

Group Universal Life Certificate of Insurance

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

Effective Date: January 1, 2025

POLICYHOLDER: University of Rochester

POLICY NUMBER: 75033

Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate contains the provisions of the group policy that affect you.

In the event of a conflict between this certificate and the group policy, the terms of this certificate control. You may examine the group policy at the home office of the policyholder during regular working hours.

The policy permits the group policyholder to change, reduce, restrict, or terminate your rights or benefits under the policy without your consent. Such change, reduction, restriction, or termination may occur at a time when your health status has changed and may affect your ability to procure individual coverage.



Secretary



President

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GROUP UNIVERSAL LIFE CERTIFICATE OF INSURANCE • NONPARTICIPATING FLEXIBLE PREMIUM • CONTRIBUTORY

Certificate Specifications Page

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

GENERAL INFORMATION

POLICYHOLDER: University of Rochester

POLICY NUMBER: 75033

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.

POLICY SITUS: The policy was issued and delivered in New York.

POLICY EFFECTIVE DATE: July 1, 2024. This specifications page represents the plan in effect on January 1, 2025.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

ELIGIBLE GROUP: The group is composed of all active employees, former employees and eligible retirees of the policyholder and its associated companies working in the United States in the following classes:

- Group 1: All regular full-time faculty or staff members except individuals represented by SEIU collective bargaining agreements.
- Group 2: All regular part-time faculty or staff members except individuals represented by SEIU collective bargaining agreements.
- Group 3a: All full-time Residents and Fellows of Strong Memorial Hospital.
- Group 3b: All part-time Residents and Fellows of Strong Memorial Hospital.
- Group 8: University of Rochester President

The following terms, as used in this policy, are defined as follows:

Regular: Period of appointment in nonexempt and/or professional, administrative, and supervisory (PAS) job classifications that is expected to exceed four months, unless otherwise defined in collective bargaining agreements; period of appointment for faculty-instructional staff that is at least one year (or one academic year) or, if shorter, is expected to be renewed. Appointments primarily for furthering education (for example, graduate assistants) are not considered regular appointments.

Full-time: For nonexempt job classifications (excluding those in PAS job classifications paid hourly): a regular weekly work schedule of at least 35 hours; for all professional, administrative, and supervisory (PAS) job classifications (including PAS paid on an hourly basis): a weekly work schedule of 40 hours or more; for faculty: a normal full teaching and research load as defined for the faculty by the college or school concerned.

Part-time: A regular weekly or monthly schedule which is less than that required for full-time status but generally not less than 17.5 hours per week in the case of those in nonexempt and/or professional, administrative, and supervisory (PAS) job classifications. For faculty, it indicates that the individual carries at least half the normal (full) teaching and research load as defined for faculty by the college or school concerned.

Retirees who had continued coverage under the prior group universal life policy as of October 31, 2006, are eligible to transfer that coverage to this group policy effective November 1, 2006. Also, those who retire (in accordance with the requirements and provisions of the Summary Plan Description) on or after November 1, 2006, may continue insurance under the portability provisions of the group policy.

A grandfathered former employee, disabled employee, or retired employee insured for contributory insurance under Securian Life Group Term Life Insurance policy number 70517 is not eligible for coverage under this policy.

GUARANTEED MINIMUM INTEREST CREDITING RATE:

1.5%

DOUBLE COVERAGE:

An employee cannot be covered under more than one class. An employee cannot be covered as both an active employee and a retiree. If you are eligible as an employee or retiree under the policy, or insured under the continuation provision, you are not eligible as a dependent. Only one employee can insure an eligible dependent child.

ENROLLMENT PERIOD:

90 days from the first day of eligibility for employee contributory insurance; 90 days from the first day of eligibility for spouse and child contributory insurance.

WAITING PERIOD:

All Classes: None

DEATH BENEFIT OPTION:

Option B: Increasing Death Benefit

INTEREST RATE CHARGED ON LOAN PRINCIPAL:

The interest rate charged on loan principal, if any, will be 8% per year.

INTEREST CREDITING RATE ON LOAN PRINCIPAL:

The loan interest crediting rate shall not be less than 6% per year.

NONFORFEITURE INTEREST RATE:

4%

CERTIFICATE END DATE:

A certificate issued under the policy may end before the insured reaches age 100 if either (1) no premiums are paid after the initial premium; or (2) subsequent premiums are not sufficient to continue a certificate in force until that time. A certificate issued under the policy may not mature even if planned premiums are paid due to changes in current cost of insurance and expense loads; changes in interest rates credited; policy loans and withdrawals may be taken; changes may be made to death benefit option, if allowed, and there may be requested changes to the face amount.

<u>List of Charges and Fees</u>	<u>Current</u>	<u>Guaranteed Maximum Charge/Fee</u>
Percentage-of-Premium Charge:	2%	5%
Administration Fee:	For primary insureds paying through payroll deduction: None. For primary insureds paying directly to Securian Life: \$2.00 per billing, unless monthly EFT or annual billing is elected, in which case there will be no fee.	\$4.00 per month
Withdrawal Fee:	None	\$50.00 per withdrawal
We have the right to change the cost of insurance charges, subject to the guaranteed maximums in Table A, and other charges. We have the right to change the current amount of plan interest credited to the guaranteed account, but the minimum guaranteed interest rate will never be less than 1.5% per year, compounded annually.		
Any change made to the cost of insurance or other charges, or current interest rate, may require more premium to be paid than was illustrated, or the cash values may be less than those illustrated.		

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE GROUP UNIVERSAL LIFE (GUL) INSURANCE:

Supplemental GUL Insurance

Eligible Class

All Employees

Amount of Supplemental GUL Insurance

An amount elected by the employee: one, two, three, four, five, six, seven or eight times annual earnings, multiplied and then rounded to the next higher \$1,000 if not already a multiple thereof, subject to a maximum of \$1,500,000.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

CONTRIBUTORY/NON-CONTRIBUTORY: Supplemental insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT: The guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan, provided enrollment is made within the initial enrollment period. Amounts greater than the maximum guaranteed issue amount or requested outside the initial enrollment period are not guaranteed.

For supplemental insurance:

The lesser of six times annual earnings, multiplied and then rounded to the next higher \$1,000 or \$600,000.

NOTE: For an employee who was covered for supplemental life under the employer's plan immediately prior to the policy effective date shown above, the guaranteed issue for supplemental life is the amount of supplemental life in force under that prior plan immediately prior to the policy effective date.

EFFECTIVE DATE OF INCREASES AND DECREASES DUE TO CHANGE IN ELIGIBLE CLASS OR EARNINGS:

Increases and decreases due to a change in eligible class or earnings will become effective the date of the change in eligible class or earnings. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings up to \$1,000,000. All increases are subject to the actively at work requirement.

NOTE: An employee whose amount of supplemental insurance is limited to \$600,000 due to being declined any amount of insurance by us under the group policy is not insured for a multiple of earnings plan, but rather is insured for the frozen amount of \$600,000 and therefore will not receive an increase in supplemental insurance due to salary increases.

SPOUSE/DOMESTIC PARTNER BENEFIT SCHEDULE

Spouse/Domestic Partner Term Insurance

Eligible Class

All Employees

Amount of Spouse/Domestic Partner Term Insurance

An amount elected by the employee: \$10,000, \$25,000, \$50,000, or \$100,000.

The amount of life insurance for an insured spouse/domestic partner shall not exceed 100% of the amount of life insurance supplemental for which the employee is eligible to elect or \$100,000.

GENERAL PROVISIONS FOR SPOUSE/DOMESTIC PARTNER INSURANCE

CONTRIBUTORY:

Spouse/domestic partner insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

The guaranteed issue is the maximum amount of insurance an eligible spouse/domestic partner can receive without evidence of insurability when first eligible under the plan, provided enrollment is made within the 90-day enrollment period. The amounts is as follows: \$50,000.

A spouse or domestic partner is not eligible for guaranteed issue if receiving or entitled to receive any sick pay or disability benefits due to sickness or injury, confined at home, or in a care facility under the care of a physician for sickness or injury, or in a chemotherapy, radiation therapy or dialysis treatment program. As an exception, this guaranteed issue requirement is waived for coverage in force under a prior plan on the date immediately prior to the effective date shown above.

NOTE: For employees with an eligible spouse/domestic partner prior to the policy effective date, the guaranteed issue amount is equal to the amount of spouse/domestic partner insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

CHILD BENEFIT SCHEDULE

Child Term Life Insurance

Eligible Class

All employees

Amount of Child Term Life Insurance

An amount elected by the employee: \$2,500, \$5,000, or \$10,000.

The amount of life insurance for an insured child shall not exceed the lesser of 100% of the amount of life insurance basic and supplemental life combined for which the employee is eligible to elect or \$10,000.

An employee's first eligible newborn child is automatically covered for \$2,500 for 31 days from the child's live birth. To continue coverage on the

first child, the employee must elect child coverage within those 31 days; otherwise, the coverage shall terminate at the end of the 31-day period.

GENERAL PROVISIONS FOR CHILD INSURANCE

CONTRIBUTORY:

Child insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Coverage amounts that transitioned from a prior carrier are guaranteed issue. There is no new guaranteed issue insurance provided under this certificate. The guaranteed issue is the maximum amount of insurance an eligible child can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the 90-day enrollment period. The amount is as follows: \$10,000

NOTE: For employees with eligible child(ren) immediately prior to the policy effective date, the guaranteed issue amount is equal to the amount of child insurance for which they were insured under the prior group policy immediately prior to the policy effective date.

ADDITIONAL INFORMATION

ANNUITY SETTLEMENT TABLE

Age Nearest Birthday, Unisex with an 80%/20% Female/Male blending 2012 IAM Basic Mortality Table projected to the year 2020 with Projection Scale G2

WAIVER OF MONTHLY DEDUCTION BENEFIT APPLICATION:

Applies to contributory employee insurance.

ELECTION CHANGES:

For Increases: the later of the date of the change in eligible class or earnings or the date any required evidence of insurability is approved by us. Increases resulting in amounts over \$1,000,000 will be required evidence of insurability.

For Decreases: the first day of the month following our receipt of notification of the change if it's received prior to the 25th of the month. Otherwise, it will take effect the first day of the second month following the date it's received.

An increase or decrease in elections may only be made at annual enrollment or within 90 days of a Qualified Status Change, as that term is defined by your employer.

- Coverage that does not require evidence of insurability at annual enrollment will be effective on the following January 1.
- Coverage that does not require evidence of insurability, due to a Qualified Status Change will be effective on the date of the election.
- Coverage that requires evidence of insurability will be effective on the date it is approved by us for a Qualified Status Change or the following January 1 for a request made at annual enrollment.

