

TRUSTMARK INSURANCE COMPANY
"We, Us, and Our"
400 Field Drive
Lake Forest, IL 60045-2581
(800) 918-8877

INTERIM TERM ENDORSEMENT

This endorsement is made a part of the Policy to which it is attached. It revises certain sections of the Policy.

The Policy Date shown on the Schedule page is the starting point for determining premium due dates.

All billings and premium due dates will be based on the date stated in the Schedule page.

Coverage under this Policy and all additional riders attached is effective as of the date of application if:

- The proposed insured is eligible for insurance; and
- Premium collection is authorized; and
- Premium is collected by the first scheduled premium collection date; and
- The proposed insured is a risk insurable for insurance.

If coverage cannot be issued exactly as applied for without modification of plan, premium rate or amount, according to the Company's rules and practices, then the modified coverage that is issuable will be effective as of the date of application.

This endorsement expires on the earlier of the Policy Date, or the date the proposed Insured ceases to be an eligible person.

TRUSTMARK INSURANCE COMPANY



Joseph L. Pray
President and Chief Executive Officer



Laura A. Derouin
Corporate Secretary

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TRUSTMARK INSURANCE COMPANY
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400 Field Drive
Lake Forest, IL 60045-2581
(800) 918-8877

POLICY OF INSURANCE

We will pay the Death Benefit Proceeds to the Beneficiary if the Insured dies prior to the Maturity Date and while this Policy is in force. Payment will be made after We receive due proof of the Insured's death. We will pay the Cash Value of this Policy to the Owner on the Policy Maturity Date if the Insured is living on that date. Payment is subject to the terms of this Policy.

NOTICE OF THIRTY DAY RIGHT TO EXAMINE

You may return this Policy within thirty days after delivery if You are not satisfied with it for any reason. The Policy may be returned to Us or to the agent through whom it was purchased. Upon surrender of the Policy within the thirty-day period, it will be void from the beginning, and We will refund any premium paid.

The provisions on the pages which follow are a part of this Policy. This Policy is a legal contract between the Policyowner and the Company.

Read Your Policy Carefully



Joseph L. Pray
President and Chief Executive Officer



Laura A. Derouin
Corporate Secretary

Flexible Premium Adjustable Life Insurance to Age 100. Adjustable Death Benefit Proceeds payable upon the Insured's death prior to the Maturity Date. Flexible premiums are payable during the lifetime of the Insured prior to age 100, and while the Policy is in force. Accumulated Values and Cash Values are flexible and will be based on the amount and frequency of premiums paid, the Monthly Deduction, and the amount of interest credited. Participates in dividends.

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IMPORTANT NOTICE

To obtain information or make a complaint:

You may call Trustmark's toll-free telephone number for information or to make a complaint at:

(800)-918-8877

You may also write to Trustmark Insurance Company at:

**400 Field Drive
Lake Forest, IL 60045-2581**

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

**P.O. Box 149104
Austin, TX 78714-9104
FAX: (512) 490-1007**
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

TX-NOTICE R1015

AVISO IMPORTANTE

Para obtener informacion o para presentar una queja:

Usted puede llamar al numero de telefono gratuito de Trustmark's para obtener informacion o para presentar una queja al:

(800)-918-8877

Usted tambien puede escribir a Trustmark Insurance Company:

**400 Field Drive
Lake Forest, IL 60045-2581**

Usted Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion sobre companias, coberturas, derechos, o quejas al:

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas:

**P.O. Box 149104
Austin, TX 78714-9104
FAX: (512) 490-1007**
Web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamacion, usted debe comunicarse con la compania primero. Si la disputa no es resuelta, usted puede comunicarse con el Departamento de Seguros de Texas.

ADJUNTE ESTE AVISO A SU POLIZA:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

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SCHEDULE

INSURED:	JOHN DAVIS	POLICY NUMBER:	TULE_TX
AGE:	30	POLICY DATE:	August 1, 2014
RATE CLASS:	STANDARD	MATURITY DATE:	March 1, 2084
INITIAL FACE AMOUNT:	\$29,744.00	Coverage may expire prior to the Maturity Date if premiums paid are insufficient to continue the Policy to the Maturity Date.	
On or after Age 70, 1/3 of the Face Amount is used to calculate the Death Benefit Amount		MONTHLY INITIAL GUARANTEE PREMIUM:	\$34.67
PERCENTAGE RATING FACTOR:	1.0	INITIAL GUARANTEE PREMIUM EXPIRY DATE:	March 1, 2024

OWNER AND BENEFICIARY AS DESIGNATED IN THE APPLICATION UNLESS SUBSEQUENTLY CHANGED AS HEREIN PROVIDED

BASIC POLICY DATA

<u>FORM NO.</u>	<u>BENEFIT</u>	<u>ANNUAL INITIAL PLANNED PREMIUM</u>	<u>EXPIRY DATE</u>
IUL.205	Universal Life Insurance		August 1, 2084
	Total Initial Planned Premium		
	Annual		
	Monthly		
	Initial Surrender Charge		

SCHEDULE (Continued)

IMPORTANT FINANCIAL INFORMATION

GUARANTEED MAXIMUMS:

MONTHLY ADMINISTRATIVE FEE:	\$5.00
PARTIAL SURRENDER CHARGE:	\$25.00 FOR EACH PARTIAL SURRENDER
LOAN INTEREST RATE:	8.0%
ANNUAL EXPENSE CHARGE PREMIUM:	
PERCENTAGE EXPENSE CHARGE:	POLICY YEARS 1 THROUGH 10: 13.0% OF PREMIUM PAID UP TO THE ANNUAL EXPENSE CHARGE PREMIUM
	POLICY YEARS 11 AND AFTER: 13.0% OF PREMIUM PAID UP TO THE ANNUAL EXPENSE CHARGE PREMIUM
PERCENTAGE OF INITIAL SURRENDER CHARGE:	

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DEFINITIONS

Age means the Insured's age, on their last birthday, on the Policy Date. The Age is shown on the Schedule.

Annual Expense Charge Premium means the amount which is the basis for determining expense charges. It is shown on the Schedule.

Attained Age means the Insured's age, on their last birthday, as of the Policy anniversary date.

Beneficiary means the person (or entity) named in the application, or later changed by You, who will receive the Death Benefit Proceeds upon the death of the Insured.

Face Amount means the Initial Face Amount shown on the Schedule, plus any Increases, less any Decreases.

Indebtedness means the amount of the loan(s) outstanding on any date plus interest accrued to that date.

Initial Planned Premium means the amount You selected to pay. This amount is shown on the Schedule.

Insured means the person whose life is insured under this Policy on whose behalf an application is accepted and who on the date of application is:

- You;
- Your lawful spouse;
- Your natural child, grandchild, stepchild, legally adopted child or child under legal guardianship under age 19; or
- Your natural child, grandchild, stepchild, legally adopted child age 19 through 23 if the child is:
 - A full-time student at an accredited educational institution; and
 - Dependent upon You for support and maintenance.

Adopted child includes a child You will be adopting pursuant to an interim court of adoption.

Insured does not include:

- A foster child; or
- An unborn child; or
- Anyone who lives outside the United States.

The Insured is shown on the Schedule.

Maturity Date means the Policy anniversary on which the Insured attains age 100. It is shown on the Schedule. If the Insured is living and this Policy is in force on that date, the Cash Value will be payable and the Policy will terminate.

Monthly Deduction Day means the same day each month as the Policy Date.

Policy Date means the date of issue of this Policy. It is also the date from which Policy anniversaries, Policy years and Policy months are measured. It is shown on the Schedule.

You and Your mean the Owner of this Policy. The Owner is as shown in the application unless later changed as provided in this Policy. The Owner may be someone other than the Insured. In the application, the words "You" and "Your" refer to the proposed insured person(s).

We, Us, and Our mean Trustmark Insurance Company employees.

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DEATH BENEFIT

Death Benefit Proceeds

If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds are the Death Benefit Amount less any outstanding Indebtedness.

The Death Benefit Proceeds will be paid no later than two months after We have received due proof of death. Interest will accrue from the date proof of loss is received by Us to the date We accept the claim and make an offer to pay. The interest rate used is the current interest rate being paid on proceeds left on deposit.

Death Benefit Amount

If death occurs prior to the anniversary date on or after the Insured's 70th birth date, the Death Benefit Amount is the greater of:

- The Face Amount on the date of death; or
- The Minimum Death Benefit.

If death occurs on or after the anniversary date following the Insured's 70th birth date, the Death Benefit Amount is the greater of:

- 1/3 of the Face Amount on the date of death; or
- The Minimum Death Benefit.

