



This Disclosure provides a summary of the important features of the BenefitAccess Rider (“Rider”). It does not alter any of the Rider’s provisions. Eligibility and receipt of accelerated benefits provided by the Rider will be governed in full by the actual terms and provisions set forth in the Rider. Defined terms can be found at the end of this disclosure.

Exercise of an accelerated benefit option under this Rider will cause a reduction in, or elimination of, the contract’s death benefit, cash value and loan value. Premiums or charges needed to keep the contract in force will also be reduced based on the reduced death benefit.

The acceleration-of-life-insurance benefits paid under the Rider are intended to qualify for favorable tax treatment under the Internal Revenue Code Section 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 impact 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 spouse and your family’s eligibility for public assistance.

1. What is an Accelerated Benefit?

The advance payment of some or all of the death proceeds payable under a life insurance policy when the Insured meets certain eligibility criteria.

2. When am I eligible for Benefit Payments?

TERMINAL ILLNESS OPTION

You are eligible to accelerate all or part of the contract's death benefit under the Terminal Illness Option when all of the following conditions have been met:

1. The policy must be in force and the Insured must be living;
2. We must receive due proof of the Insured's terminal illness that includes written certification from a licensed physician that the Insured is terminally ill;
3. We must receive authorization from the Insured to obtain copies of any relevant medical records that we require.

CHRONIC ILLNESS OPTION

You are eligible to receive an accelerated death benefit under the Chronic Illness Option when the following conditions have been met:

1. The policy must be in force and the Insured must be living;
2. You must not have received a benefit payment under the Terminal Illness Option;
3. We must receive due proof of the Insured's chronic illness that includes written certification from a licensed health care practitioner that the Insured is chronically ill;



4. The elimination period must be satisfied unless waived. The elimination period will be waived by us if the following conditions have been met:
 - a. The licensed health care practitioner certifies that the Insured is chronically ill and not expected to recover from the chronic illness during his/her lifetime; and
 - b. All other conditions of eligibility have been met and we approve the claim for benefits.
5. We must receive authorization from the Insured to obtain copies of any relevant medical records that we require.

We have the right to complete, at our discretion and expense, a personal interview with and assessment of the Insured and/or to have the Insured examined by a licensed health care practitioner of our choice, while a claim is pending or during a benefit period to confirm due proof of the Insured's chronic illness. We may also contact the Insured's licensed health care practitioner for confirmation of continued chronic illness. If there is a difference in opinion between the Insured's licensed health care practitioner and ours, eligibility will be determined by a third medical opinion provided by a licensed health care practitioner who is mutually agreed upon by the Insured and the Company.

Due written proof that the Insured is chronically ill and recertification by a licensed health care practitioner is required every year for benefit payments to continue under the Chronic Illness Option. Approximately ninety days prior to the end of each benefit year, we will send you a request for written recertification and proof of the Insured's chronic illness. For continuous monthly benefits you must send us the information we ask for prior to the start of the next benefit year to satisfy us that the Insured continues to meet the conditions for eligibility. The new benefit year will begin following the end date of the prior benefit year.

If recertification is received within 90 days after the end of a preceding benefit year, the new benefit year will begin on the monthly date on or following the date on which we receive the recertification. Any request for benefits under this rider received more than 90 days after the end of the current benefit year will be treated as a new claim and the new benefit year will begin on the monthly date on or following the date on which all conditions of eligibility are met, including satisfaction of the elimination period unless waived (see #5 within the "Chronic Illness Option" section for conditions that allow the elimination period to be waived), and we approve the claim.

Before the options in this Rider can be exercised, you must also provide the consent, in writing, of any assignee and irrevocable beneficiary(ies) on the policy authorizing the acceleration of the policy's death benefit. NOTE: Accelerated benefits will be made available to you on a voluntary basis only and you are not eligible for benefits under either the Terminal Illness Option or the Chronic Illness Option if you are required by law or by a government agency to use the benefits for the following purposes: (a) To meet the claims of creditors, whether in bankruptcy or otherwise; and (b) To apply for, obtain, or keep a government benefit or entitlement.

