidelines. We reserve the right to request financial requirements at the underwriter's discretion.

Motor Vehicle Report (Ordered by Home Office)

- Ages 14 – 30: All applications
- Ages 31 – 69: Requested for \$250,000 and over
- Ages 70+: Requested for \$100,000 and over

An MVR may also be requested at the underwriter's discretion, based on the application and history.

Illustrations

Contact the Sales Desk for assistance with running illustrations at 800-906-3310.

In states that have adopted the NAIC Illustration Regulation, a signed illustration or valid sales certification is required with submission of the application. If a state hasn't adopted the NAIC Model Regulation and the state's regulations do not require a signed illustration one does not need to be submitted. Agents are required to familiarize themselves with their state's regulations.

LifeBuilder applications also require an illustration to be submitted with the application.

Policy Issue and Delivery

Policies are sent directly to the agent for delivery to the policyowner unless otherwise directed. The policy should be delivered in person as soon as possible. A policy transmittal accompanies the policy which outlines all delivery requirements and receipts needed to complete the sale. A self-addressed envelope is also enclosed for your convenience in returning of these items or they may be faxed to the Home Office at 802-229-4726 or emailed to FormsOnDelivery@NationalLife.com

Agent Commissions and Contracting

- LSW commissions are generated weekly and National Life commissions are generated twice a month. Please see the website www.NationalLife.com for a Life commission cutoff schedule.
- Please note that Pennsylvania requires us to appoint you in their State prior to solicitation.

Contact the Life Agent Services Support Center at 800-906-3310 option 3 for commission, contracting, website or forms related questions.

Life Underwriting Requirements

SecurePlus Provider Indexed Universal Life

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-85
Through \$50,000	A	A	A	A	A	A	D	M
\$50,001 - \$100,000	A	A	A	A	A	A	D	M
\$100,001 - \$150,000	A	A	A	A	A	A	D	M
\$150,001 - \$200,000	A	A	A	A	A	A	E	ME
\$200,001 - \$250,000	A	A	A	A	A	A	E	ME
\$250,001 - \$300,000	A	C	C	C	C	C	E	ME
\$300,001 - \$500,000	A	C	C	C	C	C	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

Category Medical Requirements

- A Application (for VSNT, ESNT or Std Tobacco)
Preferred rates are not available at ages 0-65 for face amounts through \$250,000.
- C Application, Mini Exam (vitals, physical measurements), Blood and Urine – Additional Questions on Lab Ticket
- D Application, Exam, Blood Profile, Urine
- E Application, Exam, Blood Profile, Urine and EKG
- M Application, Exam, Blood Profile, Urine, Mature Assessment
- ME Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

Rate Classes/Issue Age² – Please note that preferred rates are not available at ages 0 to 65 for face amounts through \$250,000.

	Available Ages/Face Amounts
Verified Standard ³	Ages 0-85: All Face Amounts
Express Standard ⁴	Ages 0-85: All Face Amounts
Standard Tobacco ⁵	Ages 15-85: All Face Amounts

² Issue age last birthday

³ Verified Standard NT used at ages 0-14

⁴ Express standard class not available in PA/NJ

⁵ 200% rating added to Standard NT rates for tobacco users up to age 19 (NA in PA)

No elite or preferred rates up to 65 for face amounts less than \$250,001.

Life Underwriting Requirements

ProtectorLife Whole Life

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-85
Through \$50,000	A	A	A	A	A	A	D	M
\$50,001 - \$100,000	A	A	A	A	A	A	D	M
\$100,001 - \$150,000	A	A	A	A	A	A	D	M
\$150,001 - \$200,000	A	A	A	A	A	A	E	ME
\$200,001 - \$250,000	A	A	A	A	A	A	E	ME
\$250,001 - \$300,000	A	C	C	C	C	C	E	ME
\$300,001 - \$500,000	A	C	C	C	C	C	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

Category Medical Requirements

- A Application (for VSNT, ESNT or Std Tobacco)
Preferred rates are not available at ages 0-65 for face amounts through \$250,000.
- C Application, Mini Exam (vitals, physical measurements), Blood and Urine – Additional Questions on Lab Ticket
- D Application, Exam, Blood Profile, Urine
- E Application, Exam, Blood Profile, Urine and EKG
- M Application, Exam, Blood Profile, Urine, Mature Assessment
- ME Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

Rate Classes/Issue Age¹ – Please note that preferred rates are not available at ages 0 to 65 for face amounts through \$250,000.

	Available Ages/Face Amounts
Verified Standard ²	Ages 0-85: All Face Amounts
Express Standard NT1 ³	Ages 0-85: All Face Amounts
Express Standard NT2 ⁴	Ages 0-85: All Face Amounts
Verified Standard Tobacco	Ages 20-85: All Face Amounts
Express Standard Tobacco ⁵	Ages 20-85: All Face Amounts

¹ Issue Age Nearest Birthday

² Verified Standard NT used at ages 0-14

³ Express Standard NT1 will be used Standard to Table 4 (200%)

⁴ Express Standard NT2 will be used Table 5(225%) to Table 8 (300%)

⁵ Express Standard Tobacco will be used Standard to Table 4 (200%) only available on LSW Protector

No elite or preferred rates up to 65 for face amounts less than \$250,001.

Life Underwriting Requirements

LSW Foundation

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-85
Through \$50,000	A	A	A	A	A	A	D	M
\$50,001 - \$100,000	A	A	A	A	A	A	D	M
\$100,001 - \$150,000	A	A	A	A	A	A	D	M
\$150,001 - \$200,000	A	A	A	A	A	A	E	ME
\$200,001 - \$250,000	A	A	A	A	A	A	E	ME
\$250,001 - \$300,000	A	C	C	C	C	C	E	ME
\$300,001 - \$500,000	A	C	C	C	C	C	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

Category Medical Requirements

- A Application (for VSNT, ESNT or Std Tobacco)
Preferred rates are not available at ages 0-65 for face amounts through \$250,000.
- C Application, Mini Exam (vitals, physical measurements), Blood and Urine – Additional Questions on Lab Ticket
- D Application, Exam, Blood Profile, Urine
- E Application, Exam, Blood Profile, Urine and EKG
- M Application, Exam, Blood Profile, Urine, Mature Assessment
- ME Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

Rate Classes/Issue Age¹

	Available Ages
Verified Standard ²	Ages 0-85: All Face Amounts
Express Standard ³	Ages 0-85: All Face Amounts
Standard Tobacco ⁴	Ages 15-85: All Face Amounts

¹ Issue age last birthday
² Verified Standard NT used at ages 0-17
³ Express Standard class not available in PA/NJ
⁴ 200% rating added to Standard NT rates for tobacco users up to age 19 (NA in PA)
 No preferred classes age 0-65 face amounts up to \$250,001.

Life Underwriting Requirements

LSW Horizon UL, LSW Advantage 79 IUL, LSW IncomeBuilder UL, LSW FlexLife IUL, and LSW LifeCycle Solutions SIUL³

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-85
Through \$50,000	A	C	C	C	C	C	D	M
\$50,001 - \$100,000	A	C	C	C	C	C	D	M
\$100,001 - \$150,000	A	C	C	C	C	C	D	M
\$150,001 - \$200,000	A	C	C	C	C	C	E	ME
\$200,001 - \$250,000	A	C	C	C	C	C	E	ME
\$250,001 - \$300,000	A	C	C	C	C	C	E	ME
\$300,001 - \$500,000	A	C	C	C	C	C	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

Category Medical Requirements

A	Application
C	Application, Mini Exam (vitals, physical measurements), Blood and Urine – Additional Questions on Lab Ticket
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine and EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

Rate Classes/Issue Age

	LSW Horizon ¹	LSW Advantage 79 ¹	LSW Income Builder ¹	LSW Flex Life ¹	LSW LifeCycle ^{1,3}
Elite Preferred NT	Ages 20-75	Ages 20-75	Ages 20-75	Ages 20-75	Ages 20-75
Preferred NT	Ages 20-85	Ages 20-85	Ages 20-85	Ages 20-85	Ages 20-85
Standard NT2	Ages 0-85	Ages 20-85	Ages 0-85	Ages 0-85	Ages 0-90
Preferred Tobacco	Ages 20-85	Ages 20-85	Ages 20-85	Ages 20-85	Ages 20-85
Standard Tobacco	Ages 20-85	Ages 20-85	Ages 20-85	Ages 20-85	Ages 20-90

¹ Issue Age Nearest Birthday

² 200% rating added to Standard NT for tobacco users up to age 19 (NA in PA)

³ The underwriting amount for LifeCycle (2nd to die) will be equal to the Base Face Amount and APB Amount.

If SPR is requested the Underwriting Amount will be the greater of the Base and APB or Base and SPR lump sum equivalent amount.

Life Underwriting Requirements

LSW Term

Underwriting Amount	Issue Age							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-85
Through \$50,000	A	A	A	A	A	A	D	M
\$50,001 - \$100,000	A	A	A	A	A	A	D	M
\$100,001 - \$150,000	A	A	A	A	A	A	D	M
\$150,001 - \$200,000	A	A	A	A	A	A	E	ME
\$200,001 - \$250,000	A	A	A	A	A	A	E	ME
\$250,001 - \$300,000	A	C	C	C	C	C	E	ME
\$300,001 - \$500,000	A	C	C	C	C	C	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

Category Medical Requirements

- A Application (for VSNT, ESNT or Std Tobacco)
Preferred rates are not available at ages 0-65 for face amounts through \$250,000.
- C Application, Mini Exam (vitals, physical measurements), Blood and Urine – Additional Questions on Lab Ticket
- D Application, Exam, Blood Profile, Urine
- E Application, Exam, Blood Profile, Urine and EKG
- M Application, Exam, Blood Profile, Urine, Mature Assessment
- ME Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

LSW 10G	Issue Ages 18-75: All Rate Classes
LSW 15G/15NG	Issue Ages 18-75: Elite NT, Preferred NT, Standard Plus NT, Standard NT Issue Ages 18-70: Express Standard NT, Preferred Tobacco, Standard Tobacco
LSW 20G/20NG	Issue Ages 18-70: Elite NT, Preferred NT, Standard Plus NT, Standard NT Issue Ages 18-65: Express Standard NT, Preferred Tobacco, Standard Tobacco
LSW 30G/30NG	Issue Ages 18-55: Elite NT, Preferred NT, Standard Plus NT, Standard NT Issue Ages 18-50: Express Standard NT, Preferred Tobacco, Standard Tobacco

¹ Issue Age Nearest Birthday

² No elite or preferred rates up to age 65 for face amounts less than \$250,001.

FULL TESTING REQUIRED FOR ELITE, PREFERRED & STANDARD PLUS.

Underwriting Requirements

National Life Term and Permanent Products

Underwriting Amount	Issue Age ¹							
	0-17	18-30	31-40	41-50	51-60	61-65	66-69	70-85
Through \$50,000	A	C	C	C	C	C	D	M
\$50,001 - \$100,000	A	C	C	C	C	C	D	M
\$100,001 - \$150,000	A	C	C	C	C	C	D	M
\$150,001 - \$200,000	A	C	C	C	C	C	E	ME
\$200,001 - \$250,000	A	C	C	C	C	C	E	ME
\$250,001 - \$300,000	A	C	C	C	C	C	E	ME
\$300,001 - \$500,000	A	C	C	C	C	C	E	ME
\$500,001 - \$1,000,000	A	D	D	D	E	E	E	ME
\$1,000,001 - \$3,000,000	A	D	E	E	E	E	E	ME
\$3,000,001 - \$5,000,000	A	D	E	E	E	E	E	ME
\$5,000,001 - \$10,000,000	A	E	E	E	E	E	E	ME
\$10,000,001 and up	A	E	E	E	E	E	E	ME

Category Medical Requirements

A	Application
C	Application, Mini Exam (vitals, physical measurements), Blood and Urine – Additional Questions on Lab Ticket
D	Application, Exam, Blood Profile, Urine
E	Application, Exam, Blood Profile, Urine and EKG
M	Application, Exam, Blood Profile, Urine, Mature Assessment
ME	Application, Exam, Blood Profile, Urine, EKG, Mature Assessment

Rate Classes^{2,3}/Issue Age¹

- Elite Preferred NS
- Preferred NS
- Standard Plus NS2
- Standard NS3
- Preferred Smoker
- Standard Smoker

¹ Age Nearest Birthday

² See product specific information for rate classes and ages available

³ See product specifications for applicable juvenile rates

2013 TERM NOT APPROVED IN NEW YORK

Underwriting Classes¹

LSW Products

Elite Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

Standard Plus Non-Tobacco [LSW Term only]

Offered for those clients who do not meet all criteria for preferred but meet the special standard “plus” criteria for this well-priced non-tobacco/non-nicotine class. Blood/urine testing always required.

Verified Standard Non-Tobacco

Offers competitive rates for applicants who are fully underwritten, who are standard risks and do not use tobacco or nicotine products. If additional table ratings are applicable, use this rate class as the platform for non tobacco class illustrations with ratings.

Express Standard Non-Tobacco 1

Available to applicants who do not use products containing tobacco or nicotine that qualify as standard under “quick underwriting” and to those with rating of four tables or less who would otherwise be substandard.

Express Standard Non-Tobacco 2

Available to applicants who do not use products containing tobacco or nicotine who qualify as standard under “quick underwriting” and to those with rating of 225% to 300%.

Preferred Tobacco

Available to applicants who use products containing tobacco or nicotine and meet all preferred guidelines (see following pages). Blood/urine testing always required.

Standard Tobacco

Applicants who use tobacco or nicotine products that do not otherwise meet the preferred guidelines will use this rate class. If additional table ratings are applicable, use this rate class as the platform for tobacco class illustrations with ratings.

Express Standard Tobacco

Available to tobacco users that rate four tables or less utilizing “quick underwriting.” Limited availability by product.

National Life Products

Elite Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

Preferred Non-Tobacco

See guidelines on next pages. Blood/urine testing always required.

Standard Plus Non-Tobacco [NL Term only]

Offered for those clients who do not meet all criteria for preferred but meet the special standard “plus” criteria for this well-priced non-tobacco/non-nicotine class.

Standard Non-Tobacco

Offers competitive rates for applicants who are fully underwritten, who are standard risks and do not use tobacco or nicotine products. If additional table ratings are applicable, use this rate class as the platform for non tobacco class illustrations with ratings.

Preferred Tobacco

Available to applicants who use products containing tobacco or nicotine and meet all preferred guidelines (see following pages). Blood/urine testing always required.