EVIDENCE OF INSURABILITY:

Evidence of insurability will be required:

- When a newly eligible employee elects an insurance amount greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the employee will be insured for the guaranteed issue amount.
- When a newly eligible spouse/domestic partner elects life insurance greater than the guaranteed issue amount. If such evidence of insurability is not provided or is not satisfactory to us, the spouse/domestic partner will be insured for the guaranteed issue amount.
- At a Qualified Status Change or annual enrollment, when the request exceeds the amounts listed below, as not requiring evidence of insurability.
- At a Qualified Status Change or annual enrollment, when an insured has previously been declined any insurance amount by us due to evidence of insurability being found unsatisfactory.
- At a Qualified Status Change when the change is not in the list below in the "Certain Qualified Status Changes" section.

Note: Child life insurance never requires evidence of insurability.

SPECIAL ANNUAL ENROLLMENT:

During the employer's annual enrollment, the following election changes can be made without providing evidence of insurability:

- An employee may elect supplemental life insurance for the first time, and an employee with existing supplemental life insurance may increase insurance by one times annual earnings, provided the resulting amount of insurance does not exceed the lesser of eight times annual earnings or \$1,500,000.

Coverage will be effective on January 1, 2025, subject to the actively at work requirement for employees. If an employee is not actively at work during an annual enrollment period, they will have 31 days from the date they return to active work to elect or increase supplemental GUL insurance in accordance with the above provisions.

ANNUAL ENROLLMENTS:

During the employer's annual enrollment, the following election changes can be made without providing evidence of insurability, provided the insured receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may elect supplemental life insurance for the first time, and an employee with existing supplemental life insurance may increase insurance by one times annual earnings, provided the resulting amount of insurance does not exceed the lesser of six times annual earnings or \$1,000,000.

Coverage will be effective on the January 1 following the annual enrollment, subject to the actively at work requirement for employees. If an employee is not actively at work during an annual enrollment period, they will have 31 days from the date they return to active work to elect or increase supplemental GUL insurance in accordance with the above provisions.

CERTAIN QUALIFIED STATUS CHANGES:

An employee who experiences one of the Qualified Status Changes listed below may make the following election changes without providing evidence of insurability, provided enrollment is made within 90 days of the Qualified Status Change and the employee receiving the increase has not previously been declined any insurance amount by us under the group policy due to evidence of insurability being found unsatisfactory:

- An employee may elect supplemental life insurance for the first time, and an employee with existing supplemental life insurance may increase insurance up to the lesser of six times annual earnings or \$1,000,000.

Qualified Status Change for this purpose means:

- Birth or adoption or otherwise a child becoming newly eligible
- Death of a dependent (spouse, domestic partner)
- Divorce, legal separation, or annulment
- Dissolution of a domestic partnership
- Marriage or creation of domestic partnership

Coverage will be effective on the date of the election, subject to the actively at work requirement for employees.

CERTIFICATE SUPPLEMENTS (attached to this certificate):

Accelerated Death Benefits Certificate Supplement: Applies to all groups

Accidental Death and Dismemberment Certificate Supplement: See the certificate supplement for applicable groups and benefit details.

Dependents Term Life Insurance Certificate Supplement: Applies to all groups

Waiver of Monthly Deduction Certificate Supplement: Applies to all groups

Definitions

account value

Net premiums paid for this certificate, plus interest earned and experience credits allocated to the account value, minus monthly deductions, withdrawals and any fees charged for such withdrawals.

age

Attained age as of most recent birthday.

application

An insured's application for insurance under the group policy, including any evidence of insurability application.

certificate effective date

The first day of the calendar month coinciding with or next following the date your insurance under this certificate becomes effective. This is the date from which we determine certificate months and certificate years.

certificate month

A calendar month in which insurance is provided by this certificate beginning on the certificate effective date.

certificate year

A period of twelve consecutive months during which insurance is provided by this certificate. The first certificate year begins on the certificate effective date.

contributory insurance

Insurance for which you are required to pay premium.

earnings

An employee's basic rate of compensation not including commissions, overtime, premium pay, bonuses, or any other additional compensation.

employee

An individual who is employed by the policyholder. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee as long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees or corporate directors who are not otherwise employees.

employer

The policyholder.

evidence of insurability

Evidence of the good health of a prospective insured and any other underwriting information we require.

insured

A person who is eligible for and becomes insured under the terms of this certificate, including any dependents insured by certificate supplement.

loan principal

The sum of all outstanding loans and accumulated loan interest charges for this certificate.

monthly deduction

The sum of the cost of insurance, the cost of any additional insurance benefits provided by certificate supplement, and any administration fee for a certificate month.

monthly deduction date

The date in each certificate month on which we deduct the monthly deduction from your account value. The monthly deduction date is shown on the profile page.

net cash value

The account value of this certificate increased by any accrued loan interest credits and reduced by any loan principal, accrued loan interest charges and any overdue monthly deductions. It is the amount you may obtain through surrender of this certificate or apply toward the purchase of a paid-up whole life insurance policy.

net premium

The premium paid reduced by any percentage-of-premium charge. The percentage-of-premium charge is shown on the specifications page. It applies only to the portion of the premium paid that exceeds the amount of the monthly deduction.

non-work day

A day on which an employee is not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends, holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long-term disability.

noncontributory insurance

Insurance for which you are not required to pay premium.

owner

Unless assigned otherwise, the primary insured is the owner of this certificate. Only the owner has the right to exercise ownership rights under the certificate, including but not limited to naming or changing a beneficiary, changing the face amount of insurance, requesting loans and withdrawals, surrendering the certificate, and assigning any or all ownership rights.

policyholder

The owner of the group policy, as shown on the specifications page.

primary insured

An insured employee.

profile page

The form which identifies the specific details of your coverage, including your current face amount, elected supplements and planned premium. The profile page is attached to and made a part of this certificate.

specifications page

The form which identifies the available face amounts of insurance and other insurance information for the policyholder's plan. The specifications page is attached to and made a part of this certificate.

successor plan

An insurance policy or policies provided by us or another insurer that replaces insurance provided under the group policy.

waiting period

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page. You are not eligible until the first day following the waiting period.

we, our, us

Securian Life Insurance Company.

written

All references in the certificate to "in writing" and "written" shall include communication on paper, though a digital source or any electronic means made available by us or by the policyholder.

you, your

The primary insured.

Upon execution of an assignment, all references to "you/your" in relation to ownership rights means the assigned owner.

General Information

What is your agreement with us?

You are insured under the group policy identified on your attached signed application. Your attached signed application is a part of this certificate. Your certificate, application, any subsequent application, and any attached supplements, or endorsements, contain the entire contract between you and us. The certificate includes the

provisions of the group policy that affect you. Nothing in the group policy will invalidate or impair the rights granted to you by this certificate or by law. You may examine the group policy at the home office of the policyholder during regular working hours.

The rights of any insured or beneficiary shall not be affected by any provision not contained: (a) in the certificate, supplements, endorsements, or amendments signed by the policyholder and the insurer, (b) in the signed application attached to the certificate, or (c) in any individual statement submitted with the application.

Any statements made in your application will be considered representations and not warranties. Also, no statement you make will be used to contest the validity of your insurance with respect to which such statement was made after such insurance has been in force prior to the contest for two years during the insured's lifetime and in no event unless a written instrument signed by you, a copy of which is or has been furnished to you, the beneficiary, or your or the beneficiary's personal representative.

Can this certificate be amended?

Yes. The consent of the owners and insureds is not required to amend the group policy, or any certificate issued thereunder if the amendment concerns only administrative changes to this group policy. However, signed acceptance by owners or insureds is required for any amendment made after the effective date of the group policy which reduces or eliminates coverage for such owner or insureds and for which the owner or insured is making all required premium contributions. Any amendment will be without prejudice to any claim for benefits incurred prior to the effective date of the amendment.

Which employees are eligible for insurance?

An employee is eligible for insurance if they:

- (1) are a member of the eligible group and of an eligible class as shown on the specifications page; and
- (2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page; and
- (3) have satisfied the waiting period, if any; and
- (4) meet the actively-at-work requirement described in the "What is the actively-at-work requirement?" provision of this section.

Are retired employees eligible for insurance?

The specifications page indicates whether or not retired employees are eligible to become insured under this policy. If retired employees are eligible, the actively-at-work requirement and minimum hours per week will not apply to them. Regardless of initial eligibility for retirees, insurance on an insured employee who subsequently retires may still be eligible to be continued under the continuation provisions of this certificate.

What is the actively-at-work requirement?

To be eligible to become insured or to receive an increase in the amount of insurance, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your amount of insurance would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You will receive a refund of premium for any contributory insurance for which you were not eligible.

When will we require evidence of insurability?

The specifications page describes when evidence of insurability is required.

When does insurance become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) a prospective insured meets all eligibility requirements; and
- (2) for contributory insurance, you apply for the insurance in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with the prospective insured's evidence of insurability if we require evidence.

Can insurance be continued during an insured employee's sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence, or temporary layoff. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) If you are on a medical leave of absence and receiving benefits under the Sick Leave Plan for

Short-Term Disability and Worker's Compensation, insurance may be continued for up to six months while you are receiving benefits.

- (2) If you are on a medical leave of absence and receiving Long Term Disability benefits under the employer's plan, insurance may be continued for the duration of the time you are receiving Long Term Disability benefits.
- (3) If you are on an approved non medical NYS Paid Family Leave or Military Leave, insurance may be continued for the duration of the leave.
- (4) If you are placed on an indefinite layoff and you have two more more years of service, insurance may be continued for up to 12 months from the last day you were actively at work. If you have less than two years of service at the time of placement on an indefinite layoff, insurance will terminate as of the effective date of the layoff.
- (5) If you are on any other approved non-medical leave of absence or temporary layoff, insurance may not be continued beyond 12 months from the last day you were actively at work.

Continuation provided under this provision does not affect the rights of continuation under the continuation provisions of this certificate. An individual continuing insurance under this provision is continuing with non-continuation status.

Death Benefit

What is the amount of the death benefit?

Option B – Increasing Death Benefit

The amount of the death benefit for Option B is:

- (1) the greater of the face amount of insurance plus the account value on the date of death, or the minimum death benefit on the date of death; plus
- (2) any monthly deductions deducted from the account value for months subsequent to the month in which death occurs, and any accrued loan interest credits; minus
- (3) any unpaid monthly deductions due through the month in which death occurs, and any loan principal and accrued loan interest charges.

We intend for this certificate to qualify as a life insurance policy as defined by Section 7702 of the Internal Revenue Code. We reserve the right to increase the face amount of insurance or limit the amount of premium we will accept in order to maintain such qualification.

What is the minimum death benefit?

The minimum death benefit is an amount determined by us that is required to preserve the qualification of this certificate as a life insurance policy as defined by Section 7702 of the Internal Revenue Code. The minimum death benefit is a percentage of the account value. The percentage depends on the age and nicotine status of the primary insured as identified in Table B. We reserve the right to change this table.

Can you change the death benefit option?

No. A change is not allowed under the plan.

What is the face amount of insurance?