3. What amount can I accelerate and what are the benefit payment options?

TERMINAL ILLNESS OPTION

You may choose to receive a single lump sum benefit payment as an acceleration of the entire death benefit, or you may choose a one-time payment of a partial amount. We reserve the right to set a minimum of no more than \$50,000 on the amount of the death benefit you may exercise under the Terminal Illness Option.

If you choose to accelerate all or part of the death benefit and the Insured meets the eligibility conditions, we will make a benefit payment equaling:

1. The present value of the accelerated benefit assuming the Insured's remaining life expectancy and a discount factor, less
2. Any due and unpaid premiums, including the premium for the month in which an accelerated benefit is approved, less
3. A processing charge that will not exceed \$150.

The discount factor we will use for determining the present value of the accelerated benefit will not exceed the greater of (i) the yield on 90-day Federal treasury bills and (ii) the maximum statutory adjustable policy loan interest rate. We will make this determination based on information current as of the time we approve your request for accelerated benefits.

If there is an outstanding loan at the time the benefit payment is made, a portion of the payment will be used to reduce the loan in the same proportion as the reduction in the death benefit.

If you accelerate a death benefit under this option, you will no longer be eligible for the Chronic Illness Option and any benefit payments you may be receiving under that option will end.

CHRONIC ILLNESS OPTION

You may choose to receive a benefit payment each month, or you may choose to receive an annual payment for each benefit year. The total of the benefits payable for all contract years is up to the lifetime benefit amount (see Lifetime Benefit Amount).

When you receive monthly benefit payments the remaining amount that can be accelerated will be reduced each month by the amount of the monthly benefit payment. An annual benefit payment will reduce the remaining amount by twelve times the maximum monthly benefit payment amount for that benefit year.

If the policy is in default but not past the grace period at the time of claim, the first benefit payment will be reduced by the amount needed to bring the contract out of default. If the amount needed to bring the policy out of default is more than the amount of the first benefit payment net of the amount allocated to reduce any policy loan, the first benefit payment will be increased to an amount that will bring the policy out of default.

If there is an outstanding loan on the contract, a portion of each benefit payment will be used to reduce the loan on a pro-rata basis. If at any time while chronic illness benefits are being paid, contract debt exceeds the cash value of the policy, the amount of that excess will be deducted from the net benefits paid. If no benefits are payable during that month, or the excess contract debt exceeds the benefit payment, the contract will be in default and a payment will be required to keep the contract in force.

Lifetime Benefit Amount: The lifetime benefit amount is the maximum amount of life insurance that you can accelerate under the Chronic Illness Option of this Rider. It is equal to the policy's death benefit at time of claim and will not increase after benefit payments begin. Any transactions you make that increase or decrease the death benefit of the policy prior to your initial claim will similarly affect the lifetime benefit amount.

Monthly Benefit Payment: At the beginning of each benefit year, we will calculate the maximum monthly benefit payment for that year as described below. At the beginning of each subsequent benefit year, we will recalculate the maximum monthly payment amount.

Subject to a minimum payment of \$500, if you choose to receive payments monthly, you may notify us prior to the beginning of each benefit year that you choose to receive less than the maximum monthly benefit payment amount. The monthly benefit payment amount may not be changed during the benefit year.

We determine the maximum monthly benefit payment amount each benefit year. The maximum monthly benefit payment is equal to the lowest of:

1. The lifetime benefit amount multiplied by the Monthly Benefit Percent;
2. The per diem limitation in effect at the start date of the current benefit year times 30; and
3. The Initial Daily Benefit Limit compounded annually on each anniversary at the daily benefit limit compound rate times 30.

At the time you complete the application, you may be able to choose a Monthly Benefit Percent of either 2% or 4% that will be used in the calculation of your benefit payment. The availability of the Monthly Benefit Percent is determined by the basic insurance amount of your policy. The 4% option may have higher policy charges.

If the monthly benefit payments will, over time, cause the total payments to exceed the lifetime benefit amount, we will reduce the amount of the final payment so that the total payments under the Rider equal the lifetime benefit amount.

Annual Payment: You may choose to receive the benefit payments on an annual basis. The annual benefit payment will equal the sum of the present value of each maximum monthly benefit payment for the benefit year. The payment amount will be discounted prior to any pro-rata adjustment for loan repayment. The interest rate used to determine present value will be the one in effect on the benefit year start date and will not exceed the greater of:

1. The current yield on 90-day Federal Treasury bills.
2. The current maximum statutory adjustable policy loan interest rate.