Standard Tobacco

Applicants who use tobacco or nicotine products that do not otherwise meet the preferred guidelines will use this rate class. If additional table ratings are applicable, use this rate class as the platform for tobacco class illustrations with ratings.

Table Ratings converted to Percent Ratings

Table 2	Table B	150%
Table 3	Table C	175%
Table 4	Table D	200%
Table 5	Table E	225%
Table 6	Table F	250%
Table 8	Table H	300%
Table 10	Table J	350%
Table 12	Table L	400%
Table 16	Table P	500%

Ratings are illustrated using Standard or Verified Standard class as the platform for Non-Smoker clients or using Standard Tobacco class as the platform for tobacco users.

¹ See product-specific tables on pages 7-9 for rate classes available.

² Please refer to the product-specific charts for class

Elite Preferred Non-Tobacco and Preferred Criteria¹

	Elite Preferred Non-Tobacco	Preferred	Standard Plus Non-Tobacco (Term Only)
Citizenship	U.S. Resident.*	U.S. Resident.	U.S. Resident.
Tobacco or Nicotine Products ^{1,2}	No use of tobacco or nicotine - containing products of any kind within the last 60 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products ³ of any kind within the past 36 months. Current lab testing negative for nicotine.	No use of tobacco or nicotine - containing products ³ of any kind within the past 12 months. Current lab testing negative for nicotine.
Health	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risks with no current borderline medical problems. No personal health history of coronary artery disease, hepatitis B or C, diabetes, melanoma, or cancer (except skin cancer in situ).	Standard risk with no current borderline medical problems. No currently ratable medical history.
Alcohol/ Drugs	No history of drug or alcohol abuse or treatment at any time, and no current use of drugs.	No history of drug or alcohol abuse or treatment within the last 10 years, and no current use of drugs.	No ratable history of drug or alcohol abuse.
Aviation/ Avocation	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No aviation, no ratable hazardous avocation or occupation. This does not include major commercial airline pilots or holiday scuba diving.	No ratable aviation, hazardous avocation or occupation.
Family History	No parental family history of death from coronary artery disease or cancer prior to age 65. Criteria does not apply if applicant has reached the age of 65 or for gender-specific cancers where the applicant is the opposite gender.	No parental family history of death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.	Parental family history of no more than one death from coronary artery disease or cancer prior to age 60. Criteria does not apply if applicant has reached the age of 60 or for gender-specific cancers where the applicant is the opposite gender.
Blood Pressure	Current blood pressure with a 12-month average reading of 135/85 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 140/90 or better. Blood pressure treatment is acceptable if treated by only one drug.	Current blood pressure with a 12-month average reading of 150/90 or better.
Cholesterol	Current cholesterol/HDL ratio of 4.5 or less, or 5.0 or less for issue ages 65 and up. Cholesterol must also be 260mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 5.5 or less, or 6.0 or less for issue ages 65 and up. Cholesterol must also be 280mg/dl or less. Cholesterol treatment is acceptable if treated by only one drug and cholesterol/HDL ratio is maintained for 12 months.	Current cholesterol/HDL ratio of 6.5 or less, or 7.0 or less for issue ages 65 and up. Cholesterol must also be 300mg/dl or less. Cholesterol treatment is acceptable if cholesterol/HDL ratio is maintained for 12 months.
Driving History	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than one moving violation within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than two moving violations within the last three years.	No reckless driving or alcohol-related moving violations within five years, no license suspension within three years, and no more than three moving violations within the last three years.

* Some Foreign Nationals may qualify for best class. Please refer to Foreign National guidelines.

¹ Please refer to the National Life and LSW product-specific charts for classes available.

² Not applicable for Preferred Tobacco class.

³ Products such as cigarettes, cigars, chewing tobacco, pipe, nicotine gum products, nicotine patch, etc.

Table of Height and Weight

This chart is used as a guideline to identify the weights that are usually acceptable within the rate classes shown, and to show the acceptable weight to qualify for the disability income rider. Other factors, including age or disproportion in body measurements (girth of chest and abdomen), may impact the final decision.

Height	Issue Ages 18 - 64				Issue Ages 65 and Up				Express Standard (all ages)	Disability Income Rider	Uninsurable
	Elite	Preferred	Standard Plus	Standard	Elite	Preferred	Standard Plus	Standard			
4' 8"	119	145	159	166	132	156	167	170	185	163	>217
4' 9"	124	149	164	172	137	160	171	176	191	169	>225
4' 10"	129	153	169	178	143	165	177	183	198	174	>233
4' 11"	133	157	173	184	148	169	181	189	205	178	>241
5' 0"	139	161	178	191	154	174	186	196	212	183	>249
5' 1"	144	166	182	197	159	178	191	202	219	188	>257
5' 2"	149	170	186	204	165	183	195	210	226	193	>266
5' 3"	153	174	192	210	170	187	201	217	234	198	>274
5' 4"	158	179	197	217	176	193	206	224	241	204	>283
5' 5"	170	184	203	224	184	198	213	231	249	209	>292
5' 6"	173	190	208	231	190	204	218	238	257	216	>301
5' 7"	178	194	214	238	194	208	223	245	264	221	>310
5' 8"	183	199	219	245	199	214	229	253	272	228	>319
5' 9"	189	204	225	252	204	220	235	259	281	235	>329
5' 10"	193	210	231	260	210	226	242	267	289	241	>339
5' 11"	198	215	236	267	215	231	247	275	297	248	>348
6' 0"	203	221	243	275	221	237	254	282	305	255	>358
6' 1"	208	226	249	283	226	243	261	290	314	263	>368
6' 2"	212	232	255	291	232	250	267	298	323	270	>378
6' 3"	218	239	262	299	239	256	275	307	332	278	>389
6' 4"	223	246	271	307	246	264	283	315	340	285	>399
6' 5"	228	252	277	315	252	271	290	323	349	292	>409
6' 6"	232	259	285	324	257	279	299	332	359	300	>420
6' 7"	237	267	294	331	263	287	307	340	368	309	>431
6' 8"	243	274	301	340	269	295	315	349	377	315	>442

Financial Underwriting

Financial Underwriting is the evaluation of the proposed insured's personal and business financial background and current economic situation in order to understand the purpose of the coverage, confirm that the need for insurance in force and applied for is reasonable, and affordability is suitable in order to sustain premium payments. It is necessary to establish the insurable interest of the beneficiary in the life of the prospective insured at the time of underwriting, and the financial loss that will occur in the event of an unexpected and untimely death of that insured.

While life insurance has other specialty uses such as cash value accumulation, the primary purpose of life insurance is to protect against a loss and the death benefit cannot exceed the client's economic ("human life") value.

The writing agent is an important source of information. Through a cover letter, he/she can provide an explanation of the purpose, need and method used to establish the requested face amount and total line of coverage, as well as any unusual aspects of the case and competitive situations. Copies of the needs analysis and financial statement should accompany applications with large face amounts.

It is the agent's responsibility to inform the client that the purchase of a life insurance policy is a binding financial contract that requires disclosure of personal and/ or business financial information. Depending on the insurance need, specific concrete forms of financial verification or attestation(s) may be required.

Financial Underwriting Requirements

Requirements/ Documentation	Age Range (if applicable)	Face Amount/ Coverage Amount
Financial Questionnaire Form 1392		\$2,000,001 and up
Form 4506T IRS Form/ Tax Returns	All Ages	Home Office will order tax returns as follows: \$2,000,001 - \$5,000,000: IC (individual consideration) \$5,000,001 and up, tax returns required
Electronic Inspection Report (Home office will order)	All Ages	\$2,000,001 and up
Third Party Verified Financial Statement	All Ages	\$5,000,001 and up

* These are general guidelines. We reserve the right to request financial requirements at the underwriter's discretion.

Bankruptcy

There are different types of bankruptcy filings but the most common are Chapters 7, 11 & 13. From an underwriting perspective, they can be viewed differently. We will not offer coverage to an individual with a history of Chapter 7 bankruptcy until the bankruptcy proceedings have been discharged, the client is working full time and demonstrates a financial need for a reasonable amount of coverage. We will consider coverage for applicants currently in Chapter 11 or 13 once the applicant is making regular debt payments and they are not subject to any court imposed restrictions. All applicants will be underwritten on their own merit, taking into consideration stable employment, annual income, net worth, purpose and need for coverage as well as any medical concerns.

The following general guidelines are used to help determine the approximate amount of the loss. See descriptions below for personal and business needs.

Income Replacement Insurance

While each application is considered based on its own merit, general guidelines to cover income replacement and survivorship are based on annual earned income. Unearned income such as dividends, interest, social security and disability payments should not be included in the calculation.

Issue Age	Factor
0-17	See juvenile insurance Guidelines
18-30	40x annual earned income
31-40	35x annual earned income
41-50	25x annual earned income
51-60	15x annual earned income
61-65	10x annual earned income
66-69	5x annual earned income

Other Personal Insurance

<p>Estate Protection/ Estate Planning Life insurance coverage to protect the assets from sale for estate tax purposes.</p>	<p>The personal net worth of an individual or family is used as the basis for a calculation of an approximate estate tax liability and related expenses. The underwriter will consider the nature of the assets and how their value has changed over time at a reasonable rate of growth, compounded up to 10 to 20 years depending on the clients' ages and risk class and offset by expected interest rate.</p>
<p>Final Expense Coverage</p>	<p>National Life does not offer a stand-alone final expense or burial coverage. (With appropriate financial justification to a maximum up to \$100,000 may be considered with final expenses being considered as part of the overall need for coverage.)</p>
<p>Coverage on Older Age Applicants & Dependent Parents</p>	<p>Purpose of insurance: Personal insurance on older age applicants may be needed for estate tax situations (see estate planning) or asset repositioning. Final expenses may be considered in the overall need for coverage. Income replacement is not applicable at ages 70+.</p> <p>Retirement income: cash value may be used for retirement income, however the death benefit must be financially justifiable.</p> <p>Coverage on dependent parents</p> <ul style="list-style-type: none"> – A limited amount of coverage may be considered on dependent parents if a financial loss is demonstrated - what is the quantifiable financial loss that the family must replace? – If services provided to the family by the dependent parent would require significant expense to replace, how was that amount determined? – The head of household (adult child of dependent parent) must have sufficient life insurance coverage in force; an amount greater than being applied for on parent. – The head of household's income must be sufficient to support the family finances and total line of coverage for household members. – Coverage cannot be used to create an estate at death. With appropriate financial justification a maximum up to \$100,000 (total with all carriers) may be considered, however, if no financial justification is demonstrated no coverage will be issued. <p>Premium to income ratio In order to sustain long term premium payments, households with modest annual income should not exceed 10% of income for life insurance premiums.</p>

<p>Juvenile Coverage</p>	<p>Life insurance coverage on minor children will be considered financially based on the need for life insurance, purpose of the insurance and coverage on family members.</p> <p>The face amount applied for must be justifiable; we will generally consider insurance on juveniles up to the face amount insured on the “head of household/top wage earner” parent (or legal guardian) unless state insurance law dictates otherwise. All children should be similarly insured and the purpose of the coverage clearly defined.</p> <p>In order to sustain long term premium payments, households with modest annual income should not exceed 10% of income for total life insurance premiums.</p> <p>The maximum face amount that will be considered if the parents have no coverage is \$100,000 and the annual income guidelines will apply.</p> <p>Large face amounts applied for on children are considered on an individual basis. It is the agent’s responsibility to provide supporting financial details and the background of the sale to justify the coverage applied for.</p>
<p>State & Federal Assistance Recipients</p>	<p>Individuals whose primary source of income is state or federal aid programs, Supplemental Security Income (SSI), or Social Security Disability Income (SSDI) generally have a minimal need for life insurance other than a nominal final expense policy. If this is only source of income we would not offer coverage.</p>
<p>Non-Working Spouse Coverage</p>	<p>Coverage for non-working spouses would be considered for amounts based on the working spouse’s income as well as net worth and purpose of the coverage.</p>
<p>Charitable Coverage</p>	<p>Personal life insurance needs should be met before consideration of charitable giving. The amount of coverage to be considered will be based on the established history of annual giving and income replacement factor. Large face amounts will require a copy of past tax returns showing charitable gifting history. A cover letter should be provided explaining the relationship between the applicant and the charity and confirm that the client understands that the coverage will be included in ultimate total line limits.</p>
<p>Asset Repositioning</p>	<p>Any assets or income being repositioned into life insurance to enhance or leverage a legacy for wealth transfer purposes should not cause future financial hardship for the client and family.</p> <p>Must qualify for death benefit using financial guidelines above.</p>
<p>Creditor (Personal)</p>	<p>A copy of the loan document should be submitted with the agent’s cover letter outlining details of loan terms and status of loan. Personal home mortgages will be considered up to 100%; other personal loans up to 75% of loan amount. Use of collateral assignment for outstanding loan amount to lender is recommended.</p>
<p>IOLI/STOLI (Investor Owned Life Insurance/Stranger Owned Life Insurance)</p>	<p>It is the policy of National Life Group not to support any form of Investor Owned Life Insurance (IOU), including “non-recourse premium financing”, Stranger Owned Life Insurance (STOLI) or Charity Owned Life Insurance (CHOLI), where the intention of the proposed owner at the time of sale is to sell the policy to an investor, group of investors, life settlement company or charity. Applications for life insurance that involve such arrangements should not be submitted.</p>

Business Insurance

Insurance is frequently used to protect against financial loss in a business relationship. The most common are Key Person, Buy/Sell and Deferred Compensation. The amount of death benefit must be suitable for the given business financial situation. Each business sale should include a detailed cover letter and Business Insurance Questionnaire (Form 20098).

