This is your life insurance policy contract. Please keep it in a safe place with your other important papers.



The person covered by this policy is:

ADOLFO
REYNA ORTA

Getting in touch with Customer Care is easy. Here's the information you'll need.

LIFE INSURANCE POLICY INFORMATION

Policy insured: ADOLFO REYNA ORTA
Policy number: 5001633725
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

Phone: 1.800.638.8428
Email: customerservice@bannerlife.com
Online: www.bannerlife.com

LIFE INSURANCE POLICY INFORMATION

Policy insured: ADOLFO REYNA ORTA
Policy number: 5001633725
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

Phone: 1.800.638.8428
Email: customerservice@bannerlife.com
Online: www.bannerlife.com

LIFE INSURANCE POLICY INFORMATION

Policy insured: ADOLFO REYNA ORTA
Policy number: 5001633725
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

Phone: 1.800.638.8428
Email: customerservice@bannerlife.com
Online: www.bannerlife.com

LIFE INSURANCE POLICY INFORMATION

Policy insured: ADOLFO REYNA ORTA
Policy number: 5001633725
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

Phone: 1.800.638.8428
Email: customerservice@bannerlife.com
Online: www.bannerlife.com



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
1.800.638.8428

This card is for informational purposes only and is not a guarantee nor proof of coverage. In the event of a discrepancy between this card and the Policy, the Policy controls. All terms and conditions of the Policy apply.



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
1.800.638.8428

This card is for informational purposes only and is not a guarantee nor proof of coverage. In the event of a discrepancy between this card and the Policy, the Policy controls. All terms and conditions of the Policy apply.



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
1.800.638.8428

This card is for informational purposes only and is not a guarantee nor proof of coverage. In the event of a discrepancy between this card and the Policy, the Policy controls. All terms and conditions of the Policy apply.



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
1.800.638.8428

This card is for informational purposes only and is not a guarantee nor proof of coverage. In the event of a discrepancy between this card and the Policy, the Policy controls. All terms and conditions of the Policy apply.

RENEWABLE AND CONVERTIBLE INDIVIDUAL TERM LIFE INSURANCE.

Banner Life Insurance Company . 3275 Bennett Creek Avenue **.** Frederick, Maryland 21704 **.**
800-638-8428 . www.bannerlife.com

Insured - ADOLFO REYNA ORTA **Face Amount -** $2,000,000

Policy Number - 5001633725 **Policy Date -** October 22, 2026

Owner(s) - ADOLFO REYNA ORTA

Details for Riders, if any, can be found on the Policy Schedule.

RIGHT TO EXAMINE POLICY FOR 30 DAYS
Within 30 days after the Policy is received, it may be returned to the agent through whom it was purchased or to our Home Office. We will then refund any premium paid and the Policy will be deemed void from the beginning. In the event information, assistance, or resolution of complaints is needed, please contact the agent who issued or delivered your Policy to you, or our Customer Service Department at the address and phone number listed above.

READ YOUR POLICY CAREFULLY
This Policy is a legal contract between the Policy Owner and Banner Life Insurance Company.

In this Policy, Banner Life Insurance Company will be referred to as “we,” “our,” or “us.”

We will pay the proceeds as shown in the Policy Schedule Pages to the Beneficiary if the Insured dies while this Policy is in force and prior to the Expiration Date. Such payment will be subject to the provisions of this Policy.

All payments are subject to the terms of this Policy. The following pages are part of this Policy.

This Policy is issued in consideration of the application and of the payment of the first premium as provided herein. A copy of the application is attached and is made a part of the Policy.

Signed for Banner Life Insurance Company at its Home Office in Frederick, Maryland on the Policy Date.

Bryan R. Newcombe

Secretary

Senior Vice President,
Chief Financial Officer & Treasurer

Renewable and Convertible Individual Term Life Insurance.
Term Life Insurance to Attained Age 95.

Premiums are fixed and level during the level Term Period, and increasing after the level Term period. Premiums are payable as shown in the Policy Schedule to the Expiration or until the death of the Insured.

A one-time Face Amount decrease occurs at the End of Level Term Period.

A Change of Premium provision is applicable subject to Guaranteed Maximum Premiums.

This Policy is convertible until the end of the level Term Period.

This Policy is renewable to the Expiration Date.

This Policy is nonparticipating and no dividends are payable.

BannerLife

TABLE OF CONTENTS

POLICY SCHEDULE..... 3
DEFINITIONS..... 4
GENERAL PROVISIONS..... 5
TERMINATION..... 6
OWNER AND BENEFICIARY..... 6
PREMIUMS..... 7
CONVERSION..... 7
CHANGE OF PREMIUM..... 8
RENEWAL..... 8
DEATH BENEFIT PROCEEDS..... 9
PAYMENT OF PROCEEDS..... 9
ELECTION OF PAYMENT OPTIONS.....10
PAYMENT OPTIONS.....10
PAYMENT OPTION TABLES.....11

Concluded With:

Riders, benefits, amendments, and endorsements, if any; and copy of applications

PLEASE READ YOUR POLICY CAREFULLY

POLICY SCHEDULE

INSURED: ADOLFO REYNA ORTA

ISSUE AGE AND SEX: 37 Male

END OF POLICY CONVERSION PERIOD: 10/21/2046

OWNER: ADOLFO REYNA ORTA

POLICY NUMBER: 5001633725

ISSUE DATE: 10/22/2026

POLICY DATE: 10/22/2026

EXPIRATION DATE: 10/22/2084

RATING CLASS: PREFERRED PLUS NONTOBACCO

TERM PERIODS: INITIAL TERM PERIOD OF 20 YEARS, FOLLOWED BY RENEWAL PERIODS

FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM	LEVEL PERIOD
DTCV21-FL	RENEWABLE AND CONVERTIBLE TERM	10/22/2084	$2,000,000	$799.94	20 YEARS
ADB-FL	ACCELERATED DEATH BENEFIT			$0.00	
	POLICY FEE			$90.00	
	TOTAL:		**$2,000,000**	**$889.94**	

PAYMENT MODE: **MONTHLY**

PREMIUM DUE DATE: 22nd of each month

***PREMIUM MODES AVAILABLE:**	ANNUAL	SEMI-ANNUAL	QUARTERLY	**MONTHLY**
	$889.94	$453.87	$231.38	**$75.64**

For all years and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors semi-annual 0.510 quarterly 0.260 monthly 0.085

ISSUE AGE IS INSURED'S AGE NEAREST BIRTHDAY ON THE POLICY DATE.

FOR MAXIMUM RENEWAL PREMIUMS FOR BASE COVERAGE, SEE PAGE 3A.

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	FACE AMOUNT
1	$889.94	$2,000,000
2	$889.94	$2,000,000
3	$889.94	$2,000,000
4	$889.94	$2,000,000
5	$889.94	$2,000,000
6	$889.94	$2,000,000
7	$889.94	$2,000,000
8	$889.94	$2,000,000
9	$889.94	$2,000,000
10	$889.94	$2,000,000
11	$889.94	$2,000,000
12	$889.94	$2,000,000
13	$889.94	$2,000,000
14	$889.94	$2,000,000
15	$889.94	$2,000,000
16	$889.94	$2,000,000
17	$889.94	$2,000,000
18	$889.94	$2,000,000
19	$889.94	$2,000,000
20	$889.94	$2,000,000
21	$4,426.00	$400,000
22	$4,426.00	$400,000
23	$4,426.00	$400,000
24	$4,426.00	$400,000
25	$4,426.00	$400,000
26	$4,426.00	$400,000
27	$10,654.00	$400,000
28	$12,138.00	$400,000
29	$13,782.00	$400,000
30	$15,598.00	$400,000
31	$17,782.00	$400,000
32	$20,266.00	$400,000
33	$23,118.00	$400,000
34	$26,510.00	$400,000
35	$30,282.00	$400,000
36	$34,826.00	$400,000
37	$39,802.00	$400,000
38	$45,094.00	$400,000
39	$50,994.00	$400,000
40	$57,462.00	$400,000
41	$64,582.00	$400,000
42	$72,458.00	$400,000
43	$81,446.00	$400,000
44	$91,818.00	$400,000
45	$103,958.00	$400,000

*PREMIUMS MAY BE CHANGED AFTER YEAR 20 AS PROVIDED IN THE CHANGE OF PREMIUM PROVISION. BASE COVERAGE PREMIUMS INCLUDE POLICY FEE, AND ANY RATING OR FLAT EXTRA, IF APPLICABLE.

For all years, and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual 0.510 quarterly 0.260 monthly 0.085

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	FACE AMOUNT
46	$117,546.00	$400,000
47	$135,898.00	$400,000
48	$150,246.00	$400,000
49	$166,418.00	$400,000
50	$184,510.00	$400,000
51	$202,398.00	$400,000
52	$223,770.00	$400,000
53	$279,070.00	$400,000
54	$301,878.00	$400,000
55	$322,734.00	$400,000
56	$340,686.00	$400,000
57	$355,394.00	$400,000
58	$365,466.00	$400,000

*PREMIUMS MAY BE CHANGED AFTER YEAR 20 AS PROVIDED IN THE CHANGE OF PREMIUM PROVISION. BASE COVERAGE PREMIUMS INCLUDE POLICY FEE, AND ANY RATING OR FLAT EXTRA, IF APPLICABLE.

For all years, and subject to rounding, modal premiums are determined by multiplying the annual premium by the following factors: semi-annual 0.510 quarterly 0.260 monthly 0.085



DEFINITIONS
All capitalized terms, not otherwise defined herein, shall have the meanings provided below.

Administrative Office
Our Administrative Office is located at 3275 Bennett Creek Avenue, Frederick, Maryland 21704.

Beneficiary
The person to receive the proceeds payable at the Insured's death.

Contingent Owner
The Contingent Owner is as named in the application or as subsequently changed by the Owner.

End of Policy Conversion Period
As shown in the Policy Schedule.

Expiration Date
The Expiration Date is the end of the last Term Period. The Expiration Date is shown in the Policy Schedule. After the Expiration Date, no insurance will be provided under this Policy.