The available face amounts of insurance are shown on the specifications page. An insured's specific face amount of insurance is shown on the profile page.

How can the face amount of insurance change?

The specifications page describes when changes can be requested, when evidence of insurability will be required for such changes, and when the changes will become effective.

If the face amount of insurance changes, you will receive a replacement profile page which identifies the new face amount of insurance.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us as to both substance and form that an individual died while insured under this certificate (typically a certified copy of the insured's death certificate). All payments by us are payable from our home office. The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

Upon the insured's death, if a settlement option other than lump sum payment has been requested, a guaranteed settlement illustration will be sent to the insured's beneficiary. This guaranteed settlement illustration will be based on the settlement option selected and the proceeds payable at the time of the insured's death. The annuity table utilized for the settlement options tables is shown on the specifications page.

Examples of the four available settlement options are shown as part of this certificate. The settlement option examples attached reflect the guaranteed minimums for the offered options and are intended as examples of the available options. The interest rate used to calculate the annuity factors is adjusted as market interest rates fluctuate and is subject to change at any time but will never be less than the guaranteed rate of 1.5% used to calculate the examples. We will provide an illustration specific to the insured's coverage based on current market interest rates upon request.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. You name a beneficiary to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You can change the beneficiary designation at any time, provided all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and

- (3) you have not assigned the ownership of your insurance.

A beneficiary designation must be made in writing or by any other method made available under the plan. Any beneficiary designation shall take effect as of the date it is signed but will not affect any payment we make or action we take before receiving the designation.

If the insured dies before the request has been approved, the request will not be effective as to whose proceeds we have paid prior to our receipt of the owner's request.

You may also choose to name a beneficiary that you cannot change without the beneficiary's written consent. This is called an irrevocable beneficiary.

You may designate a beneficiary(ies) for each coverage type. If a beneficiary designation is made for contributory insurance, but not for AD&D insurance, the beneficiary listed for the contributory insurance shall be the beneficiary for the AD&D insurance. However, if there is no beneficiary designation for any coverage type, the benefits will be payable according to the order of priority listed below.

If there is more than one beneficiary, each will receive an equal share, unless you have requested another method in your beneficiary designation. To receive the death benefit, a beneficiary must be living at the time of your death. In the event a beneficiary is not living at the time of your death, that beneficiary's portion of the death benefit shall be equally distributed to the remaining surviving beneficiaries. In the event of the simultaneous deaths of you and a beneficiary, the death benefit will be paid as if you survived the beneficiary, unless otherwise provided.

If there is no eligible beneficiary, or if you do not name one, we will pay the death benefit to:

- (1) the primary insured's spouse, if living; otherwise
- (2) the primary insured's natural or legally adopted children in equal shares, if living; otherwise
- (3) the primary insured's parents in equal shares, if living; otherwise
- (4) the primary insured's siblings; otherwise
- (5) the primary insured's estate.

Premium

When and how often is premium due?

A premium must be paid to put this certificate in force. This initial premium must cover the first monthly deduction. A premium must also be paid when there is insufficient net cash value to pay the monthly deduction necessary to keep this certificate in force.

The monthly deduction is the sum of the following for a certificate month:

- (1) the cost of insurance; and
- (2) the cost of any additional insurance benefits provided by certificate supplement; and
- (3) any administration fee.

The administration fee, if any, is shown on the specifications page. We reserve the right to change the administration fee, not to exceed the guaranteed maximum administration fee shown on the specifications page.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period; or
- (2) on any premium due date following the date that the amount of insurance in force for any one coverage or across all coverages changes by more than 10% from that which was used to determine the current rates; or
- (3) anytime the policy terms are amended or the total amount of the insurance in force changes 10% or more from the volume that was used to determine the current rates.

Premiums for contributory coverage are based on your attained age and increase with age. We will notify the policyholder 31 days in advance of a change in premium rates.

Can additional premium be paid to accumulate net cash value?

Yes. Additional premium can be paid which exceeds the amount required to pay the monthly deduction. A percentage-of-premium charge will be deducted from the additional premium. The remainder will be credited to your account value to accumulate at interest. The percentage-of-premium charge is shown on the specifications page. We reserve the right to change this charge, not to exceed the guaranteed maximum percentage-of-premium charge shown on the specifications page.

We reserve the right to limit the amount of additional premium to maintain this certificate's qualification as a life insurance policy as defined by Section 7702 of the Internal Revenue Code.

What are planned premium payments?

Planned premium payments are periodic premium payments set and paid by you. The planned premium payment amount will be shown on the profile page. You can change the amount and frequency of planned premium payments. You may also choose not to make a planned premium payment. Failure to make one or more planned premium payments will not cause the insurance to terminate until such time as the net cash value is insufficient to pay the monthly deduction necessary to keep the insurance in force. For noncontributory insurance, the policyholder makes planned premium payments, although you may also make planned premium payments for such insurance.

What are lump sum premium payments?

In addition to planned premium payments, you or the policyholder may make lump sum premium payments. Lump sum premium payments are non-repeating premium

payments. The minimum amount of a lump sum premium payment is \$100.

We reserve the right to limit any lump sum premium payment to less than the amount which, when added to your account value, equals the single premium for a paid-up whole life policy for the insured's death benefit. We also reserve the right to limit a lump sum premium payment to maintain this certificate's qualification as a life insurance policy as defined by Section 7702 of the Internal Revenue Code.

Is there a grace period for the payment of premium?

Yes. This certificate has a 61-day grace period. The grace period will start on the date we determine that the net cash value is insufficient to cover the monthly deduction necessary to keep the insurance in force. At that time, we will send you a notice stating that the insurance will lapse if the premium amount specified in the notice is not received by us by the end of the grace period. Lapse means all insurance provided by this certificate terminates. Insurance will remain in effect during the 61-day grace period.

If an insured dies during the grace period, we may deduct the amount needed to continue the certificate to the end of the certificate month in which such death occurred. If an insured dies during a period for which the amount needed to continue the certificate has been applied, we will add to the certificate proceeds a refund of such amount applied for any period beyond the certificate month in which the death occurred.

How do we determine the cost of insurance?

The cost of insurance on the life of a primary insured for a certificate month is equal to a risk factor multiplied by the net amount at risk for this certificate. The risk factor is based on the primary insured's age and rate class. The risk factor is subject to change, but will never exceed the maximums shown in Table A. If the risk factor is adjusted, any such adjustment will be based on future estimated or emerging experience of investment income, mortality, persistency, and expenses.

The calculation of the net amount at risk is as follows:

Option B - Increasing Death Benefit

The net amount at risk is equal to the greater of:

- (1) the face amount of insurance; or
- (2) the minimum death benefit minus the account value immediately prior to the deduction of the cost of insurance.

Account Value and Net Cash Value

What is the account value of this certificate?

On the certificate effective date, we will open an account for you to which we will add any net premium we receive for your coverage on or before the certificate effective date. This amount is your beginning account value for the first certificate month. After the first certificate month, the

beginning account value for a certificate month is equal to the ending account value from the previous certificate month.

On the monthly deduction date, we deduct from the account value the monthly deduction.

During the certificate month, we add to the account value any net premium we receive for this certificate. We subtract from the account value the amount of any withdrawals and fees charged for such withdrawals.

During the certificate month, interest is credited on the account value at a rate not less than the guaranteed minimum interest crediting rate shown on the specifications page. We may pay less interest on the loan principal portion of the account value than on the remainder of the account value, but in no event will we pay less than the guaranteed minimum interest crediting rate shown on the specifications page.

The result is your ending account value for the certificate month.

What is the net cash value of a certificate?

The net cash value is the amount of money we will pay if you elect to surrender the certificate or the amount you may apply toward the purchase of a paid-up whole life insurance policy.

The net cash value is equal to the account value, plus accrued loan interest credits, minus any loan principal, accrued loan interest charges and any overdue monthly deductions.

Will you have access to the net cash value?

Yes. You will have access to the net cash value through loans, withdrawals, or a surrender of this certificate.

Loans

Can you borrow against the net cash value of this certificate?

Yes. After your certificate has been in force for three years, you can request a loan from the net cash value at any time. A request for a loan may be made in writing or through any other method made available by us under the group policy.

If we have not mailed or delivered the loan amount requested, up to a maximum of the loan value of your certificate, within 10 days of receipt of such request in our home office, we will pay interest on your loan amount. Interest will be at an annual rate determined by us, but never less than 1.5%.

Interest is calculated starting on the date your loan request is received in our home office and will be due starting on the tenth day following receipt of such loan request in our home office unless the amount of such interest is less than \$25.00, in which case no interest is payable.

We reserve the right to postpone payment of a loan, except when made to pay premiums, for up to six months after receipt of the loan application.

What is the maximum loan amount available?

The amount of a loan cannot exceed (a) minus (b), where (a) is 90 percent of the account value and (b) is any loan principal plus accrued loan interest charges.

What is the effect of a loan?

Taking a loan will reduce the net cash value of this certificate by the amount borrowed. The amount borrowed becomes loan principal and is added to any existing loan principal.

What is the loan principal?

The loan principal is the sum of all outstanding loans and accumulated loan interest charges for this certificate. The loan principal accrues loan interest credits and loan interest charges and continues to be part of the account value.

What is the interest rate charged on the loan principal?

The interest rate charged on the loan principal is shown on the specifications page. If the accrued loan interest charges are not paid at the end of a certificate month, this interest will be added to the loan principal and charged the same rate of interest as the loan principal in effect.

What is the interest rate credited to this certificate as a result of a loan?

Interest will be credited on the loan principal at a rate which is not less than the Interest Crediting Rate on Loan Principal amount shown on the specifications page and will be added to the net cash value.

When and in what amount should loan repayments be made?

The loan principal and accrued loan interest charges may be repaid in full or in part at any time before the primary insured's death provided that the insurance under this certificate is in force. The loan principal and accrued loan interest charges may also be repaid within 60 days after the date of the primary insured's death if we have not yet paid any of the death benefit. The amount of any loan repayment must be at least \$100 unless the balance due is less than \$100. Any payment we receive from you that is not designated by you as either a premium payment or a loan payment will be considered a premium payment if a loan is outstanding.

How do loan repayments affect the loan principal and net cash value?

Loan repayments reduce the amount of the loan principal by the amount of the loan repayment, therefore increasing the net cash value of this certificate.

What happens if a loan is not repaid?

If a loan is not repaid, the loan principal will continue to increase, reducing this certificate's net cash value. This certificate will remain in force provided that the net cash value is sufficient to pay the monthly deduction necessary to keep this certificate in force. If this certificate does not have sufficient net cash value, the insurance will lapse if the premium necessary to cover the monthly deduction due is not received by us by the end of the grace period. Lapse means all insurance provided by this certificate terminates.

Withdrawals and Surrender

Can you request a withdrawal from this certificate's net cash value?