4. What are the Rider Charges?

On each monthly date, we will deduct a charge for this Rider from the contract fund and, if the contract includes the Rider To Provide Lapse Protection, from the no-lapse contract fund. The monthly charge is equal to the product of the factors A, B, and C, where:

- A. Equals the cost of insurance rate per \$1,000 for this Rider;
- B. Equals the benefit size discount factor; and
- C. Equals the net amount at risk divided by \$1,000

The maximum cost of insurance for this Rider and the benefit size discount factor can be found in the contract data pages. If the contract includes the Rider To Provide Lapse Protection the monthly charge for this Rider will be deducted from the no-lapse contract fund. The monthly charge is equal to the product of the factors A, B, and C, where:

- A. Equals the no-lapse cost of insurance rate per \$1,000 for this Rider;
- B. Equals the benefit size discount factor; and
- C. Equals the no-lapse amount at risk divided by \$1,000

The no-lapse cost of insurance rates can be found in the data pages for the Rider to Provide Lapse Protection.

When we make a benefit payment under the Terminal Illness Option, we will deduct a processing charge of up to \$150, and the monthly charges for this Rider will end.

5. How will accelerations under the TERMINAL ILLNESS OPTION impact my contract and riders?

- A one-time acceleration of a partial amount of the death benefit results in the following:
 - a. A proportionate reduction in the basic insurance amount, death benefit, contract fund, surrender charge, no-lapse contract fund and contract debt;
 - b. Premiums or charges to keep the policy in force will be recalculated based on the Insured's issue age and the reduced death benefit amount;
 - c. If your contract includes the Rider To Provide Lapse Protection or the Rider for Level Term Insurance Benefit on Dependent Children, these riders will stay in effect; and
 - d. Any accidental death benefit rider on the contract will not be affected.
- Acceleration of the full death benefit results in the following:
 - a. The policy and all benefits under the contract based on the Insured's life, including any accidental death benefit rider, will end; and
 - b. If your contract includes the Rider for Level Term Insurance Benefit on Dependent Children, it will become paid up.

Shown below is an **example** of how an accelerated benefit under the Terminal Illness Option will impact the policy. The figures used are for illustrative purposes only and are not guaranteed.

Sex & Issue Age: Male 45
Policy Date: 06/05/2017

Rating: Preferred Best
Claim Date: 06/05/2027

**Contract Values as of 06/05/2027 before
Acceleration of Death Benefit:**

**Contract Values as of 06/05/2027 after
Acceleration of Death Benefit:**

	100% of Death Benefit	50% of Death Benefit
<i>Terminal Illness Benefit payable:</i>	\$191,260	\$ 95,555
Basic Insurance Amount:	\$ 0.00	\$100,000
Loan Balance:	\$ 0.00	\$ 520
Net Death Benefit:	\$ 0.00	\$ 99,480
Contract Fund:	\$ 0.00	\$ 6,100
Surrender Charge:	\$ 0.00	\$ 430
Cash Value:	\$ 0.00	\$ 5,670
Net Cash Value:	\$ 0.00	\$ 5,150
Annual Premium:	\$ 0.00	\$ 857

A six-month discount at an annual rate of 8% has been applied for early payment. A processing charge of \$150 has been deducted following each acceleration.

6. How will accelerations under the CHRONIC ILLNESS OPTION impact my contract and riders?

Accelerating the death benefit under this option will impact the benefits and values under the policy and Rider as shown below based on the following information and the **example** below. The figures used are for illustrative purposes and are not guaranteed.

Sex & Issue Age:	Male 45	Rating:	Preferred Best
Policy Date:	06/05/2017	Claim Date:	10/04/2019
Basic Insurance Amount:	\$500,000	Death Benefit Option:	Level (Type A)

Lifetime Benefit Amount is equal to the death benefit at the time of claim.