Face Amount
The amount of insurance shown in the Policy Schedule.

Home Office
Our Home Office is located at 3275 Bennett Creek Avenue, Frederick, Maryland 21704.

Insured
The Insured is the individual shown in the Policy Schedule.

Issue Age
Issue Age is shown and defined in the Policy Schedule.

Issue Date
The Issue Date is shown on the Policy Schedule. It is the date we complete the processing of the Insured's approved application, and issue to the Insured or the Owner this life insurance Policy.

Owner
The Owner is as named in the application, unless later changed by the Owner. If no Owner is specified, the Insured is the Owner.

Policy
Policy shall mean the life insurance policy specified in the Policy Schedule.

Policy Date, Year, and Anniversary
The Policy Date is shown on the Policy Schedule. This date is used to determine premium due dates, policy anniversaries, years, and months. Coverage will be effective on the Policy Date. Each Policy Year begins on the same day and month as the Policy Date. A Policy Anniversary occurs on the first day of each Policy Year after the first Policy Year.

Renewal Date
A Renewal Date is the date on which the previous Term Period ended.

Term Period
A Term Period is the period of time that premiums are level. The Term Periods are shown in the Policy Schedule.

Written Notice/Recording Thereof
Written Notice means a notification or request received from the Owner in a form satisfactory to us. Written Notices are recorded at our Administrative Office. We will not be responsible for the validity of any Written Notice.

GENERAL PROVISIONS

Contract
The entire contract consists of the following:

- This Policy, including any applicable endorsements;
- Riders, if any;
- Any notice of policy changes sent to the Owner for attachment to this Policy;
- The application, including any supplemental application or amendment to the application; and
- Any application for reinstatement.

An application includes all sections and forms the Company has designated as parts of the application.

All statements made in an application are, in the absence of fraud, deemed representations and not warranties. No statement will void this Policy or be used in defense of a claim unless it is contained in the application attached to, or considered to have been attached to, this Policy when issued or delivered.

Only the President, a Vice President, or Secretary of the Company can change or waive any provision of this Policy. Any change or waiver must be made in writing.

We may not change or amend this Policy without the Owner's consent except as expressly provided in the Policy. However, we may change or amend this Policy if such change or amendment is necessary for it to comply with any state or federal law, rule, or regulation.

Incontestability
Statements may be used to contest the validity of this Policy or in defense of a claim only if they are contained in the application or in an endorsement or amendment, and a copy of that application, endorsement, or amendment is attached to, or considered to be attached to, the Policy at issue or is made part of the Policy when a change becomes effective.

We will not contest this Policy after it has been in force during the Insured's lifetime for two years from the Issue Date, except for failure to pay premiums.

If this Policy is reinstated, except for failure to pay premiums, it will be incontestable after it has been in force during the Insured's lifetime for two years from the effective date of the Reinstatement. The Incontestability period will be based only on statements in the most recent applications, unless the original contestable period has not yet expired. Any Policy change requiring underwriting will be incontestable after it has been in force during the Insured's lifetime for two years from the effective date of the change. Any Policy change will be contestable only for reasons pertaining to statements that were provided to us for the Policy change.

Misstatement of Age and Sex
If the Insured's age or sex has been misstated, we will pay the Face Amount that the most recent premium paid would have purchased at the correct age and sex. If the correct age is outside of the issue age ranges, the premium and benefit will be extrapolated.

Suicide Exclusion
If the Insured, while sane or insane, dies by suicide within two years from the Issue Date or date of reinstatement, our liability will be limited to a refund of all premiums paid to us.

Nonparticipating
This Policy is nonparticipating and the Owner will not share in Banner Life Insurance Company's profits or surplus. No dividends are payable on this Policy.

Change in Face Amount
The Face Amount of the Policy is shown in the Schedule Page, and may not be increased or decreased, except as shown in the Policy Schedule.

TERMINATION

All coverage under this Policy will terminate at the earliest of:

1. The end of the Grace Period, if as described in the Grace Period provision, the minimum premium due was not received;
2. The date we receive Written Notice at our Administrative Office to terminate the Policy;
3. The date of the Insured's death; or
4. The Expiration Date specified in the Policy Schedule.
5. The date the Owner converts to a new policy.

OWNER AND BENEFICIARY

The Owner, primary Beneficiary, and contingent Beneficiary are as shown in the application or a notice of change that has been received at the Home Office in a form acceptable to the Company. The designation of Contingent Owner is as shown in the application or as subsequently elected by the Owner in a Written Notice received at the Home Office in a form acceptable to the Company. If the Insured becomes the Owner, any designation of Contingent Owner is void.

The Owner has all rights stated in this Policy. The rights of the Owner are subject to the rights of any irrevocable Beneficiary or assignee we have on record.

If the Owner is other than the Insured and the Owner dies during the Insured's lifetime, all rights of the Owner vest in the Contingent Owner, if living or in existence, and the Contingent Owner becomes the Owner. If the Contingent Owner is not alive or in existence at the Owner's death, all ownership rights vest in the Owner's estate or successors. In the event the Owner is other than an individual, and there are no surviving Contingent Owners or successors to the Owner, then the Insured or the Insured's estate becomes the Owner.

Changes of Owner and Beneficiary
The Owner, Contingent Owner, primary Beneficiary, and contingent Beneficiary are as shown in the application, unless later changed by the Owner. The Owner may change the designations of Owner, Contingent Owner, and Beneficiary during the Insured's and the Owner's lifetime. Any change of the irrevocable Beneficiary is subject to the written consent of an irrevocable Beneficiary.

Written Notice of change of the Owner, Contingent Owner, and Beneficiary must be received at the Home Office in a form acceptable to the Company. Any change will then take effect as of the date the Owner signed the notice unless otherwise specified by the Owner. Such a change shall be subject to and not affect any payment made or other action taken by the Company before Written Notice is received.

Death of a Beneficiary
Unless otherwise provided in the Beneficiary designation:

1. The interest of any Beneficiary who dies before the Insured will pass to any surviving Beneficiaries according to their respective interests; or
2. If no Beneficiary survives the Insured, the proceeds will be paid to any surviving contingent Beneficiary according to their respective interest. If no Beneficiary or contingent Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

If a trust is named as the Owner or Beneficiary of this Policy, the Company will have no obligation to verify that the trust is valid or that a trustee is acting within the scope of that trustee's authority. Any payment to the trust will release the Company from all obligations under this Policy and the Company will have no obligation to ensure that such payment is applied according to the trust agreement.

Assignment of Policy
This Policy may be assigned. We will not be responsible for the validity of an assignment. Written Notice of an assignment must be received by our Home Office in a form acceptable to the Company. The assignment will then take

effect as of the date the Owner signed the notice unless otherwise specified by the Owner. Such a change shall not affect any payment made or other action taken by the Company before Written Notice is received. Payments to any assignee will only be made in a lump sum.

PREMIUMS

Payment of Premiums
The first premium must be paid during the Insured's lifetime before any insurance becomes effective. The due date of the first premium is the Policy Date. Each subsequent premium is due on the premium due date(s) shown in the Policy Schedule, and must be paid during the Insured's lifetime. The Owner may change the frequency of the premium payment to any frequency we offer on the date such change is requested. All premiums, after the first, are payable in advance at our Administrative Office. A premium receipt signed by one of our officers will be furnished upon request. In no event may premiums be paid beyond the Expiration Date.

Grace Period
Except for the first premium, we will allow a 31 day grace period after the premium due date to pay each premium. During the Grace Period, the Policy will remain in force. We will send notification of the Grace Period and the minimum premium due to the Owner's last known address and to any assignee of record at least 30 days prior to the date the Policy is to terminate.

If sufficient premium is not paid, all coverage under this Policy will terminate without value at the end of the Grace Period. Sufficient premium payment sent by U.S. mail must be postmarked within the Grace Period. If death of the Insured occurs during the Grace Period, we will subtract the premium amount required to provide insurance coverage to the end of the Policy month in which the date of death of the Insured occurred from the Death Benefit Proceeds.

Reinstatement
A Policy which terminates in accordance with the Grace Period provision may be reinstated if:

1. Written request for Reinstatement is made within five years after the expiration of the Grace Period and before the Expiration Date of the Policy. The reinstated Policy will be in force from the latter of the date we approve the application for Reinstatement and the date required premiums are paid;
2. The Owner submits a written application;
3. Evidence of the Insured's insurability is received and approved by us; and
4. All due and unpaid premiums, including back payments, with interest payable at an annual rate of 6% are paid.

CONVERSION
This Policy may be converted to a new policy on the Insured's life. Evidence of the Insured's insurability is not required. Any conversion will be subject to the following:

1. Occurring on any premium due date, but not later than the End of the Policy Conversion Period shown in the Policy Schedule;
2. Receipt of the Owner's written request and application for conversion;
3. Payment of the first premium for the new policy;
4. The Owner returning this Policy to us; and
5. No conversion shall occur while the Insured is totally disabled under the terms of a total disability benefit.

The new policy will be issued:
1. With the date of conversion as its Policy Date;
2. At the Insured's age, as defined in the new policy, on the date of conversion;
3. With the same rating classification, or if not available the nearest equivalent rating as determined at our sole discretion, as that under this Policy;
4. On any permanent life plan which we, at our sole discretion, make available for conversion and, for the amount converted, we customarily issue on the date of conversion to applicants with the Insured's rating classification;
5. With premiums based on our rates for the rating classification and plan of insurance on the date of conversion;

6. For an amount of insurance not less than our minimum for the plan provided nor greater than the Face Amount of this Policy on the conversion date. At least one plan of insurance will be available for conversion in an amount equal to the Face Amount of this Policy on the conversion date;
7. So that the time limit specified in the Incontestability and Suicide provisions of the new policy will be measured from the Issue Date of this Policy; and
8. Subject to any assignment of this Policy received at our office.

The new policy will contain a total disability benefit if:
1. This Policy contains such benefit in force on the date of conversion;
2. On the date of conversion, we customarily issue such benefit to applicants with the Insured's age, sex, and rating classification; and
3. On the date of conversion, we customarily issue such benefit in conjunction with the plan to which the Insured converts.

