

TABLE OF CONTENTS

Important Notice.....	1
Important Notice.....	2
Group Term Life Certificate of Insurance	3
Certificate Specifications Page	4
Definitions	8
General Information	8
Premiums.....	10
Death Benefit	10
Termination	11
Conversion Right	11
Additional Information	12
Accidental Death and Dismemberment Certificate Supplement.....	13
Dependents Term Life Insurance Certificate Supplement.....	15
Term Life Waiver of Premium Certificate Supplement	17
Accelerated Benefits Certificate Supplement.....	19

Important Notice

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

MINNESOTA LIFE

IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

(For insurers declared insolvent or impaired on or after September 1, 2011)

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

IT IS POSSIBLE THAT THE ASSOCIATION MAY NOT COVER YOUR POLICY IN FULL OR IN PART DUE TO STATUTORY LIMITATIONS.

Eligibility for Protection by the Association

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

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

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

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

Life Insurance:

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

Individual Annuities:

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

Group Annuities:

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

Aggregate Limit:

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

These limits are applied for each insolvent insurance company.

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

Texas Life and Health Insurance
Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
1-800-982-6362
www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
1-800-252-3439
www.tdi.state.tx.us

Important Notice

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

MINNESOTA LIFE

IMPORTANT NOTICE

To obtain information or make a complaint:

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

For insurance purchased through your Financial Institution or Credit Union:

1-800-377-2775

For insurance purchased through your Employer:

1-800-843-8358

For insurance purchased through your Association or Farm Credit Bank:

1-800-252-5152

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

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104

FAX# (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

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

ATTACH THIS NOTICE TO YOUR POLICY:

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

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de Minnesota Life para informacion o para someter una queja al:

Para el seguro comprado a través de su Institución Financiera o Unión de Crédito:

1-800-377-2775

Para el seguro comprado a través de su lugar de Empleo:

1-800-843-8358

Para el seguro comprado a través de su Asociación o Farm Credit Bank:

1-800-252-5152

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

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104

FAX# (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

POLICY NUMBER: 33373-G

POLICYHOLDER: Air Force Insurance Fund

Read Your Certificate Carefully

You are insured under the group policy shown on the specifications page attached to this certificate. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

Right to Cancel

It is important to us that you are satisfied with this certificate after it is issued. If you are not satisfied with

this certificate, you may cancel it by delivering or mailing a written notice or sending a telegram to Minnesota Life Insurance Company (Minnesota Life), 400 Robert Street North, St. Paul, Minnesota 55101-2098 and returning the certificate before midnight of the 30th day after you received this certificate.

Notice given by mail and return of the certificate by mail are effective on being postmarked, properly addressed, and postage prepaid. If you return this certificate, you will receive, within 10 days of the date we receive a notice of cancellation, a full refund of any premiums you have paid. Upon cancellation of this certificate, it will be void as if it had never been issued.

Dennis E. Fawcett Robert L. Saubler

Secretary

President

GENERAL INFORMATION

POLICYHOLDER: Air Force Insurance Fund **POLICY NO.:** 33373-G

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

POLICY EFFECTIVE DATE: October 1, 2005

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

GROUP ELIGIBILITY: The group is composed of full-time or part-time United States civilian employees paid on the United States dollar payroll, off-duty United States military persons holding a regular appointment, retirees and eligible former employees set out into the following classes.

Class 1: All eligible active employees whose basic yearly earnings is \$48,000 or less

Class 2: All eligible active employees whose basic yearly earnings is more than \$48,000

Class 3*: All eligible former employees or retirees whose basic yearly earnings were \$48,000 or less

Class 4*: All eligible former employees or retirees whose basic yearly earnings were more than \$48,000

*Eligible former employees and retirees (Classes 3 and 4) are defined as follows:

Former employees or retirees age 52 and older with at least 5 years (cumulative total) of participation in the plan

Former employees or retirees age 50 and older with at least 5 years (cumulative total) of participation in the plan and at least 20 years of regular AFNAF service who have been involuntarily terminated, other than for cause

Former employees or retirees under age 52 with at least 5 years (cumulative total) of participation in the plan and at least 25 years of regular AFNAF service who have been involuntarily terminated, other than for cause

Former employees or retirees age 62 and older with at least 15 years (cumulative total) of participation in the plan

Portability Notice: In certain situations, Department of Defense (DOD) civilian employees who move from appropriated fund (APF) positions to nonappropriated fund (NAF) positions within DOD are eligible for coverage in accordance with the Portability of Benefits for Nonappropriated Fund Employees Act of 1990, P.L. 101-508.

Involuntary Move.

- (1) If your move is involuntary and you participated in the Federal Employees Group Life Insurance (FGLI) Program immediately prior to the move, you automatically qualify for participation in the group plan regardless of either any pre-existing medical condition or the NAF employment category to which you are involuntarily moved. If you submit an application for enrollment within 30 days of your date of hire, your eligibility effective date is the date you commence active work for your NAF employer.

- (2) If you did not participate in the FEGLI Program and you submit an application for enrollment within 30 days of your date of hire, your eligibility effective date is the first day immediately following your completion of 30 days of continuous service for your NAF employer, but not before the later of the effective date of this group policy or the date you enter the eligible class.