Within 60 days of the anniversary date occurring on or after the Insured's 70th birth date, You may elect, in writing, to increase the Death Benefit Amount to the greater of:

- The Face Amount on the date of death; or
- The Minimum Death Benefit

Minimum Death Benefit

The Minimum Death Benefit is determined each month as a factor times the Accumulated Value. The factor varies by the Attained Age of the Insured. The factor is shown on the Minimum Death Benefit Table.

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POLICY CHANGES

Changing the Terms of Your Policy

You may request Policy changes at any time. The types of changes allowed are explained below. We will amend Your Policy to show the effective date of any changes by issuing an endorsement.

Any change in Your Policy must be approved by one of Our officers. No agent has the authority to make any changes or waive any of the terms of Your Policy. Requests for Policy changes will not be deemed to be accepted until processed by Us.

Increasing the Face Amount

For any underwritten increase in the Face Amount we will require a supplemental application and evidence of insurability satisfactory to Us for any increase in the Face Amount. An increase will be effective on the Monthly Deduction Day on or next following the date the application for increase is approved by Us, or on the date specified on an endorsement.

Decreasing the Face Amount

A decrease in the Face Amount will become effective on the Monthly Deduction Day following Our receipt of the request. Any such decrease will be applied in the following order:

1. Against the Face Amount provided by the most recent increase;
2. Against the next most recent increases successively;
3. Against the Face Amount provided under the original application.

For any decrease:

1. The Death Benefit Amount remaining must be as great as the Minimum Death Benefit; and
2. The Face Amount must be at least \$5,000 or the Face Amount purchased by \$3.00 weekly, if greater;
3. The decrease is limited to the amount that would be in compliance with the definition of life insurance, and not a modified endowment contract (MEC), as defined in the Internal Revenue Code Sections 7702 and 7702A.

Any decrease in the Face Amount will be subject to a pro rata Surrender Charge.

Changing the Death Benefit Option

You may request a change in the Death Benefit Option. If You request a change from:

- Option A to Option B: The new Face Amount will be the Death Benefit Amount less the Accumulated Value as of the effective date of the change, but not less than zero.
- Option B to Option A: The new Face Amount will be the Death Benefit Amount as of the effective date of the change.

We may require evidence of insurability for a change in the Death Benefit Option if the Net Amount at Risk is being changed. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change, subject to Our approval of the change.

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PREMIUMS AND GRACE PERIOD

Payment of Premiums

Your first premium is due as of the Policy Date. While the Insured is living, premiums after the first must be paid to Us. All premiums are payable in advance at Our home office or to Our agent on delivery of a receipt signed by at least one of Our company officers. Premiums are payable monthly, or at any other frequency We may arrange with Your employer. The payment mode is subject to Our minimum premium requirements as of the Policy Date. A premium receipt will be furnished upon request.

All premiums are payable in advance. Premium payments are flexible. This means You may choose the amount and frequency of payments.

The actual amount and frequency of premium payments will affect the Cash Value and the amount and duration of insurance.

Unscheduled Premiums

You may pay premiums at any time before the Maturity Date. We may limit the number and amount of unscheduled premiums.

Grace Period

This Policy will enter the Grace Period if the Cash Value is insufficient to pay the Monthly Deduction. Once entered, this Policy will remain in force for the 62-day Grace Period. The Grace Period allows You to pay all past due Monthly Deductions and loan interest charges. There is no Grace Period for the initial Monthly Deduction.

If the required premium is not paid by the end of the Grace Period, this Policy will terminate without value. However, We will give You at least 31 days notice, prior to termination, that Your Policy is in the Grace Period. We will advise You of the amount of premium required to keep Your Policy in force. Such 31 days prior notice will be sent to You at Your last known address and to any assignee of record. If death occurs during the Grace Period, Monthly Deductions through the Policy month in which death occurred will be deducted from the Death Benefit Proceeds.

If a surrender request is received within 32 days after the Grace Period commences, the Cash Value payable will not be less than the Cash Value on the Monthly Deduction Day the Grace Period started. The Monthly Deduction for the Policy month following such Monthly Deduction Day will not be subtracted in the calculation of such Cash Value.

Continuation of Coverage

This Policy will continue in force until the Cash Value on any Monthly Deduction Day (before subtracting the Monthly Deduction) is less than the Monthly Deduction due. At that time, this Policy will continue to provide coverage according to the Grace Period provision. However, this Policy will not continue past the Maturity Date.

Initial Guarantee Premium

This Policy will not terminate before the Initial Guarantee Premium Expiry Date if on each Monthly Deduction Day before the Initial Guarantee Premium Expiry Date, the sum of premiums paid equals or exceeds:

- The sum of the Monthly Initial Guarantee Premiums for each month from the date they began, including the current month, plus
- Any Partial Surrenders and any increase in the loan amount since the start of the period for which the Initial Guarantee Premium is required.

The Monthly Initial Guarantee Premium and Initial Guarantee Expiry Date are shown on the Schedule.

The Monthly Initial Guarantee Premium will be adjusted if any of the following occur:

- A supplemental benefit is added, terminated, increased, or decreased; or
- The Face Amount is increased; or
- The Policy is reinstated.

The adjusted Monthly Initial Guarantee Premium will be required on the effective date of the change. The adjusted Monthly Initial Guarantee Premium will be shown on an endorsement to the Policy.

Reinstatement

A Policy which terminates in accordance with the Grace Period provision may be reinstated if it has not been surrendered for its Cash Value. To reinstate means to put back in force on a premium paying basis. We will reinstate this Policy if We receive:

- Your written request within 5 years after the end of the Grace Period and before the Maturity Date; and
- Evidence of good health and insurability of the Insured satisfactory to Us; and
- Payment of enough premium to cover the next two Monthly Deductions; and
- Payment or reinstatement of any loan.

The reinstated Policy will be in force from the Monthly Deduction Day on or following the date We approve the application to reinstate.

The period of time during which this Policy was lapsed will be ignored. No premium will be due for this period. This period will not be included for purposes of determining Policy years. The length of any remaining period during which a Surrender Charge will apply, and the amount of any such Surrender Charge, will be the same on the date of reinstatement as on the date of lapse.

The Accumulated Value at the time of the reinstatement will be:

- The Surrender Charge at the time of lapse; plus
- Any reinstatement premium received; less
- The Percentage Expense Charge; plus
- Any loan repaid or reinstated; less
- The Monthly Deduction for one month.

Any and all attached riders are reinstated in accordance with rider provisions.

If the policy is reinstated, it may not be contestable for more than two years from the effective date based on material misrepresentations in the reinstatement application.

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POLICY VALUES

The Policy Values described below will not be less than the minimum values required by law.

Accumulated Value

On the Policy Date, the Accumulated Value will be determined as follows:

- All premiums received prior to and including the Policy Date;
- less Percentage Expense Charges prior to and including the Policy Date;
- less Monthly Deduction for the following Policy month.

On each Monthly Deduction Day after the Policy Date, the Accumulated Value will be determined as follows:

- Accumulated Value as of the last Monthly Deduction Day;
- plus Interest Earned;
- plus All premiums received since the last Monthly Deduction Day;
- less Percentage Expense Charges since the last Monthly Deduction Day;
- less Any Partial Surrenders paid since the last Monthly Deduction Day;
- less Monthly Deduction for the following Policy month.

All calculations will be done at the end of the day on the Monthly Deduction Day.

The Accumulated Value on any day other than a Monthly Deduction Day will be:

- Accumulated Value as of the last Monthly Deduction Day;
- plus All premiums received since the last Monthly Deduction Day;
- less Percentage Expense Charges since the last Monthly Deduction Day;
- less Any Partial Surrenders paid since the last Monthly Deduction Day.

The Accumulated Value on any Policy anniversary will be at least equal to what it would have been if the interest rate credited had always been 3% and the Guaranteed Monthly Cost of Insurance Rates multiplied by the Percentage Rating Factor, Guaranteed Maximum Monthly Administrative Fee, Guaranteed Maximum Percentage Expense Charge and Monthly Rider Deductions, if any, had always been in effect.

Cash Value

The Cash Value of this Policy will be equal to:

- Accumulated Value;
- less Any Surrender Charge;
- less Any Indebtedness.

Interest Earned

On each Monthly Deduction Day after the Policy Date, the Interest Earned will be determined as the monthly interest rate times the Accumulated Value as of the last Monthly Deduction Day less Interest on Partial Surrenders since the last Monthly Deduction Day. Interest credited on Indebtedness will not exceed the Loan Interest Rate shown on the Schedule.

Additional interest may be added as follows:

- Beginning in the 11th Policy year, an additional 0.5% may be added to the current interest rate;
- Beginning in the 16th Policy year, an additional 1.0% may be added to the current interest rate.

Full Surrender

You may return Your Policy to Us and request the Cash Value. The Cash Value will be calculated as of the day We receive Your request.

You may make a request for surrender at any time during the Insured's lifetime before the Maturity Date. Your Policy will terminate on the Monthly Deduction Day on or next following the date We receive the request for full surrender.