If more than one type of total disability benefit is available on the date of conversion, the benefit attached to the new policy will be the benefit with the lowest premium.

CHANGE OF PREMIUM

We may, at our sole discretion, change the premium for this Policy after the initial Term Period, exclusive of any riders, subject to the following:

1. The annual renewal premium for this Policy will not exceed the maximum annual renewal premium shown in the Policy Schedule;
2. The premium may not be changed more than once during any 12 month period;
3. We will send the Owner, at the address in our records, a Written Notice of any change in premium at least 30 days before the date on which the change will be effective;
4. Any change of premium will be based on our expectations as to future experience for such elements as persistency, expenses, mortality, taxes, and investment earnings;
5. The modal premium will be calculated on the same basis as used on the Issue Date of this Policy;
6. Any change in premium will be on a uniform basis applying to all policies with the same or similar policy characteristics as this Policy. For purposes of applying changes in premium, policy characteristics shall include issue age, sex, rating classification, duration, issue date, face amount band, distribution channel, issue state, underwriting method, payment mode and plan of insurance. A change of health will not cause a change of premium; and
7. Any change in premium will take effect on the Policy anniversary date following the date we make the change.

RENEWAL

Renewability
This Policy may be renewable for additional Term Periods. Evidence of the Insured's insurability need not be furnished. Renewal will occur only if premiums have been paid to the Renewal Date. This Policy, however, will not continue beyond the Expiration Date.

Effective Date of Renewal
The renewal premium must be paid within 31 days of the Renewal Date in order for the renewal to become effective. If the Insured dies during this period, the Policy will be renewed automatically and the portion of the renewal premium required to provide insurance from the premium due date to the end of the Policy month in which the Insured's death occurs will be deducted in the calculation of proceeds payable.

Renewal Premiums
The maximum annual renewal premium rates for this Policy, including riders and benefits, are shown in the Policy Schedule.

Automatic Renewal
This Policy will be automatically renewed on the Renewal Date if:

1. This Policy contains a total disability benefit; and
2. Premiums are being waived to the Renewal Date under such disability benefit.

We will waive renewal premiums as long as the Insured continues to be totally disabled under such total disability benefit.

DEATH BENEFIT PROCEEDS

The death benefit proceeds payable at the Insured's death will be (1) plus (2) plus (3) minus (4) where:

1. Is the Face Amount in effect at time of the Insured's death as shown in the Policy Schedule;
2. Is any insurance on the Insured's life provided by riders;
3. Is the portion of any premium paid for a period beyond the Policy month in which the Insured's death occurs; and
4. Is any premium which is due and unpaid for a period from the premium due date to the end of the Policy month in which the Insured's death occurs.

The payment of interest on the death benefit proceeds shall be as follows:

1. Interest shall accrue at the rate greater than or equal to the Moody's Corporate Bond Yield Average – Monthly Average Corporate. In determining these effective annual rate or rates, the Company shall use the rate in effect on the date due proof is received by the Company.
2. Interest will accrue at the effective annual rate determined in item 1 beginning with the date that due proof of death is received by the Company.

We will not pay the death benefit proceeds until we receive all of the following at our Administrative Office:

1. This Policy or a completed lost policy form;
2. Due proof of death, satisfactory to the Company, that the Insured died while the Policy was in effect;
3. A written claim for the death benefit proceeds completed on a form that we supply; and
4. If this Policy or a policy change or reinstatement is contestable as set forth in the Incontestability provision when the Insured died, an authorization, on a form that we supply, from a person authorized to allow us to obtain and disclose information about the Insured.

We reserve the right to require the return of the Policy at time of settlement.

PAYMENT OF PROCEEDS

Any amount payable under this contract will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any Payment Option. However, options will not be available if:

1. The net proceeds are less than $2,500;
2. The amount of each payment is less than $50; or
3. In the case of Payment Option 1, 3, or 4, the payee is not a natural person receiving payment in their own right.

Proceeds left with us may be withdrawn by Written Notice where such right is given. We reserve the right to postpone payment of any withdrawal for as long as six months from the date we receive Written Notice.

We may require evidence of the survival of any payee before any settlement payment payable to the payee is made.

ELECTION OF PAYMENT OPTIONS

By Owner
During the Insured's lifetime, the Owner may elect any Payment Option and may change such election if the Owner has reserved the right to do so.

If the Owner elects a Payment Option for the Beneficiary, the Beneficiary may not:

1. Change or cancel the election;
2. Assign or transfer the amount held by us; or
3. Withdraw any future installments or unpaid interest installments unless these rights are granted in the election.

By Beneficiary
If the Owner does not elect a payment option, the Beneficiary may do so after the Insured's death.

Such election by the Beneficiary:

1. Must be made before the payment of any Policy proceeds has been made; and
2. Shall be effective as of the date of the Insured's death.

Conditions of Election
Any election or change must be made by Written Notice to us. No election or change will be effective until we record it.

PAYMENT OPTIONS

The annuity benefits at the time of their commencement will not be less than those that would be provided by the application of the cash surrender value to purchase a single consideration immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants whether the annuity benefits are payable in fixed or variable amounts, or both.

The following sections describe the payments options available under this Policy.

Option 1 – On Deposit
The proceeds may be left with us to draw interest. Interest may be paid annually, semi-annually, quarterly, or monthly. The first payment will be made at the end of the interest frequency period chosen. The interest credited will never be less than the guaranteed minimum interest rate of 0%. Interest shall not be paid beyond the lifetime of one payee except with our consent.

Option 2 – Payments of a Fixed Amount
Under this option, the Company will make monthly payments in the amount chosen until the proceeds and earned interest have been paid in full. The total amount paid each year must be at least 5% of the original proceeds. The length of the payment period will depend on the amount chosen the amount of the proceeds applied, and the amount of interest earned.

Option 3 – Payments for a Fixed Period
We will make payments for a fixed period. The amount of each payment, per $1,000 of Policy proceeds, will not be less than that shown in Table A. At the payee's death, we will continue to pay the balance of the unpaid payments to the payee's Beneficiary.

Option 4 – Life Income
We will make equal monthly payments during the payee's lifetime, with a life only option or with a minimum period guaranteed (60 or 120 months). Payments will end with the last monthly payment before payee's death. The amount of each payment, per $1,000 of Policy proceeds, will not be less than that shown in Table B.

Proceeds left with us under options 1, 2, and 3 may be withdrawn by Written Notice. We reserve the right to postpone payment of any withdrawal for as long as six months from the date we receive Written Notice.

Evidence of Survival
We have the right to require satisfactory proof of any payee's age. The right to change options is not available after payments commence under this option.

Basis of Values
The Payment Option tables are based on an interest rate of 1.5% compounded yearly. For options involving lifetime income, mortality rates are based on the 2000A Mortality Table. We may offer more favorable rates than those determined on this basis.

Additional Options
Any proceeds payable under this Policy may be paid under any other method of payment agreed to by us at the time of settlement.

PAYMENT OPTION TABLES

Table A – Monthly Payments for Each $1,000 of Proceeds

Number of Years	Monthly Payments
5	17.28
6	14.51
7	12.53
8	11.04
9	9.89
10	8.96
11	8.21
12	7.58
13	7.05
14	6.59
15	6.20
16	5.85
17	5.55
18	5.27
19	5.03
20	4.81
21	4.62
22	4.44
23	4.28
24	4.13
25	3.99
26	3.86
27	3.75
28	3.64
29	3.54
30	3.44



Table B, Monthly Payments for Each $1,000 of Proceeds

	LIFE ONLY		LIFE WITH PERIOD CERTAIN			
			5 Years		10 Years	
Age	Male	Female	Male	Female	Male	Female
50	3.24	3.00	3.24	3.00	3.22	2.99
51	3.32	3.06	3.31	3.06	3.29	3.05
52	3.39	3.13	3.38	3.12	3.36	3.11
53	3.47	3.19	3.46	3.19	3.44	3.18
54	3.55	3.26	3.54	3.26	3.51	3.25
55	3.63	3.34	3.63	3.33	3.60	3.32
56	3.73	3.42	3.72	3.41	3.68	3.39
57	3.82	3.50	3.81	3.49	3.77	3.47
58	3.92	3.59	3.91	3.58	3.87	3.56
59	4.03	3.68	4.02	3.67	3.97	3.64
60	4.15	3.78	4.13	3.77	4.07	3.74
61	4.27	3.88	4.25	3.87	4.19	3.83
62	4.40	3.99	4.38	3.98	4.30	3.94
63	4.54	4.11	4.52	4.09	4.43	4.05
64	4.69	4.23	4.66	4.22	4.55	4.16
65	4.85	4.37	4.81	4.35	4.69	4.28
66	5.02	4.51	4.98	4.49	4.83	4.41
67	5.20	4.66	5.15	4.64	4.98	4.55
68	5.39	4.83	5.33	4.80	5.13	4.69
69	5.60	5.00	5.53	4.97	5.29	4.84
70	5.82	5.19	5.73	5.15	5.45	5.00
71	6.05	5.40	5.95	5.34	5.62	5.17
72	6.30	5.62	6.18	5.55	5.79	5.34
73	6.57	5.85	6.42	5.78	5.96	5.52
74	6.85	6.11	6.67	6.02	6.14	5.71
75	7.15	6.39	6.94	6.28	6.32	5.91
76	7.48	6.69	7.22	6.55	6.51	6.11
77	7.82	7.01	7.52	6.84	6.69	6.31
78	8.19	7.37	7.83	7.16	6.87	6.52
79	8.59	7.75	8.15	7.49	7.05	6.73
80	9.02	8.16	8.49	7.84	7.22	6.93
81	9.47	8.61	8.85	8.21	7.39	7.14
82	9.95	9.09	9.21	8.60	7.56	7.33
83	10.47	9.62	9.59	9.01	7.71	7.52
84	11.02	10.18	9.97	9.44	7.86	7.69
85	11.61	10.80	10.37	9.87	8.00	7.86
86	12.24	11.46	10.76	10.32	8.13	8.01
87	12.91	12.16	11.17	10.77	8.24	8.15
88	13.62	12.92	11.57	11.22	8.35	8.27
89	14.37	13.72	11.97	11.66	8.45	8.38
90	15.17	14.56	12.37	12.10	8.54	8.48
91	16.02	15.43	12.77	12.52	8.61	8.56
92	16.92	16.35	13.16	12.92	8.68	8.64
93	17.87	17.30	13.54	13.31	8.74	8.71
94	18.88	18.30	13.91	13.69	8.80	8.76
95	19.97	19.33	14.28	14.05	8.84	8.81

Income Payments for ages not shown furnished upon request. The values above are based on 1.5% and the 2000A Mortality Table. Age above is based on age nearest birthday.