Maximum Monthly Benefit Payment calculated at the beginning of each year using the Internal Revenue Service's (IRS) per diem limitation and your lifetime benefit amount, is equal to the **lowest** of:

1. The lifetime benefit amount multiplied by the Monthly Benefit Percent (in this example, it is 2%): $\$500,000 \times 0.02 =$ **\$10,000**;
2. Per diem limitation (a maximum allowable amount declared annually by the IRS for chronic illness payments under section 7702B) in effect at the start date of the current benefit year (\$360 for 2017) times 30: $\$360 \times 30 =$ **\$10,800**; and
3. Initial Daily Benefit Limit (which is the per diem limitation in effect on the contract date) compounded annually on each anniversary at the Daily Benefit Limit Compound Rate times 30. This limit on the policy date was \$360, increased annually on each succeeding policy anniversary by the daily benefit limit compound rate, resulting in a current daily benefit limit in policy year 3 of \$389.38: $\$389.38 \times 30 =$ **\$11,681.40**.

The Monthly Benefit Percent, Initial Daily Benefit Limit and the Daily Benefit Limit Compound Rate can be found in the policy.

Following each benefit payment while there is a death benefit remaining, benefits and values under the policy and Rider will be impacted as follows:

- a. The policy will remain in force in accordance with policy terms, with a proportionate reduction (using the reduction factor), in the basic insurance amount, contract fund, surrender charges, no-lapse contract fund (if applicable), alternate contract fund, and any outstanding loan;
- b. Any accidental death benefit rider on the contract will not be affected;
- c. If your contract includes the Rider To Provide Lapse Protection or the Rider for Level Term Insurance Benefit on Dependent Children, these riders will stay in effect;
- d. You may not take a withdrawal or decrease the policy's basic insurance amount;
- e. You may continue to make premium payments but it is not necessary while you are receiving benefits;
- f. The monthly charge for the Rider will be permanently waived following approval of the initial claim; and
- g. While you are receiving benefit payments, all monthly charges deducted from the contract fund and no-lapse contract fund, if applicable, will be waived in order to prevent the policy from going into default. We will do so until you notify us to discontinue benefit payments, the Insured fails to recertify, or the Rider terminates. Once you have received 25 monthly benefit payments or the annual equivalent, all monthly charges for this contract will be permanently waived as long as the Rider is in effect, even if benefit payments are no longer being made.

The reduction factor equals 1 minus the quotient of the gross chronic illness benefit payment divided by the death benefit prior to payment: $1 - (10,000/500,000) = 1 - 0.0200 = 0.9800$

The Chronic Illness Benefit payable is equal to the Maximum Monthly Benefit Payment minus the loan reduction amount. (\$10,000 - \$20.80 = \$9,979.20)

Contract Values as of 10/04/2019 before Acceleration of Death Benefit:

Contract Values as of 10/04/2019 after Acceleration of Death Benefit:

<i>Chronic Illness Benefit payable:</i>	\$ 9,979
Lifetime Benefit Amount	\$500,000
Basic Insurance Amount:	\$500,000
Loan Balance:	\$ 1,040
Net Death Benefit:	\$498,960
Contract Fund:	\$ 20,000
Surrender Charge:	\$ 3,350
Cash Value:	\$ 16,650
Net Cash Value:	\$ 15,610
Annual Premium:	\$ 3,816

If the contract to which this Rider is attached has a Type A death benefit, when this option is exercised, the basic insurance amount will be changed to equal the Type A death benefit.

If the contract to which this Rider is attached has a Type B or Type C death benefit, when this option is exercised, the death benefit will be changed to a Type A death benefit and the basic insurance amount will be changed to equal the Type A death benefit. Once you have exercised the Chronic Illness Option, the policy's death benefit type must remain Type A.

When you receive monthly benefit payments the remaining amount that can be accelerated will be reduced each month by the amount of the monthly benefit payment. An annual benefit payment will reduce the remaining amount by twelve times the maximum monthly benefit payment amount for that benefit year.