If the Insured dies after the request for Full Surrender but prior to the date payment of the Cash Value was made, the Death Benefit will be payable and the request for Full Surrender will be canceled. If the Cash Value has already been paid, this amount will be subtracted from the Death Benefit payable.

Upon surrender within 30 days after the Policy anniversary, the Cash Value under the policy will not be less than the Cash Value on such anniversary.

Partial Surrender

At any time after the first Policy year, you may withdraw a portion of the Cash Value.

A Partial Surrender will result in a reduction, equal to the withdrawal amount, to each of the following:

- Accumulated Value;
- Face Amount; and
- Death Benefit Amount.

The Partial Surrender amount is subject to the following:

- Only two Partial Surrenders will be allowed during each Policy year;
- Your request must be made prior to the Maturity Date during the Insured's lifetime;
- Each Partial Surrender must be at least ;
- The Partial Surrender may not reduce the Cash Value below a sum equal to two Monthly Deductions; and
- The reduced amounts will never be less than zero.

A Partial Surrender Charge, as shown on the Schedule, will be deducted from your Accumulated Value each time a Partial Surrender is made.

Payment of Cash Value Benefit

We can delay payment of Cash Values for up to six months or the period allowed by law, whichever is less. However, We cannot delay payment of a Partial Surrender if the amount is to be used to pay a premium to Us.

Monthly Deduction

The Monthly Deduction is equal to the sum of:

- The Net Amount at Risk multiplied by the Monthly Cost of Insurance Rate per \$1,000 of Net Amount at Risk divided by 1,000;
- plus Any Monthly Rider Deductions;
- plus The Monthly Administrative Fee shown on the Schedule.

Net Amount at Risk is the net amount of insurance protection provided on a monthly basis.

The Net Amount at Risk is the greater of:

- The Death Benefit Amount divided by 1.002, less the Accumulated Value; or
- The Minimum Death Benefit divided by 1.002, less the Accumulated Value.

Monthly Cost of Insurance Rate

At the beginning of each Policy year, the Monthly Cost of Insurance Rate is determined based on the Insured's Attained Age, Rate Class, and Policy year. For the Initial Face Amount, We will use the Rate Class on the Policy Date. For each increase, We will use the Rate Class applicable to the increase.

Such rates will never be changed to recover losses previously incurred nor to distribute gains previously realized by Us. Any change in the Monthly Cost of Insurance Rates will apply to all persons of the same age and classification whose Policies have been in force for the same length of time.

Surrender Charge

Surrender Charges for the Initial Face Amount will apply during the first 14 Policy years. The Surrender Charge in each Policy year is the lesser of:

- The Accumulated Value; or
- The Initial Surrender Charge multiplied by the Percentage of Initial Surrender Charge applicable to the Policy year. The Initial Surrender Charge and Guaranteed Maximum Percentage of Initial Surrender Charge are shown on the Schedule.

Surrender Charges for any increases in Face Amount will apply during the first 14 years following such increase.

Dividends

We will determine the dividend, if any, for this Policy each year and credit it to this Policy on the first day of the next Policy year. This Policy must be in force for a dividend to be credited to it.

We expect dividends, if any, to be small in amount and to accrue, if at all, in the later Policy years. Each dividend will be added to the Accumulated Value unless the Owner requests payment in cash.

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LOANS

Loan Value

At any time while this Policy is in force, You may borrow from Us an amount which is equal to or less than the loan value. The loan value will be the Cash Value less:

- Loan Interest on the amount to be borrowed to the Monthly Deduction Day following the next Monthly Deduction Day; and
- An amount equal to two Monthly Deductions.

Loan Interest

The Loan Interest Rate that will be charged for Policy loans is shown on the Schedule. Loan Interest accrues daily and will be added to this Policy's Indebtedness and incur interest charges.

How You May Repay a Loan

You may repay part or all of a loan at any time, except that:

- Repayment may be made only while this Policy is in force and prior to the death of the Insured; and
- A partial repayment must be at least \$25.00.

At any time Your loan exceeds the Cash Value, this Policy will lapse. However, at least 31 days prior notice must be mailed by Us to Your last known address and to any assignee of record prior to lapse.

We Can Delay Payment

We can delay loaning You money for up to six months, or the period allowed by law, whichever is less. However, We cannot delay loaning You money if the amount is to be used to pay a premium to Us.

Obtaining a Loan

You may obtain a loan by written request and assignment of this Policy as sole security for the loan. Each loan must be at least \$100.

VULTXLP70000

OWNER AND BENEFICIARY

Owner

The Insured is the original Owner of this Policy unless someone else is shown as Owner in the application. Ownership may be changed in accordance with the provisions captioned **Change of Owner or Beneficiary**. During the Insured's lifetime, the Owner may exercise every right this Policy gives or We allow. If the Owner and the Insured are not the same person, and the Owner dies during the lifetime of the Insured, the Insured will become the Owner. The Insured must notify Us if the Owner dies. All changes are subject to the rights of any assignee of record, and to any endorsement on this Policy limiting such rights.

Beneficiary

The Beneficiary named in the application, or later changed by You, will receive the Death Benefit Proceeds upon the death of the Insured after approval of the claim. Unless You have stated otherwise, if any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other Beneficiaries according to their respective interest. If no Beneficiary survives the Insured, the Death Benefit Proceeds will be paid to You as Owner if You are then living; otherwise the Death Benefit Proceeds will be paid to the Insured's estate.

Change of Owner or Beneficiary

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured, unless the previous designation provides otherwise. To do so, send a written request to Us in a form acceptable to Us. The change will go into effect when We have recorded the change. However, after the change is recorded, it will be deemed effective as of the date of Your written request for change. The change will be subject to any payment made or action taken by Us before the request is recorded.

Common Disaster

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. The Death Benefit Proceeds will be paid on this basis unless an endorsement to this Policy provides otherwise.

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GENERAL PROVISIONS

Assignment

During the lifetime of the Insured You may assign this Policy as security for an obligation. We will not be bound by an assignment unless it is received in writing in a form acceptable to Us. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

Incontestability

We rely on the statements made in the application for coverage described in this Policy and application for any reinstatements or increases in coverage. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this Policy unless it is in such applications.

We will not contest payment of the Death Benefit Amount after this Policy has been in force during the Insured's lifetime for two years from the Policy Date. We will not contest payment of any Death Benefit Amount represented by an increase in the coverage after such increase had been in effect during the Insured's lifetime for two years from the date of such increase. We will not contest payment of any Death Benefit Amount which was reinstated after this Policy has been in force during the Insured's lifetime for two years from the date of such reinstatement.

We can contest a reinstatement or an increase in coverage only on the basis of the material misrepresentations in the original application or in the application for such reinstatement or increase.

Suicide Exclusion

If the Insured commits suicide, while sane or insane, within two years from the Policy Date, We will limit the Death Benefit Proceeds to the premiums paid less any loans and less any Partial Surrenders paid. If the Insured commits suicide, while sane or insane, within two years after the effective date of any increase in the coverage or any reinstatement, the Death Benefit Proceeds will be the costs of insurance associated with each increase or the reinstatement.

Misstatement of Age and Corrections

If there is a misstatement of age in the application, the Death Benefit Amount will be that which would be purchased by the most recent mortality charge at the correct age.

If We make any payment or Policy changes in good faith, relying on Our records, or evidence supplied to Us, Our duty will be fully discharged. We reserve the right, at any time, to correct any errors in this Policy.

Misstatement of Cigarette Smoking

If the usage of cigarettes is misstated, during the first two years, coverage will be rescinded as of the Policy Date.

If the usage of cigarettes is misstated, after the first two years, We will adjust all benefits under this Policy to the amount that would have been provided using smoking rates.

Entire Contract

We have issued this Policy in consideration of the application and payment of premiums. This Policy, the application for it, any riders, and any application for an increase in coverage constitute the entire contract. Any application for reinstatement will become part of the contract of reinstatement and of this Policy. The Policy may be changed by mutual agreement. Our agents have no authority to alter or modify any terms, conditions, or agreements of this Policy, or to waive any of its provisions.

Conformity With State Statutes

If any provision in this Policy and any attached riders is in conflict with the laws which govern this Policy and any attached riders, the provision will be deemed to be amended to conform with such laws.

Annual Report

Each year a report will be sent to You which shows the current Policy values, premiums paid, and deductions made since the last report and any outstanding Policy loans.

Projection of Benefits and Values

You may make a written request to Us for a projection of illustrative future Cash Values and death benefits. One projection in each Policy year will be furnished without charge upon request. We may charge a nominal fee, not to exceed \$25.00 for each projection report furnished in excess of one per year.

VULTXGP70000

Payment Provision

The Death Benefit Proceeds or Cash Value at surrender or maturity will be paid in one lump sum.