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-638-8428
www.bannerlife.com

ACCELERATED DEATH BENEFIT RIDER

This rider provides for an accelerated death benefit payment to the Owner of the policy during the lifetime of the Insured subject to eligibility requirements. An accelerated death benefit payment, hereafter referred to as an ADB, will reduce the policy's death benefit proceeds otherwise payable and limit the availability of any policy cash surrender value and/or any available loan value. This rider is not intended or designed to provide health, nursing home, or long-term care. There are no restrictions on the use of an ADB.

The policy owner should seek assistance from a tax advisor regarding the tax status of any ADB payment.

In this Benefit Rider, Banner Life Insurance Company will be referred to as "we"," our" or "us" or "company". The "policy" is the policy to which this rider is attached. Coverage pursuant to this rider begins on the same date as the coverage for the policy. This rider is subject to all terms and conditions of the policy, except as provided in this rider. The rider is made part of the policy on the policy issue date. For purposes of this rider, the insured is as defined in the policy.

BENEFIT

We will make an accelerated death payment subject to the provisions of this rider. An ADB payment will require:

1. The Owner's written request, sent to our home office, for an ADB payment.
2. Proof that is acceptable to us that the Owner is eligible for receipt of an ADB payment.
3. A signed acknowledgement of concurrence for payment from all irrevocable beneficiaries and any assignee on the policy. If the company paying the ADB is itself the assignee under the policy, no signed acknowledgement is required.
4. A full release of any collateral assignment of the policy with the exception of collateral assignment to the company.
5. That, if the policy is a term insurance, it cannot have less than twelve months remaining until the maturity date on the date that payment is to be made.
6. That the policy has not been voided and is not being contested.

The ADB will be paid to the Owner or Owner's estate while the insured is living, unless the benefit has been otherwise assigned or designated by the Owner. The payment of the accelerated death benefit is due immediately upon receipt of the due written proof sufficient by the company to confirm eligibility for the ADB.

We will not make an ADB if the policy is being continued as extended term insurance or reduced paid-up insurance on the date payment is to be made.

BENEFIT LIMITS

The maximum accelerated death benefit is the lesser of:

1. 75% of the policy's primary death benefit as determined on the date that the company approves payment of the ADB; and
2. $500,000.

This amount is further reduced by any outstanding policy loan, with accrued interest, on the date of payment of the ADB.

ADB ELIGIBILITY REQUIREMENTS

To be eligible for an ADB payment the Owner must provide to us:

1. evidence acceptable to us that the Insured is living and has a medical condition that is reasonably expected to result in a life expectancy of twelve months or less; this evidence must include, but is not limited to, certification by a physician that we approve who is licensed to practice medicine in the United States or Canada and is acting within the scope of that license.

2. evidence that election of this benefit is voluntary and without coercion on the part of any third party, including any creditor or government agency.
3. evidence that only one of the Insureds is living, if the policy is a last survivor policy.

Additionally, the company has the right to require a second or third medical opinion to confirm benefit eligibility. Such second and third opinions are at the company's expense. The second medical opinion may include a physical examination by a physician designated by the company. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the Owner and the Company.

EFFECT OF THE ACCELERATED DEATH BENEFIT

The ADB will be treated as a lien against the policy's death benefit. Such lien will limit the availability of any surrender benefit and any future policy loans, policy withdrawals or policy surrenders.

Prior to, and concurrent with, the election to receive an ADB, the owner and irrevocable beneficiary will be given a statement demonstrating the effect of an ADB on the policy's cash surrender values, death benefit, and policy loans.

The lien amount will at any time equal:

1. the amount of the ADB payment to the owner; plus
2. the administrative fee; plus
3. the amount of any premium required to remove the policy from the grace period; plus
4. any unpaid required premiums added to the lien as described below; plus
5. accrued lien interest charges as described below.

For the amount of the lien equal to the policy's cash surrender value at the time the lien is in effect, interest will be charged at the policy loan interest rate stated in the policy. For the amount of the lien in excess of such cash surrender value, interest will be charged at a rate that is no greater than the greater of:

1. the current yield on a 90-day treasury bill on the date of the ADB payment; and
2. the current maximum adjustable policy loan interest rate allowed by law on the date of payment in the state in which the policy was delivered.

After the company makes an ADB payment, the Owner will be liable for premium payments required to keep the policy, and applicable riders, in force through the date of death of the Insured. Any such premium payments, if not paid to the company, will be added to the lien. Cost of insurance charges, if applicable, will continue to be charged against the policy (unless being waived because of a waiver of monthly deduction benefit that is in effect). Waiver of premium benefits, if in effect following payment of an ADB, will continue to apply.

Subsequent to payment of an ADB, upon the death of the insured the proceeds payable will equal the death benefit proceeds, as defined in the policy, less the total lien in effect at the date death.

If the policy has an accidental death benefit provision, that provision shall not be affected by the payment of the accelerated death benefit.

ADDITIONAL PROVISIONS

There is no premium or cost of insurance charge for this rider. However, an administrative fee that will not exceed $100 will apply at the time the ADB is paid and it will be added to the lien.

The policy's primary death benefit is the death benefit provided by the policy. It does not include any accidental death benefits, the death benefit provided by any riders, or death benefits payable due to the death of anyone other than the Insured. If the policy does not provide for policy loans, the loan value is defined as zero. If the policy does not provide cash surrender values, the cash surrender value is defined as zero.

INCONTESTABILITY
The policy's incontestability provision will apply to this rider.

PAYMENT OPTIONS
The ADB will be payable to the Owner as a lump sum payment.

If the policy has a cash surrender value, the available ADB will be at least 75% of any such cash surrender value, where such cash surrender value reflects the deduction of any outstanding policy indebtedness.

If the insured dies after the owner elects to receive an ADB, but before the Owner receives such benefits, the election is cancelled and the death benefit is paid pursuant to the policy.

REINSTATEMENT
The policy's reinstatement provision will apply to this rider.

TERMINATION
This rider will terminate on the earliest of:

1. the date of maturity or termination of the policy;
2. when a nonforfeiture option has become effective under the policy; or
3. at the date the Owner's written request for termination is signed; this request must be received in our home office.

If at any time the total lien amount equals or exceeds the policy's death benefit proceeds as defined in the policy, the policy will terminate. Termination will occur 31 days after the company has mailed a notice of termination to the last known address of the Owner, unless all or part of the lien amount is repaid with 31 days after the noticed is mailed. We will accept a partial repayment only if the death benefit proceeds of the policy would exceed the lien amount after the partial repayment is applied.

Termination shall not prejudice the payment of benefits if the insured became eligible for an ADB while the policy was in force.

This rider is subject to the conditions of this policy. Where a conflict between the rider and the policy exists, the conditions of the rider will control.

The issue date of this benefit is the policy date, or a later date if shown here.

Signed for us at our home office in Frederick, Maryland.

Bryan R. Newcombe
Secretary

Senior Vice President,
Chief Financial Officer & Treasurer

Banner Life Insurance Company
Individual Life Insurance Application

Information and Underwriting Practices (Including MIB, Inc. Notice and Fair Credit Reporting Act Notice)

As used in this application for life insurance, references to "you" mean the proposed insured.

Underwriting

Once we receive your application, we will begin an evaluation process called underwriting to determine whether you are eligible for insurance and, if so, the rate you should pay for that insurance. We may find that we are unable to give you the insurance you have applied for or that we are able to give it to you only on a modified basis or at a rate greater than our lowest rate.

Your application will be our primary source of information; therefore, it must be true, complete, and accurate. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application. We will seek information from other sources to help us evaluate the information you give us on your application.

Contestability

We strongly urge you to review the completed application closely for accuracy. A claim may be denied, the policy may be void or your coverage may be lost if the application is incomplete or if it contains false statements or material misrepresentations. Any policy that may be issued will indicate when and under what circumstances it may be contested. Please be aware that if the application contains material misrepresentations or conceals material facts, and you submitted it with the intent to defraud or to facilitate fraud against us, you may also be guilty of insurance fraud, which is a crime. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application.

Replacement of Existing Coverage

If you intend to replace existing coverage, please inform us and answer "yes" to the replacement question in the application; state law may require that additional forms be completed and information obtained that may help you compare policies. If you are undecided about keeping existing coverage, indicating an intention to replace existing coverage may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain new suicide and contestable periods. The following would be considered replacement: you stop paying premiums on an existing policy or surrender an existing policy before or shortly after applying to us or you borrow from an existing policy to pay premiums for the insurance for which you are applying. State law may define replacement to include other situations.

Insurance Information Practices

We will rely primarily on information provided by you. We may supplement that information with information from other sources such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this Notice under Federal Fair Credit Reporting Notice. You may request to be interviewed in connection with the preparation of this report.

In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about, and receive copies if you wish, of items of personal information about you that appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to the Underwriting Manager, Banner Life Insurance Company, 3275 Bennett Creek Avenue, Frederick, MD 21704.

Information and Underwriting Practices (Including MIB, Inc. Notice and Fair Credit Reporting Act Notice) (cont'd)

Federal Fair Credit Reporting Notice

As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living, and personal characteristics. The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this Notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address, and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency

MIB, Inc. (Medical Information Bureau) Pre-Notice Disclosure

Information regarding your insurability will be treated as confidential. Banner Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply each company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866-692-6901 (TTY866-346-3642). If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Banner Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.