Voluntary Move. If your move is voluntary and you submit an application for enrollment within 30 days of your date of hire, your eligibility effective date is the first day immediately following your completion of 30 days of continuous service for your NAF employer, but not before the later of the effective date of this group policy or the date you enter the eligible class.

ENROLLMENT PERIOD: 30 days from the date of hire or change to an eligible employment category.

WAITING PERIOD: For employees in an eligible class on October 1, 2005: None

For all other employees: 30 days

MINIMUM HOURS PER WEEK REQUIRED: 20 hours per week.

CERTIFICATE HOLDER: An employee who meets the eligibility requirements and is insured under the group policy.

CERTIFICATE EFFECTIVE DATE: The date that the certificate holder becomes insured under the group policy.

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE TERM LIFE INSURANCE:

Basic Life Insurance

Eligible Class

Class 1

Amount of Insurance

The lesser of: your basic yearly earnings, rounded to the next higher \$1,000 if not already a multiple thereof, times one and one-half; **or** \$50,000.

Class 2

One times your basic yearly earnings, rounded up to the next higher \$1,000 if not already a multiple thereof, plus \$2,000.

Class 3

The lesser of: your basic yearly earnings (for which you were eligible to receive on the last day of active work), rounded to the next higher \$1,000 if not already a multiple thereof, times one and one-half; **or** \$50,000.

Class 4

One times your basic yearly earnings (for which you were eligible to receive on the last day of active work), rounded up to the next higher \$1,000 if not already a multiple thereof, plus \$2,000.

Supplemental Life Insurance

An amount elected by the employee from the following options:

Eligible Class

Classes 1 and 2:

Amount of Supplemental Life Insurance

One or two times the Basic Life amount of insurance, subject to a maximum of \$200,000.

Classes 3 and 4:

None

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE:

Basic Insurance

Eligible Class

Classes 1 and 2 only:

Amount of Insurance

An amount equal to the amount of basic life insurance for which the employee is insured under the group policy.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

FORMER EMPLOYEE/RETIREE AGE REDUCTIONS: (Classes 3 & 4 Only):

The amount of insurance on an eligible former employee or retiree age 66 or older shall be a percentage of the amount otherwise provided by the plan of insurance applicable to such former employee or retiree in accordance with the following table:

<u>Age of Former Employee/Retiree</u>	<u>Amount of Insurance</u>
66	75%
67	50%
68+	25%

Age reductions will apply on the day of a former employee's or insured retiree's 66th, 67th, and 68th birthdays.

CONTRIBUTORY/NONCONTRIBUTORY:

Basic and Supplemental insurance for active employees in classes 1 and 2 is contributory insurance.

Basic life insurance for those in classes 3 and 4 is broken down by age and years of participation as follows:

Former employees or retirees enrolled in the plan at the time coverage would otherwise cease due to loss of eligibility, are age 52 and older, with at least 5 years (cumulative total) of participation in the plan – 100% contributory

Former employees or retirees enrolled in the plan at the time coverage would otherwise cease due to loss of eligibility, age 50 and older with at least 5 years (cumulative total) of participation in the plan and at least 20 years of regular AFNAF service, who have been involuntarily terminated, other than for cause – 100% contributory

Former employees or retirees enrolled in the plan at the time coverage would otherwise cease due to loss of eligibility, under age 52 with at least 5 years (cumulative total) of participation in the plan and at least 25 years of regular AFNAF service, who have been involuntarily terminated, other than for cause – 100% contributory

Former employees or retirees enrolled in the plan at the time coverage would otherwise cease due to loss of eligibility, age 62 and older with at least 15 years (cumulative total) of participation in the plan – 100% non-contributory

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For basic insurance: All basic insurance is guaranteed issue.

For supplemental insurance:

For employees age 60 and above evidence of insurability is required for all supplemental insurance.

For employees under age 60: \$100,000

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the certificate. If we are satisfied with/approve your evidence on the first day of a month, your coverage is effective on that day. If we are satisfied with/approve your evidence on any other day of the month, your coverage is effective the first day of the following month.

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

The effective date is the first day of the pay period during which the change in eligible class or earnings occurred. Evidence of insurability will not be required for an increase in insurance due solely to an increase in earnings. All increases are subject to the actively at work requirement. NOTE: An employee in whose amount of insurance is limited to the guaranteed amount of \$100,000 due to failure to provide the required satisfactory evidence of insurability will not receive an increase in insurance due to salary increases until satisfactory evidence of insurability is provided.

DEPENDENTS BENEFIT SCHEDULE (Applies to Classes 1 and 2 only)

An employee must be insured for employee basic and/or employee supplemental life insurance in order for dependents to be eligible for Packaged Dependents Term Life Insurance coverage. The amount of insurance for an insured dependent shall not exceed the amount of insurance for which the employee is eligible. Packaged Dependents Term Life Insurance Coverage is contributory life insurance that does not include accidental death or dismemberment insurance or employee supplemental insurance.

Option 1: Packaged Dependents Term Life Insurance

<u>Eligible Class</u>	<u>Amount of Term Life Insurance</u>
Spouse/Domestic Partner	\$5,000
Children (each)	\$2,500

Option 2: Packaged Dependents Term Life Insurance

<u>Eligible Class</u>	<u>Amount of Life Insurance</u>
Spouse/Domestic Partner	\$10,000
Children (each)	\$5,000

GENERAL PROVISIONS FOR DEPENDENTS INSURANCE

AGE REQUIREMENTS:

Children are eligible if they are 14 days old or older, but have not attained the age of 19, or have not attained the age of 23 if a full-time student in an accredited educational institution. Children age 19 or older are also eligible if they are physically or mentally handicapped, incapable of self-support, were incapable of self-support prior to age 19 (23 if a full-time student) and are financially dependent on the insured employee for support and maintenance.

