MAILING SHEET - NOT A POLICY DOCUMENT

Legal & General AMERICA

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

AppAssist

INSURED(S):
NNEKA IFEOMA IKEJIANI

POLICY NUMBER:
181848459

ROBERT A GREENBERG
1861 SW GRANT AVE
PORT SAINT LUCIE, FL 34953

MAILING AGENT NUMBER:

303
WA80000 8459

1171818484590000 1000

MAPMAIL

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

DECEMBER 23, 2020

NNEKA IFEOMA IKEJIANI
2795 PEACHTREE ROAD NORTHEAST
UNIT 506
ATLANTA, GA 30305

Re: Life Insurance Policy for NNEKA IFEOMA IKEJIANI,
Policy # 181848459

Dear NNEKA IFEOMA IKEJIANI,

Congratulations on your decision to purchase life insurance with Banner Life. You will soon be a part of the ever-growing group of policy owners who count on Banner Life to provide financial protection for the important people in their lives. Thank you for choosing us.

This package includes your life insurance policy. There are two things to do before your coverage takes effect:

1. Take a look at the enclosed page titled “Policy Instructions”. It lists any additional forms, signatures or payments we need before activating your policy. These additional items will need to be received by Banner Life before FEBRUARY 6, 2021.

2. Ask yourself whether circumstances have changed since you applied for this policy. We are obligated to remind you that the person(s) whose life is insured by this policy must be living and insurable as set forth in the application for the policy to be accepted and coverage to begin. If the answers provided on the application have since changed, you will need to return the policy to Banner Life.

Before putting your policy in a safe place with your other valuable documents, we encourage you to review it, and if you have any questions, please contact Banner Life at 1-800-638-8428.

Banner Life is financially strong, fiscally responsible and committed to the business practices that will ensure we will be here when you need us most. Our overall financial strength has been recognized by two independent rating organizations: A+ (Superior) from A.M. Best and AA- (Very Strong) from Standard & Poor's. We are committed to honoring the promises we make to customers like you. We are Your Company for Life.™

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

POLICY INSTRUCTIONS

Policy Number: 181848459 Insured(s) Name: NNEKA IFEOMA IKEJIANI

Thank you for choosing Banner Life for your insurance needs. Please carefully read and review your application and policy. Your life insurance coverage will not take effect until the following items are received by Banner Life.

☐ **PREMIUM PAYMENT** Form# BILL2
Please see enclosed Payment Notice for premium payment due in the amount of $226.10.

☐ **POLICY DELIVERY RECEIPT**
Please complete, sign, and date the Policy Delivery Receipt. The policy has been pre-dated to allow review and delivery time. **If signed prior to 01/13/2021, there is no need to request a policy date change as coverage begins from the date the form is signed and received.**

☐ **HEALTH STATEMENT** **For:** NNEKA IFEOMA IKEJIANI
Please complete questions 1-3 on the Good Health Statement form. If you answer yes to any of the questions, complete the additional information section.

Please place all items into the enclosed envelope and have delivered to Banner Life by **February 6, 2021.**

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

PAYMENT NOTICE	
Policy Effective Date 01/13/2021	Policy Number 181848459
Name of Insured(s):	NNEKA IFEOMA IKEJIANI
Total Amount Due: $226.10	

NNEKA IFEOMA IKEJIANI
2795 PEACHTREE ROAD NORTHEAST
UNIT 506
ATLANTA, GA 30305

Banner Life will draft your account ending in 8956 for the total amount due upon receipt of all items listed on the Policy Instructions page. Also, future premium payments of $113.05 will be drafted on the 13rd of every 13rd of each month.

If your account information has changed, please complete and return the **Electronic Funds Transfer Payment Options form (LP183)** enclosed

Below is an itemization of the total amount due.

Payment Period	Item	Payment Frequency	Premium Amount
01/13/21 to 02/13/21	Premium Payment	Monthly	$113.05
02/13/21 to 03/13/21	Premium Payment	Monthly	$113.05

Total Amount Due $226.10

*Please note that your credit card will not be charged. Please submit payment for total amount due as indicated above.

Legal & General AMERICA

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

CURRENT POLICY SPECIFICATIONS

Insured: NNEKA IFEOMA IKEJIANI

Policy Number: 181848459

Policy Owner(s): NNEKA IFEOMA IKEJIANI

Base Plan of Insurance: 20 Year Term

Base Face Amount: $1,000,000

Policy Date: 01/13/2021

Issue Date: 12/23/2020

Premium Mode: MONTHLY

Premium Amount: $113.05

Rider Type/Amount: N/A

POLICY DELIVERY RECEIPT

Please sign and date this document below to certify that you have received the Policy and understand the information in this document. The free look period of the Policy begins with the signing of this document and provides you the opportunity to review the Policy, and if not satisfied, return it for a full refund of premium. (Refer to the contract for the duration of the free look period.)

Coverage under the Policy will begin on the date this Delivery Receipt is signed and given to a Company representative along with the first modal premium payment and all Delivery Requirements are met, provided all persons proposed for insurance under the Policy are living and insurable as described in each part of the application for the Policy.

You are entitled to request a different Policy Date than the one that appears on the Policy. **If all of the above requirements are met, coverage will begin on the date this Delivery Receipt is signed by the Owner,** even though premiums are billed from the Policy Date. If the Policy Date is earlier than today's date, you will pay premiums for a period of time during which the Policy did not provide coverage. You may avoid paying such premiums by having the Company change the Policy Date on the Policy to today's date.

Check A or B:

<u>Please note, if you sign this delivery receipt before the Policy Date of 01/13/2021, this policy does not need to be reissued with a different policy date.</u>

A. ☐ I hereby accept the Policy Date of 01/13/2021. I understand that the Policy coverage begins the date this Delivery Receipt is signed, even though my premiums are being billed from the Policy Date. Please sign and date both copies of this Delivery Receipt. Return one copy along with the premium payment and any other delivery requirements. Retain the second copy for your records and keep it with your Policy.