Banner Life Insurance Company

Individual Life Insurance Application

Part 1

Section A: Proposed Insured (You)

1. Full Name

Adolfo (First) | (Middle) | Reyna Orta (Last)

(Maiden) | (Suffix)

2. Sex ☒ Male ☐ Female

3. Date of Birth 5 / 16 / 1989

4. Social Security Number 768258835

5. Email Address aeroreyna@gmail.com

6. Primary Residence (If mailing address is different, please include in Section K details)

220 Emerald Avenue
Address

(Apt. Number) | Fort Pierce (City) | FL (State) | 34945 (Zip)

7. Phone numbers Please check box for contact preference

8. Are you Please check one

- ☒ Cell (347) 331 - 9479
- ☐ Home ( ) -
- ☐ Work ( ) -

- ☒ U.S. Citizen
- ☐ U.S. Permanent Resident (green card)
- ☐ U.S. H1B Visa Holder
- ☐ Other (provide details):

9. State of Birth (Country if not born in U.S.) Mexico

10. Driver's License or State ID No. R611449565000 State of Issue FL

11. Please check one box below that best describes your employment status

- ☒ Paid Employee or self-employed
- ☐ Student
- ☐ Retired
- ☐ Homemaker or stay-at-home parent
- ☐ Unemployed

12a. Do you work in any of the following occupations (please check all that apply)?

- ☐ The military (full-time or reserves)
- ☐ Full-time bartender or nightclub worker
- ☐ Fire-fighter
- ☐ A pilot or member of a flight crew
- ☐ Stuntperson or circus performer
- ☐ SWAT team member
- ☐ Corrections officer in prison team
- ☐ Professional sportsperson
- ☒ None

12b. Do the duties of your occupation require you to be (please check all that apply)?

- ☐ Outside at heights over 50 ft.
- ☐ Near explosive or nuclear materials
- ☐ Underground (e.g. mining)
- ☐ On site at an oil or gas production facility
- ☐ Underwater (e.g. diving)
- ☐ Near corrosive or toxic materials
- ☐ At sea (e.g. on a fishing boat or cargo ship)
- ☐ In a meat processing facility
- ☐ Using heavy machinery or equipment at high temperatures or high pressure
- ☒ None

BannerLife

Section B: Insurance Applied For

1. Amount of Insurance: $ 2000000
2. Plan of Insurance: OPTERM 20
3. Death Benefit Option (if available with Plan): ☐ Level Death Benefit ☐ Increasing Death Benefit

4. Additional Benefits (if available) — complete supplemental applications as necessary
   - ☐ Waiver of Premium ☐ Child Insurance Rider ☐ Accidental Death
   - ☐ Term Insurance Rider: $ _____ amount _____ term. _____ # in years
   - ☐ Term Insurance Rider: $ _____ amount _____ term. _____ # in years
   - ☐ Other: (description and amount): _____

5. Why is this insurance being purchased (check one)?
   - ☒ Personal Insurance ☐ Business Insurance (check all that apply)
     - ☐ Keyperson ☐ Buy-Sell ☐ Loan Collateral ☐ Stock Redemption

Section C: Beneficiary *Share percentage totals must equal 100%. If necessary, use Remarks Section K.*

1. Primary Beneficiary Type: ☐ Trust (skip to Section D, complete Section E) ☐ Estate of the insured (skip to D)
   ☐ All lawful children equally ☒ Individual ☐ Business ☐ Other Type _____

Unless Beneficiary is a trust or estate of the Insured, complete the rest of this section.

1a. Primary Beneficiary (Beneficiaries)

ALICIA (First) _____ (Middle) REYNA (Last)

Or Business Name

Spouse (Relationship to Proposed Insured) 100 % (% Share) ( ) - (Telephone)

SSN or Tax ID# _____ Date of Birth 12 / 27 / 1983

Address

Apt. Number _____ City _____ State _____ Zip _____

1b.

First _____ Middle _____ Last _____

Or Business Name

_____ % ( ) - (Telephone)
Relationship to Proposed Insured — % Share

SSN or Tax ID# _____ Date of Birth ____ / ____ / _____

Address

Apt. Number _____ City _____ State _____ Zip _____

Section C: Beneficiary (cont'd)

2a. Contingent Beneficiary (Beneficiaries)

See remarks - section K

First _____ Middle _____ Last _____

Or Business Name _____

Relationship to Proposed Insured _____ % _____ % Share ( ) - Telephone

SSN or Tax ID# _____ Date of Birth ___ / ___ / _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

2b.

First _____ Middle _____ Last _____

Or Business Name _____

Relationship to Proposed Insured _____ % _____ % Share ( ) - Telephone

SSN or Tax ID# _____ Date of Birth ___ / ___ / _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

Section D: Owner

1. Owner is ☒ Proposed Insured (Skip to Section E) ☐ Trust (Skip to Section E) ☐ Other than Proposed Insured or Trust

First _____ Middle _____ Last _____

Or Business Name _____

Relationship to Proposed Insured _____ % _____ % Share ( ) - Telephone

SSN or Tax ID# _____ Date of Birth ___ / ___ / _____

Address _____ City _____

State _____ Zip _____ Email Address _____

If Owner is a business, also provide website address _____

Section E: Trust Information **(Complete if trust is owner or beneficiary)**

1. Type of Trust? ☐ Irrevocable ☐ Revocable
   ☐ Testamentary (Trustee as listed in my last will and testament - skip to Section F)
2. Exact name of trust

Trust Name

Current Trustee

First Middle Last

Trust Tax ID# _____ Date of Trust ____ / ____ / _____

Address City

State Zip Email Address

Telephone ( ) -

For multiple Trustees, check one of the following boxes (if no box is checked, the Company will require all signatures)

☐ A majority may act for all ☐ Anyone may act alone ☐ All must act unanimously

☐ Certain Trustees must act jointly (provide names in Remarks Section K)

Section F: Premium and Payor

1. Payment Method: ☒ Electronic Funds Transfer (EFT) ☐ Direct Bill
2. Frequency of Premium Payment ☐ Annual ☐ Semi-Annual ☐ Quarterly ☒ Monthly (EFT only)
3. Planned periodic premium for universal life product: (Provide details in Remarks Section K.)
   a. ☐ 1st Year Only $ _____ 2nd Year and Thereafter $ _____ or
   b. Premium For All Years $ _____
4. a. Date to Save Age? ☐ Yes ☒ No b. Specific Policy Date ☐ Yes ☐ No Date ____ / ____ / _____
5. Who will pay the premium? (the individual or legal entity making premium payments and receiving premium notifications, notice of pending lapses, and termination for nonpayment)

   ☒ Proposed Insured ☐ Owner ☐ Other - If Other, complete the information below.

Or Business Name

Address City

State Zip Email Address

Telephone ( ) -

Relationship to Proposed Insured _____

Section F: Premium and Payor (cont'd)

6. Designate Secondary Addressee (Optional - In addition to the Payor, an additional individual or legal entity can be elected to receive premium notifications, notice of pending lapses, and termination for nonpayment)

First _____ Middle _____ Last _____

Or Business Name _____

Address _____

Apt. Number _____ City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Section G: Other Insurance

1a. Do you have existing life insurance(except for group insurance through our employer)?..... ☐ Yes ☒ No

1b. If yes, provide information for each policy currently in force (except group insurance). Indicate which will be replaced, end, or changed by the insurance currently being applied for.

Company	Face Amount	Issue Year	Business Insurance?		Replacing?	
			Yes	No	Yes	No
	$					
	$					
	$					
	$					

2. Including this application, but excluding group insurance, what will be the total amount of life insurance coverage on your life? $ 2000000

Section H: General Questions

1. Have you ever had an application for life, disability income or long term care insurance declined, postponed, modified, rated or offered with a reduced face amount? (If Yes, provide details in Section K)..... ☐ Yes ☒ No

2a. In the past 10 years have you used any form of tobacco or nicotine product, including cigarettes, chewing tobacco, smokeless tobacco, cigars, nicotine gum, patch, vaping or electronic cigarettes?(Please ignore cigar use if fewer than 13 per year)..... ☐ Yes ☒ No

2b. If yes, what was the date you last used tobacco or nicotine product? Month _____ Year _____

3a. In the last 5 years, have you used marijuana (cannabis) in any form?..... ☐ Yes ☒ No

3b. If yes, do you use: ☐ more than once a week ☐ once a week ☐ less than once a week

Date of last use: Month _____ Year _____

4. Will any portion of the initial or future premiums for this policy be borrowed, loaned, or otherwise financed by any individual(s) or entity(ies) other than yourself or your immediate family members? (If Yes, provide details in Section K)..... ☐ Yes ☐ No

Section H: General Questions (cont'd)

5. Have you ever been convicted of, or currently charged with, a felony, or are you currently on parole or probation? ☐ Yes ☒ No

6a. In the last 5 years, have you filed for bankruptcy? ☐ Yes ☒ No

6b. If yes, check Chapter Type: ☐ 7 ☐ 11 ☐ 13 ☐ 15

6c. And, discharge date: ____ / ____ / _____

7. In the last 8 years, how many times have you been convicted of, or pled guilty or no contest to Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? 0

Date of last offense ____ / ____ / _____

8a. In the past 5 years, have you had your driver's license suspended or revoked, or been convicted of, or pled guilty or no contest to a moving violation? ☐ Yes ☒ No

8b. (If yes, complete grid below)

Offense	How many during the last:		
	2 years	3 years	5 years
Driver's license suspension or revocation			
Moving Violations			

9. Which, if any, do you engage in or plan to engage in the next 6 months? (check all that apply or None)

- ☐ Motor Sports Racing
- ☐ BASE jumping
- ☐ Hang gliding
- ☐ Ice, rock or mountain climbing (excluding indoor)
- ☐ Heli-skiing
- ☐ Skydiving
- ☐ Scuba diving deeper than 100ft
- ☐ Ultralight flying
- ☐ Any activity involving flying (other than as a passenger or crew member of a commercial airline)
- ☒ None

10. Do you have a valid pilot's license? ☐ Yes ☒ No

11a. Do you intend to travel outside the U.S. or Canada, or change country of residence in the next 12 months? (check all that apply)

- ☐ Travel outside the U.S. or Canada (if checked, answer b. and c.)
- ☐ Change country of residence
- ☒ No travel or change of residence

11b. How many weeks does the Proposed Insured expect to be outside of the U.S. and Canada in the next 12 months?