<p>Key Person</p>	<p>Individuals who make significant contributions to the profitability of a business and cannot readily be replaced may be considered Key Persons. Generally, a multiple of annual salary such as 5 times income would be considered; 10 times for well-established businesses. Stock options, bonuses and certain benefits such as housing and automobile allowance will also be factored into compensation. We may reduce the factor for key persons over age 60 based on the hours worked or number of years to retirement.</p>
<p>Buy-Sell Cross Purchase/ Stock Redemption</p>	<p>All owners should be proportionately insured based on their established business interest and the fair market value outlined in the buy-sell agreement. If there is no buy-sell agreement, a cover letter is needed with details on how fair market value was determined and the last two years of income statement & balance sheet information is needed or a third party business valuation.</p>
<p>Deferred Compensation</p>	<p>Deferred compensation can be divided into two broad categories: qualified plans and non-qualified plans. Qualified plans allow the employer to take a tax deduction (as a normal business expense) when contributions are made to the plan. These contributions are made on a before-tax basis and the employee is not subject to income taxes at the time of the contribution, but is instead allowed to defer taxes until benefits are distributed from the plan. Non-qualified plans do not receive this tax savings: the employer cannot take a deduction for contributions and the employee must pay income taxes on contributions in the year in which they are made.</p> <p>Since a key benefit of this concept is that the cash value build up of the policy grows income tax deferred and can potentially be accessed using policy loans or withdrawals* as a supplement to retirement benefits, a product with a lower face amount and maximum funding best meets the deferred compensation concept.</p> <p>The Underwriter will require salaries, benefit being refunded and amount of insurance being applied for. Long term financial outlook of the business is also a financial consideration.</p>
<p>Load Protection/Creditor (Business)</p>	<p>A maximum of 75% of the outstanding loan amount will be considered. Complete details regarding the purpose and terms of the loan must be provided. Collateral assignment of the death benefit for the loan balance should be used.</p>
<p>Executive Bonus</p>	<p>Employers may offer an executive bonus plan to provide additional incentives by paying life insurance premiums for the executive employee's personally owned policy. The amount may be defined in a deferred compensation agreement and should be justified by personal insurance needs. A copy of any deferred compensation agreement should be submitted as well as documentation of salary (including bonuses) for past two years.</p>

* Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event. Surrender charges may reduce the policy's cash value in early years.

National Life – Premium Finance Guidelines

Life insurance is sold for the primary purpose of protecting the insured and those who have a true insurable interest in the event of the insured's death. We are unable to consider STOLI or IOLI type programs.

In order to consider participation in a premium finance program, there must be full disclosure of premium finance intention and all loan terms must be disclosed including fees, charges, loan structure and exit strategy. Only premium finance programs approved by National Life and our reinsurance partners will be considered. In order to stay in tune with the marketplace we have established a comprehensive Marketing Due Diligence process that evaluates different programs using our established criteria. This team will work with the agent to preview all documentation prior to an application being taken.

Threshold Criteria

- There must be a verifiable need for life insurance.
- Insurable interest requirements must be met.
- There must be full disclosure to National Life at the time of the application of premium finance intention and name of financing firm.
- All loan terms must be disclosed including fees, charges, loan structure and lifetime exit strategy.
- No sale that requires, prefers or contemplates as part of the sale a life settlement will be considered.
- Only fully collateralized premium finance loans will be considered.
- Loans must be fully secured per lender requirements and may include a combination of personal assets and life insurance cash values.
- Only premium finance programs approved by National Life and our reinsurance relationships will be considered.

Although our premium finance partners may have slightly different options presented for an individual case, our minimum guidelines include the following:

- Long term loan commitment required by lender. Five (5) year loan commitment is preferred at a minimum. Market rates using LIBOR or other accepted rate, plus a spread (spread should normally be in the 150-200 basis point range).
- Minimum current net worth of \$5 million determined by third party verification with legitimate need for insurance protection (net worth defined as total assets minus total liabilities). Some programs or circumstances may require considerably more net worth.
- Verifiable annual income in excess of \$100,000.
- Source of funds must be a financial institution based in the United States or Canada or if international, the financial institution must have a significant presence in the U.S.
- Source of funds must be from a licensed premium finance institution or licensed bank permitted to finance life insurance contracts.

- Exit strategy options other than death must exist. Exit strategy must be made clear as part of the presentation to the client. Preference for loan payoff options during the lifetime of the insured must not include a life settlement option.
- The client may be required to limit loan plus interest exposure.
- Loan amount must be fully secured at all times.
- Acceptable collateral required in addition to policy cash values include letters of credit, cash and other assets as determined acceptable by the lender.
- At all times the entire value of the loan plus any outstanding interest and fees must be fully collateralized by insured.
- Due to concerns regarding some STOLI-based programs that target the over age 65 market, the following criteria also apply:
 - Maximum age 70; no exceptions.
 - All cases must be fully underwritten with no concessions or exceptions on requirements or offers.
 - No special underwriting programs (such as table shave) will be available for premium finance cases.
 - Full disclosure of all current in-force life insurance including any contracts previously settled or viaticated is required. An applicant with any history of selling a previous insurance policy within the past five years will be ineligible for premium financing.
 - Full disclosure of other applications pending or contemplated and the ultimate total line is required.
 - Previous history of a declination or rating from another carrier resulting in a policy not taken will be ineligible for financing.
 - All such cases may be subject to additional investigation with the intent to uncover any possible STOLI related program or misunderstanding by the insured, regardless of whether a commercial inspection is required for age/ amount.

Premium Finance General Process

- The Premium Finance Team will provide an initial screening of potential premium finances cases to ensure minimum requirements are met and answer other suitability questions. When appropriate, product illustrations and referral to an appropriate financing company will be provided.
- Agents must be licensed in the appropriate jurisdiction and may be required to sign a license agreement with the financing company.
- The finance company will provide loan illustrations for presentation to the client/ insured.
- To ensure the client's understanding of the risks involved, multiple illustrations with varying rates of return will be required.
- Bank/ financial underwriting or an examination of available collateral will be performed.
- The premium finance company will be included on the life insurance application agent's report for the appropriate percentage of the case.
- A New Business Checklist for Premium Financing is submitted with the application.
- The policy will typically be owned by an irrevocable life insurance trust. Lender trust requirements (including trust language, situs and trustees) may vary. Trust documents must be reviewed by National Life's underwriting department prior to policy approval.
- Client must qualify medically as a standard risk
- Cases involving overestimation of net worth or assets or material medical misrepresentation discovered during the underwriting process will not be eligible for premium financing or reconsideration.
- The Company's Hold Harmless form (Form 8656) must be signed by both the insured and the policy-owner and submitted prior to issuance of the policy. An additional Hold Harmless form (Form 8846) is required for any policy considered a modified endowment contract (MEC).

- Variable insurance products will not be considered suitable for sale using premium finance.
- Payment of compensation and commission charge-back schedules may vary based on state “free look” periods and policy design.
- Unless requested by the lender, no life insurance policy may be issued or delivered until payment of the premium is received by National Life.

Premium Finance programs come in many different forms and continue to evolve. Unfortunately our entire industry may yet be negatively impacted by some of these programs that are designed to provide more benefit to parties other than the insured and his/her beneficiaries. If unacceptable programs continue to proliferate, there is reason to be concerned that Congress may look to eliminate some or all of the unique tax benefits accorded life insurance. In addition, product pricing may be negatively affected and the legitimate and extremely important role that life insurance plays in our society may be threatened. National Life is committed to participating in premium finance programs that are suitable for our clients, attractive to our field partners and constitute profitable business for the Company.

For more information on how to do business with National Life Group and our premium finance partners, please contact our Advanced Sales Division 800/906-3310 x3836 or SBarton@NationalLife.com

Emerging Affluent Premium Finance Checklist

Note: Prior to submission of your case, please provide Advanced Sales with the National Life Group Illustration and loan stress test for review. All premium finance cases must be vetted by Advanced Sales prior to submission

Premium Finance Program _____ Insured's age _____

Owner's name _____ Insured's annual income _____

Insured's name _____ Insured's liquid net worth _____

Describe insurance need/purpose _____

Describe decision to finance premiums vs. paying premium in cash _____

Describe exit strategy (loan roll out) in detail _____

Design:

Face amount _____ Annual premium amount _____ Target premium amount _____

Riders _____

Duration of premium _____

Is PDA account being used? _____ Yes _____ No _____ If yes, attached current quote

Client's cash contribution Please explain _____

Lender or Intermediary _____

Proposed bank rates _____

Collateral: Loans are required to be 100% collateralized at all times. This includes both the entire value of the loan and any outstanding interest and fees. The collateral may be a combination of policy cash values and personal assets. In the early years of the policy additional collateral will be required to fully collateralize the loan. Please explain clients collateral below.

Cash value of policy _____ Cash value of other in-force policies _____

Cash or cash equivalents _____ Marketable securities _____

Letter of credit _____ Real estate _____

Other assets _____

Submission:

- Cover letter explaining case
- Premium finance checklist
- Paper application and all appropriate state forms
- 2 years tax returns
- CPA or Tax Attorney certified net worth statement along with all supporting financial statements
- National Life illustration
- Loan spreadsheets
- PDA quote

PREMIUM FINANCE PROGRAM COVER LETTER TO NATIONAL LIFE * REQUIRED INFORMATION

ATTENTION To: New Business - National Life

I am submitting a case for underwriting that will be under the Premium Finance Program (AGENT CODE: _____). If you have any questions regarding this case, please contact Matt Ryan (802) 229-3543.

Advisor Name* _____ Phone Number* _____

Fax* _____ Email* _____

CLIENT INFORMATION

Client Name* _____

Client Age* _____ Clients Intended Death Benefit* \$ _____

Where And How To Submit Application

- Preferred method
Via email: nbapplicationimages@NationalLife.com
- Via mail: National Life Group

One National Life Drive
Montpelier, VT 05604

Premium Finance Application Instructions

Forms Needed:

1. APPLICATION KIT FOR THE INSURED'S STATE OF RESIDENCE
2. HOLD HARMLESS FORM (Please use the National Life form for Premium Finance - Form 8656) & Checklist
3. PREMIUM FINANCE COVER LETTER outlining the need for the coverage and the insurable interest explained, all loan terms including fees, charges, loan structure and exit strategy
4. Illustration, including loan spreadsheet
5. Premium Finance Checklist

To assist you in this process, please refer to these helpful hints

On the Agent's Report

- Part 1 - Insured Information - Please don't forget to complete the insured's, net worth, etc, as this will be used to determine if they are qualified for the death benefit. For #6, please put Premium Finance Illustration
- Part 2 - Proposed Insured/ Owner - Please check the appropriate boxes next to #1 and #2
- Part 3 - Notes - complete if applicable
- Part 4 -Agent's Signature - Please put your name and percent. If a finance company is to receive a split on commission, note the appropriate %

On the life Insurance Application - complete as appropriate - use the guide below for specific questions relating to the insurance product

- Part A#13 minimum income to qualify is \$100,000 - refer to premium finance criteria
- document/check list
- Part A#19 premium finance

Other forms in the Kit:

- 4506T form tax return request
- Interest Crediting Strategies form - Choose appropriate strategy.
- HIPAA form - Please make sure the client both PRINTS and SIGNS his/her name and includes the date signed as well as their date of birth on the appropriate lines.

There may be other forms that apply to your specific client's situation. Please refer to the underwriting guide or call your GA or MGA or National Life direct to discuss if you have questions.

- New Business & Underwriting questions should be directed to the appropriate case manager/ underwriter. Questions regarding premium finance strategy should be referred to Samuel Barton in Advanced Sales 800-906-3310 x3836

Juvenile Applications

child must be at least 14 days old, a U.S. citizen or permanent resident.

Life insurance coverage on minor children will be considered financially based on the need for life insurance, purpose of the insurance and coverage on family members.

Please contact your Underwriting Team with special situations prior to completing an application.

Face Amount

The face amount of insurance applied for must be justifiable; we will generally consider insurance on juveniles up to the face amount insured on the “head of household/top wage earner” parent (or legal guardian); unless state insurance law dictates otherwise. All children should be similarly insured and the purpose of the coverage clearly defined.

The maximum face amount that will be considered if the parents have no coverage in force is \$100,000 and the annual income guidelines will apply.

If multiple applications are submitted for the same family, a cover letter (include a copy with each application) or note on the Agent’s Report with details on the sale will help to provide more efficient processing. Please include the amount of coverage in force and applied for on the parents and any siblings on the application.

Face Amounts over \$1,000,000

Larger face amounts applied for on children are considered on an individual basis. It is the agent’s responsibility to provide supporting financial details and the background of the sale to justify the coverage applied for.

Ownership

Acceptable ownership and premium payers for minors include parents/legal guardians or grandparents only.

Forms/Signatures

A HIPAA form is needed for each child. The child’s signature if required at age 15 and over. A parent’s signature is required on the application if the grandparents are applying for the coverage or the child is named as owner (if age of majority allows).

Medical Testing

Please refer to the product-specific requirements for medical testing needed.

Ages 0-6 Child should be seen by their physician every 12 months

Ages 7-15 Child should be seen by their physician every 24 months

If they have not been seen by their physician as noted above, we will need to postpone until a physician is seen.

Insurable Interest – Owner/Beneficiary

Insurance law and public policy in the various states require that we establish that an **Insurable Interest between the Proposed Insured and the Owner/Beneficiary** exists at the time we issue a life insurance policy. The strictest definition of insurable interest suggests that the Owner/Beneficiary must suffer a **quantifiable financial loss** at the Insured's death. In other words, the Owner/Beneficiary must be better off if the Insured lives rather than dies.

Because the Owner controls several aspects of the policy such as the right to change the beneficiary, change the face amount or riders or cancel the policy; the insurance company is charged with assuring there is insurable interest of the owner for any policy issued.

The simplest, most common relationship we insure is that between spouses. Survivor income, debt repayment, tuition costs and final expenses are all quantifiable needs that become readily apparent at death in this situation and are perfectly appropriate purposes for life insurance. Loan repayment in debtor relationships, key-person and buy-sell agreements in business relationships and estate protection are other fairly quantifiable needs that can be supported by life insurance.

The law also makes allowance for the bonds of love and affection which exist between spouses (or "significant others"), when parents insure minor children and grandparents insuring grandchildren (with parent's approval).

The relationships between cousins, nieces/nephews and aunts/uncles are more difficult to insure because the financial and emotional ties are hard to identify and quantify; therefore not generally accepted and the insurance company may ask for additional clarification or justification.

Except when spouses insure each other or when parents insure minor children; it is the Agent's responsibility to carefully describe the insurable interest supporting any application where the Owner is someone other than the Proposed Insured and if the relationship of the Owner to the Beneficiary is questionable. It's important that the explanation include the **financial loss incurred** at the Proposed Insured's death.

Generally accepted Ownership Arrangements include Insured, Spouse, Parent of Minor Child, Grandparent, Business Partner, Business/Corporation Owned by the Insured, and Trusts.