The monthly charge for this rider will be permanently waived following approval of the initial Chronic Illness Option claim under this rider. In addition, while you are receiving benefit payments under the Chronic Illness Option, we will waive all other monthly charges that would normally be deducted from the contract fund and no-lapse contract fund, if applicable, in order to prevent the policy from going into default. We will continue to waive monthly charges until you notify us to discontinue benefit payments, the Insured fails to recertify, or this rider terminates. Once you have received 25 monthly benefit payments or the annual equivalent, all monthly charges for this contract will be permanently waived as long as this rider is in effect, even if benefit payments are no longer being made. However, if you request that we remove this rider, choose to discontinue benefit payments, or if the Insured no longer has a chronic illness or fails to recertify before you have received 25 monthly benefit payments or the annual equivalent, deductions and monthly charges from the contract fund and no-lapse contract fund, if applicable, will resume and you may need to make additional payments into the policy to protect it from lapse.

After a complete acceleration of the lifetime benefit amount, any Rider for Level Term Insurance Benefit on Dependent Children will become paid up and any benefits under the contract based on the Insured's life, including any accidental death benefit rider will end.

If your policy is a variable life insurance policy, the following will also apply:

When you submit a claim under the Chronic Illness Option, you must authorize transfer of all funds from the variable investment options to the fixed investment option. Funds must remain in the fixed investment option while your claim is reviewed and while you are receiving benefits. Additional premium payments must also be allocated to the fixed investment option while your claim is reviewed and while you are receiving benefit payments. Fund transfers will not be allowed. There may be other limitations on your contract, which will be shown in the Rider.

When the Rider is terminated, or if benefits are discontinued, your policy may still be in force and funds will remain in the fixed investment option. You must notify us if you wish to resume your previous fund allocations or change your premium allocation. You may transfer funds from the fixed investment option to your choice of variable investment options. You may also allocate new premium payments to the variable investment options of your choice.

DEFINITIONS

Accelerated Benefit - the advance payment of some or all of the death proceeds payable under a life insurance policy when the Insured meets certain eligibility criteria.

Activities of Daily Living include the following activities:

1. **Bathing** - which means washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence** - which means the ability to maintain control of bowel or bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
3. **Dressing** - which means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating** - which means feeding oneself by getting food into the body from a receptacle, such as a plate, cup, or table or by feeding tube or intravenously.
5. **Toileting** - which means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring** - which means the ability to move into or out of a bed, chair or wheelchair.

Benefit Payment - the periodic or lump sum payment of the accelerated benefit as described in the Rider.

Benefit Size Discount Factor - a discount factor applied to the monthly charge on policies with high death benefits. The initial benefit size discount factor can be found in the contract data pages of the policy.

Benefit Year - a period of twelve months that begins on the monthly date on or following the date you have satisfied all conditions for eligibility. Subsequent benefit years will begin no earlier than the end of the current benefit year.

Chronically Ill - means the Insured has been certified by a licensed health care practitioner as:

1. being unable to perform (without substantial assistance from another individual) at least two activities of daily living for a period of at least 90 days due to a loss of functional capacity, or
2. requiring substantial supervision for protection from threats to health and safety due to severe cognitive impairment.

Elimination Period - a period of 90 consecutive days after which the Insured becomes eligible to receive accelerated benefit payments if all conditions for eligibility are met and we have approved the claim. The elimination period begins when we receive written certification that the Insured is chronically ill. The elimination period does not apply to terminal illness claims.

Initial Daily Benefit Limit - the per diem limitation in effect on the contract date.

Insured - the person named as the Insured on the first page of the policy. He or she need not be the owner.

Licensed Health Care Practitioner - a physician (as defined in section 1861 (r)(1) of the Social Security Act), or any registered nurse, licensed social worker, or other individual whom the United States Secretary of the Treasury may prescribe by regulation. The licensed health care practitioner must be acting within the scope of his/her license when providing a certification that the Insured is chronically ill. May not be the Insured, the policyowner, or a family member of the policyowner or Insured.

Licensed Physician - a physician (as defined in section 1861(r)(1) of the Social Security Act). The licensed physician must be acting within the scope of his/her license when providing a certification that the Insured is terminally ill. May not be the Insured, the policyowner, or a family member of the policyowner or Insured.

Lifetime Benefit Amount - the maximum amount that can be accelerated during the lifetime of the Insured under the Chronic Illness Option of the Rider. For purposes of benefit payments, it is determined at time of claim.

Maximum Monthly Benefit Payment - the maximum amount that may be paid to you on a monthly basis once a claim has been approved. This payment amount will be recalculated at the beginning of every benefit year.