B. ☐ I hereby request that the Company change the Policy Date to the date this document was signed. I understand that changing the Policy Date to the date this Delivery Receipt is signed, may change my insurance issue age and may result in an increase in the premium amount and my policy will be reissued with a new Policy Date and Issue Date. I understand that by paying my first modal premium and signing this Delivery Receipt today, the Policy will take effect and will provide coverage beginning today, subject to all contractual provisions, while the Policy Date is being changed. Please sign and date both copies of this Delivery Receipt. Return one copy along with the premium payment, any other delivery requirements. Retain the second copy of the Delivery Receipt for your records and keep it with the reissued Policy that will be forthcoming.

By signing below, I/we certify we have received the Banner Life Insurance policy, read and reviewed the application, the first modal premium has been paid and the proposed insured's health and medical history remain in every aspect as described in the application. I/we also certify that I/we fully understand the contents of this Delivery Receipt stated above, and no one has made any representations that contradict the language in this Receipt.

Signature of Policy Owner	Title (if Owner is Business or Trust)	Date

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

CURRENT POLICY SPECIFICATIONS

Insured: NNEKA IFEOMA IKEJIANI

Policy Number: 181848459

Policy Owner(s): NNEKA IFEOMA IKEJIANI

Base Plan of Insurance: 20 Year Term

Base Face Amount: $1,000,000

Policy Date: 01/13/2021

Issue Date: 12/23/2020

Premium Mode: MONTHLY

Premium Amount: $113.05

Rider Type/Amount: N/A

POLICY DELIVERY RECEIPT

Please sign and date this document below to certify that you have received the Policy and understand the information in this document. The free look period of the Policy begins with the signing of this document and provides you the opportunity to review the Policy, and if not satisfied, return it for a full refund of premium. (Refer to the contract for the duration of the free look period.)

Coverage under the Policy will begin on the date this Delivery Receipt is signed and given to a Company representative along with the first modal premium payment and all Delivery Requirements are met, provided all persons proposed for insurance under the Policy are living and insurable as described in each part of the application for the Policy.

You are entitled to request a different Policy Date than the one that appears on the Policy. **If all of the above requirements are met, coverage will begin on the date this Delivery Receipt is signed by the Owner,** even though premiums are billed from the Policy Date. If the Policy Date is earlier than today's date, you will pay premiums for a period of time during which the Policy did not provide coverage. You may avoid paying such premiums by having the Company change the Policy Date on the Policy to today's date.

Check A or B:

Please note, if you sign this delivery receipt before the Policy Date of 01/13/2021, this policy does not need to be reissued with a different policy date.

A. ☐ I hereby accept the Policy Date of 01/13/2021. I understand that the Policy coverage begins the date this Delivery Receipt is signed, even though my premiums are being billed from the Policy Date. Please sign and date both copies of this Delivery Receipt. Return one copy along with the premium payment and any other delivery requirements. Retain the second copy for your records and keep it with your Policy.

B. ☐ I hereby request that the Company change the Policy Date to the date this document was signed. I understand that changing the Policy Date to the date this Delivery Receipt is signed, may change my insurance issue age and may result in an increase in the premium amount and my policy will be reissued with a new Policy Date and Issue Date. I understand that by paying my first modal premium and signing this Delivery Receipt today, the Policy will take effect and will provide coverage beginning today, subject to all contractual provisions, while the Policy Date is being changed. Please sign and date both copies of this Delivery Receipt. Return one copy along with the premium payment, any other delivery requirements. Retain the second copy of the Delivery Receipt for your records and keep it with the reissued Policy that will be forthcoming.

By signing below, I/we certify we have received the Banner Life Insurance policy, read and reviewed the application, the first modal premium has been paid and the proposed insured's health and medical history remain in every aspect as described in the application. I/we also certify that I/we fully understand the contents of this Delivery Receipt stated above, and no one has made any representations that contradict the language in this Receipt.

Signature of Policy Owner | Title (if Owner is Business or Trust) | Date

Legal & General AMERICA

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

SUPPLEMENT TO THE APPLICATION

Proposed Insured: NNEKA IFEOMA IKEJIANI

Policy Number: 181848459

STATEMENT OF GOOD HEALTH AND CONTINUED INSURABILITY

Declaration of Understanding and Agreement

I/we understand that insurance under the terms of the Policy cannot become effective until all requirements for the delivery of the Policy are fulfilled, including the completion of this Supplement Regarding Good Health and Continued Insurability Application.

Representations

Since the date of the Application Part 1 or Part 2, and except as stated below, has any proposed insured:

1. Consulted, been examined or been treated by a member of the medical profession; or made any appointment for a visit to a medical facility or member of the medical profession? ☐Yes ☐No
2. Had any answers or statements contained in Part 1 or Part 2 of the Application or supplements thereto changed since the date of the Application? or ☐Yes ☐No
3. Had any life or accident, health or medical service benefit postponed, declined, rated up, ridered, modified, canceled, or been refused issue, renewal or reinstatement of such insurance or benefits? ☐Yes ☐No

If the answer to any of the above questions is "Yes", please provide details below:

Additional Information	Date	Name/Address of Care Provider or Treatment Facility

Representation and Agreement:

I/we represent that, to the best of my/our knowledge and belief, these statements are complete and true and agree that this Statement and the answers given herewith will be made part of the Policy.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I/we understand and agree that if any of the above representations are answered "Yes", no Policy will be in force and coverage cannot begin unless and until the Company approves this Statement.

Signature of Proposed Insured(s) ____________________ Date (MM/DD/YYYY) ____________________

Signature of Owner (if other than Proposed Insured) ____________________ Include title if signing for business or trust ____________________ Date (MM/DD/YYYY) ____________________

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

Legal & General
AMERICA

The person covered by this policy is:

NNEKA
IKEJIANI

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

LIFE INSURANCE POLICY INFORMATION

Policy insured: NNEKA IFEOMA IKEJIANI
Policy number: 181848459
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

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

LIFE INSURANCE POLICY INFORMATION

Policy insured: NNEKA IFEOMA IKEJIANI
Policy number: 181848459
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

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

LIFE INSURANCE POLICY INFORMATION

Policy insured: NNEKA IFEOMA IKEJIANI
Policy number: 181848459
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

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

LIFE INSURANCE POLICY INFORMATION

Policy insured: NNEKA IFEOMA IKEJIANI
Policy number: 181848459
Policy plan: 20 Year Term

HOW TO REACH CUSTOMER CARE

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

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

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

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

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

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

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

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

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

RENEWABLE AND CONVERTIBLE INDIVIDUAL TERM LIFE INSURANCE.