CONTRIBUTORY/NONCONTRIBUTORY:

Dependents insurance is contributory insurance.

GUARANTEED ISSUE AMOUNT:

Guaranteed issue is the maximum amount of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

For employees with eligible dependents immediately prior to the effective date of the group policy, the guaranteed issue amount is equal to the amount of dependents insurance for which they were insured under the prior group policy.

For employees who first become eligible for dependents insurance after the effective date of the group policy, the guaranteed issue amount is as follows:

Dependent life insurance is all guaranteed issue insurance.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required as stated in the certificate. If we are satisfied with/approve your evidence on the first day of a month, your coverage is effective on that day. If we are satisfied with/approve your evidence on any other day of the month, your coverage is effective the first day of the following month.

EFFECT OF EMPLOYEE'S RETIREMENT: All dependents insurance terminates upon the employee's retirement. Your insured dependent may convert this insurance to an individual life insurance policy if all or part of your life insurance under the group policy terminates.

ADDITIONAL INFORMATION

SUICIDE EXCLUSION FOR LIFE INSURANCE:

Does not apply to any life insurance under this certificate. Exclusions for accidental death and dismemberment are listed on the applicable certificate supplement.

WAIVER OF PREMIUM APPLICATION:

Applies to contributory basic insurance for active employees in Classes 1 and 2 only. Waiver does not apply to contributory supplemental insurance for Classes 1 and 2.

ONE TIME OPEN ENROLLMENT November of 2012:

The policyholder will hold a one-time open enrollment prior to the effective date of any supplemental life insurance under this policy. During this enrollment, the following elections will not require evidence of insurability:

- Employees under age 60 who are already enrolled in the basic life insurance plan prior to this one time open enrollment will be eligible to apply for supplemental life insurance elections that do not exceed \$100,000. For employees age 60 and above, evidence of insurability is required for all elections.

Coverage will be effective for these elections January 1, 2013, subject to the actively at work requirement.

SUPPLEMENT(S) TO THE CERTIFICATE

Accidental Death and Dismemberment

Dependents Term Life

Waiver of Premium

Accelerated Benefits

Definitions

age

Attained age as of most recent birthday.

application

Your application for insurance under the group policy and, if required, your evidence of insurability application.

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

certificate effective date

The date your coverage under this certificate becomes effective.

contributory insurance

Insurance for which you are required to make premium contributions.

earnings

Your hourly rate of pay (exclusive of any additional pay such as overtime pay, holiday pay, Sunday pay, night differential pay, or environmental differential pay), at the time of your death, multiplied by 2080.

employee

A United States civilian employee paid on the United States dollar payroll. Eligible employees can be either full-time or part-time employees who work a minimum of 20-hours-per-week. Off-duty United States military persons holding a regular appointment are also included. Life insurance may be continued for Eligible Former Employees.

employer

The policyholder or any designated associated companies.

evidence of insurability

Evidence satisfactory to us of the good health of the prospective insured and any other underwriting information we require.

insured

A person who is eligible for and becomes insured according to the terms of this certificate.

non-work day

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

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

noncontributory insurance

Insurance for which you are not required to make premium contributions.

policyholder

The owner of the group policy as shown on the specifications page attached to this certificate.

specifications page

The outline which summarizes your coverage under the policyholder's plan of insurance.

waiting period

The period, if any, of continuous employment with the employer required prior to becoming eligible for coverage under this certificate. The waiting period is shown on the specifications page attached to this certificate.

we, our, us

Minnesota Life Insurance Company.

you, your, certificate holder

The insured named on the specifications page attached to this certificate.

General Information

What is your agreement with us?

You are insured under the group policy shown on the specifications page attached to this certificate. Your application as defined under this certificate is attached and is a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your life insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application as defined in this certificate will be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the signed application attached to your certificate.

This certificate is issued in consideration of your application and the payment of the required premium.

Can this certificate be amended?

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be

without prejudice to any claim incurred for benefits prior to the date of the amendment.

Who is eligible for insurance?

You are eligible if you:

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

Are former or retired employees eligible for insurance?

Yes, as defined in the Group Eligibility section on the Certificate Specifications Page. However, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

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

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

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

When will we require evidence of insurability?

Evidence of insurability will be required if:

- (1) the specifications page attached to this certificate states that evidence of insurability is required; or
- (2) the insurance is contributory and you do not enroll within the enrollment period shown on the specifications page attached to this certificate; or
- (3) the insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or

- (4) you are insured by an individual policy issued under the terms of the conversion right section; or
- (5) If, due to failure to submit satisfactory proof of good health, an employee is erroneously enrolled, and the error is identified within 7 years of the enrollment (regardless of whether or not the employee is living or deceased):
 - (a) the employee is dis-enrolled back to the effective date,
 - (b) all contributions are reimbursed by AFIF to the employee or the employee's estate, as applicable,
 - (c) the prior 12 months of premium is reimbursed by Minnesota Life to AFIF, and
 - (d) the employee may re-apply for coverage with proof of good health.