Monthly Benefit Percent – A factor used in the calculation of the maximum monthly benefit payment. It is set at issue and will not change. Depending on the basic insurance amount of your policy at issue, you may choose 2% or 4%. The 4% option may have higher policy charges. The monthly benefit percent for your policy will be shown in the contract data pages.

Monthly Date - the contract date and the same day as the contract date in each later month.

Per Diem Limitation - a maximum allowable amount declared annually by the Internal Revenue Service for chronic illness payments under section 7702B of the Internal Revenue Code.

Recertification - means a signed statement completed by a licensed health care practitioner, at your or the Insured's expense, certifying that the Insured is chronically ill as defined in this rider. The written recertification must include due proof of the Insured's chronic illness. Recertification must be received each year in order for you to continue receiving benefit payments under the Chronic Illness Option beyond a benefit year. The recertification will be effective as of the start of the new benefit year.

Reduction Factor - equals 1 minus the quotient of the gross chronic illness benefit payment amount divided by the death benefit prior to payment.

Severe Cognitive Impairment - means a loss or deterioration in intellectual capacity that is (a) comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and (b) measured by clinical evidence and standardized tests that reliably measure impairment in the individual's (i) short-term or long-term memory, (ii) orientation as to people, places, or time, and (iii) deductive or abstract reasoning.

Substantial Assistance - means hands-on assistance and standby assistance. Hands-on assistance means the physical assistance of another person without which the individual would be unable to perform the activity of daily living. Standby assistance means the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury to the individual while the individual is performing the activity of daily living.

Substantial Supervision - means continual supervision by another person that is necessary to protect the severely cognitively impaired individual from threats to health or safety.

Terminally Ill - means the Insured has a medical condition that is reasonably expected to result in the Insured's death within 6 months or less.

Written Certification - for terminal illness, means a signed statement completed by a licensed physician, at your or the Insured's expense, certifying that the Insured is terminally ill as defined in this Rider. For chronic illness, written certification means a signed statement completed by a licensed health care practitioner, at your or the Insured's expense, certifying that the Insured is chronically ill as defined in this Rider. The written certification must also include due proof of the Insured's terminal illness or chronic illness. Certification for each chronic illness claim will be effective as of the first day of the benefit year.



RIDER TO PROVIDE ACCELERATION OF DEATH BENEFIT DISCLOSURE
(BenefitAccess Rider)

Pruco Life Insurance Company
a Prudential Financial company

POLICY NUMBER (IF KNOWN) _____

PROPOSED INSURED: _____

ACKNOWLEDGEMENT

Producer's Statement

I acknowledge that the Disclosure for the Rider to Provide Acceleration of Death Benefit was provided to the policy owner(s) prior to or concurrently with the application for life insurance for the proposed Insured.

Signature of Producer: _____ Date Signed _____

Policyowner(s) Acknowledgement:

I confirm that I have read and received a copy of the Disclosure for the Rider to Provide Acceleration of Death Benefit (ORD 115300-2017) and I understand the provisions explaining the following:

- **The Rider should be purchased for the purpose of providing Chronic Illness and Terminal Illness coverage. For Terminal Illness coverage only, subject to state availability, I should consider the Living Needs Benefit rider.**
- **There is a monthly charge for the Rider that is deducted from the contract fund. That monthly charge will be permanently waived following approval of the initial chronic illness claim. If I accelerate a death benefit and receive benefit payments under the terminal illness option, a processing charge will be deducted and any charges for the Rider will end.**
- **Exercise of an accelerated benefit option under the Rider will cause a reduction in, or elimination of, the contract's death benefit, cash value and loan value. Premiums or charges needed to keep the contract in force will also be reduced based on the reduced death benefit.**
- **Any benefit I receive under the Rider may impact my eligibility for Medicaid or other government benefits.**
- **Any accelerated benefits paid under the Rider may be taxable as income and I am advised to seek the help of a professional tax advisor if I have any questions.**

Signature of Policyowner: _____ Date Signed _____

Signature of Policyowner: _____ Date Signed _____

Signature of Policyowner: _____ Date Signed _____

Signature of Policyowner: _____ Date Signed _____