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

Insured - NNEKA IFEOMA IKEJIANI **Face Amount -** $1,000,000

Policy Number - 181848459 **Policy Date -** January 13, 2021

Owner(s) - NNEKA IFEOMA IKEJIANI

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

RIGHT TO EXAMINE POLICY FOR 30 DAYS
Within 30 days after the Policy is received, it may be returned to the agent through whom it was purchased or to our Home Office. We will then refund any premium paid and the Policy will be deemed void from the beginning.

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

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

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

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

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

CONFORMITY WITH IIPRC STANDARDS
This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of the Policy that, on the provision's effective date, is in conflict with Interstate Insurance Product Regulation Commission standards for this product type is hereby amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

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

Bryan R. Newcombe — Secretary

Andrew D. Lowe — Senior Vice President, Chief Financial Officer & Treasurer

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

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

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

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

This Policy is renewable to the Expiration Date.

This Policy is nonparticipating and no dividends are payable.

Legal & General AMERICA

TABLE OF CONTENTS

Concluded With:

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

PLEASE READ YOUR POLICY CAREFULLY

POLICY SCHEDULE

INSURED:	NNEKA IFEOMA IKEJIANI	**POLICY NUMBER:**	181848459
ISSUE AGE AND SEX:	50 Female	**ISSUE DATE:**	12/23/2020
END OF POLICY CONVERSION PERIOD:	01/12/2041	**POLICY DATE:**	01/13/2021
		EXPIRATION DATE:	01/13/2066
OWNER:	NNEKA IFEOMA IKEJIANI		

RATING CLASS: PREFERRED PLUS NONTOBACCO

TERM PERIODS: INITIAL TERM PERIOD OF 20 YEARS, FOLLOWED BY ONE YEAR PERIODS

FORM NUMBER	TYPE OF COVERAGE	EXPIRATION DATE	FACE AMOUNT	INITIAL ANNUAL PREMIUM	LEVEL PERIOD
ICC18-OPTC	RENEWABLE AND CONVERTIBLE TERM	01/13/2066	$1,000,000	$1,269.99	20 YEARS
ICC10 ADB	ACCELERATED DEATH BENEFIT			$0.00	
	POLICY FEE			$60.00	
	TOTAL:		**$1,000,000**	**$1,329.99**	

PAYMENT MODE: **MONTHLY**

PREMIUM DUE DATE: 13rd of each month

***PREMIUM MODES AVAILABLE:**	ANNUAL	SEMI-ANNUAL	QUARTERLY	**MONTHLY**
	$1,329.99	$678.29	$345.80	**$113.05**

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

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

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

Georgia Office of Insurance & Safety Fire Commissioner: 800-656-2298

YEAR	BASE COVERAGE MAXIMUM ANNUAL RENEWAL PREMIUM*	DEATH BENEFIT
1	$1,329.99	$1,000,000
2	$1,329.99	$1,000,000
3	$1,329.99	$1,000,000
4	$1,329.99	$1,000,000
5	$1,329.99	$1,000,000
6	$1,329.99	$1,000,000
7	$1,329.99	$1,000,000
8	$1,329.99	$1,000,000
9	$1,329.99	$1,000,000
10	$1,329.99	$1,000,000
11	$1,329.99	$1,000,000
12	$1,329.99	$1,000,000
13	$1,329.99	$1,000,000
14	$1,329.99	$1,000,000
15	$1,329.99	$1,000,000
16	$1,329.99	$1,000,000
17	$1,329.99	$1,000,000
18	$1,329.99	$1,000,000
19	$1,329.99	$1,000,000
20	$1,329.99	$1,000,000
21	$43,520.00	$1,000,000
22	$49,070.00	$1,000,000
23	$55,940.00	$1,000,000
24	$64,340.00	$1,000,000
25	$74,360.00	$1,000,000
26	$85,900.00	$1,000,000
27	$98,850.00	$1,000,000
28	$113,120.00	$1,000,000
29	$128,760.00	$1,000,000
30	$146,190.00	$1,000,000
31	$166,120.00	$1,000,000
32	$189,240.00	$1,000,000
33	$216,270.00	$1,000,000
34	$247,810.00	$1,000,000
35	$283,390.00	$1,000,000
36	$323,120.00	$1,000,000
37	$366,510.00	$1,000,000
38	$413,920.00	$1,000,000
39	$465,010.00	$1,000,000
40	$520,590.00	$1,000,000
41	$580,750.00	$1,000,000
42	$646,660.00	$1,000,000
43	$720,150.00	$1,000,000
44	$804,540.00	$1,000,000
45	$907,820.00	$1,000,000

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GENERAL PROVISIONS

Contract

The entire contract consists of the following:

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

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

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

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

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

Incontestability

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

We will not contest this Policy after it has been in force during the Insured's lifetime for two years from the Issue Date except for failure to pay premiums or fraud in the procurement of the Policy (when permitted by applicable law in the state the Policy is delivered for issuance).

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

Misstatement of Age and Sex

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

Suicide Exclusion

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

Nonparticipating

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

Change in Face Amount

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

TERMINATION

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

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

OWNER AND BENEFICIARY

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

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

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

Changes of Owner and Beneficiary

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

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

Death of a Beneficiary

Unless otherwise provided in the Beneficiary designation:

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

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

Assignment of Policy

This Policy may be assigned. We will not be responsible for the validity of an assignment. Written Notice of an assignment must be received by our Home Office in a form acceptable to the Company. The assignment will then take effect as of the date the Owner signed the notice unless otherwise specified by the Owner. Such a change shall not affect any payment made or other action taken by the Company before Written Notice is received. Payments to any assignee will only be made in a lump sum.