Yes. You can request a withdrawal from the net cash value at any time. A request for a withdrawal may be made in writing or through any other method made available by us under the group policy.

We reserve the right to charge a fee for each withdrawal. The withdrawal fee, if any, is shown under "Current" on the specifications page.

What are the minimum and maximum withdrawal amounts available?

The amount of a withdrawal must be at least \$100 and cannot exceed (a) minus (b), where (a) is 100 percent of the account value and (b) is any loan principal and accrued loan interest charges.

What is the effect of a withdrawal on this certificate?

A withdrawal reduces the account value of this certificate by the amount of the withdrawal and the withdrawal fee.

For an Option B death benefit, a withdrawal will not change the face amount of insurance. However, since the account value is reduced by the amount of the withdrawal and the withdrawal fee, the death benefit under Option B will be reduced by this same amount.

Can you surrender this certificate?

Yes. You can surrender this certificate at any time. Surrendering this certificate means that the insurance under this certificate is terminated and we pay the net cash value to you. A request for a surrender may be made in writing or through any other method made available by us under the group policy. There is no charge to surrender this certificate.

The net cash value will be calculated as of the date we process your request.

Can we postpone payment of a withdrawal or surrender?

Yes. We reserve the right to postpone the payment of any withdrawal or surrender for up to six months.

Reports

Will you receive an annual report?

An annual report showing the status of this certificate will be provided to you if your ending account value for the report period is greater than zero. This annual report will include:

- (1) the total of all premiums paid and loan repayments made; and
- (2) the monthly deductions taken from the account value; and
- (3) the interest credited; and
- (4) the amount of any withdrawals; and
- (5) the amount of any loan principal; and
- (6) the net cash value; and
- (7) the current death benefit;
- (8) the loan value; and
- (9) the beginning and ending account values.

Can you request an illustration of your projected future account values?

Yes. Upon request, we will provide you with an illustration of your projected future account values. The projection will be based on:

- (1) the face amount of insurance; and
- (2) the planned premium payments; and
- (3) any other necessary assumptions specified by you or us.

The first illustration you request each calendar year is provided at no cost to you. A fee of not more than \$20 may be charged for any subsequent illustrations requested during the calendar year.

Paid-Up Insurance Option

What is the paid-up insurance option?

Once per certificate year, you can request that this certificate be changed to an individual policy of paid-up whole life insurance. If such a request is made, we will terminate the group insurance on the primary insured provided under this certificate and we will issue a new individual paid-up policy. No expense charges will be applied after group insurance provided under this certificate terminates. Insurance on any dependents insured by certificate supplement will terminate and such insurance can be converted to a policy of individual life insurance according to the conversion provisions of the supplement.

The death benefit provided by the paid-up policy will be determined as follows:

- (1) We will calculate the net cash value of this certificate on the date of the change. This will be the initial cash value of the paid-up policy.
- (2) The amount of the paid-up death benefit will be determined by multiplying the net cash value by a

paid-up insurance factor. The minimum paid-up insurance factors are shown in Table C.

- (3) The minimum net cash value of the paid-up death benefit is determined by dividing the paid-up death benefit by the factor in Table C for the insured's attained age.

The net amount at risk provided by the paid-up policy may not exceed the net amount at risk immediately prior to the exercise of the paid-up option. We reserve the right to return any excess net cash value and/or reduce the death benefit in order to achieve this.

In no event will we be liable under both this certificate and the new individual policy.

A detailed statement of the method of computation of cash surrender values and other nonforfeiture benefits is on file with the Superintendent of Financial Services for the State of New York.

Continuation

Can insurance be continued under this certificate for a primary insured who loses eligibility?

Yes. Insurance under this certificate may be continued for a primary insured who no longer meets the eligibility requirements of this certificate, provided the loss of eligibility is not due to termination of or an amendment to the group policy, or is due to termination of or an amendment to the policy and there is no successor plan.

If these conditions are met, the primary insured will then be considered to have continuation status and the date of the change in status will be considered the continuation date.

Insurance for a primary insured who has continuation status is automatically continued. We will bill you, and all premium payments on and after the continuation date will be paid directly to us. The monthly deduction may be higher than that for primary insureds who do not have continuation status. The monthly deduction may increase in the future but will not exceed the maximums identified in the "Premium" section. An insured who has continuation status may elect to convert their insurance as described in the Conversion Right section at any time.

Continuance of insurance under these continuation provisions includes any additional insurance benefits provided by certificate supplement, with the exception of any Waiver of Monthly Deduction Certificate Supplement, which may not be continued.

Can a primary insured acquire continuation status if the group policy terminates?

If the group policy terminates and there is a successor plan, a primary insured who does not already have continuation status cannot acquire continuation status. Insurance will terminate for such a primary insured. If the group policy terminates and there is not a successor plan, a primary insured can acquire continuation status.

What are the minimum and maximum face amounts of insurance that can be continued?

The minimum face amount of insurance that can be continued for a primary insured is \$10,000.

The maximum face amount of insurance that can be continued for a primary insured on the continuation date is the face amount of insurance in effect on the primary insured's continuation date.

Can you request a change in the face amount of insurance for a primary insured with continuation status?

Yes. You can request a change in the face amount of insurance to any increment of \$1,000, subject to a minimum amount of \$10,000 and a maximum amount equal to the maximum amount available to active participants of the insured's class.

If you request an increase in the face amount of insurance, we will require satisfactory evidence of insurability. The increase, if approved, will be effective on the date of our approval. The actively-at-work requirement will not apply to any such increase. Requested decreases in the face amount will be effective on the first day of the month following our receipt of the request for a decrease, or the date you request if later.

Can you apply for any additional insurance benefits provided by certificate supplement while the primary insured has continuation status?

No. No certificate supplements may be added to this certificate while the primary insured has continuation status.

What happens if a primary insured with continuation status again meets all of the eligibility requirements of this certificate?

If a primary insured with continuation status again meets the eligibility requirements of this certificate, the primary insured will no longer be considered to have continuation status. Insurance for that primary insured may be provided only under the terms of this certificate that apply to those with non-continuation status. A primary insured cannot be insured under the group policy with both continuation status and non-continuation status.

What happens to insurance being continued under the continuation provisions if the group policy terminates?

Notwithstanding anything in this certificate to the contrary, termination of the group policy will not terminate insurance then in force on a primary insured with continuation status. The group policy will be deemed to remain in force solely for the purpose of continuing such insurance, but without further obligation of the policyholder. Retiree insurance continued under the continuation provisions of the group policy will terminate insurance then in force on a retiree with continuation status on the date the group policy terminates.

Termination

When does insurance on a primary insured terminate?

Insurance on a primary insured terminates on the earliest of:

- (1) 61 days after the monthly deduction date on which the net cash value is insufficient to cover the monthly deduction, if at that time the net cash value remains insufficient to pay the monthly deduction; or
- (2) the date we process your request to surrender this certificate or terminate the insurance; or
- (3) the primary insured's 100th birthday; or
- (4) the date the primary insured no longer meets the eligibility requirements of this certificate, unless the insurance can be continued under the continuation provisions; or
- (5) the date the group policy is amended to terminate insurance for a primary insured, unless the insurance can be continued under the continuation provisions; or
- (6) the date the group policy terminates, unless the insurance can be continued under the continuation provisions.

Can insurance on the life of a primary insured be reinstated after lapse?

Yes. Insurance terminated because the net cash value was insufficient to pay for the monthly deduction may be reinstated. Reinstatement must occur while the primary insured is living and within three years from the date of lapse. Reinstatement is made by our receipt of a premium payment in an amount sufficient to keep coverage in force during the grace period plus the monthly deductions for the two months following the effective date of reinstatement. If any loan principal and accrued loan interest charges are not repaid, this indebtedness will be reinstated along with the insurance. No evidence of the primary insured's insurability will be required for reinstatement during the first 31 days following lapse, but satisfactory evidence of insurability will be required from the 32nd day to three years from the date of the lapse.

If you die prior to our receipt of your reinstatement application and required premium, no benefit will be paid.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice.

We reserve the right to terminate the group policy on any policy anniversary, as long as we provide the policyholder 31 days' notice of our intent to terminate the group policy.

What happens to account values if the group policy terminates?

If the group policy terminates, we shall complete the distribution of account values over a period of time not to exceed one year, if such time is needed to complete the distribution. This delayed distribution does not in any way

continue or extend any insurance that has otherwise terminated.

Conversion Right

What is the conversion right?

You can convert the life insurance provided by this certificate to a new individual life insurance policy if all or part of your life insurance under this certificate terminates.

You may convert up to the full amount of terminated life insurance, including any supplemental life insurance, if termination or reduction occurs because:

- (1) you move from one existing eligible class to another;
- (2) you are no longer in an eligible class;
- (3) your employment terminates;
- (4) the policy is changed to reduce or terminate the insurance for you; or
- (5) your employment is terminated by the employer because you are totally and permanently disabled.

Can you convert your life insurance if the group policy terminates?

You may convert your insurance if the group policy is terminated. If the group policy terminates, you are eligible to convert an amount up to the amount of insurance you had just prior to the termination, less any amount you may become eligible for under any policyholder group policy within 45 days of the termination.

Can you convert your life insurance if your coverage reduces due to age?

You may convert any portion of your insurance which is reduced on or after the attainment of age sixty in any increment or series of increments totaling twenty percent or more of the amount of insurance in force under the group policy prior to the first reduction at age sixty.

To what type of policy can you convert?

You may convert your insurance to any type of individual policy of life insurance then customarily issued by us or by one of our associated companies, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

If your coverage terminates because you are totally and permanently disabled, you may convert your insurance to a policy of life insurance then customarily issued by us or by one of our associated companies, including term insurance, by paying premiums directly to us. For this purpose, total and permanent disability means incapacity of the insured, resulting from injury or disease, to engage in any occupation for remuneration or profit for at least six months.

Preliminary Term Insurance

You may also elect to have issued to you a policy of term life insurance for a period of one year prior to converting to a policy of permanent insurance with us or by one of our associated companies. The premium rate for the preliminary term insurance may be higher than that paid under the group policy.

When must election to convert insurance be made?

You will be notified of your right to convert your group life insurance. If notification is made within 15 days before or after the event that results in termination or reduction of the group life coverage, you will have 31 days from the date the insurance terminates to elect conversion. If the notice is given more than 15 days but less than 90 days after the event, the time allowed for the exercise of the conversion privilege shall be extended to 45 days after such notice is sent. If the notice is not given within 90 days, the time allowed for the exercise of the conversion privilege expires 90 days after the terminating event. Such notice shall be mailed to you by us or an entity the policyholder designates at your last known address.

The conversion right is not available if your coverage under the group policy terminates due to your failure to make, when due, required premium contributions.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within the time period allowed for such election. No evidence of insurability will be required.

How is the premium for the individual policy determined?

We base the premium for the individual policy on the plan of insurance, your age, and the class of risk to which you belong under the group policy on the date of conversion.