_____ weeks

11c. What countries do you intend to travel to?

Country	**For how long? (in days)**

Section H: Other Insurance (cont'd)

11d. If Mexico, what city will you be traveling to? _____

11e. And, what mode of transportation will be used to get there? ☐ Commercial Airline ☐ Cruise Ship

Other _____

Section I: Proposed Insured Financial Information

1. What is your annual earned income (include salary, bonus, commissions, etc)? $ 500,000

2. What is the total household earned income? $ 500,000

Complete only if your annual earned income is less than $20,000 (otherwise skip to next section).

3a. Do you have a spouse or life partner?..... ☒ Yes ☐ No

3b. If yes, do they have at least the same amount of life insurance (either in force or applied for) with you as the beneficiary?..... ☐ Yes ☒ No

Section J: Business Financial Information

Complete this section if the purpose of the insurance is business insurance.

1a. Name of Business

1b. Address

Apt. Number | City | State | Zip

1c. Website _____

If you prefer your financial professional (accountant, CPA, attorney, etc.) to provide business valuation information, provide contact information.

Name of Financial Professional | ( ) - Telephone

Address

Apt. Number | City | State | Zip

Website _____

2. What is the business net income after taxes for the prior tax reporting year? $ _____

3. What is the date the business was established? ____ / ____

4. In the last 5 years, has the business or its principals filed for bankruptcy or had any charge off of bad debts?..... ☐ Yes ☐ No

Section J: Business Financial Information (cont'd)

5. What type of business? ☐ Sole Prop ☐ LLC ☐ S-Corp ☐ Other _____

6a. What percentage of the business do you own? _____ % (if 100%, skip to Section K)

6b. Are other partner/owners/executives being proportionally insured? (Use Remarks Section K to indicate names, percentage of ownership and amount of coverage for each)..... ☐ Yes ☐ No

Section K: Remarks - Use Supplement to Applications if necessary

Section B Question 5
Q. What is the specific need for the personal insurance applied for?
- -- select--
- Replace lost income
- Family protection
- Pay off personal debts
- Funeral expenses
- Cover a mortgage
- Loan Collateral (SBA Loan, etc.)
- Cover student loans
- Divorce decree and/or alimony
- Child support
- Peace of mind
- Recommended by a financial advisor
- Charitable giving
- Estate liquidity

A. Family protection

Section C Question 1
Contingent Beneficiary: All lawful children equally

Declarations

I/we have read the application and all statements and answers contained within this application including Part 1 or Part 2, and any statements or supplements thereto, copies of which shall be attached to and made a part of any policy to be issued, are true and complete to the best of my/our knowledge and belief and made to induce Banner Life Insurance Company (the Company) to issue an insurance policy. The statements and answers in the application are the basis for any policy issued by the Company, and no information about me will be considered to have been given to the Company unless it is stated in the application.

I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy. No agent, sales representative, or other person has power to:

(a) accept risk;
(b) make or modify contracts;
(c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable;
(d) waive any Company rights or requirements;
(e) waive any information the Company requests;
(f) discharge any contract of insurance; or
(g) bind the Company by making promises respecting benefits upon any policy to be issued.

I/we understand and agree that no insurance will be in effect unless and until: (i) the policy has been delivered and accepted; (ii) the full first modal premium for the issued policy has been paid while the insured is alive; and (iii) there has been no change in either the health or habits of the proposed insured or any answers to any of the questions in the application.

Changes or corrections made by the Company and noted in the Remarks section above are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. Any change in plan of insurance, amount, age at issue, gender, class, or benefits shall require the written consent of the Owner and the Proposed Insured.

NOTICE: State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. You should consult with legal advisors if you have any questions about these matters.

I/ We Acknowledge that: federal law requires sufficient information to identify the parties to the purchase of a policy, and that failure to provide such information could result in the policy not being issued, being delayed, unprocessed transaction requests or policy termination.

I/We agree that: by providing an email address you are authorizing the Company to communicate by email as well as to deliver your policy and related documents by email subject to eligibility.

Authorization to Obtain and Disclose Information and Information Practices

I/We acknowledge we received a copy of and completed an Authorization to Obtain and Disclose Information along with the Company's Information and Underwriting Practices, including the MIB, Inc Notice and Fair Credit Reporting Notice.

☐ I/We would like to be interviewed if an investigative consumer report will be made (please refer to the Company's Information and Underwriting Practices, for more information on an investigative consumer report).

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

v-signed by Adolfo Reyna Orta	Signed at	Fort Pierce/FL	on	10/17/2026
Proposed Insured		City/State		Date(mm/dd/yy)
	Signed at		on	
Signature of Owner (if other than Proposed Insured). If Owner is a firm, trust, or corporation, include signer's title with signature.		City/State		Date(mm/dd/yy)

Print Owner/Officer Name (if applicable) — Owner Title

To the best of your knowledge, does the Policy applied for involve the replacement of existing insurance: ☐ Yes ☐ No

e-signed by POLICYGENIUS LLC D040305	Signed at		on	10/17/2026
Signature of Agent/Broker/Producer/FL License #		City/State		Date(mm/dd/yy)
POLICYGENIUS LLC				
Agent Name (Printed/Typed/Stamped)				

Banner Life Insurance Company

Individual Life Insurance Application

Part 2

Section A: Medical History

5001633725
Policy Number (if known)

1. Name of Proposed Insured

Adolfo (First) | (Middle) | Reyna Orta (Last)

2. Date of Birth 5 / 16 / 1989

3. Height 5 ft. 11 in.

4. Weight 175 lbs.

4a. Has your weight changed by more than 10 lbs. in the past year? ☐ Yes ☒ No

4b. If yes, amount gained _____ lbs. or amount lost _____ lbs. and reason:

☐ Diet and/or exercise ☐ Pregnancy/Childbirth ☐ Weight loss surgery ☐ Illness/disease/injury

☐ Other _____

5. Primary Physician

Kaiser Permanente San Leandro Medical Center
Name of Physician or Facility

2500 Merced Street
Address

(Apt. Number) | San Leandro (City) | CA (State) | 94577 (Zip)

Telephone (510) 454 - 1000

8 / / 2022
Date last seen

7 / / 2022
Date of last full physical including blood tests

6. Physician Last Consulted (if same as Primary Physician, skip to Question 7)

_____
Name of Physician or Facility

_____
Address

(Apt. Number) | (City) | (State) | (Zip)

Telephone ( ) -

/ /
Date last seen

Specialty

7. Health Insurer Company Name

_____
Name

_____
Plan Number

/ /
Date coverage started

8a. How many alcoholic drinks do you consume per week? 0

8b. When you consume alcohol, what is the average number of drinks you have? 0

Section B: Family History

1a. Have both of your biological parents lived to age 75 or older?..... ☐ Yes ☐ No ☒ Unknown

1b. To the best of your knowledge and belief, has a biological parent ever been diagnosed or treated by a licensed health care professional for coronary artery disease, angina, heart attack or cancer before age 60?..... ☐ Yes ☒ No ☐ Unknown

1c. To the best of your knowledge and belief, has as a biological parent ever been diagnosed with polycystic kidney disease, Huntington's disease, sickle cell anemia or FAP (familial adenomatous polyposis)?..... ☐ Yes ☒ No ☐ Unknown

2. If yes to 1b, complete the table in question 2 below (otherwise skip to question 3.)

	Age at Onset of Condition		If death caused from listed condition, age of death	
	Mother	Father	Mother	Father
Coronary Artery Disease, Angina, Heart Attack				
Cancer of the Breast or Ovary				
Cancer of the Bowel (Colon)				
Cancer of another site				

3a. To the best of your knowledge and belief, has a biological sibling ever been diagnosed or treated by a licensed health care professional for coronary artery disease, angina, heart attack or cancer before age 60?..... ☐ Yes ☒ No ☐ Unknown

3b. To the best of your knowledge and belief, has a biological sibling ever been diagnosed or treated by a licensed health care professional for polycystic kidney disease, Huntington's disease, sickle cell anemia or FAP (familial adenomatous polyposis)?..... ☐ Yes ☒ No ☐ Unknown

4. If yes to 3a, complete the table in question 4 below (otherwise skip to Section C.)

	Number of siblings with condition	Youngest age of onset	Second youngest age of onset	If death from condition, youngest age of death
Coronary Artery Disease, Angina, Heart Attack				
Cancer of the Breast or Ovary				
Cancer of the Bowel (Colon)				
Cancer of another site				

Section C: Health History

For each question 1-7, check all the boxes that apply, or the box labeled none. Where the answer is other than none, please provide details in Section F.