Quick Quotes

Introduction	<p>Certain medical or non-medical impairments may require “pre-qualifying” a proposed client for insurance coverage. The Quick Quote process is designed to provide detailed information to the underwriter to determine possible insurability before an application is taken.</p> <p>The listing of Uninsurable and Problematic Risks provided in this guide should be reviewed prior to submitting a request.</p> <p>All quotes are tentative, non-binding and subject to change after a full underwriting work up and company retention limits.</p>
Requirements	<p>Requirements needed for a Quick Quote:</p> <p>Quick Quote Request (sample on following pages or available on website) or message with details to include: age, sex, height/weight, amount of insurance to be considered, riders requested, medical diagnosis, date diagnosed, treatment and medications, restrictions, prognosis and all other pertinent information for each medical impairment.</p> <p>Do Not submit attachments with medical records or other evidence.</p>
Submission to Home Office	<p>Requests can be emailed to underwritingquotes@NationalLife.com</p> <p>Please allow 24 hours for reply and send a copy of quote obtained if an application is submitted.</p>

Informal Applications

<p>Introduction</p>	<p>National Life is willing to consider informal/trial applications on a very limited basis; subject to the following parameters:</p> <ul style="list-style-type: none"> • Permanent Products Only. • Minimum Face Amount: \$2,000,000 • Maximum age 70 • Summary page required; to include case design (product and face amount requested), rate needed to place and outline of medical history. Financial documentation is required at the time of trial in order to be considered for review. • Time Service: 10 business days. • Do Not submit informal paperwork on cases that have been previously declined and/or multi-carrier shopped. The alternative for a previous decline is sending a request with a few key pieces of information via the Quick Quotes process UnderwritingQuotes@NationalLife.com and/or call the underwriter. The underwriter will not reopen an informal once decision has been made unless new information has been submitted for reconsideration. • National Life/LSW will not pay for medical records or exams on informal business. Labs will not be obtained. <p>Tentative offers good for 60 days.</p>
<p>Placement</p>	<ul style="list-style-type: none"> • Informal applications as a percentage of submitted business - no more than 5 percent. • Informal to Formal conversion rate - 50% • Review will be done on a monthly, quarterly and year to date basis. • We will consider alternative action with one quarter of data if parameters are not met. We will require, at the firm's expense, they pay for APS summary service and cannot submit full papers.
<p>Requirements</p>	<p>Requirements needed for a Informal Application are:</p> <ul style="list-style-type: none"> • New Business Checklist with Informal Application clearly indicated • Form 8164 - HIPPA Compliant Authorization or properly signed HIPAA form identifying National Life/LSW as an authorized carrier. • Client Information: name, date of birth, social security number. • Agent Information: agent code, agency office code. • Form 1386 Informal Inquiry with Authorization <p>Important: No medical testing should be ordered or money collected.</p>
<p>Submit forms to home office</p>	<p>Forms can be faxed or emailed to National Life as follows:</p> <ul style="list-style-type: none"> • Fax forms to 802-229-7592 • Email forms to NBApplicationImages@NationalLife.com <p>Important: Must be password protected if emailing</p>

Field Underwriting LSW's Disability Income Rider

The primary concerns in underwriting DIR include qualification for:

- Build
- Medical History
- Maximum Amount Eligible based on income/face amount of life coverage
- Occupation

Build

Refer to the Height and Weight chart in this guide. There is no flexibility in the maximum weight listed.

Medical History

Certain medical impairments will prohibit approval of DIR. A general listing of medical conditions is listed in the section on probable action relating to DIR. Basically, any medical impairment that may generate a substandard premium rate would not be eligible for DIR.

Whenever possible, the Underwriter will consider excluding an impairment or body part from the DIR rather than denying the rider. Any injury or impairment within two years of the application will likely be excluded from the DIR depending on severity. If a prospect is currently disabled for any reason, we are unable to consider for DIR.

It is crucial that the agent obtain accurate and detailed medical information when DIR is being requested so that the Underwriter may make a fair assessment. If few details are provided, additional requirements will be requested that will delay approval. Whenever possible, an Underwriter will use a questionnaire in lieu of an Attending Physician Statement (APS).

Maximum Amount Available

The maximum monthly benefit available from LSW is \$2,000/month, subject to underwriting and state limitations. The monthly amount cannot exceed 66% of gross monthly income (40% in California; except for 1099 employees); or \$20 per \$1,000 of the LSW face amount life insurance applied. (For example, a \$2,000 DIR must be attached to a base policy of at least \$100,000.)

All in force Disability coverage with all companies will be taken into consideration when calculating the total amount eligible based on income (the 66% or 40% whichever applies). Short-term or long-term disability coverage is included in these calculations based on the scale below:

- Less than six months – won't count towards maximum available;
- Six months up to but not including one year – count at 50%
- One year or more – count at 100%

Occupations

Part-time employees (less than 30 hours per week) and certain occupations are not eligible for DIR coverage. See listing on next page. Ineligible occupations may be due to hazards, persistency of business, seasonal/migrant work, or based on claims experience within the industry or company. This list is periodically updated. Self employed persons are considered on an individual basis by the underwriter.

- Does the client work from his/her own home? If so, what is the percent of time spent out of the home office?
- Does he/she travel to meet with clients? Could they do the job without leaving the home at all?
- Is their occupation otherwise eligible for DIR if not for self employment?
- Self employed consultants, graphic designers, (and other occupations who don't need to leave their home office to do their work) and working from their own home are not eligible for DIR.

Federal and Municipal employees are eligible for DIR, but only up to the amount of their home mortgage payments or \$2,000/month, whichever is less. We would require a copy of their mortgage statement to consider.

Please feel free to contact your underwriter with questions.

Disability Income Riders (DIR)¹

Two different DIRs are available on LSW Term, UL and IUL policies, providing coverage for disabilities due to either sickness or accident. Please see the Agent Guides for detailed information on the DIR. These riders are not approved in all states for all products; see the National Life website for availability. Part-time employees (less than 30 hours per week) and certain occupations shown below are not eligible for DIR coverage:

Actor/Actress	Drivers (local delivery or long-distance)	Pilot
Air Traffic Controller	Exotic Dancer	Police Officer
Amusement Park Employee	FBI Agent	Prison/Corrections Employee
Armed Forces or Coast Guard	Federal or Municipal Employee ⁷	Professional Athlete
Artist/Musician	Fire Fighter	Racing Employee (dog or horse)
Asbestos Worker	Fisherman/Seaman	Rodeo Rider or Clown
Athletic Coach or Instructor	Flight Attendant	Roofer
Auto Body Repair	Forest Ranger	School Teacher ⁸ (public or private)
Blaster	Game Warden	Security Guard (armed)
Bowling Alley Employee	Golf Pro	Self-Employed (call with specific info)
Bridge or Dam Worker	Housewife	Skating Rink Employee
Bus Boy	Immigration Officer	Steeplejack (Billboard Worker)
Bus Driver	Life Guard	Structural Iron Worker
Cab Driver	Logging Employee	Subway or Tunnel Construction Worker
Carpet/Floor Installer	Longshoreman	Theater Industry Employee
Casino Employee	Migrant Worker	Truck Driver
Chauffeur/Limo Driver	Mine Worker	Vending Machine Worker
Circus Employee	Movie Industry Employee	
Delivery Person	Nature/Adventure Guide	
Dishwasher	Nurse	
Diver	Peddler	
Domestic Servant (Maid, Butler, etc.)	Piano Mover/Safe Mover	

⁶ In South Carolina, "Disability" is defined as the insured's inability to perform the duties of his or her own occupation during the first year of disability and has the inability to perform the duties of any occupation for which he or she is suited thereafter.

⁷ May purchase DIR up to monthly home mortgage amount.

⁸ Only DIR5 available.

Foreign National/Foreign Travel Guidelines

Foreign Nationals; including Foreign Citizens and U.S. Citizens Living Abroad*

For purposes of an insurance application with National Life Insurance Company and Life Insurance Company of the Southwest, a foreign national is any insured who:

- (i) (a) is not a United States Citizen and
 - (b) either resides outside of the United States or is residing in the U.S. temporarily on a valid visa; or
- (ii) is a U.S. Citizen living abroad more than six months per year.

Foreign Travel*

For purposes of an application with National Life Insurance Company and Life Insurance Company of the Southwest, applicants that are citizens of the U.S. and/or Foreign Nationals traveling outside of the U.S. more than two weeks per year will be subject to our foreign travel guidelines.

*All guidelines presented are subject to state restrictions on foreign risk and foreign travel rules as well as underwriting requirements.

Foreign Nationals

Category 1 – Foreign Nationals – Visa Holders

Category 2 – Foreign Nationals – U.S. Citizens or Non-U.S. Citizens living outside of the United States for more than six months per year.

Note: Persons holding a Green Card, will be underwritten in the same manner as a US Citizen.

CATEGORY 1

Foreign National Visa Holders

A Foreign National that is either not a U.S. citizen or does not have a permanent residency Green Card must:

- i. Include the country of citizenship and visa type/number on the application and a copy of the visa card is required with the application forms for validation.
- ii. Have an accepted Visa type (s).
See listing of accepted Visa Types
- iii. Must present valid proof of citizenship of accepted country of origin. See listing of accepted country of origin
- iv. Other requirements include:
 - Permanent products only
 - Minimum face amount: \$100,000
 - Maximum face amount: \$10,000,000**
 - Best class considered is usually preferred; however may consider Elite class if long term residency in U.S. and Class A country
 - Verifiable proof that owner of U.S. real estate, U.S. business owner, married to resident U.S. citizen, resides in U.S. with no intent at time of application to reside outside the U.S. in the future, minimum net worth of \$2 million with at least 25% of assets based in the U.S., and/or subject to tax liability in the U.S., including U.S. estate tax liability. Ownership of a U.S. based brokerage account or working for a foreign company in the U.S., without more, are not sufficient nexus to the U.S.
 - Copy of approved visa with expiration date in no less than 3 years; intent to reside in the U.S. in the future
 - Family income minimum of \$50,000 in U.S.-based assets; Company reserves the right to require execution of Form 4506T
 - Preference for long term employment with U.S.-based employer
 - Social Security Number or Tax ID Number
 - Must have justifiable need for U.S. life insurance and connection to U.S. for need other than life insurance.

* All guidelines presented are subject to state restrictions on foreign risk and foreign travel rules as well as underwriting requirements.

- All premiums must be paid from a U.S. bank account
- Must meet all General Requirements and Applicant/ Proposed Insured Specifications listed in this document
- May qualify for consideration of riders such as Accelerated Benefits, Waiver of Premium and Accidental Death Benefit (certain additional restrictions apply³) subject to the following conditions:
 1. Country codes “A” only.
 2. Minimum of 12 months U.S. residency for standard class with ABR.
 3. Minimum of 24 months U.S. residency for possible preferred class consideration with ABRs.
 4. Normal underwriting rules and requirements apply.
- No premium finance

CATEGORY 2

Foreign Nationals Residing Outside of the United States (U.S. Citizens or Non-U.S. Citizens)

- If a Foreign National resides outside the United States for more than 180 days in any 12 month period, the following conditions must be met:
- All Criteria for Category 1(b) above applies in addition to the following Criteria.
- Verifiable proof that owner of U.S. real estate, U.S. business owner, owner of significant investments in the U.S.
- Minimum face amount: \$1,000,000; face amounts over \$2 million will require reinsurance.
- Must have a justifiable need for U.S. life insurance and connection to U.S. for need other than life insurance
- All premiums must be paid from a U.S. bank account
- Financial documentation with breakdown of U.S. and non U.S. assets required.
- Foreign travel questionnaire required.
- Reside in “A” class country (may consider certain “B” class countries on individual basis).
- Standard class at best if residing outside of U.S., Canada, Guam or Puerto Rico.
- No benefits/riders available (no ABR, WP, etc).

Category 1 & 2

General Requirements

The following general requirements apply to all Category 1 and 2 cases:

1. Applicant/Proposed Insured Specifications.

- a. Ages 18-70
- b. Must be medically assessed at Table 4 (200%) or better
- c. Occupation must be technical, professional, business owner or executive in nature.

2. Solicitation

- a. All solicitation and related aspects of the sale from the initial contact forward (including policy delivery) must physically take place within the United States.
- b. No marketing materials or illustrations should be provided, delivered or electronically transmitted (emailed or faxed) outside of the United States.

3. Application, Signatures, Medical Examinations and Policy Delivery

- a. All application sections and all medical examinations must be completed in the United States.
- b. The application must be completed face-to-face between the proposed insured and agent.
- c. Identification of the proposed insured must be verified by U.S. driver’s license, passport or other government accepted legal form of photo identification.
- d. All applications and policy forms used must be in English and the client must fully understand the application questions and answers as well as the policy contract language and all policy forms.
- e. All signatures must be in English. If a foreign language signature is also used, the English signature or printed version of name must be provided in the appropriate application section.
- f. Medical exams or other required routine testing completed outside of the U.S. will not be accepted.
- g. The policy must be delivered in the U.S. in accordance with delivery requirements of the

² Company automatic binding authority applies.

³ Accelerated Benefit Riders only considered if residing in the U.S. and subject to normal underwriting; not available if proposed insured resides outside of the U.S. Waiver of Premium and Accidental Death Benefit are considered only for “A” country codes only and subject to normal underwriting.

state of issue. The state of issue and delivery will be the state where the real property is located or significant U.S. connection occurs.

4. Exclusions

The Company is unable to consider the following owners, insureds or beneficiaries – foreign: missionaries, judges, politicians, union leaders or government employees, journalists, military, police or security personnel, private pilots, professional athletes or other high profile occupations or politically exposed persons.

5. Premium Payments

- a. The initial premium and all subsequent premium payments must be drawn on a bank account in the United States. Cash equivalents, such as cashier's checks or bank checks, are not acceptable.
- b. The proposed insured, owner, beneficiary and countries of residence/citizenship must not appear on the restricted list published by the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC) or otherwise be prohibited by Anti-Money Laundering regulations.

6. Post- Issue Policy Communications.

- a. All post-issue communications regarding the policy, including premium notices, must be mailed to an address of record within the U.S. Post Office Boxes are not acceptable.

Category 1 & 2

Important Notes:

- These guidelines are general quotes only and may vary depending on specific situation. Each case will be individually underwritten and assessed.
- Country list and/or ratings may change as world conditions change.
- Only permanent plans of insurance will be considered. No term insurance is eligible.
- Only citizens / residents of countries classified as "A" or "B" countries will be considered.
- Individuals that are citizens or residents in countries or jurisdictions under a current U.S. State Department Travel Warning will be Individually Considered and may be denied. Please contact underwriting department for quote.
- The company is unable to consider citizens/residents of: Balkans, Belarus, Burma/Myanmar, Cote d'Ivoire, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, North Korea, Somalia, Sudan, Syria and Zimbabwe.
- Japanese citizens may only be considered after six months of continuous residence in the U.S.