When does insurance become effective?

Your insurance becomes effective on the day immediately following the 30-day waiting period if we do not require evidence of insurability and:

- (1) you meet all eligibility requirements, and;
- (2) you apply for the insurance on forms which are approved by us; and;
- (3) we receive the required premium.

If we require and are satisfied with/approve your evidence of insurability on the first day of a month, your insurance is effective on that day, provided:

- (1) you still meet all eligibility requirements, and;
- (2) you apply for the insurance on forms which are approved by us; and
- (3) we receive the required premium.

If we require and are satisfied with/approve your evidence of insurability on any other day of the month (other than the first day), your insurance is effective on the first day of the following month, provided:

- (1) you still meet all eligibility requirements, and;
- (2) you apply for the insurance on forms which are approved by us; and
- (3) we receive the required premium.

Can your coverage be continued during sickness, injury, leave without pay or temporary layoff?

Yes. If you are no longer eligible for insurance because you stop active work your insurance may be continued. You and your employer must continue to pay premiums. Making these payments to your employer when normally due is your responsibility or your coverage stops. Your insurance stops at the end of the period for which your premiums were paid if the next premium contribution is not paid on time. The length of time your insurance continues depends on the reason you stopped active work. Your continuation of insurance is subject to all other terms of the group policy, except that the 31 day grace period does not apply in this situation.

If you stop active work because of a Transfer of Head of Household, the policyholder may continue your life insurance for up to 150 days after you stop active work.

If you stop active work for any other non-medical reason, the policyholder may continue your life insurance for up to a maximum of 12 months after you stop active work.

If you stop active work because of sickness or accidental injury, the policyholder may continue your life insurance as long as all required premiums are paid.

Premiums

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a monthly basis. We apply premiums consecutively to keep the insurance in force.

How is the premium determined?

The premium will be the premium rate multiplied by the number of \$1,000 units of insurance in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

We may change the premium rate:

- (1) on any premium due date following the expiration of any rate guarantee period; or
- (2) anytime, if the policy terms are amended or the total amount of insurance in force changes by 10% or more.

Death Benefit

What is the amount of the death benefit?

The amount of the death benefit is the amount of insurance shown on the specifications page attached to this certificate. The amount of insurance of each insured dependent shall not exceed the amount of insurance for which you are eligible.

When will changes in your coverage amount be effective?

Increases and decreases in insurance amounts which result from a change in your eligible class or earnings will be effective as shown on the specifications page attached to this certificate.

All increases in the amount of insurance are subject to the actively at work requirement.

When will the death benefit be payable?

We will pay the death benefit upon receipt at our home office of written proof satisfactory to us that you died while insured under this certificate. All payments by us are payable from our home office.

The death benefit will be paid in a single sum or by any other method agreeable to us and the beneficiary. We will pay interest on the death benefit from the date of your death until the date of payment. Interest will be at an annual rate determined by us based on current short term market rates, but never less than 4% per year compounded annually, or the minimum required by state law, whichever is greater.

Payment of the death benefit will extinguish our liability under the certificate for which the death benefit has been paid.

To whom will we pay the death benefit?

We will pay the death benefit to the beneficiary or beneficiaries. A beneficiary is named by you to receive the death benefit to be paid at your death. You may name one or more beneficiaries. You cannot name the policyholder or an associated company of the policyholder as a beneficiary.

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

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

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

- (1) your lawful spouse, if living, otherwise;
- (2) your natural or legally adopted child (children) in equal shares, if living, otherwise;
- (3) your parents in equal shares, if living, otherwise;
- (4) the personal representative of your estate.

Can you add or change beneficiaries?

Yes. You can add or change beneficiaries if all of the following are true:

- (1) your coverage is in force; and
- (2) we have written consent of all irrevocable beneficiaries; and
- (3) you have not assigned the ownership of your insurance.

A request to add or change a beneficiary must be made in writing. All requests are subject to our approval. A change will take effect as of the date it is signed, but will not affect any payment we make or action we take before receiving your notice.

Termination

When does your coverage terminate?

Your coverage ends on the earliest of the following:

- (1) the date the group policy ends; or
- (2) the date you no longer meet the eligibility requirements; or
- (3) the date the group policy is amended so you are no longer eligible; or
- (4) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (5) the last day for which premium contributions have been paid following your written request to cease participation under this certificate.

If your coverage under the group policy terminates due to non-payment of premiums, your coverage may be reinstated if all premiums due are paid and received by us within zero days of the date of termination and during your lifetime.

Can your insurance be reinstated after termination?

Yes. When your coverage terminates because you are no longer eligible, and you become eligible again within zero months after the date your coverage under this certificate terminated, your coverage may be reinstated.

Provided you are not then covered by an individual policy issued under the terms of the conversion right section, your coverage under the group policy shall be reinstated automatically, without evidence of insurability or satisfaction of any waiting period. Your amount of insurance will be that which applies to the classification to which you then belong, on the date you again become eligible. If the policyholder's plan of insurance provides for contributory insurance under the group policy, your amount of contributory insurance will be limited to that for which you were insured immediately prior to the loss of coverage.

When does the group policy terminate?