PREMIUMS

Payment of Premiums

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

Grace Period

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

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

Reinstatement

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

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

CONVERSION

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

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

The new policy will be issued:

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

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

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

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

CHANGE OF PREMIUM

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

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

RENEWAL

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

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

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

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

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

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

DEATH BENEFIT PROCEEDS

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

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

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

1. Interest shall accrue and be payable from the date of death.
2. Interest will accrue at the rate or rates applicable to the Policy for funds left on deposit. In determining these effective annual rate or rates, the Company shall use the rate in effect on the date of death.
3. Interest will accrue at the effective annual rate determined in Item 2 above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (a), (b), and (c) to the date the claim is paid, where it is:

    a. The date that due proof of death is received by the Company;
    b. The date the Company receives sufficient information to determine its liability, and the appropriate payee legally entitled to the proceeds; and
    c. The date that legal impediments to payment of proceeds that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to payment include, but are not limited to: (i) the establishment of guardianships and conservatorships; (ii) the appointment and qualification of trustees, executors, and administrators; and (iii) the submission of information required to satisfy any state and federal reporting requirements.

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

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

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

PAYMENT OF PROCEEDS

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

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

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

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

ELECTION OF PAYMENT OPTIONS

By Owner

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

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

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

By Beneficiary

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

Such election by the Beneficiary:

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

Conditions of Election

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

PAYMENT OPTIONS

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

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

Option 1 On Deposit

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

Option 2 Payments of a Fixed Amount

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

Option 3 Payments for a Fixed Period

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

Option 4 Life Income

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

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

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

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

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

PAYMENT OPTION TABLES

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

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

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

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

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

Legal & General AMERICA
Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-638-8428
www.LGAmerica.com

ACCELERATED DEATH BENEFIT RIDER

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

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

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

BENEFIT

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

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

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

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

BENEFIT LIMITS

The maximum accelerated death benefit is the lesser of:

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

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

ADB ELIGIBILITY REQUIREMENTS

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

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

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

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

EFFECT OF THE ACCELERATED DEATH BENEFIT

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

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

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

For the amount of the lien equal to the policy's cash surrender value at the time the lien is in effect, interest will be charged at the policy loan interest rate stated in the policy. For the amount of the lien in excess of such cash surrender value, interest will be charged at a rate that is no greater than the greater of:
1. the current yield on a 90-day treasury bill on the date of the ADB payment; and
2. the current maximum adjustable policy loan interest rate allowed by law on the date of payment subject to the Interstate Insurance Product Regulation Commission standards.

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

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

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

ADDITIONAL PROVISIONS

There is no premium or cost of insurance charge for this rider. However, an administrative fee that will not exceed $250 will apply at the time the ADB is paid and it will be added to the lien.

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

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

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

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

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

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

TERMINATION
This rider will terminate on the earliest of:

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

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

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

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

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

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

Bryan R. Newcombe
Secretary

Andrew D Crone
Senior Vice President,
Chief Financial Officer & Treasurer

Legal & General AMERICA

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

SUPPLEMENT TO THE APPLICATION

Proposed Insured: NNEKA IFEOMA IKEJIANI

Policy Number: 181848459

STATEMENT OF GOOD HEALTH AND CONTINUED INSURABILITY

Declaration of Understanding and Agreement

I/we understand that insurance under the terms of the Policy cannot become effective until all requirements for the delivery of the Policy are fulfilled, including the completion of this Supplement Regarding Good Health and Continued Insurability Application.

Representations

Since the date of the Application Part 1 or Part 2, and except as stated below, has any proposed insured:

1. Consulted, been examined or been treated by a member of the medical profession; or made any appointment for a visit to a medical facility or member of the medical profession? ☐ Yes ☐ No
2. Had any answers or statements contained in Part 1 or Part 2 of the Application or supplements thereto changed since the date of the Application? or ☐ Yes ☐ No
3. Had any life or accident, health or medical service benefit postponed, declined, rated up, ridered, modified, canceled, or been refused issue, renewal or reinstatement of such insurance or benefits? ☐ Yes ☐ No

If the answer to any of the above questions is "Yes", please provide details below:

Additional Information	Date	Name/Address of Care Provider or Treatment Facility

Representation and Agreement:

I/we represent that, to the best of my/our knowledge and belief, these statements are complete and true and agree that this Statement and the answers given herewith will be made part of the Policy.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I/we understand and agree that if any of the above representations are answered "Yes", no Policy will be in force and coverage cannot begin unless and until the Company approves this Statement.

Signature of Proposed Insured(s) ____________________ Date (MM/DD/YYYY) ____________

Signature of Owner (if other than Proposed Insured) ____________________ Include title if signing for business or trust ____________ Date (MM/DD/YYYY) ____________

Legal & General AMERICA
Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

PART 1
(Please Print)

SECTION A PROPOSED INSURED

1. Full Name (Include maiden name in parentheses): Nneka Ifeoma Ikejiani
2. Sex: ☐ M ☒ F
3. Date of Birth: Month 01 Day 27 Year 1971
4. Social Security Number: 294-94-5975

5. a. Home Address
Street (See Supplement) City, State Atlanta GA Zip 30305
5. b. How Long: 0 yrs 1 mths

6. Phone Numbers
Home ( )
Work ( )

7. State/Country of Birth: NIGERIA

8. U.S. Citizen ☒ Yes ☐ No Visa Type ____
If No, Date of Entry into U.S. ____
Country of Citizenship ____

9. Marital Status ☐ M ☐ S ☐ W ☒ D

10. Driver's License Number and State of Issue or State ID Number: 1225629715270(FL)

11. Occupation (Include duties): CPA, ACCOUNTANT
12. Annual Income: $70,000
13. Total Net Worth: $280,000

14. a. Employer's Name and Address and Nature of Business: Vein Health Clinics 1000 Executive Drive #8 Oviedo FL 32765
14. b. How Long Employed: 1 yrs

15. Have you ever used tobacco or nicotine products in any form? ☐ Yes - give details below ☒ No

Product	Date last used (month/year)	Amount / Frequency
Cigarettes		
Cigars		
Other		

SECTION B BENEFICIARY (Share percentage totals must equal 100%. If necessary, use Remarks section, Question 48. If Beneficiary is a trust, check box ☐ and complete Section D.)