When is the individual policy effective?

When all conversion election requirements are satisfied, the individual policy takes effect on the date the group insurance terminates.

What happens if an insured dies during the conversion election period?

If an insured dies during the conversion election period or any extended notice period, we will pay a death benefit regardless of whether or not an application for insurance under an individual policy has been submitted. If we do not receive a conversion application, the death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion provisions. If you have completed a conversion application, the amount payable will be the amount you elected in the conversion application. We will pay the beneficiary designated on the conversion application. If you have not completed a conversion application, we will pay the beneficiary under your group insurance coverage.

We will return any premium you paid for an individual policy converted from this group insurance to your beneficiary as described above. In no event will we be liable under both the group policy and the individual policy.

Additional Information

What if an insured's age has been misstated?

If the age of an insured has been misstated, the face amount of insurance will be that amount to which the insured is entitled based on the correct age.

The death benefit and account value will also be adjusted. The adjustment will be:

- (1) the cost of insurance charges that were paid; minus
- (2) the cost of insurance charges that should have been paid based on the insured's correct age.

This amount will be accumulated at interest. The interest rates that will be used are the rates that were used in accumulating the account value.

If your correct age is such that no benefit is payable, you will receive a refund of premium for the period your eligibility would have ended.

Can insurance coverage be contested?

Yes. Your coverage will become incontestable, during your lifetime, after two years from your original effective date of coverage or the effective date of any increase in coverage you applied for, except for the non-payment of premiums by the policyholder. If we discover a material misrepresentation, the insured's coverage may be contested.

Can your insurance be assigned?

Yes. A primary insured may choose a gift and/or value assignment. However, we will not be bound by an assignment of this certificate or of any interest in this certificate unless the assignment is made in writing or through any other method made available by us under the group policy. The assignment shall take effect as of the date it is signed but will not affect any payment we make or action we take before receiving the assignment.

Can a change of ownership for this certificate be requested?

Yes. A change of ownership is a type of assignment. All provisions for assignments apply to ownership changes.

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the group policy. We can obtain these records from the policyholder at any reasonable time.

If an administrative or clerical error is made in keeping records on or administering the insurance under the group policy, it will not affect otherwise valid insurance. A clerical

or administrative error, however, does not continue insurance, which is otherwise stopped, make insurance effective when it should not have been or change the amount of insurance provided by the provisions of the policy and no claim shall be paid on amounts put into effect as a result of a past clerical or administrative error. If an error causes a change in premium payment, a fair adjustment will be made.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate or the group policy is in conflict with the applicable laws of New York, the provision will be deemed to be amended to conform to such laws.

Rights and benefits granted to you under the certificate will not be less than required by New York law. Nothing in the group policy invalidates or impairs any rights or benefits as stated in this certificate or granted by New York law.

TABLE A

SECURIAN LIFE INSURANCE COMPANY

Guaranteed Maximum Monthly Risk Factor
on a Smoker-Distinct Basis
per \$1,000 Net Amount at Risk

Attained Age*	Maximum Monthly Risk Factor		Attained Age*	Maximum Monthly Risk Factor		Attained Age*	Maximum Monthly Risk Factor	
	Non-Smoker	Smoker		Non-Smoker	Smoker		Non-Smoker	Smoker
			40	0.215	0.353	80	6.873	11.738
			41	0.225	0.386	81	7.800	12.771
			42	0.235	0.418	82	8.825	14.013
			43	0.245	0.448	83	10.011	15.498
			44	0.251	0.471	84	11.470	17.076
			45	0.258	0.500	85	13.156	18.911
			46	0.268	0.536	86	15.003	21.006
			47	0.278	0.578	87	17.113	23.218
			48	0.293	0.623	88	19.470	25.591
			49	0.308	0.673	89	22.026	28.071
			50	0.330	0.730	90	24.731	30.595
			51	0.358	0.795	91	27.531	33.103
			52	0.395	0.866	92	30.403	35.586
			53	0.435	0.945	93	33.265	37.958
			54	0.476	1.035	94	36.028	40.145
			55	0.516	1.136	95	39.036	42.526
			56	0.555	1.251	96	42.540	45.380
			57	0.593	1.381	97	46.331	48.458
18	0.101	0.101	58	0.635	1.526	98	50.411	51.761
19	0.105	0.106	59	0.685	1.693	99	54.706	55.220
20	0.106	0.108	60	0.743	1.881	100	58.901	58.901
21	0.106	0.111	61	0.820	2.095			
22	0.105	0.115	62	0.906	2.331			
23	0.103	0.120	63	1.006	2.591			
24	0.103	0.126	64	1.115	2.876			
25	0.100	0.128	65	1.231	3.186			
26	0.090	0.128	66	1.356	3.516			
27	0.085	0.126	67	1.493	3.863			
28	0.085	0.126	68	1.646	4.233			
29	0.081	0.128	69	1.823	4.635			
30	0.081	0.133	70	2.031	5.088			
31	0.086	0.140	71	2.278	5.586			
32	0.093	0.151	72	2.568	6.126			
33	0.105	0.166	73	2.903	6.710			
34	0.121	0.185	74	3.286	7.325			
35	0.141	0.205	75	3.713	7.961			
36	0.161	0.228	76	4.188	8.616			
37	0.181	0.255	77	4.721	9.295			
38	0.196	0.285	78	5.331	10.006			

39 0.206 0.318 79 6.041 10.808

These are the guaranteed rates for standard lives. These maximum rates are based on 200% of the 2017 CSO 60% male age at last birthday smoker/non-smoker table. *This is the insured employee's attained age as of the last certificate anniversary.

TABLE A
SECURIAN LIFE INSURANCE COMPANY

Guaranteed Maximum Monthly Risk Factor
on a Composite Basis
per \$1,000 Net Amount at Risk

<u>Attained Age*</u>	<u>Maximum Monthly Risk Factor</u>	<u>Attained Age*</u>	<u>Maximum Monthly Risk Factor</u>	<u>Attained Age*</u>	<u>Maximum Monthly Risk Factor</u>
		40	0.291	80	8.200
		41	0.308	81	9.176
		42	0.323	82	10.305
		43	0.331	83	11.628
		44	0.341	84	13.145
		45	0.353	85	14.885
		46	0.366	86	16.848
		47	0.381	87	19.028
		48	0.396	88	21.406
		49	0.416	89	23.948
		50	0.441	90	26.600
		51	0.471	91	29.306
		52	0.505	92	32.051
		53	0.543	93	34.750
		54	0.586	94	37.325
		55	0.636	95	40.128
		56	0.693	96	43.423
		57	0.758	97	46.988
18	0.101	58	0.831	98	50.825
19	0.106	59	0.916	99	54.863
20	0.108	60	1.013	100	58.901
21	0.111	61	1.123		
22	0.115	62	1.248		
23	0.120	63	1.386		
24	0.126	64	1.538		
25	0.128	65	1.703		
26	0.128	66	1.880		
27	0.126	67	2.073		
28	0.126	68	2.283		
29	0.128	69	2.523		
30	0.133	70	2.796		
31	0.140	71	3.110		
32	0.151	72	3.466		
33	0.161	73	3.870		
34	0.176	74	4.316		
35	0.191	75	4.810		
36	0.211	76	5.350		
37	0.231	77	5.941		
38	0.251	78	6.600		

39

0.271

79

7.343

These are the guaranteed rates for standard lives. These maximum rates are based on 200% of the 2017 CSO 60% male age at last birthday composite table. * This is the insured employee's attained age as of the last certificate anniversary.

TABLE B

SECURIAN LIFE INSURANCE COMPANY

Minimum Death Benefit as a Percentage of Account Value
on a Smoker-Distinct Basis

Attained Age	Minimum Death Benefit		Attained Age	Minimum Death Benefit		Attained Age	Minimum Death Benefit	
	Non-Smoker	Smoker		Non-Smoker	Smoker		Non-Smoker	Smoker
			40	495%	383%	80	141%	132%
			41	478%	370%	81	138%	130%
			42	462%	358%	82	135%	128%
			43	446%	346%	83	132%	126%
			44	431%	335%	84	129%	124%
			45	417%	325%	85	127%	122%
			46	403%	314%	86	125%	121%
			47	389%	304%	87	123%	119%
			48	376%	294%	88	121%	118%
			49	363%	285%	89	119%	116%
			50	351%	276%	90	117%	115%
			51	339%	268%	91	116%	114%
			52	328%	259%	92	114%	113%
			53	317%	251%	93	113%	112%
			54	306%	244%	94	112%	111%
			55	296%	236%	95	110%	110%
			56	286%	229%	96	109%	108%
			57	277%	223%	97	107%	107%
18	1067%	828%	58	268%	216%	98	105%	105%
19	1032%	799%	59	259%	210%	99	102%	102%
20	998%	772%	60	251%	204%	100	102%	102%
21	965%	745%	61	243%	199%			
22	933%	720%	62	235%	193%			
23	902%	695%	63	228%	188%			
24	871%	671%	64	221%	183%			
25	842%	648%	65	214%	179%			
26	813%	626%	66	207%	175%			
27	785%	604%	67	201%	171%			
28	757%	583%	68	195%	167%			
29	730%	562%	69	189%	163%			
30	704%	543%	70	184%	159%			
31	679%	524%	71	178%	156%			
32	655%	505%	72	173%	153%			
33	632%	488%	73	169%	150%			
34	609%	471%	74	164%	147%			
35	588%	454%	75	160%	144%			
36	568%	439%	76	155%	142%			
37	548%	424%	77	152%	139%			
38	530%	409%	78	148%	137%			
39	512%	396%	79	144%	134%			

Factors shown in Table B are values using 4% interest. Actual factors used will reflect the guaranteed interest crediting rate for the policy.

TABLE B

SECURIAN LIFE INSURANCE COMPANY

Minimum Death Benefit as a Percentage of Account Value
on a Composite Basis

<u>Attained Age</u>	<u>Minimum Death Benefit</u>	<u>Attained Age</u>	<u>Minimum Death Benefit</u>	<u>Attained Age</u>	<u>Minimum Death Benefit</u>
		40	455%	80	138%
		41	440%	81	135%
		42	426%	82	132%
		43	412%	83	130%
		44	398%	84	128%
		45	385%	85	125%
		46	373%	86	123%
		47	360%	87	121%
		48	349%	88	120%
		49	337%	89	118%
		50	326%	90	117%
		51	315%	91	115%
		52	305%	92	114%
		53	295%	93	113%
		54	286%	94	111%
		55	276%	95	110%
		56	267%	96	109%
		57	259%	97	107%
18	967%	58	251%	98	105%
19	935%	59	243%	99	102%
20	903%	60	235%	100	102%
21	873%	61	228%		
22	844%	62	221%		
23	815%	63	215%		
24	788%	64	208%		
25	762%	65	202%		
26	736%	66	196%		
27	711%	67	191%		
28	687%	68	186%		
29	663%	69	180%		
30	641%	70	176%		
31	619%	71	171%		
32	597%	72	167%		
33	577%	73	162%		
34	557%	74	158%		
35	538%	75	154%		
36	520%	76	151%		
37	503%	77	147%		
38	486%	78	144%		
39	470%	79	141%		

Factors shown in Table B are values using 4% interest. Actual factors used will reflect the guaranteed interest crediting rate for the policy.