The policyholder may terminate the group policy by giving us 31 days prior written notice. We reserve the right to terminate the group policy on the earliest of the following to occur:

- (1) 31 days (the grace period) after the due date of any premiums which are not paid; or
- (2) on any subsequent policy anniversary after the date the number of employees insured is less than any minimum established by us or as required by applicable state law; or
- (3) 31 days after we provide the policyholder with notice of our intent to terminate the group policy.

Conversion Right

What is the conversion right?

You may convert this insurance to a new individual life insurance policy if all or part of your life insurance under the group policy terminates.

You may convert up to the full amount of terminated insurance if termination occurs because you move from one existing eligible class to another, or you are no longer in an eligible class.

What is the limited conversion right?

Limited conversion is available if, after you have been insured for at least five years, insurance is terminated because:

- (1) the group policy is terminated; or
- (2) the group policy is changed to reduce or terminate your insurance.

You may convert up to the full amount of terminated insurance, but not more than the maximum. The maximum is the lesser of:

- (a) \$5,000; and
- (b) the amount of life insurance which terminated minus any amount of group life insurance for which you become eligible under any group policy issued or reinstated by us or any other carrier within 31 days of the date the insurance terminated under the group policy.

Neither the conversion right nor the limited conversion right is available if your coverage under the group policy terminates due to failure to make, when due, required premium contributions.

Under both the conversion right and the limited conversion right, you may convert your insurance to any type of individual policy of life insurance then customarily issued by us for purposes of conversion, except term insurance. The individual policy will not include any supplemental benefits, including, but not limited to, any disability benefits, accidental death and dismemberment benefits, or accelerated benefits.

How do you convert your insurance?

You convert your insurance by applying for an individual policy and paying the first premium within 31 days after your group insurance terminates. No evidence of insurability will be required.

How is the premium for the individual policy determined?

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

When is the individual policy effective?

The individual policy takes effect 31 days after the group insurance provided under the group policy terminates.

What happens if you die during the 31-day period allowed for conversion?

If you die during the 31-day period allowed for conversion, we will pay a death benefit regardless of whether or not an application for coverage under an individual policy has been submitted. The death benefit will be the amount of insurance you would have been eligible to convert under the terms of the conversion right section.

We will return any premium you paid for an individual policy to your beneficiary named under the group policy. In no event will we be liable under both the group policy and the individual policy.

Additional Information

What if your age has been misstated?

If your age has been misstated, the death benefit payable will be that amount to which you are entitled based on your correct age. A premium adjustment will be made so that the actual premium required at your correct age is paid.

Is there a suicide exclusion?

The specifications page attached to this certificate indicates what insurance, if any, is subject to the suicide exclusion outlined below.

When applicable, this suicide exclusion limits our liability to an amount equal to the premiums paid if you, whether sane or insane, die by suicide within two years of the effective date of your insurance.

If there has been an increase in your amount of insurance for which you were required to apply or for which we required evidence of insurability, and if you die by suicide within two years of the effective date of the increase, our liability with respect to that increase will be limited to the premiums paid and attributable to such increase.

When does your insurance become incontestable?

Except for the non-payment of premiums, after your insurance has been in force during your lifetime for two years from the effective date of your coverage, we cannot contest your coverage. However, if there has been an

increase in the amount of insurance for which you were required to apply or for which we required evidence of insurability, then, to the extent of the increase, any loss which occurs within two years of the effective date of the increase will be contestable.

Any statements you make in your application as defined under this certificate will be considered representations and not warranties. Also, any statement you make will not be used to void your insurance, nor defend against a claim, unless the statement is contained in the signed application attached to your certificate.

Can your insurance be assigned?

Yes. However, we will not be bound by an assignment of the certificate or of any interest in it unless it is made as a written instrument, and you file the original instrument or a certified copy with us at our home office, and we send you an acknowledged copy.

We are not responsible for the validity of any assignment. You are responsible for ensuring that the assignment is legal in your state and that it accomplishes your intended goals. If a claim is based on an assignment, we may require proof of interest of the claimant. A valid assignment will take precedence over any claim of a beneficiary.

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer this certificate. We own the records relating to the insurance provided by this certificate, and can obtain them from the policyholder at any reasonable time.

If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance. A clerical error does not continue insurance which is otherwise stopped. If an error causes a change in premium payment, we will make a fair adjustment.

Will the provisions of this certificate conform with state law?

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

General Information

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

What does this supplement provide?

This supplement provides a benefit for your accidental death or dismemberment which occurs as a result of an accidental injury.

Accidental Death and Dismemberment Benefit

What does accidental death or dismemberment by accidental injury mean?

Accidental death or dismemberment by accidental injury as used in this supplement means that your death or dismemberment results, directly and independently of all other causes, from an accidental injury which is unintended, unexpected, and unforeseen.

The injury must occur while your coverage under this supplement is in force. Your death or dismemberment must occur within 90 days after the date of the injury and while your coverage under this supplement is in force.

In no event will we pay the accidental death or dismemberment benefit where your death or dismemberment results from or is caused directly or indirectly by any of the following:

- (1) suicide or attempted suicide, whether sane or insane; or
- (2) your participation in or attempt to commit an assault or a felony; or
- (3) bodily or mental infirmity, illness or disease; or
- (4) drugs (illegal, not prescribed by a doctor, or not taken as directed by a doctor or the manufacturer), poisons, gases or fumes, voluntarily taken, administered, absorbed, inhaled, ingested or injected; or
- (5) bacterial infection, other than infection occurring simultaneously with, and as a result of, the accidental injury; or
- (6) war or any act of war, whether declared or undeclared.