16. Primary

Name	SSN	Relationship	Date of Birth	% Share
Ozioma A Ikejiani		DAUGHTER	6/23/2000	50%
Tobenna J Ikejiani		SON	4/17/2002	50%

17. Contingent

Name	SSN	Relationship	Date of Birth	% Share

SECTION C OWNER

18. Owner is ☒ Proposed Insured ☐ Trust (also complete Section D) ☐ Other than Proposed Insured or Trust
Complete if the Proposed Insured is not the Owner. (If contingent Owner is required, use Remarks section, Question 48).
Name Nneka Ifeoma Ikejiani SSN or Tax ID # ____ Date of Birth ____
Address (See Supplement) City, State Atlanta GA Zip 30305
Contact Phone # ____ Relationship to Proposed Insured ____
If Owner is a business, web site address ____ Email address ____

SECTION D TRUST INFORMATION (If Trust is Beneficiary and/or Owner).

19. Exact Name of Trust ____ Trust Tax ID# ____
Current Trustee(s) ____ Date of Trust ____

SECTION E PAYOR

20. Send premium notices to: ☒ Insured ☐ Owner ☐ Other - If Other, complete the information below

Name ______ Relationship to Insured/Owners ______

Address
Street City State Zip

Contact Phone # ______ Email address ______

SECTION F INSURANCE APPLIED FOR

21. Amount of Insurance $ $1,000,000 22. Plan of Insurance OPTerm 20

23. Death Benefit Option (if available with Plan): ☐ Level Death Benefit ☐ Increasing Death Benefit

24. Payment method: ☐ Direct Bill ☒ Electronic Funds Transfer (EFT)

25. Frequency of premium payment: ☐ Single ☐ Annual ☐ Semi-annual ☐ Quarterly ☒ Monthly (EFT only)

26. Planned periodic premium for universal life product: (Provide details in Remarks section, Question 48.)

a. ☐ 1st Year Only $______ 2nd Year and Thereafter $______ b. ☐ Premium For All Years $______

27. Will the premiums for this policy be loaned or otherwise financed by an individual(s) or entity other than the Proposed Insured or immediate family members of the Proposed Insured? ☐ Yes ☒ No

If Yes, please identify all parties involved and provide copies of all financing agreements or promissory notes and all related side agreements and schedules. (Provide details in Remarks section, Question 48.)

28. a. Date to Save Age? ☐ Yes ☒ No b. Specific Policy Date? ☐ Yes ☐ No Date ______

Additional Benefits (if available)

29. ☐ Waiver of Premium ☐ Other (description and amount) ______

SECTION G OTHER INSURANCE

30. a. **Excluding** this application, amount of insurance **currently pending** with other companies. If NONE state NONE. $ NONE

b. Of the above pending amount in 30.a., how much do you intend to accept? $ NONE

c. Provide information for each policy in force (except group insurance). (If necessary, use Remarks section, Question 48.) If NONE state NONE.

Company	Policy Number	Face Amount	Business? Yes	Business? No	Issue Date	Replacing? Yes	Replacing? No	Beneficiary
NONE			☐	☐		☐	☐	
			☐	☐		☐	☐	
			☐	☐		☐	☐	
			☐	☐		☐	☐	
			☐	☐		☐	☐	

	Yes	No
31. Have you ever had an application for life or health insurance declined, postponed, modified, rated or offered with a reduced face amount? (If Yes, provide details in Remarks section, Question 48.)	☐	☒
32. Will you, or are you likely to, replace, end, or change existing insurance or annuity with any company or society with the insurance for which you are applying? (If Yes, the broker may be required to provide additional forms for your review and signature.)	☐	☒
33. Are there any plans to sell or permanently assign the policy to another person or entity, life settlement provider or an investor, or will it replace a policy that has already been sold to another life settlement company or investor? (If Yes, provide details in Remarks section, Question 48.)	☐	☒

PART 1 (continued)

SECTION H GENERAL QUESTIONS (Explain all Yes answers in Remarks section, Question 48.)

	Yes	No
34. Has any person promised or agreed to give or have they given to any party to the application, any inducement, fee or compensation as an incentive to purchase the policy?	☐	☒
35. Has any party to the application ever sold, transferred or assigned any life insurance policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity?	☐	☒
36. Has any party to the application ever received inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a policy?	☐	☒
37. In the past 5 years, have you requested or received a Worker's Compensation, Social Security, or disability income payment?	☐	☒
38. Have you ever been convicted of, or are you currently charged with, a felony or misdemeanor, or are you currently on parole or probation?	☐	☒
39. In the past 5 years, has your driver's license been suspended or revoked, or have you been convicted of 2 or more moving violations or accidents?	☐	☒
40. In the past 5 years, have you been convicted of, or plead guilty or no contest to, driving while impaired, intoxicated, or under the influence of alcohol or drugs? (If Yes, complete Alcohol/Drug Usage Questionnaire.)	☐	☒
41. Are you a member, or do you intend to become a member, of the armed forces, including the reserves?	☐	☒

SECTION I OTHER ACTIVITIES

	Yes	No
42. Do you hold a current pilot license, or have you in the past 5 years flown, or within the next 2 years do you intend to fly, other than as a passenger in any type of aircraft? (If Yes, complete Aviation Questionnaire.)	☐	☒
43. Have you in the past 2 years engaged in, or within the next 2 years do you intend to engage in, certain activities such as hang gliding, hot-air ballooning, ultra-light flying, heli-skiing, mountain, ice or rock climbing, cliff or base jumping, motor vehicle racing, motorcycle or any other motorized land or water vehicle racing, or scuba or sky diving? (If Yes, complete appropriate questionnaire.)	☐	☒
44. Do you intend to travel outside the U.S. or Canada, or change your country of residence in the next 12 months? (If Yes, list countries, cities, duration and purpose of travel in Remarks section, Question 48.)	☐	☒

SECTION J PROPOSED INSURED FINANCIAL INFORMATION

Complete this section when applying for face amount over $1,000,000 or when the Proposed Insured is over age 65:

45. a. What is the purpose of this insurance? (e.g. income replacement, buy-sell, keyperson, estate conservation)
LOAN, BANK REQUIRED

b. How was the need for the face amount determined? ______________________

c. In the last 5 years, has the Proposed Insured filed for bankruptcy or had any charge off of bad debts? Yes ☐ No ☐
If Yes, type of bankruptcy and discharge date or charge off date.