VULXXTSO70000

**IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS LIFE AND
HEALTH INSURANCE GUARANTY ASSOCIATION
(For insurers declared insolvent or impaired on or after September 1, 2011)**

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. The Texas Life and Health Insurance Guaranty Association ("the Association") administers this protection system. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the Texas Insurance Code, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contract holder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance
Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.texas.gov

TRUSTMARK INSURANCE COMPANY
"We, Us, and Our"
400 Field Drive
Lake Forest, IL 60045-2581
(800) 918-8877

LIFE INSURANCE BUYER'S GUIDE

This guide can help you get the most for your money when you shop for life insurance. It can help you answer questions about:

- Buying Life Insurance
- Deciding How Much You Need
- Finding a Low Cost Policy
- Things to Remember

This guide was prepared by the National Association of Insurance Commissioners according to their 1989 Model Regulation and reprinted by Trustmark Insurance Company.

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

This Guide Does Not Endorse Any Company or Policy

BUYING LIFE INSURANCE

When you buy life insurance, you want coverage that fits your needs and doesn't cost too much.

First, decide how much you need - and for how long - and what you can afford to pay.

Next, find out what kinds of policies are available to meet your needs and pick the one that best suits you.

Then, find out what different companies charge for that kind of policy - for the amount of insurance you want. You can find important cost differences between life insurance policies by using **cost comparison indexes** as described in this guide.

It makes good sense to ask a life insurance agent or company to help you. An agent can be particularly useful in reviewing your insurance needs and in giving you information about the kinds of policies that are available. If one kind doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company at your public library.

What About Your Present Policy? Think twice before dropping a life insurance policy you already have to buy a new one.

It can be costly because much of what you paid in the early years of the policy you now have was used for the company's expense of selling and issuing the policy. This expense will be incurred again for a new policy.

If you are older or your health has changed, premiums for the new policy will often be higher.

You may have valuable rights and benefits in your present policy that are not in the new one.

You might be able to change your present policy or even add to it to get the coverage or benefits you now want.

Check with the agent or company that issued your present policy - get both sides of the story. In any case, don't give up your present policy until you are covered by a new one.

How Much Do You Need?

To decide how much life insurance you need, figure out what your dependents would have if you were to die now, and what they would actually need. Your new policy should come as close to making up the difference as you can afford.

In figuring what you have, count your present insurance - including any group insurance where you work, Social Security or veterans insurance. Add other assets you have - savings, investments, real estate, and personal property.

In figuring what you need, think of income for your dependents - for family living expenses, educational costs and any other future needs. Think also of cash needs - for the expenses of a final illness and for paying taxes, mortgages or other debts.

What Is The Right Kind?

All life insurance policies agree to pay an amount of money when you die. But all policies are not the same. Some provide permanent coverage and others temporary coverage. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Your choice should be based on your needs and what you can afford.

A wide variety of plans is being offered today. Here is a brief description of two basic kinds, term and whole life - and some combinations and variations. You can get detailed information from a life insurance agent or company.

Term Insurance covers you for a **term** of one or more years. It pays a **death benefit only** if you die in that term. Term insurance generally provides the largest immediate death protection for your premium dollar.

Most term insurance policies are **renewable** for one or more additional terms, even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. Check the premiums at older ages and how long the policy can be continued.

Many term insurance policies can be traded before the end of a **conversion period** for a whole life policy - even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Whole Life Insurance covers you for as long as you live. The most common type is called **straight life** or **ordinary life** insurance - you pay the same premiums for as long as you live. These premiums can be several times higher than you pay at first for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Whole life policies develop cash values. If you stop paying premiums, you can take the cash or you can use the cash value to buy continuing insurance protection for a limited time or a reduced amount. (Some term policies that provide coverage for a long period also have cash values.)

You may borrow against the cash values by taking a policy loan. Any loan and interest on the loan that you do not pay back will be deducted from the benefits if you die, or from the cash values if you stop paying premiums.

Combinations and Variations. You can combine different kinds of insurance. For example, you can buy whole life insurance for lifetime coverage and add term insurance for the period of your greatest insurance needs. Usually the term insurance is on your life - but it can also be bought for your spouse or children.

Endowment insurance policies pay a sum or income to you if you live to a certain age. If you die before then, the death benefit is paid to the person you named as beneficiary.

Other policies may have special features which allow flexibility as to premiums and coverage. Some let you choose the death benefit you want and the premium amount you can pay. The kind of insurance and coverage period are determined by these choices.

One kind of flexible premium policy, often called **universal life**, lets you vary your premium payments every year, and even skip a payment if you wish. The premiums you pay (less expense charges) go into a policy account that earns interest, and charges for the insurance are deducted from the account. Here, insurance continues as long as there is enough money in the account to pay the insurance charges.

Variable life is a special kind of insurance where the death benefits and cash values depend upon investment performance of one or more separate accounts. Be sure to get the prospectus provided by the company when buying this kind of policy. The method of cost comparison outlined in this Guide does not apply to policies of this kind.

Finding a Low Cost Policy

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

Do premiums or benefits vary from year to year?

How much cash value builds up under the policy?

What part of the premiums or benefits is not guaranteed?

What is the effect of interest on money paid and received at different times on the policy?

Cost Comparison Index numbers, which you get from life insurance agents or companies, take these sorts of items into account and can point the way to better buys.

Cost Comparison Indexes. There are two types of cost comparison index numbers. Both assume you will live and pay premiums for the next 10 or 20 years.

1. **The Surrender Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you give up (surrender) the policy and take its cash value at the end of the period. It is useful if you consider the level of cash values to be of special importance to you.
2. **The Net Payment Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you will continue to pay premiums on your policy and do not take its cash value. It is useful if your main concern is the benefits that are to be paid at your death.

The two index numbers are the same for a policy without cash values.

Guaranteed and Illustrated Figures. Many policies provide benefits on a more favorable basis than the minimum guaranteed basis in the policy. They may do this by paying dividends, or by charging less than the maximum premium specified. Or they may do this in other ways, such as by providing higher cash values or death benefits than the minimums guaranteed in the policy. In these cases the index numbers are shown on both a guaranteed and currently illustrated basis. The currently illustrated basis reflects the company's current scale of dividends, premiums or benefits. These scales can be changed after the policy is issued, so that the actual dividends, premiums or benefits over the years can be higher or lower than those assumed in the indexes on the currently illustrated basis.

Some policies are sold only on a **guaranteed** or **fixed cost** basis. These policies do not pay dividends; the premiums and benefits are fixed at the time you buy the policy and will not change.

Using Cost Comparison Indexes. The most important thing to remember is that a policy with smaller index numbers is generally a better buy than a similar policy with larger index numbers.

Compare index numbers only for similar policies - those which provide essentially the same benefits, with premiums payable for the same length of time. Make sure they are for your age and for the kind of policy and amount you intend to buy. Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance.

Small differences in index numbers should be disregarded, particularly where there are dividends or non guaranteed premiums or benefits. Also, small differences could easily be offset by other policy features, or differences in the quality of service from the agent or company. When you find small differences in the indexes, your choice should be based on something other than cost.

Finally, keep in mind that index numbers cannot tell you the whole story. You should also consider:

The pattern of policy benefits. Some policies have low cash values in the early years that build rapidly later on. Other policies have a more level cash value build - up. A year - by - year display of values and benefits can be very helpful. (The agent or company will give you a Policy Summary that will show benefits and premiums for selected years.)

Any special policy features that may be particularly suited to your needs.

The methods by which nonguaranteed values are calculated. For example, interest rates are an Important factor in determining policy dividends. In some companies dividends reflect the average Interest earnings on all policies whenever issued. In others, the dividends for policies issued in a recent year, or a group of years, reflect the interest earnings on those policies; in this case, dividends are likely to change more rapidly when interest rates change.

THINGS TO REMEMBER

Review your particular insurance needs and circumstances. Choose the kind of policy with the benefits that most closely fit your needs. Ask an agent or company to help you.

Be sure that the premiums are within your ability to pay. Don't look only at the initial premium, but take account of any later premium increase.

Ask about cost comparison index numbers and check several companies, which offer similar policies. Remember, smaller index numbers generally represent a better buy.

Don't buy life insurance unless you intend to stick with it. It can be very costly if you quit during the early years of the policy.

Read your policy carefully. Ask your agent or company about anything that is not clear to you.

Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

LIFE INSURANCE ILLUSTRATION
TRUSTMARK INSURANCE COMPANY
TRUSTMARK UNIVERSAL LIFE
FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE (FORM NO XXXX)

PREPARED FOR: JOHN DAVIS
AGE: 30 MALE STANDARD

POLICY NUMBER: TULE_TX

END OF YEAR PROJECTED VALUES - NUMERIC SUMMARY

Guaranteed Cost of Insurance and Interest at 3.0 %	Current Cost of Insurance and Current Interest at 3.0 %	Average of Guaranteed and Current Cost of Insurance and Interest at 3.0 %
--	---	---

The last year of death benefit under guaranteed assumptions will be Policy year 39, under current assumptions will be Policy year 70, and under average assumptions will be Policy year 49.