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

FOR LOSS OF	AMOUNT OF BENEFIT
Life	Full Amount of Insurance
Both Hands or Both Feet	Full Amount of Insurance
Sight of Both Eyes	Full Amount of Insurance
One Hand and One Foot	Full Amount of Insurance
One Foot and Sight of One Eye	Full Amount of Insurance
One Hand and Sight of One Eye	Full Amount of Insurance
Sight of One Eye	50% of Amount of Insurance
One Hand or One Foot	50% of Amount of Insurance

The amount of insurance is shown on the specifications page attached to your certificate. Loss of hands or feet means complete severance at or above the wrist or ankle joints. Loss of sight means the entire and irrecoverable loss of sight which cannot be corrected by medical or surgical treatment or by artificial means.

Benefits may be paid for more than one accidental injury but the total amount of insurance payable under this supplement will never exceed the full amount of insurance shown on the specifications page attached to your certificate.

When will the accidental death and dismemberment benefit be payable?

We will pay the accidental death and dismemberment benefit upon receipt at our home office of written proof satisfactory to us that you died or suffered dismemberment as a result of an accidental injury. All payments by us are payable from our home office.

The benefit will be paid in a single sum. We will pay interest on the benefit from the date of your death or dismemberment until the date of payment. Interest will be at an annual rate determined by us, but never less than 4% per year compounded annually or the minimum required by state law, whichever is greater.

To whom do we pay the benefit?

We pay the death benefit to the person or persons entitled to receive them under the terms of your certificate. The benefit for other losses is paid to you.

Termination

When does your coverage under this supplement terminate?

Your coverage ends on the earliest of:

- (1) the date you are no longer covered for life insurance under the group policy; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the date your premiums are waived under the Term Life Waiver of Premium Certificate Supplement to your certificate; or
- (4) when the total amount of insurance paid under this supplement due to your accidental injuries equals the full amount of your insurance.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel the Accidental Death and Dismemberment Policy Rider to the group policy; or
- (2) the date the group policy is terminated.

Additional Information

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have you medically examined at our expense whenever a claim is pending and, where not forbidden by law, we reserve the right to have an autopsy performed in case of death.


Secretary


President

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. Any Accidental Death and Dismemberment coverage provided by a certificate supplement to your certificate will not apply to dependents coverage provided by this certificate supplement.

What does this supplement provide?

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

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

The following dependents are eligible for insurance under this supplement:

- (1) your spouse, including common-law wife or husband in those states that recognize common-law marriages;
- (2) your same sex domestic partner;
- (3) your unmarried child 14 days but less than 19 years of age;
- (4) your unmarried child 19 but less than 23 years of age who is a student dependent;
- (5) your handicapped dependent child.

Your same sex domestic partnership is a relationship between two adults of the same sex in which the partners:

- (1) must be at least 18 years of age and mentally competent to consent to contract;
- (2) must share responsibility for significant measure of your financial obligations;
- (3) cannot be married or joined in a civil union to anyone else;
- (4) cannot be the domestic partner of anyone else;
- (5) cannot be related in a way that, if you and domestic partner were of opposite sex, would prohibit legal marriage in the U.S. jurisdiction in which they reside;
- (6) must be willing promptly to disclose any dissolution or material change in the status of the domestic partnership;
- (7) are each other's sole domestic partner and intend to remain so indefinitely; and
- (8) maintain a common residence and intend to continue to do so (or would maintain a common residence but for an assignment abroad or other employment-related, financial, or similar obstacle).

The term child includes:

- (1) your biological children or your same sex domestic partner's biological children;
- (2) your adopted children or your same sex domestic partner's adopted children;
- (3) your stepchildren who either live with you or are dependent upon you for support or your same sex domestic partner's stepchildren who either live with you or are dependent upon you for support;
- (4) a child who is placed in your home for purposes of adoption, or for whom you have filed suit for adoption;
- (5) a foster child who lives with you and is dependent upon you for support;
- (6) any other children who are not your biological, adopted, step-children, or foster children or your same sex domestic partner's biological, adopted, step-children, or foster children, who live with you and who are dependent upon you for financial support. Evidence proving dependency is required in the form of documentation of legal guardianship or inclusion of the children on your income taxes.

The term "dependent" does not include:

- (1) a spouse, same sex domestic partner or child eligible for Employee's Insurance under the Group Policy;
- (2) an opposite sex domestic partner;
- (3) a child on active military duty;
- (4) a parent of you or your spouse or domestic partner;
- (5) a spouse, domestic partner or child who does not give proof of good health when asked, or whose proof is not accepted.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this supplement. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

Any dependent who, subsequent to the effective date of this supplement, meets the requirements of this provision will become insured on the date he or she so qualifies.

When will we require evidence of insurability?

Evidence of insurability will be required if:

- (1) the specifications page attached to your certificate states that evidence of insurability is required; or

- (2) the insurance is contributory and you do not enroll for coverage under this supplement within the enrollment period shown on the specifications page attached to your certificate; or
- (3) dependents insurance for which you previously enrolled did not go into effect or was terminated because you failed to make a required premium contribution; or
- (4) the dependent is insured by an individual policy issued under the terms of the conversion right of this supplement; or
- (5) If, due to failure to submit satisfactory proof of good health, a dependent is erroneously enrolled and the error is identified within 7 years of the enrollment (regardless of whether or not the dependent is living or deceased):
 - (a) the dependent is dis-enrolled back to the effective date,
 - (b) all contributions are reimbursed by AFIF to the employee or the employee's estate, as applicable,
 - (c) the prior 12 months of premium is reimbursed by Minnesota Life to AFIF, and
 - (d) the employee may reapply for coverage with proof of the dependent's good health.