46. a. Gross annual earned income (salary, bonuses, etc. from W-2 forms) $ ______________

b. Gross annual unearned income (dividends, interest, rental income etc.) $ ______________

c. Is the Proposed Insured self-supporting? ☐ ☐
If No, how much insurance is in-force on the life of the person providing the support? $ ______________
What is that person's relationship to the Proposed Insured? ______________________

PART 1 (continued)

SECTION K BUSINESS FINANCIAL INFORMATION

Complete this section when applying for face amount over $1,000,000 and if Beneficiary or Owner is a business:

	Current YTD	Previous Year
47. a. Assets	$	$
b. Liabilities	$	$
c. Gross Sales	$	$
d. Net Income after Taxes	$	$
e. Fair Market Value of the business	$	$

f. How long has the business been established? ____________

g. What percentage of the business does the Proposed Insured own? ____________

	Yes	No
h. Are other partners/owners/executives being insured? (If Yes, use Remarks section, Question 48.)	☐	☐
i. In the last 5 years, has the business filed for bankruptcy or had any charge off of bad debts?	☐	☐

If Yes, type of bankruptcy and discharge date or charge off date. ____________

j. Company web site address, if available ____________

48. Remarks: Explanations and/or special requests. Use Part 1 Supplement to Application if necessary.

[Q.05A] Insured Address Street: 2795 Peachtree Road Northeast Unit 506
*
[Q.18E] Owner Address Street: 2795 Peachtree Road Northeast Unit 506
*
[Q.01A] Maiden Name: Nwobi
*
[Q.06C] Insured Cell Phone: (770) 568-3901
*
[Q.06D] Insured EMail: nnekan@enspirebusiness.com
*
[Q.41A] Armed Forces Reserve: No

IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD AND AGREED THAT:

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

No agent or other person has power to: (a) accept risk; (b) make or modify contracts; (c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable; (d) waive any Company rights or requirements; (e) waive any information the Company requests; (f) discharge any contract of insurance; or (g) bind the Company by making promises respecting benefits upon any policy to be issued.

I agree that: **(1) I/we will notify the Insurer if any statement or answer given in any part of the application changes prior to policy delivery; and (2) except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to and accepted by the Owner and the first modal premium is paid.**

Changes or corrections made by the Company and noted in Part 1, Question 48 above are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I hereby authorize any physician, medical professional, hospital, clinic or medical care facility; pharmacy benefit manager, prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB), to provide the Company and its legal representatives or affiliated insurers, all information they have pertaining to: medical consultations; treatments; hospitalizations for physical and/or mental conditions, use of drugs or alcohol; drug prescriptions; or any other information for me. Other information could include items such as: other insurance information; personal finances; habits; hazardous avocations; motor vehicle records; court records; or foreign travel, etc.

I understand that the information obtained will be used by the Company to determine my eligibility for insurance. I authorize that any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I understand that this consent may be revoked at any time by sending a written request to the Company, Attn: Director of Underwriting, Banner Life Insurance Company, 3275 Bennett Creek Avenue, Frederick, Maryland 21704.

The consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize the Company to obtain an investigative consumer report on me. I understand that I may request to be interviewed for the report and receive, upon written request, a copy of such report.

If an investigative consumer report is prepared, I elect to be interviewed: ☐ Yes ☐ No

DECLARATION

I/we have carefully read the Temporary Insurance Application and Agreement (TIAA) and understand and agree to the terms thereof including the conditions under which a limited amount of insurance may become effective prior to policy delivery. I/we understand that all premium checks are to be made payable to **Banner Life Insurance Company** (payee should not be left blank); checks are not to be made payable to the agent, agency or other third party. I/we have received the Notice to Proposed Insured, which includes the Medical Information Bureau Pre-Notice Disclosure and the Federal Fair Credit Reporting Notice.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **Please see fraud warnings on page 6 prior to signing this application.**

Nneka Ifeoma Ikejiani e-signed Signed at Atlanta GA on 11 / 23 / 2020
Signature of Proposed Insured — City/State

Signed at ______ on ___/___/___
Signature of Owner (if other than Proposed Insured)
If Owner is a firm or corporation, include officers' title with signature — City/State

Print Owner/Officer Name and Title (if applicable)

esigned by Robert A Greenberg Signed at ______ on 11 / 23 / 2020
Signature of Licensed Insurance Agent — City/State

Legal & General AMERICA
Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

PART 2
Medical History

1. Name of Proposed Insured Nneka Ifeoma Ikejiani Date of Birth 1/27/1971
2. Height 5 ft. 9 in. 3. Weight 159 lbs.

If your weight has changed by over 10 lbs. in the last year, indicate amount and reason

PHYSICIAN INFORMATION

4. **Primary Physician**

Name None
Address
Telephone Date last seen
Reason last seen and results of visit

5. **Physician Last Consulted**

Name Does not recall Specialty
Address
Telephone Date last seen
Reason last seen and results of visit See Supplement

	Yes	No
6. Has a parent or sibling ever been diagnosed or treated by a member of the medical profession for heart or kidney disease, stroke, diabetes, cancer, melanoma, suicide, Huntington's Disease, Sickle Cell Disease or Familial Adenomatous Polyposis (FAP)? If Yes, give details in the Family History chart below.	☒	☐

Family History: Include the age at onset/event for each medical condition.