Current benefits and values are not guaranteed. The assumptions on which they are based are subject to change by the company. Actual results may be more or less favorable.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

Owner/Applicant Signature

Date

Presented by: Trustmark Insurance Company
400 Field Drive
Lake Forest, IL 60045-2581
(800) 918-8877

This is an illustration, not a contract, and is not complete without all pages.

* TULE_TX *

08-05-2014

SAMPLE

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LIFE INSURANCE ILLUSTRATION
TRUSTMARK INSURANCE COMPANY
TRUSTMARK UNIVERSAL LIFE
FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE (FORM NO XXXX)

PREPARED FOR: JOHN DAVIS

NARRATIVE SUMMARY

TRUSTMARK UNIVERSAL LIFE is a flexible premium adjustable life insurance Policy. This Policy offers flexible premiums, flexible cash values and flexible death benefits. Premiums and death benefits are payable to age 100.

RIDERS INCLUDED

None

DEFINITIONS OF IMPORTANT TERMS AND COLUMN HEADINGS

CLIENT'S CLASS: This illustration assumes the insured is classified as MALE STANDARD with a 1.00 rating factor.

AGE: The covered individual's age as of the last birthday at the issue date of the benefit or rider.

YR: The Policy year or duration since issue of the Policy.

PREMIUM OUTLAY: The total premium assumed to be paid each Policy year. There is no fixed premium requirement. The following premiums are based on the illustrated coverage amount at issue; later changes to the Policy's benefits, whether illustrated or not, may alter the Policy's premium limits.

The Payment Mode for the Policy is WEEKLY (52)
This initial Modal Premium is

Premiums are assumed to be paid at the beginning of each month.

CASH VALUE: Equals the Accumulated Value less any Surrender Charge less any Indebtedness.

DEATH BENEFIT: If death occurs prior to the anniversary date on or after the Insured's 70th birth date, the Death Benefit Amount is the greater of the Face Amount on the date of death or the Minimum Death Benefit.

If death occurs on or after the anniversary date on or after the Insured's 70th birth date, the Death Benefit Amount is the greater of 1/3 of the Face Amount on the date of death or the Minimum Death Benefit.

GUARANTEED CHARGES AND INTEREST OF 3.0%: The Accumulated Value on any Policy anniversary will be at least equal to what it would have been if the interest rate credited had always been 3.0% and the Guaranteed Monthly Cost of Insurance Rates multiplied by the Percentage Rating Factor, Guaranteed Maximum Monthly Administrative Fee, Guaranteed Percentage Expense Charge and Monthly Rider Deductions, if any, had always been in effect.

CURRENT NON-GUARANTEED CHARGES AND CURRENT INTEREST OF 3.0%

The Accumulated Value, Cash Value and Death Benefit in this section are not guaranteed. They assume that the current charges for life insurance coverage and the illustrated interest rates will apply for all years shown. This is not likely to occur. The assumptions on which these values are based are subject to change by the company. Actual results may be more or less favorable.

The Company currently charges less for life insurance coverage than the maximum amount per \$1,000 printed in the Policy.

GENERAL INFORMATION

NON-GUARANTEED VALUES

This illustration assumes that the current illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

LIFE INSURANCE ILLUSTRATION
TRUSTMARK INSURANCE COMPANY
TRUSTMARK UNIVERSAL LIFE
FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE (FORM NO XXXX)

PREPARED FOR: JOHN DAVIS

NARRATIVE SUMMARY

LOAN VALUE

At any time while this Policy is in force, You may borrow from Us an amount which is equal to or less than the loan value. The loan value will be the Cash Value less Loan Interest on the amount to be borrowed to the Monthly Deduction Day following the next Monthly Deduction Day and an amount equal to two Monthly Deductions

Cash Values, Accumulated Values, and Death Benefits are assumed to be paid out at the end of the year.

This illustration describes values and benefits if premiums are paid on the date, and in the amounts shown on the tabular detail, assuming indicated interest and insurance cost.

This illustration complies with the definition of life insurance in I.R.C. Sec. 7702. The tax status of the Policy, as it applies to the Policy owner, should be reviewed each year. This illustration is not to be relied on for tax advice. Your personal legal and tax advisors should always be consulted.

The information in this illustration is subject to the terms and requirements of the Policy.

THIS ILLUSTRATION WAS PREPARED FOR PRESENTATION IN TX

SAMPLE

LIFE INSURANCE ILLUSTRATION
TRUSTMARK INSURANCE COMPANY
TRUSTMARK UNIVERSAL LIFE
FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE (FORM NO XXXX)

PREPARED FOR: JOHN DAVIS
AGE: 30 MALE STANDARD

POLICY NUMBER: TULE_TX

END OF YEAR PROJECTED VALUES - NUMERIC SUMMARY

Guaranteed Cost of Insurance and Interest at 3.0 %	Current Cost of Insurance and Current Interest at 3.0 %	Average of Guaranteed and Current Cost of Insurance and Interest at 3.0 %
--	---	---

The last year of death benefit under guaranteed assumptions will be Policy year 39, under current assumptions will be Policy year 70, and under average assumptions will be Policy year 49.

Current benefits and values are not guaranteed. The assumptions on which they are based are subject to change by the company. Actual results may be more or less favorable.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

RETAIN THIS COPY FOR YOUR RECORDS

Owner/Applicant Signature

Date

Presented by: Trustmark Insurance Company
400 Field Drive
Lake Forest, IL 60045-2581
(800) 918-8877

This is an illustration, not a contract, and is not complete without all pages.

LIFE INSURANCE ILLUSTRATION
TRUSTMARK INSURANCE COMPANY
TRUSTMARK UNIVERSAL LIFE
FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE (FORM NO XXXX)

PREPARED FOR: JOHN DAVIS
AGE: 30 MALE STANDARD

INITIAL SPECIFIED AMOUNT: \$29,744.00

END OF YEAR PROJECTED VALUES – TABULAR DETAIL

GUARANTEED
GUARANTEED CHARGES AND
INTEREST AT 3.0 %

NON-GUARANTEED
CURRENT CHARGES AND
CURRENT INTEREST AT 3.0 %

NON-GUARANTEED
AVERAGE CHARGES AND
CURRENT INTEREST AT 3.0 %

Non-guaranteed benefits and values are not guaranteed. The assumptions on which they are based are subject to change by the company. Actual results may be more or less favorable.

This is an illustration, not a contract, and is not complete without all pages.

SAMPLE

New Voluntary Coverage Survey

Thank you for choosing Trustmark to provide your voluntary benefits! We are always looking for ways to improve the level of service you deserve. We would greatly appreciate it if you completed this short survey and returned it to us in the enclosed prepaid envelope. Should you have any questions regarding the survey, please contact us at (800) 918-8877 or email CustomerCare@trustmarksolutions.com.

1. Is this the first time you were offered voluntary coverage? Yes No
2. Please select one or more reasons for your purchase.
- Estate planning
 - Affordability
 - Product design
 - Ease of payroll deduction
 - Re-enrollment
 - Other _____
3. How did you apply for your new policy?
- In-person enrollment
 - Telephone
 - Self-service kiosk
4. When did you receive your policy?
- 1 to 3 weeks after enrollment
 - 4 to 6 weeks after enrollment
 - 7 to 12 weeks after enrollment
5. Were you satisfied with the time it took to receive your policy? Yes No
6. How likely are you to recommend Trustmark to a friend, family member or colleague?
- NOT AT ALL LIKELY** **VERY LIKELY**
- 0 1 2 3 4 5 6 7 8 9 10
7. If we need to get in touch with you, how would you prefer to receive future communications?
- Phone _____
 - Email _____
 - Mail _____
8. Did the overall customer experience meet your expectations? Yes No

Optional:

If you answered no, please provide us with your contact information if you would like to discuss your experience.