TABLE C

SECURIAN LIFE INSURANCE COMPANY

Guaranteed Fixed Paid-Up Factors
on a Smoker-Distinct Basis

Attained Age	Guaranteed Paid-Up Factor		Attained Age	Guaranteed Paid-Up Factor		Attained Age	Guaranteed Paid-Up Factor	
	Non-Smoker	Smoker		Non-Smoker	Smoker		Non-Smoker	Smoker
			40	3.982	3.036	80	1.282	1.210
			41	3.857	2.944	81	1.259	1.195
			42	3.736	2.855	82	1.237	1.181
			43	3.619	2.769	83	1.217	1.168
			44	3.505	2.687	84	1.198	1.155
			45	3.395	2.607	85	1.181	1.144
			46	3.287	2.530	86	1.165	1.133
			47	3.183	2.455	87	1.150	1.123
			48	3.082	2.384	88	1.137	1.114
			49	2.984	2.315	89	1.126	1.106
			50	2.889	2.248	90	1.115	1.099
			51	2.798	2.184	91	1.106	1.093
			52	2.710	2.122	92	1.099	1.088
			53	2.626	2.063	93	1.092	1.083
			54	2.545	2.007	94	1.085	1.079
			55	2.468	1.952	95	1.079	1.074
			56	2.394	1.900	96	1.074	1.070
			57	2.322	1.850	97	1.068	1.067
18	8.214	6.318	58	2.252	1.803	98	1.063	1.060
19	7.965	6.113	59	2.185	1.758	99	1.059	1.066
20	7.724	5.915	60	2.121	1.715	100	1.055	1.056
21	7.488	5.723	61	2.058	1.674			
22	7.258	5.536	62	1.999	1.635			
23	7.032	5.355	63	1.941	1.599			
24	6.810	5.180	64	1.887	1.564			
25	6.594	5.011	65	1.834	1.531			
26	6.381	4.847	66	1.784	1.501			
27	6.170	4.687	67	1.736	1.472			
28	5.963	4.531	68	1.690	1.444			
29	5.761	4.379	69	1.646	1.418			
30	5.564	4.232	70	1.603	1.394			
31	5.373	4.089	71	1.563	1.370			
32	5.189	3.951	72	1.524	1.348			
33	5.012	3.819	73	1.488	1.328			
34	4.842	3.692	74	1.453	1.308			
35	4.681	3.570	75	1.420	1.290			
36	4.528	3.453	76	1.389	1.273			
37	4.383	3.342	77	1.360	1.256			
38	4.244	3.235	78	1.333	1.240			
39	4.111	3.133	79	1.306	1.225			

These factors are based on 200% of the 2017 CSO 60% male age at last birthday smoker/non-smoker table and an interest rate of 4%.

TABLE C

SECURIAN LIFE INSURANCE COMPANY

Guaranteed Fixed Paid-Up Factors
on a Composite Basis

<u>Attained Age</u>	<u>Guaranteed Paid-Up Factor</u>	<u>Attained Age</u>	<u>Guaranteed Paid-Up Factor</u>	<u>Attained Age</u>	<u>Guaranteed Paid-Up Factor</u>
		40	3.623	80	1.257
		41	3.515	81	1.237
		42	3.410	82	1.218
		43	3.308	83	1.200
		44	3.209	84	1.183
		45	3.112	85	1.168
		46	3.018	86	1.154
		47	2.926	87	1.141
		48	2.837	88	1.129
		49	2.751	89	1.119
		50	2.667	90	1.110
		51	2.586	91	1.102
		52	2.508	92	1.095
		53	2.433	93	1.089
		54	2.360	94	1.083
		55	2.290	95	1.078
		56	2.222	96	1.073
		57	2.157	97	1.067
18	7.347	58	2.095	98	1.063
19	7.117	59	2.035	99	1.060
20	6.895	60	1.978	100	1.058
21	6.679	61	1.923		
22	6.469	62	1.871		
23	6.265	63	1.821		
24	6.068	64	1.774		
25	5.878	65	1.728		
26	5.693	66	1.685		
27	5.512	67	1.644		
28	5.335	68	1.604		
29	5.162	69	1.567		
30	4.994	70	1.530		
31	4.832	71	1.496		
32	4.674	72	1.463		
33	4.524	73	1.433		
34	4.378	74	1.403		
35	4.239	75	1.375		
36	4.105	76	1.349		
37	3.977	77	1.324		
38	3.854	78	1.301		
39	3.736	79	1.278		

These factors are based on 200% of the 2017 CSO 60% male age at last birthday composite table and an interest rate of 4%.

Settlement Options Group Universal Life

The beneficiary is entitled to receive payment of the insurance in a lump sum payment or in any one of the available settlement options. The guaranteed interest rate for the settlement options is 1.5%. The current rate is subject to change at any time, but will never be less than the guaranteed rate.

Interest Payment Settlement Option

Payment of interest on the proceeds at such times and for a period as may be agreed upon between the beneficiary and us. Withdrawal of proceeds may be made in amounts of at least \$500. At the end of the period, any remaining proceeds will be paid in either a single sum or under any other method we approve.

Principal Held At Interest (Withdrawable): Principal will be held by the Company at interest for 2 years, 5 years or for your lifetime, with interest payable monthly, quarterly, semi-annually or annually. Or the interest could be added to the principal sum and bear interest at the same rate. Interest would be considered "withdrawable". Withdrawable would mean that any accruing interest would be reportable for tax purposes. You would, also, have the option of withdrawing the funds at any time without any interest penalty.

Fixed Period Annuity Settlement Option

An annuity payable in monthly installments for a specified number of years, from one to twenty years.

1. **Principal & Interest Paid In Monthly Payments (Specific Number of Years):** Principal and interest would be held by the Company to be paid in monthly installments for a specific number of years. The following is based on the guaranteed rate. (Benefits may be higher based on the rates currently offered by the company.) The monthly payment for each \$1,000 of insurance would be:

Years Payable	Monthly Payment per \$1,000
1	\$84.59
2	42.61
3	28.62
4	21.63
5	17.43
10	9.04
15	6.25
20	4.86

Life Annuity Settlement Option

An annuity payable monthly for the lifetime of the annuitant and ending with the last monthly payment due prior to the annuitant's death.

Annuity: Principal would be used to purchase an annuity. Monthly installments would be payable to you for as long as you live. You may choose varying periods certain. In which case, if you should die prior to the period certain, the commuted value of the remaining payments certain would be payable to your beneficiary. Monthly payments are dependent upon the insured's date of birth. If a settlement option with a period certain is elected that provides installment payments of the same amount at some ages for different periods certain, we will deem an election to have been made for the longest period certain which could have been elected for such age and amount.

Example:

If the insured elects an annuity as a settlement option, the monthly benefit would be calculated in the following manner:

The principal amount is multiplied by the factor found on the attached table and divided by 1,000.

For example, assume an annuitant, age 55 with \$20,000 of principal who elects:

(a) a life only annuity
 $(\$20,000 * 3.29) / 1,000 = \65.80 monthly income

(b) ten year certain and life annuity
 $(\$20,000 * 3.27) / 1,000 = \65.40 monthly income

The interest rates used to calculate the annuity factors are adjusted as market interest rates fluctuate. The table provided was calculated assuming a guaranteed interest rate of 1.50%.

Age	Life Only	5 Year Certain and Life	10 Year Certain and Life	15 Year Certain and Life	20 Year Certain and Life
40	\$2.50	\$2.50	\$2.50	\$2.50	\$2.49
41	2.54	2.54	2.54	2.53	2.53
42	2.58	2.58	2.58	2.57	2.56
43	2.62	2.62	2.62	2.61	2.60
44	2.66	2.66	2.66	2.65	2.64
45	2.71	2.71	2.70	2.70	2.68
46	2.75	2.75	2.75	2.74	2.73
47	2.80	2.80	2.80	2.79	2.77
48	2.85	2.85	2.85	2.84	2.82
49	2.91	2.91	2.90	2.89	2.87
50	2.96	2.96	2.96	2.94	2.92
51	3.02	3.02	3.01	3.00	2.97
52	3.08	3.08	3.07	3.05	3.02
53	3.15	3.15	3.14	3.12	3.08
54	3.22	3.21	3.20	3.18	3.14
55	3.29	3.29	3.27	3.24	3.20
56	3.37	3.36	3.35	3.31	3.26
57	3.45	3.44	3.42	3.39	3.33
58	3.53	3.53	3.50	3.46	3.39
59	3.62	3.61	3.59	3.54	3.46
60	3.72	3.71	3.68	3.62	3.53
61	3.82	3.81	3.77	3.71	3.61
62	3.92	3.91	3.87	3.80	3.68
63	4.03	4.02	3.97	3.89	3.76
64	4.15	4.14	4.08	3.99	3.84
65	4.28	4.26	4.20	4.09	3.92
66	4.41	4.39	4.32	4.20	3.99

Age	Life Only	5 Year Certain and Life	10 Year Certain and Life	15 Year Certain and Life	20 Year Certain and Life
67	4.55	4.53	4.45	4.30	4.07
68	4.71	4.68	4.59	4.42	4.15
69	4.87	4.84	4.73	4.54	4.23
70	5.05	5.01	4.89	4.66	4.30
71	5.24	5.20	5.05	4.78	4.37
72	5.45	5.40	5.23	4.90	4.44
73	5.68	5.62	5.41	5.03	4.50
74	5.92	5.85	5.60	5.15	4.55
75	6.19	6.10	5.80	5.27	4.60
76	6.48	6.37	6.01	5.39	4.65
77	6.80	6.66	6.22	5.50	4.68
78	7.15	6.98	6.44	5.60	4.71
79	7.53	7.32	6.66	5.70	4.74
80	7.95	7.69	6.89	5.79	4.76
81	8.41	8.08	7.11	5.87	4.78
82	8.92	8.50	7.33	5.93	4.79
83	9.47	8.94	7.54	5.99	4.80
84	10.07	9.40	7.74	6.04	4.80
85	10.73	9.88	7.92	6.08	4.81

Payments of a Specified Amount Settlement Option

Monthly payments of a specified amount until the proceeds and interest are fully paid.

Accelerated Death Benefits Certificate Supplement

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Benefits received under this Accelerated Death Benefits Certificate Supplement may be taxable. You should seek assistance from a personal tax advisor prior to requesting an accelerated payment of death benefits.