Have you EVER seen a licensed health care professional regarding, or have you EVER been diagnosed or treated for:

1. Any of the following, check all that apply or none:

- ☐ Stroke
- ☐ Mini Stroke
- ☐ Brain Hemorrhage
- ☐ High Blood Sugar
- ☐ TIA (Transient Ischemic Attack)
- ☐ Carotid Artery Disease
- ☐ Diabetes
- ☐ Disease or Disorder of the Pancreas
- ☒ None

Section C: Health History (cont'd)

2. Heart Disease or Disorder:

- ☐ Angina
- ☐ Heart Attack
- ☐ Heart Surgery
- ☐ Heart Murmur or Valve Problem
- ☐ Coronary Artery Disease
- ☐ Other
- ☒ None

3. Cancer or Cancerous condition:

- ☐ Hodgkin's Lymphoma
- ☐ Leukemia
- ☐ Melanoma
- ☐ Tumor
- ☐ Non-Hodgkin's Lymphoma
- ☐ Basal Cell Carcinoma
- ☐ Other
- ☒ None

4. Disorder of your blood or blood vessels:

- ☐ Anemia
- ☐ Clotting Disorder
- ☐ Surgery to your blood vessels (please ignore non-ulcerative varicose veins)
- ☐ DVT (Deep Vein Thrombosis)
- ☐ Blood Clot
- ☐ Other
- ☒ None

5. Neurological conditions:

- ☐ MS (Multiple Sclerosis)
- ☐ Parkinson's Disease
- ☐ Optic Neuritis
- ☐ ALS (Amyotrophic Lateral Sclerosis)
- ☐ Convulsions or Seizures
- ☐ Other
- ☒ None

6. Disease or disorder of your intestine, colon or rectum:

- ☐ Crohn's Disease
- ☐ Colitis
- ☐ Spastic Colon
- ☐ Ulcerative Colitis
- ☐ Duodenitis
- ☐ Other
- ☒ None

7. Disease or disorder of your liver:

- ☐ Cirrhosis
- ☐ Hepatitis
- ☐ Fatty Liver
- ☐ Other
- ☒ None

For questions 8-13, have you EVER been: **(if yes, provide details in Section F)**

8. Admitted to a hospital for suicidal thoughts or attempts of suicide or any other mental health condition?..... ☐ Yes ☒ No
9. Tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?..... ☐ Yes ☒ No
10. Addicted to alcohol or been advised by a medical professional to reduce the amount of alcohol you drink due to how much you use?..... ☐ Yes ☒ No

Section C: Health History (cont'd)

11. Advised to attend or attended an alcohol support group?..... ☐ Yes ☒ No

12. A user of narcotics, barbiturates, anabolic steroids, amphetamines, hallucinogens, heroin, crack, cocaine, or habit forming drugs except as prescribed by a licensed health care professional?..... ☐ Yes ☒ No

13. Addicted to or misused prescription medication?..... ☐ Yes ☒ No

Section D: Health History 5 Years

For each question 1-8, check all the boxes that apply, or the box labeled none. Where the answer is other than none, please provide details in Section F.

Apart from anything you've already told us about in this application, during the last 5 years have you consulted a licensed health care professional regarding or have you been diagnosed or treated for:

1. Any of the following, check all that apply or none:

- ☐ High Cholesterol
- ☐ Low Blood Pressure
- ☐ Chest Pain
- ☐ Paralysis
- ☐ Numbness
- ☐ High or Borderline High Blood Pressure
- ☐ Palpitations
- ☐ Irregular Heart Beat
- ☐ Persistent Tingling or Pins and Needles
- ☒ None

2. Any of the following, check all that apply or none:

- ☐ Growth or Lump
- ☐ HPV (Human Papilloma Virus)
- ☐ Polyp
- ☐ Pre-Cancerous Mole
- ☒ None

3. Any disease or disorder of your kidneys, bladder or prostate:

- ☐ Cystitis
- ☐ Blood in your Urine
- ☐ Kidney Stones
- ☐ Sugar in your Urine
- ☐ Protein in your Urine
- ☐ Other
- ☒ None

4. Any disease or disorder of your esophagus, stomach, gallbladder or bowel: (please ignore diarrhea, food poisoning, sickness or vomiting, stomach bug or upset provided no hospital investigations were advised or completed)

- ☐ Barrett's Esophagus
- ☐ Celiac Disease
- ☐ Diverticular Disease
- ☐ Ulcers
- ☐ GERD (Gastroesophageal Reflux Disorder)
- ☐ IBS (Irritable Bowel Syndrome)
- ☐ Other
- ☒ None

5. Any disease or disorder of your lungs or breathing:

- ☐ Asthma
- ☐ Emphysema
- ☐ Bronchitis
- ☐ Sarcoidosis
- ☐ Sleep Apnea
- ☐ COPD (Chronic Obstructive Pulmonary Disease)
- ☐ Pulmonary Fibrosis
- ☐ Other
- ☒ None

Section D: Health History 5 Years (cont'd)

6. Any Arthritis or Auto-Immune condition:

- ☐ Lupus
- ☐ Osteomyelitis
- ☐ Fibromyalgia
- ☐ Rheumatoid Arthritis
- ☐ Ankylosing Spondylitis
- ☐ Gout
- ☐ Other
- ☒ None

7. Any Mental Illness:

- ☐ Anxiety
- ☐ Schizophrenia
- ☐ Anorexia or Bulimia
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ PTSD (Post-Traumatic Stress Disorder)
- ☐ Suicidal Thoughts or Actions
- ☐ ADHD (Attention Deficit Hyperactivity Disorder)
- ☐ Other
- ☒ None

8. Any Dementia or Memory Loss:

- ☐ Memory Loss
- ☐ Alzheimer's Disease
- ☐ Other
- ☒ None

Section E: Health History Other

Apart from anything you've already told us about in this application: (if yes, provide details in Section F)

1. Are you waiting to be evaluated or tested at a hospital or by a licensed health care professional? ☐ Yes ☒ No
2. Have you been referred to any licensed health care professional or medical facility? ..... ☐ Yes ☒ No
3. Have you been advised by a licensed health care professional to see them within the next six months? (Please ignore consultation for repeat prescriptions)..... ☐ Yes ☒ No
4. During the last 3 months, have you had any of the following: (if yes, provide details in Section F)

- ☐ Unexplained Bleeding
- ☐ Lump or Growth
- ☐ Fainting
- ☐ Any other symptom that you intend to see a licensed health care professional about for the first time
- ☐ A cough that's lasted for 3 weeks or more
- ☐ A mole or freckle that has bled or changed in appearance
- ☐ Vertigo
- ☒ None

Section F: Details

Section C Question 8
[Health History]
Q. Have you ever had an attempt of suicide, suicidal thoughts or any other form of self-harm, that did not result in a hospitalization? A. No

Section F
Q. Who was the physician that ordered your blood test?

Section F: Details (cont'd) - Use Supplement to Applications if necessary

Physician Name : Kaiser Permanente San Leandro Medical Center
Physician Street Address : 2500 Merced Street
Physician City : San Leandro
Physician State : CA
Physician Zip : 94577
Physician Phone : 5104541000
Physician Last Seen : 08/2022

Declarations

I have read the application and all statements and answers contained within this application, including any Part 1 or Part 2, and any statement or supplements thereto, copies of which shall be attached to and made a part of any policy to be issued, are true and complete to the best of my/our knowledge and belief and made to induce Banner Life Insurance Company (the Company) to issue an insurance policy. The statements and answers in the application are the basis for any policy issued by the Company, and no information about me will be considered to have been given to the Company unless it is stated in the application.

I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy. No agent, sales representative, or other person has power to:

(a) accept risk
(b) make or modify contact;
(c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable;
(d) waive any Company rights or requirements;
(e) waive any information the Company requests;
(f) discharge any contract of insurance; or
(g) bind the Company by making promises respecting benefits upon any policy to be issued.

I understand and agree that no insurance will be in effect unless and until: (i) the policy has been delivered and accepted; (ii) the full first modal premium for the issued policy has been paid while the insured is alive; and (iii) there has been no change in either the health or habits of the proposed insured or any answers to any of the questions in the application.

Changes or corrections made by the Company, such as amendments, corrections, or additions, are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. Any change in plan of insurance, amount, age at issue, gender, class, or benefits shall require the written consent of the Owner and the Proposed Insured.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

v-signed by Adolfo Reyna Orta	Signed at	Fort Pierce/FL	10/17/2026
Proposed Insured		City/State	Date (mm/dd/yy)

Renewable and Convertible Individual Term Life Insurance.
Term to Attained Age 95 Life Insurance Policy

Premiums are fixed and level during the level Term Period, and increasing after the level Term period. Premiums are payable as shown in the Policy Schedule to the Expiration or until the death of the Insured.

A one-time Face Amount decrease occurs at the End of Level Term Period.

A Change of Premium provision is applicable subject to Guaranteed Maximum Premiums.

This Policy is convertible until the end of the level Term Period.

This Policy is renewable to the Expiration Date.

This Policy is nonparticipating and no dividends are payable.

BannerLife

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 5001633725

ANY CORRESPONDENCE REGARDING THIS POLICY SUMMARY MAY BE FORWARDED EITHER TO OUR HOME OFFICE OR TO THE AGENT LISTED BELOW:

PREPARED BY:

BANNER LIFE INSURANCE COMPANY
3275 BENNETT CREEK AVENUE
FREDERICK, MD 21704

AGENT:

POLICYGENIUS LLC
5801 SW 6TH AVENUE
MZ 648
TOPEKA, KS 66614

THIS POLICY SUMMARY WAS PREPARED ON OCTOBER 22, 2026 FOR THE LIFE OF

ADOLFO REYNA ORTA (MALE) ISSUE AGE 37

YOUR COVERAGE CONSISTS OF A RENEWABLE AND CONVERTIBLE TERM POLICY WITH A CHANGE OF PREMIUM PROVISION. THE TOTAL ANNUAL PREMIUM WILL INCLUDE THE COST FOR WAIVER OF PREMIUM BENEFIT, ACCIDENTAL DEATH BENEFIT, OR RATED EXTRAS IF ISSUED IN YOUR POLICY.