Name (please print): _____ Telephone: _____

Email: _____ Best time to call: _____

9. Additional comments/feedback:

BENEFICIARY DESIGNATION FORM

Insured's Name: JOHN DAVIS **Social Security Number of Insured:** _____

Owner of Policy: JOHN DAVIS **Policy Number:** TULE_TX

- All beneficiary designations on the Policy made prior to this date are revoked.
- If multiple parties are designated as beneficiaries and there are no instructions, proceeds will be paid equally or to the survivors.
- The beneficiary or beneficiaries of the Policy from this date shall be as follows:

Please note the primary beneficiary percentages must add up to 100%. In addition, the contingent beneficiary percentages must also add up to 100%.				
BENEFICIARY (Last, First, MI)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input type="checkbox"/> Primary			
	<input type="checkbox"/> Contingent			
Address			Social Security #	
			Phone Number	
Comments:				
BENEFICIARY (Last, First, MI)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input type="checkbox"/> Primary			
	<input type="checkbox"/> Contingent			
Address			Social Security #	
			Phone Number	
Comments:				
BENEFICIARY (Last, First, MI)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input type="checkbox"/> Primary			
	<input type="checkbox"/> Contingent			
Address			Social Security #	
			Phone Number	
Comments:				
BENEFICIARY (Last, First, MI)	Beneficiary Type	%	Relationship to Insured	Date of Birth
	<input checked="" type="checkbox"/> Primary			
	<input checked="" type="checkbox"/> Contingent			
Address			Social Security #	
			Phone Number	
Comments:				

Any Policy provision which requires endorsement of a beneficiary change on the Policy form is deleted by mutual agreement of the owner and the company. The beneficiary may be changed at any time during the insureds lifetime by written request satisfactory to the company. Such change will be binding on the company only when received at its home office, but when received shall take effect as the date it was signed by the Owner, subject to any action taken or payment made by the company before receipt and regardless of whether or not the Insured is living on the date of receipt.

This designation is made subject to all other terms and conditions of the Policy and any assignments on record with the company.

Owner Signature

Date

**Spouse Signature-Community Property States
 (AZ, CA, ID, LA, NV, NM, TX, WA, WI)**

Date

DISCLOSURE: The acceleration-of-life-insurance benefits offered under this policy/certificate/rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as the Insured's life expectancy at the time benefits are accelerated or whether You use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefits will be excludable from income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. Trustmark Insurance Company has no responsibility for any tax consequences of any benefits paid under this rider. A qualified tax advisor should be consulted about circumstances under which acceleration-of-life-insurance benefits can be considered excludable from income under federal law.

DISCLOSURE: Receipt of benefits paid under this rider may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families With Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. A qualified tax advisor and social service agencies should be consulted concerning how receipt of such a payment will affect eligibility for public assistance.

DISCLOSURE: This rider is not intended to be a qualified long-term care insurance contract. This rider does not qualify the insured for the favorable tax treatment provided in the Internal Revenue Code of 1986, s7702B.

Notice to Buyer: This rider may not cover all of the costs associated with Home Health Care or long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all rider limitations. In addition, the policyholder is advised that based on current health care cost trends, the benefits provided by this rider may be significantly diminished in terms of real value to the policyholder, depending on the amount of time which elapses between the date of purchase and the date upon which the policyholder first becomes eligible for those benefits.

TRUSTMARK INSURANCE COMPANY
400 Field Drive, Lake Forest, IL 60045

ACCELERATED DEATH BENEFIT FOR CRITICAL CARE RIDER

This rider provides an accelerated death benefit. Each benefit payment under this rider will reduce the following Policy Values: Face Amount, Death Benefit Amount, Accumulated Value, Surrender Charges and Any Indebtedness

This rider is part of the Policy to which it is attached. It is issued in consideration of the application and the required payment for this rider. The premium is shown on the Schedule. The Monthly Rider Deduction for this rider will be deducted from the Accumulated Value.

This rider is subject to all of the terms, conditions, exclusions and limitations of the Policy, except as herein stated. The Effective Date of this rider is the same as the Policy Date, unless otherwise specified. If this rider is added to the Policy after the Policy Date, the Monthly Rider Deduction and Effective Date for this rider will be shown on an endorsement. The Policy determines the benefits under this rider.

RENEWABILITY

We may not cancel this rider. Only You can request termination of this rider. Unless You do, it will remain in force for as long as the Policy remains in force.

TERMS UNDER WHICH RIDER MAY BE RETURNED AND PREMIUM REFUNDED

You may return the rider within 30 days after You receive it, and We will refund any cost of insurance which You paid for the rider.

CAUTION: This Rider is issued to You based upon Your answers to the questions in Your application. A copy of Your application is enclosed or was retained by You when You applied for this rider. If Your answers are incorrect or untrue, or if material information was omitted in such answers, then We may have the right to deny rider benefits or to rescind Your coverage under this rider. If, for any reason, any of Your answers are incorrect, Our address for making such corrections is Trustmark Insurance Company, 400 Field Drive, Lake Forest, Illinois 60045.

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DEFINITIONS

Activities of Daily Living: The basic human functional activities required for the Insured to remain independent. They are as follows:

Bathing: The ability to wash oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: The ability to maintain control of bowel and bladder function, or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for the catheter or colostomy bag.

Dressing: The ability to put on and take off items of clothing and any necessary braces, fasteners, or artificial limbs.

Eating: The ability to feed oneself by getting food into the body from a receptacle, such as a plate, cup, or table, or by feeding tube or intravenously.

Toileting: The ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene.

Transferring: Sufficient mobility to move in or out of bed, chair or wheelchair or to move from place to place, either via walking, a wheelchair or other means.

Adult Day Care means a social and health-related services program provided during the day in a community group setting, for the purpose of supporting frail, impaired elderly, or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Care Center means a facility which provides Adult Day Care pursuant to the Human Resources Code, Chapter 103.

Assisted Living means assisted living services which are provided at an Assisted Living Facility. For such Assisted Living:

A Physician must certify that it is Medically Necessary due to Sickness or Injury.
The care must be provided in an Assisted Living Facility

Assisted Living Facility means a facility that is operated as an Assisted Living Facility pursuant to state and Federal law.

Benefit Period means continuous or successive terms of Long Term Care Facility confinement, Assisted Living, Home Health Care or Adult Day Care services which:

Are due to the same or related conditions;
Are not separated by more than six months; and
Occur while this rider is in force.

If separated by six months or more, a new Benefit Period begins, subject to a new Elimination Period.

If more than one Injury or Sickness causes a concurrent Benefit Period, only one monthly benefit amount is payable per month of confinement.

Complications of Pregnancy are conditions whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. Such conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also means non-elective caesarean section, ectopic pregnancy which is terminated, and spontaneous termination of pregnancy when a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness/hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy and not constituting a distinctly diagnosed Complication of Pregnancy.

Critical Care means covered Long Term Care or Assisted Living Facility confinements, or Home Health Care or Adult Day Care services.

Death Benefit Amount means the Death Benefit Amount defined in the Policy, excluding additional death benefits added by rider, but including such increases as may be necessary to comply with IRS Code Section 7702.

Elimination Period means the first 90 days of a Benefit Period for which no benefits are payable.

Home Health Care means medical or non-medical services when provided in Your home by a Home Health Agency, which may include:

- homemaker services;
- assistance with Activities of Daily Living;
- respite care services;
- case management services; and
- maintenance or personal care services.

Home Health Care Agency means an entity which provides Home Care Services and is licensed by the Texas Department of Health.

Hospital means a facility which:

- Is licensed and operated as a hospital according to the laws of the jurisdiction in which it is located;
- Operates primarily for the care and treatment of sick or injured persons as in-patients; and
- Provides continuous, 24 hours a day nursing service by or under the supervision of a registered graduate professional nurse (RN).

Immediate Family means:

- Your or the Insured's spouse; and
- Any of Your, Your spouse's, or the Insured's or the Insured's spouse's children, parents, Grandparents, grandchildren, brothers, sisters, and their respective spouses.

Impairment of Cognitive Ability means deterioration or loss of intellectual capacity requiring substantial supervision for protection of self and others, as established by the clinical diagnosis of any licensed practitioner in this state who is authorized to make such a diagnosis. Such diagnosis shall include the patient's history and physical, neurological psychological and/or psychiatric evaluations, and laboratory findings.

Injury means accidental bodily injury that results directly and independently of all other causes in loss covered by this rider.

Intermediate Care Facility means a facility or distinctly separate part of a Hospital or other institution primarily engaged in providing Intermediate Nursing Care to inpatients and which is operated pursuant to state and federal law.

A portion, wing, ward or unit of a multi-use facility will qualify as a Intermediate Care Facility only if it meets all of the criteria for an Intermediate Care Facility in addition to providing Intermediate Nursing Care to patients.

Intermediate Care Facility does not include a place which operated primarily for the treatment of alcoholism, drug addiction or mental or nervous disorders, a facility or home for the aged, or a facility or part of a facility used primarily for rest or custodial or educational care.

Intermediate Nursing Care means active nursing and/or restorative rehabilitation services which may be given on less than a daily basis to treat a stabilized health condition. For such Intermediate Nursing Care:

- A Physician must certify that such is Medically Necessary due to Sickness or Injury;
- Such services must require the skills of licensed technical or professional personnel; and
- The care must be provided in an Intermediate Care Facility.