When does insurance on a dependent become effective?

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

- (1) the dependent meets all eligibility requirements; and
- (2) if required, you apply for dependents coverage on forms which are approved by us; and
- (3) we are satisfied with the dependent's evidence of insurability, if we require evidence; and
- (4) we receive the required premium.

If a dependent is hospitalized or confined because of illness, disease or accidental injury on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. However, in no event will insurance on a dependent be effective before your insurance is effective.

Death Benefit

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

The amount of life insurance on each insured dependent is shown on the specifications page attached to your certificate. In no event may the amount of insurance exceed the amount of insurance for which the employee is eligible.

To whom will we pay the death benefit?

The death benefit payable under this supplement will be paid to you if living, otherwise to your estate.

Termination

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

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

- (1) the date the dependent no longer meets the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (3) the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or
- (4) the date you are no longer covered under the group policy.

You must notify us or your employer when a dependent is no longer eligible for coverage under this supplement so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this supplement will be refunded without any payment of claim.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel the Dependents Term Life Insurance Policy Rider; or
- (2) the date the group policy is terminated.

Additional Information

What is the conversion right under this supplement?

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

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

Does a Waiver of Premium supplement to your certificate apply to insured dependents?

No. Dependents insurance terminates if your premiums are waived under the Term Life Waiver of Premium Certificate Supplement to your certificate.


Secretary


President

General Information

This certificate supplement is issued in consideration of the required premium and is subject to every term, condition, exclusion, limitation, and provision of your certificate unless otherwise expressly provided for herein. The specifications page attached to your certificate indicates whether this supplement applies to contributory insurance or noncontributory insurance. Coverage under this supplement will not be included in any insurance issued under the conversion right section of your certificate.

What does this supplement provide?

This supplement provides for waiver of premium if you become totally disabled, as defined herein, while under age 60. Upon approval of proof of such disability, your insurance, including all supplements to your certificate (with the exception of the Accidental Death and Dismemberment Certificate Supplement and the Dependents Term Life Insurance Certificate Supplement), which are in force on the date of the onset of your disability, will be continued in force without payment of premiums during the uninterrupted continuance of the total disability.

What is total disability?

Total disability is a disability which occurs while your insurance is in force and which results from an accidental injury or an illness that continuously prevents you from engaging in any occupation for which you are reasonably suited by education, training, or experience. You must be under the care of a licensed physician. The licensed physician cannot be you or a member of your immediate family. For purposes of this supplement, your immediate family consists of your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers and sisters and their spouses.

What if you recover and again become totally disabled?

If you recover, return to work for the employer and, due to the same accidental injury or illness again become totally disabled within six months while insured under this supplement, the two periods of total disability will be considered as one period of total disability. However, premiums will not be waived during any such recovery period.

Do premiums have to be paid after you become disabled?

Yes. Premiums have to be paid after you become disabled, but only until we approve your total disability

claim. Continued payment prevents the possible loss of your coverage and eligibility if your claim is not approved.

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

If your coverage has been converted in accordance with the conversion right section of your certificate, benefits under this supplement will apply only if the converted policy is surrendered without claim, except for refund of premiums.

What will be considered due proof of total disability?

You must furnish evidence satisfactory to us that your disability:

- (1) commenced while your insurance under your certificate was in force; and
- (2) meets the definition of total disability, and you continue to be totally disabled; and
- (3) commenced before your 60th birthday.

We will, from time to time, also require additional proof satisfactory to us that you continue to be totally disabled. We may also require that you submit to one or more medical examinations at our expense, but not more often than once every three months.

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

When must we be notified of your disability or death?

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

We must receive written notice at our home office within one year of death that you died during the period of continuance provided by this supplement. Proof must be furnished that you continued to be totally disabled during the entire period of continuance until death. If such notice and proof are not provided within the required time frame, there shall be no liability for any payment under this supplement.

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

The amount of your insurance continued at any given time shall be the amount of insurance in force on the date immediately prior to the onset of the disability.

If your certificate provides for reductions in amounts of insurance based on age, such reductions shall apply to your insurance.

How long will insurance be continued without payment of premium?

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

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

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

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

- (1) If you are then eligible for coverage under your certificate, your insurance may be continued under your certificate provided that premiums are paid. The first such premium payment must be made within 31 days of the date the waiver of premium benefit ends.

- (2) If you are no longer eligible for coverage under your certificate, you may convert coverage to an individual policy, as provided for under the conversion right section of your certificate.

Your insurance will end unless, within 31 days of the date benefits under this supplement end, premium payments on your behalf are resumed or you apply to convert your coverage.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to terminate the Term Life Waiver of Premium Policy Rider; or
- (2) the date the group policy is terminated.

Insurance being continued without further payment of premiums in accordance with the provisions of this supplement will not end due solely to the termination of the Term Life Waiver of Premium Policy Rider or of the group policy.