	Medical Conditions	Age at Onset/Event	Age if Living	Cause of Death	Age at Death
Father					
Mother	Diabetes	65	78		
Brothers					
Sisters					

MEDICAL HISTORY - Provide details to Yes answers in the Remarks section. Include provider, date, symptoms, diagnosis and treatment.	Yes	No	**Remarks - Explain All Yes Answers** Enter question number before detailed response.
Questions 7-22, have you ever consulted a member of the medical profession regarding or have you been diagnosed or treated for:			See Supplemental App
7. High blood pressure, high cholesterol, abnormal electrocardiogram, chest pain, irregular heart rhythm, palpitations, heart murmur, heart attack, angina, phlebitis, peripheral vascular disease, or any other disease or disorder of the heart or blood vessels?	☐	☒	
8. Hepatitis, ulcer, internal bleeding, colitis, acid reflux, GERD, or any other disease or disorder of the stomach, gall bladder, esophagus, liver, pancreas spleen, intestines, colon, or rectum?	☐	☒	
9. A disorder of your blood or immune system including anemia, blood clots, bleeding, immune deficiency, leukemia, or lymphoma (excluding HIV)?	☐	☒	

PART 2 - Medical History (continued)

Name of Proposed Insured Nneka Ifeoma Ikejiani	Yes	No	Remarks - Explain All Yes Answers
10. Cancer, tumor, melanoma, or any other malignant disorder?	☐	☒	
11. Diabetes or high blood sugar or any other disease or disorder of the pituitary, thyroid, or endocrine glands?	☐	☒	
12. Albumin, protein, blood or sugar in the urine or any other disease or disorder of the kidney or bladder?	☐	☒	
13. Cyst, polyp, lump, or other growth, or any disease or disorder of the skin or lymph nodes?	☐	☒	
14. Any disease or disorder of the uterus, cervix, ovaries, or breasts?	☐	☒	
15. Any disease or disorder of the prostate or reproductive system?	☐	☒	
16. Any sexually transmitted disorders or diseases?	☐	☒	
17. Pregnancy, complications of pregnancy or infertility? If now pregnant, what is the expected date of delivery?	☐	☒	
18. Asthma, shortness of breath, chronic cough or hoarseness, bronchitis, emphysema, COPD (chronic obstructive pulmonary disease), sarcoidosis, pneumonia, TB (tuberculosis), sleep apnea, or any other disorder of the respiratory system?	☐	☒	
19. A disorder of the brain, spinal cord, or nervous system including chronic headaches, convulsions or loss of consciousness, seizures, tremors, paralysis, fainting, stroke, MS (multiple sclerosis), or TIA (transient ischemic attack)?	☐	☒	
20. Depression, anxiety, psychosis, suicidal thoughts or attempts of suicide, anorexia or bulimia, obsessive compulsive disorder, bipolar disorder, or other mental, nervous or emotional disorder?	☐	☒	
21. Arthritis or disorder of the bones, skin or muscles?	☐	☒	
22. Any disease or disorder of the eyes, ears, nose or throat?	☐	☒	
23. In the **last 5 years,** unless previously stated on this application, have you:			
a. Been treated by a member of the medical profession or at a medical facility?	☐	☒	
b. Had an electrocardiogram, x-ray, blood test, or other diagnostic test, excluding an HIV test?	☐	☒	
c. Had surgery or biopsy, or been an inpatient or outpatient in a hospital, clinic, or other medical or mental health facility?	☐	☒	
d. Been advised by a member of the medical profession to have surgery, medical treatment, biopsy, or diagnostic testing, excluding HIV testing, that has not yet been completed?	☐	☒	
e. Been referred to any other member of the medical profession or medical facility?	☐	☒	
f. Been unable to work, attend school or perform the normal activities of like age and gender, or been confined at home?	☐	☒	
24. a. Have you ever used amphetamines, barbiturates, cocaine, heroin, crack, marijuana, LSD, PCP or other illegal, restricted or controlled substances, except as prescribed by a licensed physician?	☐	☒	
If Yes, please provide dates of use: From ______ To ______			
Name of drug used: ______			
Amount and frequency of use: ______			

PART 2 - Medical History (continued)

Name of Proposed Insured Nneka Ifeoma Ikejiani

Question	Yes	No	Remarks - Explain All Yes Answers
24 b. Have you ever been addicted to prescription medication or been advised by a physician to discontinue using habit forming drugs? If Yes, provide dates of use, type and frequency.	☐	☒	See Supplemental App
25. Have you ever:			
a. Consumed alcoholic beverages? If Yes, give type and number of drinks per day and/or per week. Date of last consumption: 01/1995	☒	☐	
b. Been advised by a physician or other licensed medical practitioner to limit or cease the use of alcoholic beverages?	☐	☒	
c. Been counseled, sought help or treatment, or been advised by a physician or other licensed medical practitioner to undergo counseling or treatment for alcohol problems?	☐	☒	
d. Attended or joined any organization due to alcohol or related problems?	☐	☒	
26. Are you currently:			
a. Taking or have you been advised to take any prescribed medication (other than contraceptives)?	☐	☒	
b. Taking any herbal or non-prescription medication at least weekly? If Yes, give details.	☐	☒	
27. Have you taken any other medications in the **past 2 years**? If Yes, list in Remarks section at right.	☐	☒	
28. Have you tested positive for exposure to the HIV infection or been diagnosed as having ARC (AIDS-Related Complex) or AIDS (Auto Immune Deficiency Syndrome) caused by HIV infection or other sickness or condition derived from such infection?	☐	☒	
29. In the past 5 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any disease or disorder not previously stated on this application? If Yes, give details.	☐	☒	

30. Additional remarks (please indicate which question number remarks reference)

I have read the answers as written before signing, the answers are true and complete to the best of my knowledge and belief, and there are no exceptions to any answers other than written on this document.

Nneka Ifeoma Ikejiani — e-signed Signed at Atlanta GA on 11 / 23 / 2020

Signature of Proposed Insured — City/State — Date

Legal & General AMERICA

3275 Bennett Creek Avenue
Frederick, Maryland 21704

Additional Details
Supplement to Application

X Banner Life Insurance Company (800) 638-8428 ☐ William Penn Life Insurance Company (800) 346-4773

Supplement to application for life insurance on the life of Nneka Ifeoma Ikejiani
(Print Name of Proposed Insured(s).)