Long Term Care Facility means a Skilled Nursing Facility, an Intermediate Care Facility, or a Residential Care Facility. Long Term Care Facility does NOT mean:

- A place that primarily treats drug addicts or alcoholics;

a facility or part of a facility used primarily for rest or custodial or educational care; or
A home or facility for the aged or mentally ill; or;
A place owned or operated by You, the Insured, or a member of the Immediate Family.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance, as described under Conditions for Eligibility for Benefits, including the protection from threats to health and safety due to Impairment of Cognitive Ability.

Medically Necessary means a service or supply which:

Is appropriate and consistent with the diagnosis of a Physician in accordance with accepted standards of local community medical practice; and
Could not be omitted without adversely affecting the Insured's condition or the quality of medical care.

Medicare means Title XVIII of the Social Security Act, as amended.

Mental or Nervous Disorder means a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

Net Amount at Risk means the greater of:

The Face Amount divided by 1.002, less the Accumulated Value;
The Death Benefit Amount divided by 1.002, less the Accumulated Value; or
The Minimum Death Benefit divided by 1.002, less the Accumulated Value.

Physician means an individual, other than You, or the Insured or a member of Your or the Insured's Immediate Family, who is licensed to practice medicine and/or treat Sickness or Injury in the state in which treatment is received.

Residential Care Facility means a facility which is operated as a Residential Care Facility pursuant to state and Federal law.

Residential Nursing Care means care designed mainly to help a person in the Activities of Daily Living which does not require the continuous attention of trained medical or paramedical personnel. A Physician must certify that such care is Medically Necessary. Such care may involve:

The preparation of special diets; and
Supervision or assistance in the Activities of Daily Living.

Such care must be provided in a Residential Care Facility.

Sickness means illness or disease that results in loss covered by this rider.

Skilled Nursing Care means active nursing care and/or restorative rehabilitation services given to treat an unstable health condition. For such Skilled Nursing Care:

A Physician must certify that it is Medically Necessary due to Sickness or Injury;
Pending stabilization, the services must require the skills of licensed technical or professional personnel; and
The care must be provided in a Skilled Nursing Facility.

Skilled Nursing Facility means a facility or distinctly separate part of a Hospital or other institution primarily engaged in providing Skilled Nursing Care to inpatients and which is operated pursuant to state and federal law.

A portion, wing, ward or unit of a multi-use facility will qualify as a Skilled Nursing Facility only if it meets all of the criteria for a Skilled Nursing Facility in addition to providing Skilled Nursing Care to patients.

Skilled Nursing Facility does not include a place which operated primarily for the treatment of alcoholism, drug addiction or mental or nervous disorder, a facility or home for the aged, or a facility or part of a facility used primarily for rest or custodial or educational care.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

We will accelerate death benefits as provided under this rider, if the person who is the Insured under the Policy is confined in a Long Term Care or Assisted Living Facility, or receives Home Health Care or Adult Day Care services. The confinement or services must be Medically Necessary. This rider does not cover any other person.

Conditions for Payment: For accelerated death benefits to be payable, the Insured must:

Require assistance in two or more of the Activities of Daily Living; or
Have Impairment of Cognitive Ability.

Long Term Care Facility Benefit: Accelerated death benefits will be paid if the Insured is confined in a Long Term Facility subject to the following conditions. The Insured must:

Meet the Conditions for Payment; and
Be confined in a Long Term Care Facility for Skilled Nursing Care, Intermediate Nursing Care, or Residential Nursing Care.

Assisted Living Benefit: Accelerated death benefits will be paid if the Insured is confined in an Assisted Living Facility subject to the following conditions: The Insured must:

Meet the Conditions for Payment, and
Be receiving Assisted Living services at an Assisted Living Facility.

Home Health Care Benefit: Accelerated death benefits will be paid if the Insured receives Home Health Care services subject to the following conditions. The Insured must:

Meet the Conditions for Payment; and
Be receiving Home Health Care services by a Home Health Care Agency.

Adult Day Care Benefit: Accelerated death benefits will be paid if the Insured receives Adult Day Care services subject to the following conditions. The Insured must:

Meet the Conditions for Payment; and
Be receiving Adult Day Care at an Adult Day Care Center.

When Benefits Begin: Accelerated death benefit payments begin after the Insured has been confined in a Long Term Care or Assisted Living Facility or received Home Health Care or Adult Day Care services for 90 days. The first 90 days of confinement or services is the Elimination Period. No benefit payments will be made during the Elimination Period. This 90 day period need not be continuous. It must, however, be entirely within one Benefit Period.

Exclusions and Limitations: This rider does not pay benefits for loss:

Due to mental, psychoneurotic or personality disorders without clinically diagnosed organic disease. However, nervous or mental disorders which are caused by clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses are covered.
Incurred while residing or confined outside the United States and Canada.
Due to chronic alcohol or drug addiction, unless the addiction results from administration of drugs for treatment prescribed by a Physician.
In any facility contracted for or operated by the United States Government when there is no cost to the Insured.
For which benefits are provided under Medicare or other government program (except Medicaid).
In any facility for which no charge is made to the Insured.
Due to illness, treatment or medical conditions arising out of:
 participation in a felony, riot or insurrection;
 service in the armed forces or units auxiliary thereto;

attempted suicide or intentionally self-inflicted Injury; or normal pregnancy and childbirth. However, Complications of Pregnancy are considered as Sickness under this rider.

Which does not satisfy all the conditions stated in the provision captioned Limitations or Conditions on Eligibility for Benefits.

Additional Benefit Exceptions and Limitations

Irrevocable Beneficiary: If the Policy has an irrevocable Beneficiary(s), no rider benefits can be paid without the prior written consent of such Beneficiary(s).

Indebtedness: In determining the monthly benefit amount payable, the Face Amount and Death Benefit Amount will first be reduced by the amount of any Indebtedness at the end of the Elimination Period.

Assignment: Rider benefits payable are subject to and will be reduced by any assignment, or partial assignment of the Death Benefit Amount.

Change in Amount of Benefit: After the start of the first Benefit Period the amount of benefit will be unaffected by changes in the Face Amount and Death Benefit Amount, except that if a Partial Surrender, a decrease in Face Amount, or a Loan occurs at Your request, the amount of benefit for that Benefit Period will be redetermined. The revised benefit and future payments will be based on the Face Amount and Death Benefit Amount as they exist immediately following the Partial Surrender, decrease in Face Amount or Loan.

AMOUNT OF ACCELERATED DEATH BENEFIT

For each Benefit Period the monthly Long Term Care Facility Benefit, Assisted Living Benefit, Home Health Care Benefit or Adult Day Care Benefit is the greater of 4% of the Face Amount or 4% of the Death Benefit Amount at the end of the Elimination Period for that Benefit Period.

We will pay the Long Term Care Facility or Assisted Living Benefit for each month the Insured remains confined in a Long Term Care or Assisted Living Facility, following the Elimination Period, for up to 25 months for all Benefit Periods combined.

For a partial month of confinement, benefits are payable on a pro-rata basis; One-thirtieth (1/30th) of the monthly benefit will be paid for each 24 hour day of confinement. If a new confinement is within the same Benefit Period as a previous confinement, benefits are resumed at the previous amount of monthly benefit.

We will pay a benefit for Home Health Care or Adult Day Care for each month the Insured receives such care, following the Elimination Period, for up to 25 months for all Benefits Periods combined.

Benefits are payable on a pro-rata basis. One thirtieth (1/30th) of the monthly benefit will be paid for each day of Home Health Care or Adult Day Care.

Example of Long Term Care Facility, Assisted Living, Home Health Care or Adult Day Care Benefit:

Calculation of monthly benefit amounts is shown in the example below.

Monthly payment if no Indebtedness

Death Benefit Amount at end of Elimination Period	\$100,000
Face Amount at end of Elimination Period	\$100,000
4% of Death Benefit Amount	\$4,000
Monthly Payment	\$4,000
Death Benefit Amount after 1st monthly payment	\$96,000
Death Benefit Amount after 2nd monthly payment	\$92,000

Monthly payment if Indebtedness

Death Benefit Amount at end of Elimination Period	\$100,000
Face Amount at end of Elimination Period	\$100,000
Indebtedness	\$6,000
Death Benefit Amount reduced by Indebtedness	\$94,000
4% of Death Benefit Amount reduced by Indebtedness	\$3,760
Monthly Payment	\$3,760
Death Benefit Amount after 1st monthly payment	\$90,240
Indebtedness after 1st monthly payment	\$5,760
Death Benefit Amount after 2nd monthly payment	\$86,480
Indebtedness after 2nd monthly payment	\$5,520

Each Long Term Care Facility, Assisted Living, Home Health Care or Adult Day Care monthly benefit payment reduced all Policy Values 4%. Thus, the Indebtedness is reduced 4% of \$6,000 or \$240 for each monthly payment.