APPROVED COUNTRIES*

Countries listed as “A” may be considered for preferred class

Countries listed as “B” may be considered for standard class at best.

American Samoa	A	Israel (decline if West Bank or Gaza)	B
Andorra	A	Italy	A
Anguilla	A	Jamaica	B
Antigua	A	Japan (must be in US more than 6 months per year)	A
Argentina (decline if residing in Argentina)	A	Latvia	A
Aruba	A	Lichtenstein	A
Australia	A	Lithuania	A
Austria	A	Luxembourg	A
Bahamas	B	Macau	A
Barbados	A	Malaysia	B
Barbuda	A	Malta	A
Belgium	A	Martinique	A
Brazil	B	Marshall Islands	A
Bermuda	A	Mexico (professionals, high net worth individuals)	B
British Virgin Islands	A	Monaco	A
Turks and Caicos	A	Montserrat	A
Canada (decline if visa holder or residing in Alberta, BC or Manitoba)	A	Netherlands/Holland	A
Canary Islands	A	Nevis	A
Cayman Islands	A	New Zealand	A
Chile	A	Northern Mariana Islands	A
China	B	Norway	A
Costa Rica	A	Palau	B
Curacao	A	Panama (decline Panamanian citizens residing in Panama)	B
Cyprus	A	Peru	B
Czech Republic	A	Poland	A
Denmark	A	Portugal	A
Dominican Republic	B	Puerto Rico	A
Ecuador	B	Romania	A
Estonia	A	Russia	B
Falkland Islands	A	Saint Kitts, Saint Lucia, Saint Vincents/Grenadines	A
Federated States of Micronesia	B	San Marino	A
Finland	A	Singapore	A
France (decline if residing in France)	A	Slovakia	A
French Polynesia	A	Slovenia	A
Germany (German citizens must reside outside of Germany more than 6 months per year)	A	South Korea	A
Greece	A	South Korea	A
Greenland	A	Spain (decline Spanish citizens living in Spain)	A
Grenada	A	Sweden	A
Guadeloupe	A	Switzerland	A
Guam	A	Taiwan	A
Holland / Netherlands (not including Aruba, Curacao, Saint Maarten)	A	Turkey (decline regions bordering Syria and Iraq)	B
Hong Kong	A	United Arab Emirates (Dubai)	A
Hungary	A	UK (England, Scotland, Wales, Northern Ireland)	A
India (decline if residing in India)	B	U.S. Virgin Islands	A
Ireland	A	Uruguay	A
		Vatican City	A
		Virgin Islands	A

* Some countries laws prevent the purchase of a policy or contract outside of the client's country of origin, even if all aspects of the transaction occur within the United States. Because of these restrictions, subject to all other requirements being met, the Company can only accept applications on citizens of the countries listed

Accepted Visa Types:

Visa Type	Non-immigrant Classifications
E-1	Treaty Trader, spouse and children
E-2	Treaty Investor, spouse and children
E-3	Australian skilled laborers
EB-5	Immigrant Investor
EAD	US Employment Authorization Card
H1-B	Temporary Workers; specialty occupations
H1-C	Temporary Workers; nurses
H-2 (certain occupations only)	Temporary Workers; nonagricultural occupations only
H-3	Nonimmigrant Trainee
K-1	Fiance of US Citizen
L-1	Intracompany Transferee
L -2	Dependent spouse/minor children of L1 visa holders
O-1	Workers with Extraordinary Abilities
T-N	NAFTA – Canadians and Mexicans
T-D	NAFTA – Canadian and Mexican Professional Workers

Foreign Travel:

If the proposed insured intends to travel or reside outside of the U.S. for more than two weeks per year, Form 1480 Foreign Travel Questionnaire is required.

Underwriting consideration is based on:

- Country or countries and cities visited
- Length of stay
 - Short term foreign travel: less than 12 weeks per year may be considered for best class.
 - Long term travel: more than 12 weeks per year; or more than six trips per year of six weeks or more per duration are not considered best class.
- Frequency of travel
- Purpose of travel

The Company will not consider travel to countries listed on the U.S. Department of State's Travel Warnings list. See: <http://travel.state.gov/>

To request a quick quote - send details to: UnderwritingQuotes@NationalLife.com

Medical Questionnaires

Obtaining detailed medical information is critical for an underwriter's assessment of the mortality and/or morbidity risk. The following questionnaires are available to assist in gathering detailed information from the client and may be accessed via the Forms Section on the web site.

Questionnaire:	Catalog#	When needed:
Alcohol Use	Catalog # 47552 Form # 9270	<ul style="list-style-type: none"> Any DUI (driving while intoxicated) history History of alcohol treatment within ten years History of abnormal liver function testing or current abnormal lab testing
Arthritis	Catalog # 47557 Form # 9275	<ul style="list-style-type: none"> Non-rheumatoid, non-steroid treated arthritis (i.e., osteoarthritis, gout)
Avocation, Aviation & Foreign Travel	Catalog # 51381 Form # 1480	<ul style="list-style-type: none"> Any participation in racing, parachuting, sky diving, underwater diving, aviation or foreign travel
Back Pain	Catalog # 47559 Form # 9277	<ul style="list-style-type: none"> History of, or current treatment for, musculoskeletal back pain when requesting Waiver of Premium or Disability Income Rider
Blood Pressure	Catalog # 50789 Form # 8625	<ul style="list-style-type: none"> History of, or current treatment for high blood pressure
Business Insurance	Catalog # 51945 Form # 20098	<ul style="list-style-type: none"> Applications covering business needs or relationships
Cardiac (Chest Pain)	Catalog # 47556 Form # 9274	<ul style="list-style-type: none"> History of cardiac chest pain and other cardiac impairments
Criminal History	Catalog # 51943 Form # 20087	<ul style="list-style-type: none"> History of felony or misdemeanor conviction
Depression/Anxiety/Psychiatric	Catalog # 48390 Form # 9437	<ul style="list-style-type: none"> History of, or current treatment for, depression, anxiety or other psychiatric issues.
Diabetes	Catalog # 48824 Form # 9594	<ul style="list-style-type: none"> History of, or current treatment for diabetes
Drug Use	Catalog # 47551 Form # 9269	<ul style="list-style-type: none"> History of drug treatment or drug use within the past ten years
Financial	Catalog # 40121 Form # 1392	<ul style="list-style-type: none"> As needed to provide client or business finances
Foreign National	Catalog # 50038 Form # 8327	<ul style="list-style-type: none"> Must be submitted with all foreign national applications
Gastro-Intestinal	Catalog # 47558 Form # 9276	<ul style="list-style-type: none"> History of, or current treatment for, acid reflux, gastritis, gastric or duodenal ulcers
Genitourinary	Catalog # 47549 Form # 9267	<ul style="list-style-type: none"> History of, or current treatment for urethritis, prostatitis, BPH (hypertrophy of the prostate), kidney stones or other benign kidney disorders
Military Personnel	Catalog # 51942 Form # 20086	<ul style="list-style-type: none"> Current affiliation with military organization
Migraine	Catalog # 47553 Form # 9271	<ul style="list-style-type: none"> History of, or current treatment for, stress, migraine, or cluster headaches
Mountain Climbing	Catalog # 51944 Form # 20088	<ul style="list-style-type: none"> Any participation within the past three years or planned mountain climbing
Respiratory/Asthma/Sleep Apnea	Catalog # 47550 Form # 9268	<ul style="list-style-type: none"> History of, or current treatment for, non-steroid asthma, bronchitis, emphysema, pneumonia, tuberculosis or sleep apnea
Seizure	Catalog # 47554 Form # 9272	<ul style="list-style-type: none"> History of, or current treatment for seizures.
Stroke/TIA	Catalog # 50788 Form # 8624	<ul style="list-style-type: none"> History of stroke or transient ischemic attack within ten years.
Tumor	Catalog # 47561 Form # 9279	<ul style="list-style-type: none"> History of benign (non-cancerous) tumors or cysts (i.e., fibroid, basal cell)



National Life Insurance Company®
Life Insurance Company of the Southwest™
Alcohol Usage Questionnaire

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

Do you presently use alcoholic beverages? Yes No

(If NO, state when usage ceased.)

(If YES, record usage below.)

Amount:	Beer	Wine	Liquor	Date of Last Drink
Daily	_____	_____	_____	_____
Weekly	_____	_____	_____	_____
Monthly	_____	_____	_____	_____

Did you ever drink substantially more than outlined above?

(If 'Yes', complete below)

Amount:	Beer	Wine	Liquor	Date Started	Number of Years
Daily	_____	_____	_____	_____	_____
Weekly	_____	_____	_____	_____	_____
Monthly	_____	_____	_____	_____	_____

Why did you change your usage habits?

Have you ever consulted a doctor or counselor or received treatment because of your alcohol use? Yes No
(If yes, indicate names and addresses of any doctors, counselors, hospital or treatment center below.)

Have you ever been charged with impaired driving, lost your job, or been arrested due to the influence of alcohol? Yes No
(If yes, give details below.)

Are you now a member of A.A.? Yes No

Please add any additional information which you feel is important:

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 Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com



National Life Insurance Company®
Life Insurance Company of the Southwest™
Arthritis Questionnaire

Name *(please print)*: _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

What kind of arthritis did the doctor say you have? *(Rheumatoid, degenerative; osteo-arthritis, gouty, arthritis of the spine, Ankylosing Spondylitis, Marie-Strumpell's disease, muscular rheumatism, Reiter's syndrome, Lupus Erythematosus, Polymyalgia Rheumatica)*

How long ago was it diagnosed?

Who is treating it now?

What joints or parts of the body does it affect?

How?

What kinds of treatment/medication have you received in the past 10 years?

By whom?

What kinds of treatment/medication have you received currently?

By whom?

When was the last flare-up?

How often do they occur?

Did you have to stay home from work? Yes No

How long?

When did you last see your doctor for this?

Has your arthritis caused any stiffness, limitations, or deformities?

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 Centralized Mailing Address: One National Life Drive, Montpelier, VT 05604 | www.NationalLifeGroup.com



Full Name of Proposed Insured: _____

All questions refer to Proposed Insured

Part A - Aviation Questionnaire (For pilots and crew members.)

1. What type of Pilot Certificate do you hold?
 Student Private Commercial Airline Transport Rating (ATR) Instrument Flight Rating (IFGR)
2. Are you a member of a Military Reserve or National Guard unit on flying status? Yes No If "Yes", check one? Active Inactive
3. What type of aircraft do you fly? _____ Crew position _____
4. Was your certificate granted subject to physical waiver? Yes No
5. Have you ever been grounded or restricted for violation of Civil Air Regulations? (If "Yes", give details in Remarks) Yes No
6. Has your Federal Pilot Certificate ever been cancelled? (If "Yes", give details in Remarks) Yes No
7. Date of last flight as a Pilot: _____ Crew member: _____
8. Is it your intention to fly in the future as a: Pilot Yes No Crew member Yes No
9. Total flying hours (Give details in Remarks.) Student Pilot in Command Other capacity

Describe your annual flying activity in the chart below.

Type of Flying	Next 12 mos. hours	Past 12 mos. hours	1 to 2 years ago hours
Employer-owned			
Charter flying or instructing			
Non-commercial pilot or student			
Military			
Other (Give details in Remarks)			

10. Do you fly only within the United States? (If "No", give details in Remarks) Yes No
11. If full coverage at standard rates is not available, do you desire:
 Full coverage with extra premium, if available? Restricted aviation coverage without extra premium, if available?

Part B - Foreign Travel Questionnaire

1. To what foreign country (or countries) do you intend to travel? _____
2. How long do you plan to remain? _____
3. For what purpose is the trip made? _____
4. Will you be located in one or more of the larger cities, or will you travel about the country? _____
5. Have you traveled abroad before? Yes No
6. If so, when and to what countries? _____

Part C - Avocation Questionnaire

C.1. Automobile, motorcycle or motorboat racing

- a. Are you a member of any of the following racing organizations? Automobile Motorcycle Motorboat
If so, name of organization? _____
- b. Describe the car or cycle you drive or the boat you race
Make/Type: _____ Model or Class: _____ Size: _____ Horsepower: _____
- c. Is your vehicle equipped for racing? (If "Yes", give details in Remarks) Yes No
- d. Describe racing: Type of course: _____ Length of course: _____ Duration of races: _____
Location: _____ Maximum speed attained: _____
- e. Describe your status and experience: Professional Amateur
Number of races: _____ Last 12 months: _____ Anticipated next 12 months: _____

C.2. Parachuting and Sky Diving

- a. Are you a member of the United States Parachute Association? Yes No
- b. Do you hold a parachutist license? Yes No
(If "Yes", class) _____
- c. Describe your experience in parachuting or sky diving
Total jumps to date: _____ Total jumps last 12 months: _____ Total anticipated next 12 months: _____
Do you perform sky diving or delay jumps? (If "Yes", give details in Remarks) Yes No
Number of delay jumps: _____ Maximum seconds delay: _____
Do you participate in baton passing or other stunts? (If "Yes", give details in Remarks) Yes No
Do you participate in local or national competition? (If "Yes", give details in Remarks) Yes No
- d. Location of jump areas: _____

C.3. Underwater Diving

- a. Are you a member of a skin or scuba diving organization? Yes No
(If "Yes", name of organization) _____
- b. Describe diving activity
Location: _____ Purpose: (Recreation, research, rescue team - describe) _____
Equipment used: _____ Maximum time submerged: _____
Maximum depth attained: _____ Average depth current diving: _____
- c. Describe your status and experience: Professional Amateur
Number of yrs diving experience: _____ Number of dives last 12 months: _____ Number of dives anticipated next 12 months: _____

C.4. Other Hazardous Sports or Avocations

Provide full details in Remarks describing participation in competition sports, skin or scuba diving, hang gliding, BASE jumping or bungee cord jumping, big game hunting, mountain climbing, cave exploring, rodeos or snowmobiling. BASE is an acronym for building, antenna tower, span (usually bridge), and earth formation (usually cliff).

Part D - Remarks

Part E - Fraud Warnings and Notices

AR - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to civil fines, criminal penalties and confinement in prison. **DC** - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties may include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **NJ** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Part F - Please Read and Sign

The statements and answers are, to the best knowledge and belief of the Proposed Insured, complete and true. They, together with the statements and answers on the application to which this is a supplement, shall be a part of the contract if one is issued. The Applicant, if someone other than the Proposed Insured, agrees to be bound by all statements and answers in this supplement.