PART II ADDITIONAL DETAILS

Question No.	Name of Proposed Insured	Details

[Q.05F] Last Physician Last Visit: Physical; Doctor: None Provided; Last physical exam date: 2018; Results normal: Yes;

*

[Q.25A] Consumed Alcohol: Wine: 1 Glasses Monthly Date last used: 01/1995;
[Q.03B] Weight Change Reason: No
*

[Q.05] Last 24mo exam with blood draw: No
*

[Q.06E] Adopted: No
*

[Q.17C] Pregnancy Complication: No
*

To the best of my knowledge and belief, the answers recorded herein are true and complete. It is agreed that this Supplement to Application, a copy of which shall be attached to the policy when issued, shall become a part of the policy.

(Please DO NOT use felt tip pen for signatures.)

Signed at Atlanta (City) GA (State) ____ (Zip) on 11/23/2020 (Date (month/day/year))

X Nneka Ifeoma Ikejiani
Proposed Insured (or parent or legal guardian if Proposed Insured is a minor)

X ____
Owner, if other than Proposed Insured

X esigned by Robert A Greenberg
Agent

Agent # R8J0050

LU-1032 (Part II) 2/05

AppAssist(181848459)

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

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

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

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

This Policy is renewable to the Expiration Date.

This Policy is nonparticipating and no dividends are payable.

Legal & General
AMERICA

STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY 181848459

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

PREPARED BY:

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

AGENT:
ROBERT A GREENBERG
1861 SW GRANT AVE
PORT SAINT LUCIE, FL 34953

THIS POLICY SUMMARY WAS PREPARED ON DECEMBER 23, 2020 FOR THE LIFE OF

NNEKA IFEOMA IKEJIANI (FEMALE) ISSUE AGE 50

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

AGE	YEAR	ANNUAL PREMIUMS GUAR MAX	CUMULATIVE PREMIUMS GUAR MAX	FACE AMOUNT OF INSURANCE
50	1	$1,329.99	$1,329.99	$1,000,000
51	2	$1,329.99	$2,659.98	$1,000,000
52	3	$1,329.99	$3,989.97	$1,000,000
53	4	$1,329.99	$5,319.96	$1,000,000
54	5	$1,329.99	$6,649.95	$1,000,000
55	6	$1,329.99	$7,979.94	$1,000,000
56	7	$1,329.99	$9,309.93	$1,000,000
57	8	$1,329.99	$10,639.92	$1,000,000
58	9	$1,329.99	$11,969.91	$1,000,000
59	10	$1,329.99	$13,299.90	$1,000,000
60	11	$1,329.99	$14,629.89	$1,000,000
61	12	$1,329.99	$15,959.88	$1,000,000
62	13	$1,329.99	$17,289.87	$1,000,000
63	14	$1,329.99	$18,619.86	$1,000,000
64	15	$1,329.99	$19,949.85	$1,000,000
65	16	$1,329.99	$21,279.84	$1,000,000
66	17	$1,329.99	$22,609.83	$1,000,000
67	18	$1,329.99	$23,939.82	$1,000,000
68	19	$1,329.99	$25,269.81	$1,000,000
69	20	$1,329.99	$26,599.80	$1,000,000
70	21	$43,520.00	$70,119.80	$1,000,000
71	22	$49,070.00	$119,189.80	$1,000,000
72	23	$55,940.00	$175,129.80	$1,000,000
73	24	$64,340.00	$239,469.80	$1,000,000
74	25	$74,360.00	$313,829.80	$1,000,000
94	45	$907,820.00	$7,738,549.80	$1,000,000

LIFE INSURANCE COST INDICES:

	GUARANTEED PREMIUM 10 YEAR	20 YEAR
SURRENDER COST INDEX	1.33	1.33
NET PAYMENT INDEX	1.33	1.33

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDICES ARE USEFUL ONLY FOR THE COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES.

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

LEGAL & GENERAL AMERICA PRIVACY NOTICE

Your privacy is important to us.

Your privacy is important to us. At Legal & General America (Banner Life Insurance Company and William Penn Life Insurance Company of New York), we understand that the information you provide to us or we collect about you is private. This privacy notice is provided to you so that you will understand what Legal & General America does with the personal information we collect about you and the measures we take to protect your privacy.

Who has access to INSURANCE policy customer information?

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

Who has access to ANNUITY customer information?

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

Why does Legal & General America collect and maintain information?

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

What type of information does Legal & General America collect and maintain?

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

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

Does Legal & General America disclose customer information to, or share customer information with, outsiders?

We may share customer non-public financial information within our Legal & General family of companies. We do not share customer non-public medical information within our Legal & General family of companies unless you expressly consent or as permitted or required by law.

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

We do not share information about your creditworthiness or insurability for marketing purposes within the Legal & General family of companies. We may share information about you with consumer reporting agencies, for instance, during the underwriting process.

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

How can you contact Legal & General America if you have privacy questions?

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

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

If you have a Banner retirement annuity, contact:
Retirement Services
Call toll-free: 800-664-6129
Fax: 301-810-4889
Hours: 8:00 a.m. - 6:00 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

If you have a William Penn insurance policy, contact:
William Penn Customer Service
Call toll-free: 800-346-4773
Fax: 516-229-3081
Hours: 8:30 a.m. - 4:45 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

If you have a William Penn retirement annuity, contact:
Retirement Services
Call toll-free: 855-914-9123
Fax: 301-810-4889
Hours: 8:00 a.m. - 6:00 p.m. (ET), Monday - Friday
3275 Bennett Creek Avenue
Frederick, Maryland 21704

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

Legal & General America Companies
This notice is provided by: Legal & General America, Banner Life Insurance Company, and William Penn Life Insurance Company of New York.

LIFE INSURANCE BUYER'S GUIDE

This guide can show you how to save money when you shop for life insurance.

IT HELPS YOU TO:

- ✓ Buy life insurance
- ✓ Decide how much you need
- ✓ Find a low cost policy
- ✓ Things to remember

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.

Prepared by the National Association of Insurance Commissioners.
Reprinted by. . .

Legal & General AMERICA

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

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 or 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 veteran's 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 would 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 value 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 need. 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.

✓ Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value does not increase as quickly as shown in the illustration.

✓ 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 Companions 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 nonguaranteed 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 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 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.