General Information

This supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for the accelerated payment of up to the maximum amount allowed under this supplement at the time you request to accelerate the payment of the death benefit provided under your certificate. If an insured has a terminal illness as defined in this supplement, you may request an accelerated payment of the applicable death benefit. You must give notice of claim while the insured is living and while the life insurance coverage is in force to be eligible for consideration of an accelerated benefit.

What is a terminal illness?

A terminal illness is a condition caused by sickness or accident which directly results in a life expectancy of 12 months or less. We must be given medical evidence in substance and in form that satisfies us that the insured has a terminal illness. That evidence must include certification by a physician. For purposes of this supplement, a physician is an individual who is licensed to practice medicine or treat illness in the state in which treatment is received. The physician cannot be you or your spouse, your domestic partner, children, parents, grandparents, grandchildren, or brothers or sisters, or the spouse of any such individuals.

Accelerated Benefit

Who may request an accelerated payment of the death benefit?

The certificate holder may request an accelerated payment of the insurance on their life or on the life of a spouse, domestic partner or dependent child insured under the certificate.

When can an accelerated benefit be requested?

An accelerated benefit can be requested any time, provided the following conditions are met:

- (1) the insurance is in force and all premiums due are fully paid; and
- (2) you have submitted written approval signed by the assignee; and

- (3) you have submitted written approval signed by the irrevocable beneficiary.

Is there a minimum or maximum death benefit eligible for an accelerated benefit?

Yes. The minimum amount eligible for acceleration under this supplement is the lesser of 25% of the insured's amount of insurance or \$5,000. The maximum amount that can be accelerated is the lesser of \$1,000,000 or 100% of the death benefit.

Is more than one acceleration of a death benefit allowed?

If you accelerate less than the maximum amount allowed under this supplement, you may reapply for the payment of the remaining amount eligible for acceleration at any time. However, the total amount of the death benefit for all accelerated benefit payments for an insured cannot exceed the maximum amount allowed under this supplement. On a subsequent request more than 12 months after the initial request, we may ask for further evidence satisfactory to us as to both substance and form that the insured meets all requirements for the accelerated benefit.

When will we pay an accelerated benefit?

We will pay an accelerated benefit five days after our sending you the Disclosure Statement for Accelerated Death Benefits of your acceleration request, which will follow receipt at our home office of written proof satisfactory to us to both substance and form that the insured meets the requirements herein.

The accelerated benefit will be paid in a single sum or by any other method agreeable to you and us.

We will make no attempt to recover benefits paid upon the insured's remission or cure of a terminal illness.

How do we calculate the amount to be accelerated?

The amount of the accelerated death benefit is the amount you elect to accelerate within any stated limits shown above.

To whom will we pay accelerated benefits?

We will pay the accelerated benefit to you unless you validly assign it otherwise. If the insured dies before we issue payment of an accelerated benefit to you, we will pay the life insurance death benefits to the life insurance beneficiary(s).

What is the effect on the insured's coverage of the receipt of an accelerated benefit?

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other

benefits under the certificate and any certificate supplements for that insured will end. If it is your death benefit being accelerated, any dependent life insurance will terminate, though it may be converted to a policy of individual life insurance according to the conversion right section of the certificate.

If you elect to accelerate a portion of the death benefit for an insured, insurance will remain in force, and the death benefit will be reduced by the amount of the death benefit that was accelerated. As a result, the following are reduced in the same proportion as the reduction in the death benefit if the insurance being accelerated is insurance on the life of a primary insured:

- (1) the face amount of insurance; and
- (2) the net cash value; and
- (3) the loan principal.

Is there a cost to accelerate the death benefit?

There is no additional premium required for the accelerated benefit. There are no fees or administrative expenses associated with this supplement.

Termination

When does an insured's coverage under this supplement terminate?

An insured's accelerated benefits coverage terminates on the earliest of:

- (1) the date the insured is no longer insured for life insurance under the certificate; or
- (2) the date the accelerated benefits coverage is terminated for the policyholder's plan; or
- (3) the date the group policy is terminated.

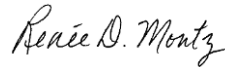
Additional Information

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary.

Do we have the right to obtain independent medical verification?

Yes. After you have provided at your expense the requested claim forms and records, we may require that you submit to a medical examination. If we require the insured to be medically examined to verify that the eligibility requirements for benefit payments are met, we may do this once on the initial request, and as often as reasonably required upon subsequent requests submitted 12 months after the initial request, but not more than once per year, while benefits are being considered or paid. Verification will be done by a licensed health care practitioner of our choosing. If we request verification we will do so at our own expense.



Secretary



President

Accidental Death and Dismemberment Certificate Supplement

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

What does this supplement provide?

This supplement provides accidental death and dismemberment coverage subject to all terms, conditions, and exclusions herein.

Who is eligible for insurance under this supplement?

The following classes are eligible to be insured under this supplement:

Groups 1, 2, 3a 3b and 8

What is the amount of insurance?

The amount of insurance for each insured is based on his or her class, as follows:

Groups 1, 2, 3a 3b and 8

Employee Optional AD&D The employee may elect an amount of insurance from 1 to 8 times annual earnings, subject to a maximum of \$1,500,000. An employee must be participating in GUL insurance in order to elect Optional AD&D insurance.

Supplemental insurance is contributory insurance.

When does insurance under this supplement become effective?

Insurance becomes effective on the date that all of the following conditions have been met:

- (1) the insured meets all eligibility requirements; and
- (2) for contributory coverage, application is made in accordance with the application methods agreed upon by the policyholder and us.

Accidental Death and Dismemberment (AD&D) Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death and dismemberment coverage is limited coverage. This means this coverage will provide benefits only when an insured's loss, death, or dismemberment results, directly and independently from all other causes, from an accidental bodily injury which was unintended, unexpected, and unforeseen. Loss, death, or dismemberment caused by, resulting from, or where there is contribution from, bodily or mental or emotional disorders, or sickness are not considered accidental bodily injuries and are not covered under this supplement. The bodily injury must be the sole cause of the insured's death or dismemberment. The injury and accidental loss, death or dismemberment must occur while the insured's coverage is in force. The insured's loss, death or dismemberment must occur within 90 days after the

In no event will we pay the accidental death or dismemberment benefit where your accident, injury, loss, death, or dismemberment is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) intentionally self-inflicted injury; or
- (2) suicide or attempted suicide; or
- (3) your participation in a felony; or
- (4) your being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or
- (5) aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or
- (6) war or any act of war, whether declared or undeclared.

What is the amount of the accidental death and dismemberment benefit?

The amount of the benefit shall be a percentage of the amount of insurance shown on the specifications page. The percentage is determined by the type of loss as shown in the following table:

TYPE OF LOSS	PERCENT OF AMOUNT OF INSURANCE
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%

One Foot and Sight of One Eye.....	100%
One Hand and Sight of One Eye	100%
Sight of One Eye	50%
One Hand or One Foot.....	50%

Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight means the entire and irrecoverable loss of sight which cannot be corrected by medical or surgical treatment or by artificial means.

Under no circumstance will more than one payment be made for the loss of the same limb, eye, hand, foot or sight, if one payment has already been made for that loss.

Benefits may be paid for more than one accidental loss but the total amount of AD&D insurance payable under this supplement for any one accident will never exceed the full amount of an insured's AD&D insurance.

What notice of claim must be provided?

Written notice of claim must be given to us within 20 days of the date of a loss resulting from a covered accident. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.

Will claim forms be provided?

Upon receipt of notice of claim, we will provide a claim form. If the claim form is not provided within 15 days after the insured has given notice of claim, we will deem the insured to have complied with the requirements for filing proof of a loss resulting from a covered accident if the insured submits, within the time period for filing proof of the loss, written proof of the occurrence, character and extent of the loss for which claim is made which is satisfactory to us.

When is proof of a loss resulting from a covered accident required?

Written proof of a loss resulting from a covered accident satisfactory to us must be provided to us within 120 days of the date of the loss.

Failure to provide proof of the loss within this time will not invalidate or reduce a claim if it was not reasonably possible to provide proof within this 120 day period, provided such proof was furnished as soon as reasonably possible.

When will the accidental death and dismemberment benefit be payable?

We will pay the AD&D benefit within 60 days after receipt at our home office of written proof satisfactory to us as to both substance and form that an insured died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office. The benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary.

To whom do we pay the benefit?

In the case of your accidental death, we will pay the accidental death benefit to the beneficiary or beneficiaries under the terms of the group policy. The benefit for other losses sustained by you will be paid to you, if living, otherwise to your estate.

What are our physical examination rights?

After an insured has filed a claim and provided at his or her expense all requested claim forms and records, we have the right to have the insured examined by a physician of our choice and at our expense. This right may be exercised as often as reasonably necessary while an insured has a claim pending with us. We also have the right and opportunity to make an autopsy in the case of death unless prohibited by law.

Termination

When does an insured's coverage under this supplement terminate?

An insured's coverage ends on the earliest of:

- (1) the date the insured is no longer covered for life insurance under the group policy; or
- (2) 61 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Accidental Death and Dismemberment coverage for its plan; or
- (2) the date the group policy is terminated (we will provide the policyholder 31 days notice of our intent to terminate the group policy).

Additional Information

Can insurance under this supplement be converted to a policy of individual insurance upon termination?

No. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

Legal Actions

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after two years from the time written proof of loss is required to be given.

Rebecca D. Montz
Assistant Secretary

Stephen M. Hoffman
President

Dependents Term Life Insurance Certificate Supplement

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides insurance on the lives of your eligible dependents.

What members of your family are eligible for insurance under this supplement?

The following members of your family are eligible for insurance under this supplement:

- (1) your legally married spouse; or
- (2) your domestic partner*; and
- (3) your and your spouse's/domestic partner's natural children, legally adopted children, or stepchildren who are less than 26 years old and dependent on you for support and maintenance. An adopted child includes a child legally placed for adoption with you. Eligibility begins at live birth (stillborn or unborn children are not eligible).