AGE	YEAR	ANNUAL PREMIUMS GUAR MAX	CUMULATIVE PREMIUMS GUAR MAX	FACE AMOUNT OF INSURANCE
37	1	$889.94	$889.94	$2,000,000
38	2	$889.94	$1,779.88	$2,000,000
39	3	$889.94	$2,669.82	$2,000,000
40	4	$889.94	$3,559.76	$2,000,000
41	5	$889.94	$4,449.70	$2,000,000
42	6	$889.94	$5,339.64	$2,000,000
43	7	$889.94	$6,229.58	$2,000,000
44	8	$889.94	$7,119.52	$2,000,000
45	9	$889.94	$8,009.46	$2,000,000
46	10	$889.94	$8,899.40	$2,000,000
47	11	$889.94	$9,789.34	$2,000,000
48	12	$889.94	$10,679.28	$2,000,000
49	13	$889.94	$11,569.22	$2,000,000
50	14	$889.94	$12,459.16	$2,000,000
51	15	$889.94	$13,349.10	$2,000,000
52	16	$889.94	$14,239.04	$2,000,000
53	17	$889.94	$15,128.98	$2,000,000
54	18	$889.94	$16,018.92	$2,000,000
55	19	$889.94	$16,908.86	$2,000,000
56	20	$889.94	$17,798.80	$2,000,000
57	21	$4,426.00	$22,224.80	$400,000
58	22	$4,426.00	$26,650.80	$400,000
59	23	$4,426.00	$31,076.80	$400,000
60	24	$4,426.00	$35,502.80	$400,000
61	25	$4,426.00	$39,928.80	$400,000
65	29	$13,782.00	$80,928.80	$400,000
70	34	$26,510.00	$184,202.80	$400,000
94	58	$365,466.00	$4,002,938.80	$400,000

LIFE INSURANCE COST INDICES:

	GUARANTEED PREMIUM 10 YEAR	20 YEAR
SURRENDER COST INDEX	0.44	0.44
NET PAYMENT INDEX	0.44	0.44

COST COMPARISON INDEXES

If you are provided cost comparison indexes, there will be two types:

Life Insurance Surrender Cost Index. This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.

Life Insurance Net Payment Cost Index. This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

HOW DO I USE COST INDEXES?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.

Cost comparison indexes reflect only guaranteed benefits and premiums. If the policy has non-guaranteed elements such as dividends, the actual cost may turn out to be less than what the index reflects.

Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.

Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.

In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or agent will provide service in the future to you as a policyholder.

These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you already owned for a while, in favor of a new one. If such a replacement is suggested, you should ask for information from the company which issued the old policy before you take action.

Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-638-8428
www.bannerlife.com

BANNER LIFE INSURANCE COMPANY PRIVACY NOTICE

Your privacy is important to us.

Your privacy is important to us. At Banner Life Insurance Company, we understand that the information you provide to us or we collect about you is private. This privacy notice is provided to you so that you will understand what Banner Life Insurance Company does with the personal information we collect about you and the measures we take to protect your privacy.

Who has access to INSURANCE policy customer information?

The information that we collect about you is used for company purposes only. Our employees, service providers, and independent agents of Banner Life Insurance Company have access to your information, and are authorized to review it, only for the purposes of carrying out their official duties and responsibilities. Our employees and independent agents are required to keep customer information confidential.

Who has access to ANNUITY customer information?

The information that is provided to us is used for company purposes only. Our employees and service providers have access to your information, and are authorized to review it, only for the purposes of carrying out their official duties and responsibilities. Our employees and service providers are required to keep customer information confidential.

Why does Banner Life Insurance Company collect and maintain information?

As regulated insurance carriers, Banner Life Insurance Company is required by state laws and regulations to collect and maintain certain information about our customers. The information we collect also enables us to provide you with services and products that meet your individual needs and to provide you with the high level of customer care that you have come to expect from Banner Life Insurance Company.

What type of information does Banner Life Insurance Company collect and maintain?

We collect and maintain various types of information about our customers. The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Information that you submit to us, such as your name, address, telephone number, biometric information, and Social Security number.
- Information about your transactions and experiences with us, such as payment history, underwriting, claims, and account balance.
- Information from non-affiliated third parties about your medical, employment and income history; your banking relationships; your assets and liabilities and your driving record.
- Information from consumer reporting agencies such as information about your medical, income, and credit history.
- Information about you that may be derived from your visits to Banner Life Insurance Company's website (www.bannerlife.com) and interactions with our online advertisements, including cookies and IP addresses.

Does Banner Life Insurance Company disclose customer information to, or share customer information with, outsiders?

We may share customer non-public financial information within Banner Life Insurance Company. We do not share customer non-public medical information within Banner Life Insurance Company unless you expressly consent or as permitted or required by law.

As allowed by law, we may from time to time share non-public personal financial information with a non-affiliated third party that performs services or functions on our behalf. These services or functions may include underwriting, claims processing, billing, policy administration, and marketing of our own products and services; or financial products or services offered pursuant to a joint agreement between us and one or more financial institutions. We do not allow third parties performing services or functions on our behalf to use our customer information for their own marketing purposes.

We do not share information about your creditworthiness or insurability for marketing purposes within Banner Life Insurance Company. We may share information about you with consumer reporting agencies, for instance, during the underwriting process.

We handle information about former and prospective customers the same as existing customers. If our privacy policy changes in any material respect, we will notify you of such change as required by law.

How can you contact Banner Life Insurance Company if you have privacy questions?

If you have any questions about the privacy of your information, you can contact our Customer Service Department.

If you have a Banner insurance policy, contact:
Banner Customer Service
Call toll-free: 800-638-8428
Fax: 301-294-6960
Hours: 8:00 a.m. - 5:00 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

If you have a Banner retirement annuity, contact:
Retirement Services
Call toll-free: 800-664-6129
Fax: 301-294-6985
Hours: 8:00 a.m. - 6:00 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

We are in the business of maintaining long-term relationships and we know there is no quicker way to lose trust than to misuse information. We maintain physical, electronic, and procedural safeguards to protect customer information and to comply with federal and state laws. In addition, we review our policies and procedures, monitor our computer networks and test the effectiveness of our security.

Banner Life Insurance Company
This notice is provided by: Banner Life Insurance Company.

LIFE INSURANCE BUYER'S GUIDE

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

Reprinted by:

Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-638-8428
www.bannerlife.com

This Guide Does Not Endorse Any Company or Policy.

BGUIDENA 2018

Before You Buy Life Insurance

✓ Understand What Life Insurance Is

Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from the NAIC InsureU Life Insurance website -- *www.insureuonline.org/insureu_type_life.htm*

✓ If You Need Life Insurance, Decide How Much Coverage to Buy

How much life insurance to buy depends on the financial needs that will continue after your death. Examples include supporting your family, paying for child(ren)'s education, and paying off a mortgage. Some questions you may want to ask about your own needs include:

- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

The answers to these questions can help you decide how much coverage you need. An insurance agent, financial advisor, or insurance company representative can help you evaluate your insurance needs and give you information about available policies.

✓ If You Already Have Life Insurance, Assess Your Current Life Insurance Policy

It's important to compare your current policy with any new policy you might buy. Keep in mind that you may be able to change your current policy to get benefits you want. Also, know that any changes in your health may impact your ability to get a new policy or the premium you'll pay. Don't cancel your current policy until you get the new one.

Also, while you may have free or low-cost life insurance through your employer, the death benefit usually is less than you need. And if you leave the employer, you may not be able to take this coverage with you.

✓ Compare the Different Types of Insurance Policies

There are many types of life insurance policies. You should choose a policy with features that fit your individual needs. Some things to consider are:

- ***Term Insurance vs. Cash Value Insurance.*** Term insurance is intended to provide lower-cost coverage for a specific period of time ("a term"). If you want coverage for a longer period of time, such as for your lifetime, cash value insurance may be more cost effective. Most term policies don't build up cash values that you can use in the future.

- ***Renewable Term vs. Non-renewable Term.*** Most term life insurance coverage can be continued ("renewed") at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you'll lose the right to renew the policy at a certain age. A Non-renewable term policy can't be continued. You'll have to apply for a new policy if you still want coverage.

- ***Whole Life vs. Universal Life.*** Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.

- ***Variable Life vs. Non-variable Life.*** The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable life policies.



Be Sure You Can Afford the Premium

Before you buy a life insurance policy, be sure you can pay the premiums. Can you afford the initial premium? If the premium increases later, will you still be able to afford it? The premiums for many life insurance policies are sensitive to changes in the company's investment earnings, claims costs, and other expenses. If those are worse than expected, you may have to pay a much higher premium. Ask what might be the highest premium you'd have to pay to keep your coverage.



Understand the Application Process

You can apply for life insurance through life insurance agents, the mail, and online. In addition to basic information, such as your name, address, employer, job title, and date of birth, you'll be asked for more personal information. Depending on the type of policy, the insurer may require you to see a doctor, answer health-related questions, or have a medical professional come to your home or office to assess your health. Usually a policy that doesn't require detailed health information will cost more and provide less coverage than one that does.

It's important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.



Choose a Beneficiary

A beneficiary is the person(s) or organization(s) you name to receive your life insurance policy's death benefit. You'll need to know the Social Security or tax identification number for all beneficiaries. Experts advise you not to name a minor child as a beneficiary. Insurance companies won't pay a minor. Instead, consider leaving the money to your estate or trust.



✓ Evaluate the Future of Your Policy

Does your policy have a cash value? In some cash value policies, the values are low in the early years but build later on. In other policies the values build up gradually over the years. Most term policies have no cash value. Ask your insurance agent, financial advisor, or an insurance company representative for an illustration showing future values and benefits.

After You Buy Life Insurance

✓ Read Your Policy Carefully

After you carefully read your policy, you should be able to answer the following important questions:

- Is your personal information correct?
- Do premiums or policy values vary from year to year?
- What part of the premium or policy value isn't guaranteed?
- How will the timing of money paid and received affect any interest the policy might earn?

Your insurance agent, financial advisor, or an insurance company representative can help you understand anything that isn’t clear.

If you’re not satisfied with your new policy, you can return it for a full refund within a certain period, usually 10 days after you receive it. The review period usually is stated on the first page of the policy.

✓ Review Your Life Insurance Program Every Few Years

Review your policy with your insurance agent, financial advisor, or an insurance company representative every few years to keep up with changes in your policy and your needs.

- Have the premiums or benefits changed since your policy was issued?
- Do the death benefits still meet your needs?
- Do you need more or less coverage after life events, such as birth, adoption, marriage, job change, death, or divorce?

The insurance company can provide policy statements and illustrations to help with this review. As the policy owner, you can change beneficiaries at no cost. Be sure to review your beneficiaries every few years, especially after major life events that affect your life insurance needs.

Life Insurance Buyer's Guide Notes