Signed at *(City & State)* _____ this day of *(mm/dd/yyyy)* _____

Applicant *(Sign name in full)* _____

Proposed Insured *(If other than the Applicant, sign name in full)* _____

Agent *(Sign name in full)* _____



**National Life Insurance Company
Life Insurance Company of the Southwest**

Back Pain Questionnaire

Name *(please print)*: _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

When was it diagnosed and what is the location, intensity and duration of your back pain?

How does the pain affect your functional abilities (including mobility, occupation, social activities)?

How often do you have pain / what amount of time has been lost from work / is it disabling in any way?

Do you have any associated medical or psychiatric impairments / narcotic pain medications used / drug or alcohol misuse?

What is the current treatment / any walking devices used / list all physicians seen and dates?

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty <i>(i.e. family physician, specialist, etc.)</i>

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**National Life Insurance Company®
Life Insurance Company of the Southwest™**

Blood Pressure Questionnaire

Name *(please print)*:

Date of Birth:

Policy #:

Date Completed:

Date of diagnosis:

What medication(s) are you currently taking and dosage(s)?

Has there been any change in your medication in the past 12 months? *(If Yes, please provide details)* Yes No

Have you ever required hospitalization or emergency room treatment for this condition? *(If Yes, please provide details)* Yes No

Do you have any blood pressure related health problems such as: kidney disease, enlarged heart or history of a stroke, other? *(If Yes, please provide details)* Yes No

Do you self monitor your blood pressure? If yes, please provide most recent reading: Yes No

Date of last blood pressure checkup by your doctor and reading:

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty <i>(i.e. family physician, cardiologist, other)</i>

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Business Insurance Worksheet

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

1. Title / Duties: _____
2. Percentage of Ownership / Years with Company: _____
3. Type of Business: Sole Prop. Partnership S-Corp C-Corp
4. Purpose of insurance: Keyman Buy/Sell Deferred Comp Creditor (provide amount & term of loan) Other _____
5. Describe how face amount was determined: (Please include a cover letter with any special situations to consider.) _____

6. Are other members of the company insured in favor of the business, or currently applying for coverage? No Yes
If Yes, provide the following details:

Name and Title	Insurance In Force	Insurance Applied For	Business Ownership (Percentage)

7. If other members are not insured or not applying, please explain. _____

8. Has the business been involved in bankruptcy proceedings in the past seven years? No Yes
If Yes, provide type filed, date, reason and date of discharge: _____

9. Business Financial Information:

Current Assets		Current Liabilities	
Fixed Land Assets			
Fixed Building Assets		Long Term Liabilities	
Other Assets		Other Liabilities	
Total Assets		Total Liabilities	
NET WORTH			

10. What is the market value of the business? _____
11. How was the market value of the assets determined? _____
12. When was the last appraisal of the assets? _____

13. Compensation:

	Current Year	Last Year	2 Years Ago
Proposed Insured's Salary			
Bonus or Commission			
Proposed Insured's K1			
Other (describe)			
TOTAL			
Gross Business Revenue			
Expenses			
Net Income Before Taxes			

For total face amounts over 5 million for all insureds, please provide:

- Last 2 years business tax returns
- Last 2 years business income statements and balance sheets

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National Life Insurance Company®
Life Insurance Company of the Southwest®
Cardiac Questionnaire

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

1. Have you ever had?

Chest pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Palpitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fluttering or skipping of the heart?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of Breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart murmur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart attack or heart failure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coronary artery bypass graft (CABG)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Angioplasty or balloon angioplasty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stent placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Catheterization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart studies due to symptoms or family history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. When did the above event occur and was there only one event?

3. Please give the name and address of the physician you see for this condition.

4. When was the last time you saw your physician for this condition and how often do you see your physician for this condition?

5. What type of tests are completed at your follow-ups and what were the results? (EKG, stress test, echocardiogram, angiogram, holter monitor).

6. What medications do you currently take for this condition?

7. Do you have any other significant medical history? (diabetes, emphysema, chronic obstructive pulmonary disease, stroke, cancer, carotid disease, kidney disease, vascular disease) * Yes No

8. Do you use tobacco in any form? (cigarettes, cigars, chew, nicotine gum)* Yes No

**if question 7 or 8 is answered yes please contact your home office underwriter*

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Criminal History Questionnaire

Applicants with a felony or misdemeanor history are considered on an individual basis for life insurance. The National Life Group requires full and truthful disclosure in order to make an informed decision on insurability. A Criminal Records Check may be obtained at the discretion of the Company.

Name *(please print)*: _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

Please list all felony or misdemeanor convictions and any pending charges:

Date of Offense(s)	
State & County of Offense(s)	
Felony / Misdemeanor / Class	
Criminal Offense Charge(s)	
Sentence (Fine and/or Term Served)	
Probation: Date Completed or Date of Anticipated Completion	

Please provide additional information which you would like us to consider:

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Cat. No. 51943

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**National Life Insurance Company®
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Depression / Anxiety / Psychiatric Questionnaire**

Name *(please print)*: _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

Specific diagnosis: *(i.e. depression, anxiety, bipolar, schizophrenia, other)*

Date of diagnosis:

What medication(s) are you currently taking and dosage(s)?

Have you been treated for this condition in the past? *(If yes, give dates, duration and treatment)* Yes No

Have you ever been referred for or received outpatient psychotherapy or counseling? Yes No
(If yes, provide name, address and telephone number of doctor and dates of treatment)

Have you lost time from work due to your condition? *(If yes, give frequency, duration and dates)* Yes No

Have you ever been hospitalized, attempted suicide or have you had suicidal thoughts? Yes No
(If yes, give details)

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty <i>(i.e. family physician, psychologist, other)</i>

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Diabetes Questionnaire

Name *(please print)*:

Date of Birth:

Policy #:

Date Completed:

When was the diabetes diagnosed?

How is your diabetes treated? *(i.e. diet, oral medication, insulin, other)*

Has your treatment ever changed? *(If yes, provide details.)*

Yes No

What medication(s) are you currently taking and dosage(s)?

Do you check your own blood sugars?

Yes No

If yes, how often do you test and what are your average readings?

What was the date & result of your last hemoglobin A1C test?

Have you ever been hospitalized for this condition? *(If yes, provide details.)*

Yes No

Have you had any complications as a result of your diabetes? *(i.e. hypoglycemic episodes, heart disease, circulatory problems, skin infections, eye problems, stroke, kidney problems, etc.)*

Yes No

Have you ever lost time from work due to your diabetes history?

Yes No

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty <i>(i.e. family physician, endocrinologist, etc.)</i>

9594(0513)

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Cat. No. 48824

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Drug Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

Are you now using or have you, within the past 10 years, used any of the following, other than for treatment of a medical condition under proper medical supervision?

- Amphetamines: (Benzedrine, Dexedrine, 'Ecstasy', 'Ice', 'Speed', 'Uppers', etc.)
Barbiturates: (Amytal, 'Downers', Phenobarbital, Tuinal, etc.)
Cannabis: ('Hashish', Marijuana, 'Pot', 'Weed', etc.)
Cocaine: (Belladonna, 'Coke', 'Crack', 'Snow', etc.)
Hallucinogens: ('Acid', 'Angel Dust', LSD, 'Microdots', Peyote, Psilocin, etc.)
Opiates: (Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc.)
Sedatives: ('Downers', Valium, 'Tranks', etc.)
Solvents: (Aerosols, Glue, etc.)

(If YES to any of the above, provide full details including name of drug and dates when usage commenced and ceased.)

Have you ever sought medical treatment due to drug usage or detoxification? (If YES, provide full details including date(s) of attendance and name/address of doctor(s).)

Have you suffered from any impairments associated with drug usage? (Hepatitis B, mental problems, etc.) (If YES, provide full details.)

Are you now drug-free? (If YES, state when usage ceased.)



Reset Form

National Life Insurance Company®
Life Insurance Company of the Southwest™
Confidential Financial Questionnaire

This form may be completed in private and forwarded to the personal attention of: Director of Underwriting, National Life Insurance Company, Montpelier, Vermont 05604.

Name *(please print)*: _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

The following financial disclosures are made for the purpose of establishing insurability in connection with the pending insurance application on my life. They are furnished as a true and accurate statement of my financial condition on (mm/dd/yyyy) _____

A. Income	Last Year	1 Year Prior	2 Years Prior
Annual Salary or Adjusted Gross Income from self-employment:	_____	_____	_____
Dividends etc.:	_____	_____	_____
Other Income: <i>(Describe below)</i>	_____	_____	_____
Total	_____	_____	_____
Details of other income: _____			

B. Assets		Liabilities	
Cash in Banks:	\$ _____	Notes Payable:	\$ _____
Receivables:	\$ _____	Accounts Payable:	\$ _____
Cash Value Life Insurance:	\$ _____	Loans on Life Insurance:	\$ _____
Real Estate:	\$ _____	Taxes and Interest Due:	\$ _____
Business Interest:	\$ _____	Real Estate Mortgages or Liens:	\$ _____
Stocks and Bonds: <i>(not included above)</i>	\$ _____	Other Liabilities: <i>(describe below)</i>	\$ _____
Personal Property: <i>(auto, furniture, etc.)</i>	\$ _____	Total Liabilities:	\$ _____
Other Assets: <i>(describe below)</i>	\$ _____		
Total Assets:	\$ _____	Net Worth:	\$ _____

Additional Remarks

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**National Life Insurance Company®
Life Insurance Company of the Southwest®
Foreign National Questionnaire**

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

Policy Information

Type of Policy: _____	Face Amount: _____
Rate: _____	Purpose of Insurance: _____
Owner: _____	Beneficiary: _____

Client Personal Information

Name: _____	Approximate Net Worth: _____
Date of Birth: (mm/dd/yyyy) _____	How long have you known them? _____
Address: (Street, City, State & Zip Code) _____	How well do you know this person? _____
_____	How and where did you meet? _____
_____	Who else do you know who knows this person? _____
_____	_____

Category 1

US Residence Address: (Street, City, State & Zip Code)	Substantial US Property List	Substantial US Business Interests List
_____	_____	_____
_____	_____	_____
_____	_____	_____
Home's Value:	See Notes for Additional Property Listings	See Notes for Additional Business Listings

Check one:

<input type="checkbox"/> Key Person in a US Company	Company Name: _____
OR	
<input type="checkbox"/> Key Person in a Foreign Company	Company Name: _____
Position in Company: _____	Income: _____

Travels to the US on business _____ times per year and stays approximately _____ per visit.

Foreign National Questionnaire - Continued

Category 2

What business is this person in?

Ownership:

Company's Value:

Position:

Business Conducted in US:

Annual Income:
\$

Assets in US Banks:

See Notes for Additional Listings.

Travels to the US on business _____ times per year and stays approximately _____ per visit.

Family Connections to US

Relationship:

Name:

US Status:

<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home
<input type="checkbox"/> Citizen	<input type="checkbox"/> Resident	<input type="checkbox"/> Owns Home

Notes for Additional Listings:

Additional Information:



National Life Insurance Company®
Life Insurance Company of the Southwest™
Gastro-Intestinal Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

Generally describe the symptoms:

How did the doctor define the problem? (low or excess acid, gastritis, gastric or duodenal ulcer, etc)

How often does the discomfort / pain / problem occur? (Give dates & duration)

Has there ever been bleeding? (If "yes", what kind of treatment have you received? (Details / dates) [] Yes [] No

Are you now taking medication? (Give details and name of prescribing doctor) [] Yes [] No

Are you still having symptoms? (If "no", date of last symptoms.) [] Yes [] No

Give full names/addresses of physicians seen for these symptoms/treatments, as well as date of last visit.

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**National Life Insurance Company®
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Genitourinary Questionnaire**

Name *(please print)*:

Date of Birth:

Policy #:

Date Completed:

Give full names/addresses of physicians seen for this problem:

How often did these incidences occur? *(Give dates and duration.)*

How did your doctor define the cause? *(Examples: urethritis, nephritis, kidney stones, prostatitis, tumor, hypertrophy of the prostate (BPH))*

If a kidney stone, was the stone passed? Yes No
(Naturally or with surgical assistance)

Have you ever had an IVP (kidney x-ray), an x-ray other than an IVP for this problem, cystoscopy, or biopsy? *(Give results)*

What kind of treatment have you received? *(Give details & dates)*

Are you fully recovered? *(If no, state symptoms and give details.)* Yes No

Has the doctor suggested further tests or surgery? Yes No

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Cat. No. 47549

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Military Personnel Questionnaire

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

1. Enlisted Warrant Officer Officer
 Branch: Airforce Army Marines Navy Coast Guard Merchant Marines
 Status: Active Duty Inactive Reservist National Guard

2. Rank: _____ 3a. Occupation: _____ 3b. Special Forces: _____

4. Military Occupation Specialty (MOS): _____ 5. Date of next enlistment: _____

6. What is your current or anticipated orders for military deployment: _____

7. Do you receive special pay for any of the following? (Check all that apply & provide details)

- Hazard Duty Scuba Diving Parachuting Explosive Ordinance Disposal
 Travel Pay Flight Pay Other _____

Details: _____

a. If you selected Parachuting:

Static Line number of jumps: _____ Halo number of jumps: _____

b. If you selected Scuba Diving:

SCUBA diving total number of dives: _____ Number of dives per year: _____

Deepest dive depth: _____ Length of time under: _____

Average dive depth: _____ Length of time under: _____

Do you or have you used mixed gases? No Yes Date of last use: _____

8. Aviation - Are you actively involved or trained in any of the following? No Yes

- Pilot Co-Pilot Navigator Staff on Aircraft Other _____

a. If you answered 'Yes' to Question 8, please provide:

Type of aircraft: _____ Total flying hours experience: _____ Annual flying hours: _____

9. Mission Type(s)

- Fighter Cargo Airlift AWACs Recon Med-Evac
 Special Ops or Black Ops Search & Rescue Other _____

10. Do you intend to get out of the military in the next three years and work for a contracting company? No Yes

If Yes, what company? _____

What is anticipated occupation? _____

11. Have you ever been placed on medical leave? No Yes

If Yes, provide details:

12. Have you ever been treated for Post Traumatic Stress Disorder (PTSD)? No Yes

If Yes, provide details:

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Cat. No. 51942

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Migraine Questionnaire

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

What type of headache? (stress, migraine, cluster headache, etc.)

Do you have just headaches, or do you have other symptoms? (nausea, vomiting)

When did the symptoms first occur?

When did the symptoms last occur? Any change?

How often do the headaches occur?

How long do they last? (duration of headaches)

Treatment?

Hospitalized? (When / Where)

Any tests done? (Results)

Give full names/addresses of physicians seen for this problem:

When last seen?