*A Domestic Partner is eligible as a dependent under this certificate if the following requirements are met:

- (1) Registration as a domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six (6) months, where such registry exists; or
- (2) For partners residing where registration does not exist, by an alternative affidavit of domestic partnership.
 - (a) The affidavit must be notarized and must contain the following:
 - The partners are both 18 years of age or older and are mentally competent to consent to contract;
 - The partners are not related by blood in a manner that would bar marriage under laws of the State of New York;
 - The partners have been living together on a continuous basis prior to the date of the application;
 - Neither individual has been registered as a member of another domestic partnership within the last six (6) months; and
 - (b) Proof of cohabitation (e.g., a driver's license, tax return or other sufficient proof); and

- (c) Proof that the partners are financially interdependent. Two (2) or more of the following are collectively sufficient to establish financial interdependence:
 - A joint bank account;
 - A joint credit card or charge card;
 - Joint obligation on a loan;
 - Status as an authorized signatory on the partner's bank account, credit card or charge card;
 - Joint ownership of holdings or investments;
 - Joint ownership of residence;
 - Joint ownership of real estate other than residence;
 - Listing of both partners as tenants on the lease of the shared residence;
 - Shared rental payments of residence (need not be shared 50/50);
 - Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence;
 - A common household and shared household expenses, e.g., grocery bills, utility bills, telephone bills, etc. (need not be shared 50/50);
 - Shared household budget for purposes of receiving government benefits;
 - Status of one as representative payee for the other's government benefits;
 - Joint ownership of major items of personal property (e.g., appliances, furniture);
 - Joint ownership of a motor vehicle;
 - Joint responsibility for child care (e.g., school documents, guardianship);
 - Shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50);
 - Execution of wills naming each other as executor and/or beneficiary;
 - Designation as beneficiary under the other's life insurance policy;
 - Designation as beneficiary under the other's retirement benefits account;
 - Mutual grant of durable power of attorney;
 - Mutual grant of authority to make health care decisions (e.g., health care power of attorney);
 - Affidavit by creditor or other individual able to testify to partners' financial interdependence; or
 - Other item(s) of proof sufficient to establish economic interdependency

under the circumstances of the particular case.

Domestic partners must be unmarried individuals.

Adopted child includes children that are placed with you, or for whom you have filed a petition to adopt. Children placed with you, or for whom you have filed a petition to adopt within 60 days of the adopted child's date of birth, are eligible from the moment of live birth (stillborn or unborn children are not eligible). Coverage for an adopted child placed with you, or for whom you have filed a petition to adopt more than 60 days after the child's date of birth, is effective from the moment of placement or filing of the petition. However, coverage will not continue if the placement is disrupted prior to legal adoption or if the child is removed from placement. Placed/placement means physical placement in your or your spouse's care. If physical placement is prevented due to the medical needs of the child, "placed" means the date you or your spouse sign an agreement for adoption of the child and assume financial responsibility for the child.

A person who is eligible as an employee or retiree under the policy, or insured under the continuation provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

When will we require evidence of insurability?

The specification page describes when evidence of insurability will be required.

When does insurance on a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) the dependent meets all eligibility requirements; and
- (2) for contributory coverage, you apply for dependents coverage in accordance with the application methods agreed upon by the policyholder and us; and
- (3) we are satisfied with the dependent's evidence of insurability if we require evidence.

Any dependent who, subsequent to the effective date of your dependents term life insurance, meets the eligibility requirements of this supplement will become insured on the date the dependent so qualifies, provided no additional premium is required and the dependent is not hospitalized or confined because of illness or disease (except in the case of a newborn). If additional premium is required, the insurance for that dependent will be effective under the same conditions which would apply if you were newly becoming eligible for dependents term life insurance under this supplement. If the dependent is hospitalized or confined because of illness or disease on the date insurance would otherwise become effective, the effective date shall be delayed until the dependent is released from

such hospitalization or confinement (except in the case of a newborn).

Death Benefit

What is the amount of life insurance on each insured dependent?

The amount of life insurance on each insured dependent is shown on the specifications page.

To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you, if living. If you die before a claim is paid, benefits will be paid to your estate.

Termination

When does an insured dependent's coverage under this supplement terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 61 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy; or
- (5) the date this supplement terminates.

You must notify us or the employer when you no longer have any dependents insured under this supplement so that the premium paid for this insurance may be discontinued. Any such premium paid after you no longer have any dependents eligible for insurance under this supplement will be refunded without any payment of a claim.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Dependents Term Life coverage for its plan; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

If an insured dependent's coverage under this supplement terminates because such dependent is no longer eligible, or because of your death, or because of termination or amendment of this supplement, the insurance may be converted to a policy of individual insurance with us.

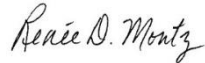
Conversion may be requested by you, an insured dependent of legal capacity, or the insured dependent's guardian, if applicable. All other conditions and provisions of the conversion right section of your certificate will apply.

Does the Waiver of Monthly Deduction supplement to your certificate apply to insured dependents?

The Waiver of Monthly Deduction supplement to your certificate will not apply to disabilities for dependents covered under this supplement.

However, if, due to your disability, your insurance is continued in force without further payment of premiums due to the Waiver of Monthly Deduction supplement, any dependents insurance provided by this supplement shall also continue in force without further payment of premiums until the dependent's eligibility terminates or until your insurance is no longer continued in force due to the Waiver of Monthly Deduction supplement.

This provision is not applicable if the dependent's insurance has been converted under the conversion right section of this supplement unless the converted policy is surrendered without claim except for refund of premiums.



Secretary



President

Waiver of Monthly Deduction Certificate Supplement

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. Coverage under this supplement will not be included in any insurance issued under the conversion right section of the certificate.

The specifications page indicates to what insurance this supplement applies. This supplement does not apply to you if you have continuation status.

What does this supplement provide?

This supplement provides for continuation of insurance without payment of premium if you become totally and permanently disabled.

Waiver of Monthly Deduction Benefit

What is the waiver of monthly deduction benefit?

If you become totally and permanently disabled, as defined herein, while under age 60, and that disability becomes a permanent disability, we will waive the monthly deduction so that your insurance, including all supplements to your certificate which were in force on the date of the onset of your disability, will be continued in force without the need for payment of premiums during the uninterrupted continuance of the total and permanent disability.

No certificate supplements may be added to your certificate while the primary insured is disabled. However, if there are dependents insured by a certificate supplement on the date of the onset of the primary insured's disability, additional dependents may become insured under such supplement, provided additional premium would not otherwise be required.

What is total disability?

Total disability is the incapacity of the insured, resulting from injury or disease, to engage in any occupation for remuneration or profit.

Any occupation means an occupation for which you are reasonably suited by education, training or experience.

What is permanent disability?

Permanent disability is a total disability which has existed continuously for at least six months.

What if you convert your group life insurance to a policy of individual insurance prior to the approval of your disability claim?

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums. You cannot have coverage under both policies and only one death benefit will be available.

What will be considered due proof of total and permanent disability?

You must furnish evidence satisfactory to us as to both substance and form that your total and permanent disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability; and
- (3) commenced before your 60th birthday; and
- (4) was continuous for six months or more.

If you die within one year of the date of onset of your total and permanent disability, your beneficiary may claim benefits under this supplement even if your premium payments were discontinued and you had not submitted due proof satisfactory to us of your total disability or you were continuously disabled for less than six months. Your beneficiary must submit due proof satisfactory to us that your total and permanent disability, which began before premium payments on your behalf were discontinued and before your 60th birthday, continued without interruption until your death.

Do we have the right to obtain independent medical verification of your total and permanent disability?

Yes. After you have provided at your expense the requested claim forms and records, we may require that you submit to a medical examination. If we require the insured to be medically examined to verify that the eligibility requirements for benefit payments are met, we may do this as often as reasonably required, but not more than once per year, while benefits are being considered or paid. Verification will be done by a licensed health care practitioner of our choosing. If we request verification we will do so at our own expense.

When must we be notified of your total and permanent disability or death?

We must receive written notice at our home office of your total and permanent disability within one year of the date of onset of such disability while you are living and totally and permanently disabled. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

We must receive written notice at our home office within one year of death that you died during a period of continuance provided by this supplement. Proof must be furnished that you continued to be totally and permanently disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement. However, failure to give notice within the time provided will not invalidate the claim if it is shown that notice was given as soon as reasonably possible.

What is the amount of insurance to be continued without payment of premium under this supplement?

The amount of contributory insurance continued without payment of premium shall be the amount of insurance that was in force on the date of onset of total and permanent disability.

If the group policy provides for reductions in amounts of insurance based on age or retirement, such reductions shall apply to your insurance while disabled.

The amount of insurance continued under this supplement for any of your dependents insured by supplement is the amount of insurance for which the dependent was insured on the date of the onset of the primary insured's total and permanent disability. If a dependent becomes insured on or after the date of the onset of the primary insured's total and permanent disability, the amount of insurance for that dependent will be in accordance with the plan of dependent's insurance in effect for the primary insured. If the group policy provides for reductions in a dependent's amount of insurance based on age, such reductions will apply to the amount of insurance on the dependent continued under this supplement.

How long will insurance be continued without payment of premium?

If you become totally and permanently disabled, insurance will be continued, without payment of premium, until the earliest of:

- (1) your 65th birthday; or
- (2) the date you recover so that you are no longer totally and permanently disabled; or
- (3) the date you fail to furnish proof of continued disability when requested or you refuse to submit to a required medical examination.

What happens to your insurance when the waiver of monthly deduction benefit ends?

When the benefits under this supplement end according to the provisions of the section entitled "How long will insurance be continued without payment of premium?," the following will apply:

- (1) If the group policy is in force and you meet the eligibility requirements of the group policy, your insurance can be continued on a non-continuation status basis. The monthly deduction will no

longer be waived and premium payment must be resumed or the net cash value must be sufficient to pay the monthly deduction.

- (2) If the group policy is in force and you do not meet the eligibility requirements of the group policy, or if the group policy is no longer in force, your insurance may be continued on a continuation status basis. The monthly deduction will no longer be waived and premium payment must be resumed or the net cash value must be sufficient to pay the monthly deduction.
- (3) If the group policy is no longer in force, the owner can convert the insurance to an individual policy, as provided by the conversion provisions of the certificate.

Insurance will end for you unless continued or converted as provided herein.

Termination

When does your coverage under this supplement terminate?

Your waiver of monthly deduction coverage terminates on the earliest of:

- (1) the date you are no longer insured for life insurance covered by this supplement; or
- (2) the date requested by the policyholder to cancel the Waiver of Monthly Deduction coverage for its plan; or
- (3) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Waiver of Monthly Deduction coverage or of the group policy.

Additional Information

Will your account value increase while insurance is being continued under this supplement?

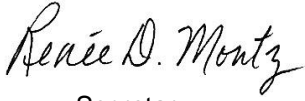
Although premium payment to cover the monthly deduction is not necessary while insurance is being continued under this supplement, additional premium may still be paid to your account. Interest will also continue to accrue on your account value, if any. The waiver of the monthly deduction itself does not affect your account value.

Will the monthly deduction continue to be taken from the owner's account value after the onset of the primary insured's total and permanent disability?

Yes. The monthly deduction will continue to be taken from the owner's account value after the onset of the primary insured's total and permanent disability, but only until we approve the disability claim.

What if the insurance on a primary insured lapses?

If insurance on a primary insured lapses before notice of the primary insured's total and permanent disability is received at our home office, insurance on the primary insured will be continued only if the notice is received within one year after the insurance lapses. Also, the onset of the total and permanent disability must have been prior to the end of the grace period.



Secretary



President

Securian Life Insurance Company

400 Robert Street North • St Paul, Minnesota 55101-2098

GROUP UNIVERSAL LIFE CERTIFICATE OF INSURANCE FLEXIBLE PREMIUM • CONTRIBUTORY