Reduction of Policy Values: Each monthly or partial monthly payment under this rider will reduce the following Policy Values:

- Face Amount;
- Death Benefit Amount;
- Accumulated Value;
- Surrender Charges; and
- Any Indebtedness.

Values will be reduced on a monthly basis by 4% of their value on the date benefits begin. A pro-rata reduction will be made for a partial month of payment.

The Death Benefit Amount of the Policy to which this Rider is attached is reduced by benefit payments under this rider on a last in, first-out basis, regardless of any optional increases or decreases to the amount available for acceleration. The maximum amount available for acceleration is 100% of the greater of the Face Amount or the Death Benefit Amount.

Any portion of the Death Benefit Amount remaining after payment of benefits under this Rider and any related charges, interest, or liens, if applicable, will be paid upon Your death. Payment of all benefits under this rider, along with the payment of the remaining Death Benefit Amount upon Your death will constitute full settlement upon the maturity of the face value of the Policy to which this Rider is attached.

The Death Benefit Amount will be calculated as described in the Policy Definitions.

Monthly Rider Deduction: the Monthly Rider Deduction for any rider month is equal to:

- The monthly cost per \$1,000 of Net Amount at Risk; multiplied by
- The Net Amount at Risk; divided by
- 1,000.

The monthly cost per \$1,000 of Net Amount at Risk for this rider is determined on each rider anniversary. Any change We make will be:

- Guaranteed for one year;
- Based on Our expectations as to future experience;
- Based on a uniform basis for Insureds of the same Age and class of risk; and

For those Insureds whose coverage has been in force the same length of time.

We will give You 45 days advance notice before any premium rate increase takes effect.

Any change in monthly cost will not be a result of deterioration of health.

Accelerated Benefit Monthly Payment Information Form: Upon receipt of a request to receive accelerated benefits, We will send You an Accelerated Benefit Monthly Payment Information Form, which will request any information needed to process Your request. This form will also tell You what effect Your request would have on the Cash Value, account value, Death Benefit Amount and Loans. You will also receive each month a notice of all benefits paid and the effect of benefit payments on the Death Benefit Amount, Face Amount, future charges, future premiums and the amount of benefits remaining.

Waiver of Monthly Deduction: During the period We are paying benefits under this rider, We will also waive the Monthly Deduction for the Policy and all riders. The Policy will remain in force while we are paying benefits under this rider.

CLAIMS

Written Notice of Claim: Written notice of claim must be given to Us within 30 days after a covered loss begins, or as soon as reasonably possible after that. The notice should contain Your name and Policy number.

Your notice should identify the Insured, and be sent to Us.

Claim Forms: After We receive written notice of claim, We will furnish claim forms within 15 days. If We do not, the claimant will have met the requirements for written proof of loss upon submitting a written statement of the extent and nature of the loss within the time limit stated in the Written Proof of Loss provision.

Written Proof of Loss: Written proof of loss must be sent to Us within 91 days after the end of a Grace Period for which benefits are claimed. If that is not reasonably possible, the claim will not be affected. Unless the claimant is legally incapacitated, written proof must be given within one year following the 91 day period for submitting written proof of loss.

Rights Not Waived: None of the following actions shall waive or reduce any of Our rights in defense of a claim under this rider:

- The acknowledgment by Us of receipt of notice of claim under this rider;
- The furnishing of forms for filing proof of loss, or the acceptance of such proof, or
- The investigation of any claim under this rider.

Time of Payment of Claims: After We receive written proof of loss, benefits will be paid monthly for the Benefit Period claimed. Any accrued benefits remaining unpaid when Our liability ends will be paid as soon as We receive proper written proof of loss. We will require periodic proof of continued eligibility and confinement during a claim.

Payment of Claims: Benefits will be paid to You unless they have been assigned elsewhere. Any accrued benefits unpaid at Your death will be paid to Your Beneficiary, or to Your estate, if no Beneficiary is named.

Physical Examination: At Our own expense, We have the right to have the Insured examined as often as reasonably necessary while the claim is pending. The right to examine the Insured will not be exercised more often than every 3 months.

In the event of a disagreement between the Physician We designate to examine You and Your Physician, We will consult a third Physician who has no connection with either Your Physician or Our Physician. The determination of the third Physician will be used to determine the final outcome of the claim.

Claim Denial: If a claim is denied, We will make available all information directly relating to such denial within 60 days of the date of a written request by You, unless such disclosure is prohibited under state or federal law.

Legal Actions: No legal action can be brought against Us within 60 days after the date written proof of loss is given. It cannot be brought after three years from the date written proof of loss is required to be given.

Change of Beneficiary: Unless the Owner makes an irrevocable designation of beneficiary, the right to change a beneficiary is reserved for the Owner, and the consent of the beneficiary or beneficiaries is not required for the surrender or assignment of this rider, for any change of beneficiary or beneficiaries, or for any other changes in this rider.

THE CONTRACT

Termination of Rider: This rider will terminate on the earliest of the following:

The Monthly Deduction Day immediately following the day We receive Your written request for termination; or
Upon termination of the Policy. Such termination will not affect payments if the Insured Is confined at the time of termination; or
When We have paid benefits for the maximum number of months.

Grace Period: The Grace Period in the Policy also applies to this rider.

Reinstatement: If the Policy is reinstated, this rider may also be Reinstated, subject to our approval. We require at least 2 months premium for reinstatement of this rider. The reinstated rider will cover only loss due to Sickness or Injury that occurs after the date of reinstatement that are required by law. Except for this and any new Policy provisions added due to reinstatement, both Your rights and Ours will be the same as before the Policy lapsed.

Incontestability: We cannot contest this rider after it has been in force during the Insured's lifetime for two years from its Effective Date.

Any increase in coverage or reinstatement of coverage, as requested by application from You, shall begin a new two year contestable period for the amount of the increase or reinstated coverage from the effective date of such coverage.

TRUSTMARK INSURANCE COMPANY

**TRUSTMARK INSURANCE COMPANY
400 Field Drive
Lake Forest IL 60045**

ADDITIONAL TERM LIFE INSURANCE RIDER

This rider is part of the Policy to which it is attached. It is issued in consideration of the application and the payment of the required premium for this rider. The premium is shown on the Schedule. The monthly premium for this rider will be deducted from the Accumulated Value as the monthly deduction for this rider.

This rider is subject to all of the terms, conditions, exclusions and limitations of the Policy and the Home Health and Long Term Care Benefit Rider, except as stated herein. The Effective Date of this rider is the same as the Effective Date of the Home Health and Long Term Care Benefit Rider if You applied for both riders on the same application. If this rider is added to the Policy after the Policy Date, the premium and Effective Date for this rider will be shown on an endorsement.

ADDITIONAL TERM LIFE INSURANCE BENEFIT

This rider will pay the Additional Term Life Insurance Benefit to the Beneficiary named in the Policy upon the death of the Insured. The Additional Term Life Insurance Benefit shall equal 100% of the amount of the Policy Values shown below which were reduced when benefits were paid under the Home Health and Long Term Care Benefit Rider.

The following Policy values reduce by payment under the Home Health and Long Term Care Benefit Rider will be included in the Additional Term Life Insurance Benefit payable by this rider.

Face Amount
Death Benefit Amount
Accumulated Value; and
Surrender Charges.

The amount of the Additional Term Life Insurance Benefit shall, at no time, exceed 100% of the aggregate reduction in the Policy Values for benefits paid under the Home Health and Long Term Care Benefit Rider.

REINSTATEMENT

If the Policy and the Home Health and Long Term Care Benefit Rider are reinstated, then this rider may be reinstated, subject to the same approval requirements as those for reinstating the Policy and the Home Health and Long Term Care Benefit rider to which this rider is attached.

INCONTESTABILITY

We cannot contest this rider after it has been in force during the Insured's lifetime for two years from its Effective Date.

Any increase in coverage or reinstatement of coverage, as requested by application from You, shall begin a new two year contestable period for the amount of the increase or reinstated coverage from the effective date of such coverage. Only material misstatements in the reinstatement application may be contested.

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, within two years from the Rider Date, We will limit the Death Benefit Proceeds to the premiums paid for the Policy, the Home Health and Long Term Care Benefit Rider and this Rider less any loans and less any Partial Surrenders paid. If the Insured commits suicide, while sane or insane, within two years after the effective date of any increase in the Face Amount or any reinstatement, the Death Benefit Proceeds will be the costs of insurance associated with each increase or the reinstatement.

TERMINATION

This rider will terminate on the earliest of the following:

The Monthly Deduction Day immediately following the day We receive Your written request for termination; or

The date the Home Health and Long Term Care Benefit Rider terminates; or

The date We pay all benefits under this rider; or

The date the Policy terminates.

TRUSTMARK INSURANCE COMPANY