Current medications:

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Mountain Climbing Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

1. Indicate the Class of climbing in which you participate:

- Class 1 Hiking/Trails Walking without the use of hands or special equipment.
Class 2 Scrambling Climbing over rocks or boulders with the use of hands and wearing proper shoes.
Class 3 Easy Climbing Steeper than Class 2, using hand and footholds and sometimes ropes.
Class 4 Moderate Climbing Climbers are roped together and only one climber moves at a time.
Class 5 Difficult Climbing Free climbing with the use of special equipment to protect the climber.
Class 6 Artificial - Aid Climbing The use of special equipment to climb otherwise inaccessible or impassable routes.

- 2. Do you ice climb? Do you climb glaciers? Do you climb solo?

3. How long have you been climbing?

4. Where do you climb?

5. What seasons do you climb? Spring Summer Fall Winter

6. Are you a member of a club? No Yes, name of club:

7. List the equipment you use:

8. Do you, or do you intend to Alpine Climb? Altitudes: Number of alpine climbs per year:

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Respiratory Questionnaire

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

1. What is your specific diagnosis? (i.e. asthma, emphysema, COPD, sleep apnea, other)

2. Date of diagnosis: _____
3. Have you used tobacco products in the past five years? Yes No
4. What type of symptoms do you experience with this condition? (i.e. shortness of breath, wheezing, coughing, etc.)

5. Frequency of symptoms/episodes?
6. What treatment is taken at the time of the episodes?

7. Date of last symptoms/episode?
8. Do you require any kind of medication/treatment between episodes? (If 'Yes', please provide details) Yes No

9. Have you had any special respiratory testing such as pulmonary function tests or sleep studies? Yes No
 (If 'Yes', give your doctor's name, address and telephone number and the date testing was done and results)

10. Have you ever been hospitalized or treated at the Emergency Room for respiratory symptoms? Yes No
 (If 'Yes', give the date and reason for your hospitalization or treatment and the name, address and telephone number of the hospital)

11. Have you had any lost time from work due to your condition? (If 'Yes', give frequency, duration and dates) Yes No

12. Have you ever used oxygen or a breathing machine? (If 'Yes', please provide details) Yes No

13. If a c-pap is prescribed, how often is it used?

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty (i.e. family physician, pulmonologist, etc.)

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Seizure/Epilepsy Questionnaire

Name (please print): Date of Birth: Policy #: Date Completed:

1. When was seizures or epilepsy first diagnosed?

2. Has it been described as any particular type? (i.e. grand mal, petit mal, etc.) (If "Yes", please provide details.) [] Yes [] No

3. Have you had any scans or other investigations? (If "Yes", please provide details including dates of investigations and results.) [] Yes [] No

4. Regarding the frequency and severity of your attacks:

a.) Please describe the nature of your attacks.

b.) Are you aware of any specific provoking cause for your attacks? (If "Yes", please provide details.) [] Yes [] No

c.) How long does each attack last?

d.) How frequently do attacks occur? (i.e. how often in the last 12 months)

e.) When was your last attack?

5. Are you prevented from holding a driving license or are your activities restricted in any other way due to epilepsy? (If "Yes", please provide details.) [] Yes [] No

6. Please provide details of your treatment. Include names of medication (i.e. Dilantin, Tegretol, etc.), dosage and how often taken.

a.) Currently:

b.) In the past:

7. Regarding the monitoring of your condition:

a.) Who is in charge of your follow-up?

b.) How often are you seen for follow-up?

c.) When was your last consultation?

8. Have you lost significant time (i.e. weeks) off work with this condition? (If "Yes", please provide details including dates and duration of time off work.) [] Yes [] No

9. Please provide any additional information on your condition which you feel will be helpful in processing your application.



**National Life Insurance Company®
Life Insurance Company of the Southwest™**

Stroke / Transient Ischemic Attack (TIA) Questionnaire

Name *(please print)*: _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

What was cause of the stroke / TIA?

Date of all episodes: *[please indicate if these were transient ischemic attacks (TIAs) or strokes]*

What were your symptoms?: *(i.e. coma, paralysis, seizure, difficulty speaking, headache, dizziness, etc.)*

What parts of the body were affected?

Do you have any residual paralysis, disabilities or restrictions? *(If yes, please provide details)* Yes No

Have you had any further symptoms since your stroke or transient ischemic attack (TIA)?

What medication(s) are you currently taking and the dosage(s)?

Was any surgery, testing or other treatment needed? *(If yes, please provide details)* Yes No

Physician's Name	Address/Telephone Number	Date Last Seen/Frequency	Area of Specialty <i>(i.e. family physician, neurologist, other)</i>

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Tumor Questionnaire

Name (please print): _____ Date of Birth: _____ Policy #: _____ Date Completed: _____

Where was the growth located?

Was the growth removed? (When, where, and who removed the growth) Yes No

Was it tested? Yes No

Do you know the results? (Give Details) Yes No

Were you told the growth was removed completely? Yes No

Did you receive other treatment such as x-ray, radiation, cobalt, etc.? (If yes, please give the date of the last treatment.) Yes No

Have you had any previous tumors?

Any since?

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Diabetes Tentative Rating Charts

The following tables are based on an applicant who has good control (glycohemoglobin A1C of **8.0%** or less) of his/her diabetes and has no other impairments or complications. With optimal control, A1C up to **6.9%**, possible better rating available. Add **50-100%** for diabetes under fair control. If poor control or non-compliant with diet/medication - decline.

Which diabetes tentative rating chart to use:

Chart 1 -

Oral Medication/Diet Controlled; Non-Tobacco Users

Chart 2 -

Insulin Dependent; Non-Tobacco Users (next page)

Chart 3 -

Oral Medication/Diet Controlled Tobacco Users (next page)

Chart 4 -

Insulin-Dependent; Tobacco Users (next page)

Chart 1:

Oral Medication/Diet Controlled Diabetics;
Non-Tobacco Users

Age @ Onset	Years on Medication/Diet			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	250%	300%	300%	350%
30 - 39	200%	225%	250%	300%
40 - 49	175%	200%	225%	225%
50 - 59	150%	175%	200%	200%
60 - 69	Standard	150%	175%	175%
70 - 79	Standard	Standard	175%	150%
80 +	Standard	Standard	Standard	Standard

150% = Table 2

175% = Table 3

200% = Table 4

Through 200% Table 4 may be LSW Express Standard (non-tobacco users)⁹

225% = Table 5

250% = Table 6

300% = Table 8

⁹ When product allows.

Chart 2:

Insulin-Dependent Diabetics;
Non-Tobacco Users

Age @ Onset	Years on Insulin			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	300%	325%	350%	350%
30 - 39	250%	300%	300%	325%
40 -49	225%	250%	300%	300%
50 - 59	200%	225%	250%	300%
60 - 69	175%	175%	200%	225%
70 -79	150%	150%	175%	175%
80 +	Standard	150%	150%	150%

150% = Table 2

175% = Table 3

200% = Table 4

Through 200% Table 4 may be LSW Express Standard (non-tobacco users)⁹

225% = Table 5

250% = Table 6

300% = Table 8

350% = Table 10

Chart 3:

Oral Medication/Diet Controlled Diabetics;

Age @ Onset	Years on Medication/Diet			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	300%	350%	350%	350%
30 - 39	250%	300%	300%	300%
40 -49	225%	250%	300%	300%
50 - 59	200%	225%	250%	250%
60 - 69	150%	200%	225%	225%
70 -79	150%	150%	200%	200%
80 +	150%	150%	150%	150%

Tobacco/Nicotine Users

Chart 4:

Age @ Onset	Years on Medication/Diet			
	0 - 5	6 - 15	16-24	25 +
Under 20	Decline	Decline	Decline	Decline
20 - 29	350%	350%	400%	400%
30 - 39	300%	350%	350%	350%
40 -49	300%	300%	350%	350%
50 - 59	250%	300%	300%	300%
60 - 69	225%	225%	250%	300%
70 -79	200%	200%	225%	225%
80 +	150%	200%	200%	200%

⁹ When products allows.

Attending Physician Statement (APS) Guidelines*

The following guidelines are not meant to be all-inclusive.

Medical records should not be ordered unless requested by the Underwriter after initial review of the application. Because it can be cost prohibitive to order multiple APSs on smaller face amounts, all applications should be submitted utilizing Medical Questionnaires whenever possible [see Medical Questionnaire section in this guide]. You should also consult the listing of Uninsurable & Problematic Risks in this guide before completing an application on a prospective client with complex medical issues.

The Underwriter will make every effort to use the application, medical questionnaires, prescription database, and other tools to assess the risk while taking into account the total amount of insurance applied for.

Routine (APS) Guidelines

Ages 0 – 15:	\$500,001 and up
Ages 16 – 60:	\$2,000,001 and up
Ages 61 – 69:	\$1,000,001 and up
Age 70 & up:	All face amounts

Certain medical impairments may require an APS regardless of face amount. These may include, but not limited to:

- Alcohol/Drug abuse and/or treatment
- Cardiovascular or Coronary Artery Disease
- Cancer
- Diabetes treated by insulin or with tobacco use
- Emphysema, COPD, Chronic Bronchitis
- Heart murmur
- Hepatitis
- Kidney/Renal disease
- Lupus
- Mental Disorders requiring multiple or psychotropic medications
- Multiple Sclerosis
- Peripheral Vascular Disease
- Stroke, TIA, CVA, Cerebral Hemorrhage
- Ulcerative Colitis / Crohn's Disease

* Requests for medical records may also be at the Underwriter's discretion due to MIB information, abnormal lab findings, etc as well as larger face amounts and older ages.

* See page six for details on ordering.

Uninsurable and Problematic Risks

Applications should not be written on persons with the following impairments/issues. This list is not intended to be all-inclusive. If your applicant has a serious condition not listed here, please contact your Underwriting Team for a tentative quote.

Age 60 and over must have routine health care and physical within 24 months. We will otherwise need to decline.

If **declined by another carrier** within the last year, contact your Underwriting Team for a quick quote (underwritingQuotes@NationalLife.com).

- Abdominal Aortic Aneurysm, present or surgically corrected within the past six months
- Alcohol treatment within the last two years
- Angioplasty/Bypass or MI/heart attack in the last six months; or in combination with history of diabetes, stroke and/or continued tobacco use
- Alzheimer's disease, Dementia or Cognitive Impairment
- Bankruptcy, Chapter 7, that has not been discharged
- Cancer treatment, current; or certain internal organ cancer diagnosed within the past three to five years – contact underwriter with specific details
- Cirrhosis of Liver
- COPD/Emphysema, severe (on oxygen or disabling) or with current tobacco use
- CVA (stroke) within one year; or with history of diabetes or cardiac history
- Diabetes if uncontrolled (glycohemoglobin A1C 10.0 and above) or if complications present (amputation, retinopathy, kidney or vascular disease) or in combination with cardiac, stroke or morbid obesity. Juvenile onset diabetes (diagnosed prior to age 20)
- Disabled for most non-musculoskeletal related impairments (i.e. on SSDI or DI due to depression, PTSD or other medical issues.)
- Drug use within the last three years or daily marijuana use
- DUI within last year or two or more within the past five years
- Epilepsy/Seizures diagnosed within one year
- Felony or Misdemeanor, not released from probation or parole for at least one year or charge pending; all felony convictions; multiple convictions
- Gastric Bypass within six months
- Heart Surgery within six months or in combination with Diabetes or Stroke history
- Heart Valve Surgery within one year
- HIV positive/AIDS
- IOLI / SOLI – Investor Owned or Stranger Owned Life Insurance
- Kidney Dialysis or Chronic Renal Failure
- Mental Disorder/PTSD requiring hospitalization or disability in last year
- Multiple Sclerosis, if disabling or progressive
- Organ Transplant, awaiting or recipient
- Parkinson's Disease if disabling
- Parole or Probation (see Felony or Misdemeanor above)
- Polycystic Kidney Disease
- Pregnancy with current gestational diabetes, toxemia, eclampsia, pre-eclampsia. Would reconsider at six weeks post partum.
- Surgery (major) pending
- Suicide attempt in last year; or more than one attempt within two years
- Valve replacement within last year

Medical Condition

Probable Action

	LIFE	DIR
Abscess	No rating	Standard
AIDS	Decline	Decline
Alcoholism (total abstinence - >2 years)	Moderate rating to Standard	Decline
Allergies/Allergic Reaction	No rating	Standard
ALS (Lou Gehrig's Disease)	Decline	Decline
Alzheimer's disease	Decline	Decline
Amputations, if not due to peripheral vascular disease	Rate for cause	Decline
Anemia	Rate for cause	Decline
Aneurysm, abdominal	Table 4 to Decline	Decline
Aneurysm, cerebral, stable after full recovery	No rating to moderate rating	Decline
Angina pectoris (current; stable)	Table 6 to Decline	Decline
Anxiety, mild	No rating	Standard or ER
Aortic insufficiency murmur (depends on age)	Standard to Decline	Decline
Appendectomy/Appendicitis	No rating	Standard
Atrial fibrillation (depends on frequency and cause)	No rating to moderate rating	Decline
Arthritis, osteo	No rating	ER or Decline
Arthritis, rheumatoid (depends on severity)	No rating to Decline	Decline
Arthroscopic knee surgery (within 1 year)	No rating	Exclusion Rider
after one year - full recovery	No rating	Standard or ER
Asthma (depends on age, attacks, medications)	No rating to Decline	ER or Decline
Back disorder	No rating	ER or Decline
Bartholin cyst	No rating	Standard
Bell's palsy (fully recovered; after three months)	No rating	Standard
Blindness (depends on cause)	No rating	Exclusion Rider
Bone or joint disorder	Rate for cause	ER or Decline
Bone spur		
present	No rating	Exclusion Rider
surgically corrected	No rating	Standard
Breast cancer, (after 3 years; depends on pathology)	Possible flat extra to Decline	Decline
Breast disorders, not cancer	No rating	Standard
Broken bone		
fully recovered	No rating	Standard or ER
not recovered or pins/plates inserted	No rating	ER or Decline

DIR = Disability Income Rider ER = Exclusion Rider

This listing is not meant to be all-inclusive. Please contact your Underwriter with questions.