Dennis E. Pedlow
Secretary

Robert L. Lueder
President

The acceleration-of-life-insurance benefits offered under this certificate supplement are intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the acceleration-of-life-insurance benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

Receipt of acceleration-of-life-insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary Social Security Income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect your, your spouse and your family's eligibility for public assistance.

General Information

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

What does this supplement provide?

This supplement provides for the accelerated payment of either the full or a partial amount of an insured's death benefit provided under your certificate. If an insured has a terminal condition as defined in this supplement, you may request an accelerated payment of the applicable death benefit.

Definitions

accelerated benefit

The amount of the death benefit we will pay if the insured is eligible under this supplement.

death benefit

The amount of the insured's life insurance as shown on the specifications page attached to your certificate.

immediate family

Your spouse/domestic partner, children, parents, grandparents, grandchildren, brothers and sisters, and their spouses.

insured

For purposes of this supplement, an insured employee, an insured spouse/domestic partner, or an insured dependent child.

physician

An individual who is licensed to practice medicine or treat illness in the state in which treatment is received. This does not include you or a member of your immediate family.

Terminal Condition

What is a terminal condition?

A terminal condition is a condition caused by sickness or accident which directly results in a life expectancy of twelve months or less.

What evidence do we require of the insured's terminal condition?

We must be given evidence that satisfies us that the insured's life expectancy, because of sickness or accident, is twelve months or less. That evidence must include certification by a physician. We reserve the right to ask for independent medical verification of a terminal condition. In the case of a difference of opinion, the opinion of our physician will prevail.

Do we have the right to obtain independent medical verification?

Yes. We retain the right to have the insured medically examined at our own expense to verify the insured's medical condition. We may do this as often as reasonably required while accelerated benefits are being considered or paid.

Payment of Accelerated Benefit

How do we calculate the accelerated benefit?

We will multiply the death benefit by the accelerated benefit factor to determine the accelerated benefit available.

How do we calculate the accelerated benefit factor?

The accelerated benefit factor will be stated as a percentage of the insured's death benefit. When we calculate this factor, we will consider the insured's age and gender.

We will also base our calculation on certain assumptions, which we may change from time to time, including but not limited to assumptions about:

- (1) expected future premiums; and
- (2) the insured's life expectancy.

What is the cost to you for this certificate supplement?

You pay no additional premium for this benefit.

Is there a processing charge?

We guarantee that the present value actuarial discount shall not reduce the amount of benefits accelerated by more than 15% of the face amount of such benefits. We guarantee that the processing charge will not exceed \$150 per request to consider an accelerated benefit.

What are the conditions for the payment of an accelerated benefit?

We will consider the payment of an accelerated benefit, subject to all of the following conditions:

- (1) coverage must be in force and all premiums due must be fully paid; and
- (2) application must be made in writing and in a form which is satisfactory to us. We will tell you what form is required; and
- (3) you must be the sole owner of the certificate; and
- (4) the insured's insurance must not have an irrevocable beneficiary.

Who may request an accelerated payment of the death benefit?

You may request an accelerated payment of the insurance on your life or on the life of a spouse/domestic partner or dependent child insured under your certificate.

Is the request for an accelerated benefit voluntary?

Yes. An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this supplement if the insured:

- (1) is required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
- (2) is required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

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

Yes. The minimum death benefit to be eligible for an accelerated benefit under this supplement is \$10,000. The maximum death benefit to be eligible for an accelerated benefit is \$1,000,000.

Do you have to take the entire accelerated benefit?

No. You may choose to receive a partial accelerated benefit. If you do so, the insured's remaining coverage will stay in force.

If you elect to receive only a partial accelerated benefit amount available under this supplement, the insured's remaining death benefit under the certificate must be at least \$25,000.

You may reapply for the payment of the remaining amount of insurance at any time. However, we may ask for further satisfactory evidence that the insured meets all requirements for the accelerated benefit. We reserve the right to charge an additional processing charge.

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

If you elect to accelerate the full amount of an insured's death benefit, the insured's coverage and all other benefits under the certificate and any certificate supplements for that insured will end. If such termination causes a certificate holder's covered spouse/domestic partner or dependent children to lose coverage, each of them will be allowed to convert any such insurance to a policy of individual life insurance according to the conversion right section of the certificate to which this supplement is attached.

If a partial accelerated benefit is chosen, coverage will remain in force and premiums will be reduced accordingly. The remaining amount of insurance under your certificate will be the full amount of insurance minus the amount of insurance that was accelerated.

If you elect to receive accelerated benefits, we will send a statement which illustrates the effects of the accelerated benefit payment on your amount of insurance.

How will we pay the accelerated benefit?

We will pay the accelerated benefit in one lump sum or in any other mutually agreeable manner.

To whom will we pay accelerated benefits?

All accelerated benefits will be paid to you unless you validly assign them otherwise. If you die before all payments have been made, we will pay the remainder to the beneficiary named under this certificate. Payment will be made in one lump sum which will be the present value of the payments that remain, using the interest rate we use to determine the payments.

Termination

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

An insured's coverage ends on the date the insured is no longer covered for life insurance under the group policy.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date we receive a written request from the policyholder to cancel the Accelerated Benefits Policy Rider; or
- (2) the date the group policy is terminated.


Secretary


President

MINNESOTA LIFE

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

GROUP TERM LIFE CERTIFICATE OF INSURANCE