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Medical Condition

Probable Action

	LIFE	DIR
Bronchiectasis (depends on severity)	No rating to Decline	ER or Decline
Bronchitis (acute)	No rating	Standard
Bronchitis (chronic)	No rating to Decline	ER or Decline
Bundle branch block, right/incomplete	No rating	Standard
Bundle branch block, right/complete	No rating to Table 4	Standard or Decline
Bundle branch block, left/complete		
with cardiac evaluation	Table 4 to Decline	Decline
with no cardiac evaluation	Decline	Decline
Bursitis	No rating	ER or Decline
Cancer, internal	Call for quote	Call for quote
Cancer, skin, basal cell (removed)	Usually Standard	Exclusion Rider or Decline
Cancer, skin, squamous cell (removed)	Possible Standard	Decline
Cancer, skin, melanoma	Possible Standard	Decline
Cardiomyopathy		
present or chronic	Decline	Decline
resolved >3 years	Table 4 to Decline	Decline
Cartilage - torn		
present	No rating	Exclusion Rider
fully recovered	No rating	Standard or ER
Cataracts (recovered 3 months)	No rating	Standard or ER
Cerebral palsy	Table 4 to Decline	Decline
Chronic fatigue syndrome (fully recovered)	No rating	Decline
Chronic obstructive lung disease (COPD) (depends on severity)	Table 2 to Decline	Decline
Cirrhosis of the liver	Decline	Decline
Colitis, spastic	No rating	Standard or ER
Colitis, ulcerative	No rating to Decline	ER or Decline
Concussion, cerebral		
within six months	Postpone	Postpone
after six months - no residuals	No rating	Standard or ER
Congestive heart failure	Table 6 to Decline	Decline
Convulsions	No rating to Table 6	Decline
Coronary artery disease	No rating to Decline	Decline

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Medical Condition

Probable Action

	LIFE	DIR
Crohn's disease	Table 2 to Decline	Decline
Cyst - sebaceous, Bartholin	No rating	Standard
Cystic fibrosis	Decline	Decline
Cystitis	No rating	Standard
Cystocele, rectocele		
surgically corrected	No rating	Standard
present	No rating	Exclusion Rider
D & C (dilatation and curettage) - benign results		
first year	No rating	ER or Decline
after one year - no recurrence	No rating	Standard
Defibrillator/Ventricular Tachycardia	Decline	Decline
Depression	No rating to Decline	Decline
Dermatitis - atopic	No rating	Standard
Diabetes mellitus (depends on age of onset, control)	No rating to Decline	Decline
Dislocation - one occurrence; fully recovered	No rating	Standard
Diverticulitis and diverticulosis	No rating to Moderate Rating	ER or Decline
Drug abuse (total abstinence 5 years)	No rating to Decline	Decline
Emphysema	Table 4 to Decline	Decline
Endocarditis	Rate for cause	Decline
Epilepsy, petit mal - no attack in one year	No rating	Decline
Epilepsy, grand mal/others - no attack in one year	No rating to moderate rating	Decline
Esophageal stricture	Rate for cause	ER or Decline
Fibrositis, myositis	No rating	ER or Decline
Fibromyalgia	No rating to moderate rating	Decline
Fractured skull (no residuals)	No rating	Standard or ER
Fracture (other than skull)		
full recovery	No rating	Standard or ER
not recovered or pins/plates inserted	No rating	Exclusion Rider or Decline
Gall bladder disorder - present	No rating	ER or Decline
Gastroenteritis	No rating	Standard or ER
Genitourinary disorder (rate for cause)	No rating to moderate rating	Standard or ER
Glaucoma	No rating	ER or Decline

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Medical Condition

Probable Action

	LIFE	DIR
Gout	No rating	Exclusion Rider
Headache, migraine	No rating	Standard or ER
Hearing impaired	No rating	Exclusion Rider
Heart attack (depends on age/severity)	No rating to Decline	Decline
Heart bypass surgery (depends on age/severity)	No rating to Decline	Decline
Heart valve replacement	Table 4 to Decline	Decline
Hepatitis, chronic		
Hep. B (treated and resolved)	Table 4 to Decline	Decline
Hep. C (treated and resolved)	Table 4 to Decline	Decline
Other	Call for quote	Decline
Hernia	No rating	ER or decline
Herniated disc	No rating	Exclusion Rider
High blood pressure (well controlled)	No rating	Standard
Hip disorder	Rate for cause	ER or Decline
Histoplasmosis, nonsystemic, six months after recovery	Table 2 to Decline	Decline
Hodgkin's disease	Call for quote	Decline
Hydronephrosis (fully recovered/depends on cause)	Table 2 to decline	ER or Decline
Hysterectomy		
benign	No rating	Standard
malignant	Flat extra to Decline	Decline
Ileitis, regional	Table 4 to Decline	Decline
Kidney failure, dialysis	Decline	Decline
Kidney infection/pyelonephritis		
(if no recurrence in 2+ years; depends on cause)	No rating	Standard or ER
Kidney removal (depends on cause)	Call for quote	Decline
Leukemia (in remission 5+ years)	Flat extra to Decline	Decline
Ligament injury - full recovery	No rating	Standard or ER
Lou Gehrig's Disease - ALS	Decline	Decline
Lupus, systemic	Table 4 to Decline	Decline
Lupus, discoid (skin only; in remission, no steroid use)	No rating	Decline
Malaria - single attack	No rating	Standard
Meniere's disease	No rating	Exclusion Rider
Meningitis (full recovery)	No rating	Standard

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Medical Condition

Probable Action

	LIFE	DIR
Mental retardation (depends on severity)	Moderate rating to Decline	Decline
Murmur (mitral)	Moderate rating to Decline	ER or Decline
Mitral valve prolapse	No rating to Decline	Standard to Decline
Mononucleosis (infectious; uncomplicated recovery)	No rating	Standard
Multiple sclerosis (not progressive or disabling)	Table 2 to Decline	Decline
Myasthenia gravis	Call for quote	Decline
Myocarditis	Call for quote	Decline
Muscular dystrophy	Decline	Decline
Nephritis		
single episode and no complications	No rating	Standard or ER
others	Mod. rating/Decline	Decline
NonHodgkins lymphoma	Call for quote	Decline
Osteomyelitis	No rating/Moderate rating	Decline
Pacemaker	Table 3 to Decline	Decline
Pancreatitis	Rate for cause	Decline
Paraplegic	Table 6 to Decline	Decline
Parkinson's disease	Table 3 to Decline	Decline
Pericarditis (present)	Rate for cause	Decline
recovered	No rating	Standard or ER
Peripheral vascular disease (not severe)	Table 2 at best	Decline
Phlebitis		
full recovery	No rating	Exclusion Rider
multiple episodes (depends on cause)	Table 2 to Decline	Decline
Pleurisy		
single episode and recovered	No rating	Standard
others	Rate for cause	Decline
Pneumonia full recovery, no further work up needed	No rating	Standard
Pregnancy - current		
no current or past complications	No rating	Postpone
with history of complications	Rate for cause	ER or Decline
Prostate; prostatitis; TURP (no malignancy)		
acute episode - no recurrence for 3 years	No rating	Standard
recurrent/chronic	No rating	ER or Decline

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Medical Condition

Probable Action

	LIFE	DIR
Psychosis (schizophrenia)	Table 6 to Decline	Decline
Quadriplegic	Highly rated to Decline	Decline
Raynaud's disease (full recovery)	No rating	Exclusion Rider
Raynaud's phenomenon (depends on cause)	No rating to Decline	ER or Decline
Rheumatic fever, no heart damage	No rating	Standard
Sarcoidosis (depends on organs involved)	Moderate rating to Decline	Decline
Sebaceous cyst - removed	No rating	Standard
Sciatica	No rating	ER or Decline
Sleep Apnea (consistent cpap use)	Possible Standard	Decline
Stroke (after one year; full recovery)	Table 4 at best	Decline
Suicide attempt (after 2 years)	Flat extra to Decline	Decline
Tennis elbow	No rating	Standard or ER
Thyroid disorder		
hyperthyroid - if medically stable	No rating	Standard or ER
hypothyroid - controlled with medication	No rating	Standard
Transient ischemic attack (TIA) (no residuals)	No rating to moderate rating	Decline
Tuberculosis (full recovery; no residuals)	No rating	Standard to Decline
Tumors	Call for quote	Call for quote
Ulcer (depends on type)	No rating to moderate rating	Exclusion Rider
Varicose veins	No rating	Standard or ER

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After Issue Contract Change Quick Reference Guide - NL and LSW Life Insurance Products

Contract changes (after the rewrite period of 120 days from the application date) are considered "after issue" changes. These changes are processed in Contract Change - In Force Customer Service.

Three forms unique to after issue contract changes:

Form 1441 Policy Change Application is used for contract changes

Form 20007 Term Conversion Application

Form 20114 Policy Change/Term Conversion Supplement to The Application is used anytime the after issue change or term conversion requires underwriting. *It should be noted that additional underwriting requirements may be needed at the underwriter's discretion.*

All changes should be submitted with a completed Customer Services Agency Transmittal (catalog #45208) via email to: ContractChange@NationalLife.com or Fax to 802-229-3131.

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Term Conversions	20007 Agent Report 1441G Illustration ABR Disclosure Statements (see individual state special kits) Interest Crediting Strategies (if converting to IUL) NL: 8411 LSW: 8613 1441S Variable Supplemental App (if converting to VUL) 20114 if underwriting is required	Form 20007: <i>Complete top portion of the form indicating term policy number or policy number of policy with term rider being converted, effective date of new policy and check box.</i> Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K	Form: 20114: If the new policy will have an increased face amount, additional riders, or an improvement in the premium class.	Please note if new policy will have a term rider underwriting is required. Any ABR rider on the term policy may be carried over to the new policy.	Yes	Yes
Exercise Additional Insurance Option (AIO) <i>Traditional Life Only</i>	Same as Term Conversions listed above.	Form 20007: Part A, Part B, Part C, Part D, Part E (if applicable), Part F, Part G, Part H, Part I, Part J, Part K				
Death Benefit Option Change	1441	Form 1441: Part A: 1, 2, 3, Part B: 5, 6b Part G			No	Yes
Lost Policy	1502	1, 4, 5		Dated at _____ on ___ / ___ / ___ plus signatures	Yes	Yes
Paid Up Insurance	2185			ONLY AVAILABLE ON TRADITIONAL WHOLE LIFE POLICIES	No	Yes
Reinstatement				CONTACT HOME OFFICE	Yes	Yes
Add or Increase Benefits/Riders Please check Agent's Guide for Rider availability by product or contact the Contract Change Department at the Home Office.						
Accelerated Benefits Rider - Terminal (ABR)	1441 ABR Disclosure Statements (see individual state special kits)	Form 1441: Part A: 1, 2, 3 Part B: 3 Part G				
Accelerated Benefits Rider - Chronic	1441 20114 ABR Disclosure Statements (see individual state special kits) HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes

1441inst(0415)

Add or Increase Benefits/Riders (Continued)						
Benefits/Riders	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Accelerated Benefits Rider - Critical	1441 20114 ABR Disclosure Statements (see individual state special kits) HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Insurance Option Rider	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Paid Up Rider (APAR, SPAR, MPAR) <i>Traditional Life Only</i>	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Additional Protection Rider	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		NL: No LSW: Yes	Yes
Children's Term Rider (CTR)	1441 Agent Report 1441G HIPAA 8164 (for each child)	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part D: 1,2 Part G			Yes	Yes
Disability income Rider (DIR)	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Guaranteed Insurability Rider (GIR/GIO)	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Other Insured Rider (OIR)	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part C Part E: 1-18 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F Age/Amount requirements for OIR coverage applied for	Required signatures: Owner, Primary Insured & Primary Other Insured	Yes	Yes
Term Rider	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes

Add or Increase Benefits/Riders (Continued)						
Benefits/Riders	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Waiver of Premium (W/P)	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 3, 6b Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
Change in Class						
LSW Change to preferred non-tobacco (Non-smoker change only)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	First 3 years: Oral fluid or Urinalysis After 3 years: Oral fluid or Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
LSW Change to non-tobacco class (non-preferred)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	First 3 years: Oral fluid or Urinalysis After 3 years: Oral fluid or Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F		Yes	Yes
LSW Change to better rate class within tobacco group (preferred)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9 Part G	Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F Exam, blood, APS may be requested by underwriter Additional requirements may be requested after underwriting initial review		No	Yes
LSW Change to better rate class within tobacco group (non-preferred)	1441 HIPAA 8164 HIV Consent 1443N 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F Consult with underwriter for additional requirements		No	Yes
NL Change to nonsmoker within 3 years from issue or 12 months from 'Attained Age 20' letter	1441 HIPAA 8164 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	First 3 years: Urinalysis After 3 years: Urinalysis Form 20114: Part A, Part C (if applicable), Part F			
NL Change to nonsmoker beyond 3rd anniversary	1441 HIPAA 8164 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 9, 10 Part G	Urinalysis Form 20114: Part A, Part B, Part C (if applicable), Part F			
NL Change to preferred/elite			Contact Home Office			
Request to reduce or remove rating	1441 HIPAA 8164 20114	Form 1441: Part A: 1, 2, 3, 4 Part B: 6b, 8 Part G	Form 20114: Part A, Part B, Part C (if applicable), Part F Contact the Underwriter for additional requirements		No	Yes

Type of Change	Required Forms	Complete Questions	Underwriting Requirements	Notes	Available within the first year	Available on or after the first policy anniversary
Face Amount Change						
Decrease face amount Available on all products	1441	Form 1441: Part A: 1, 2, 3 Part B: 2, 6b Part G			Available on exception basis only. Contact Home Office	Yes: UL, IUL, VUL no more than 25% of largest face amount in-force within preceding 12 months. All Products: New Face amount cannot be lower than minimum plan amount
Increase face amount (not applicable for Traditional Life Insurance or Term Insurance)	1441 Agent Report 1441G 20114 HIPAA 8164	Form 1441: Part A: 1, 2, 3, 4, 5 Part B: 1, 6b Part C if increasing OIR Part G	Age/Amount requirements for increase amount	Contact Home Office for quote	Available on exception basis only. Contact Home Office	Yes
Terminate a Benefit or Rider	1441	Form 1441: Part A: 1, 2, 3 Part B: 4, 6b Part G			Yes	Yes
Split Policy NL Traditional Whole Life and Term Only	20007	Form 20007: <i>Complete top portion of the form indicating existing policy, and the check box "Split Policy"</i> Part A, Part B, Part D, Part E, Part F, Part G (see notes), Part J		Part G of 20007: Indicate policy # being split and the face amount of each policy (existing and new)	No	Yes
Increase face amount by Exercising Guaranteed Insurability Option (GIO) Rider	1441 Agent Report 1441G	Form 1441: Part A: 1-3 Part B: 1, 6b Part G				

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