

YOUR LIFE INSURANCE COMPANY - MONTHLY EFT RATES

STATE			MALE						FEMALE			
State	ms	Mississippi	Face	Month	Day	Face	Month	Day	Face	Month	Day	Face
MALE												
DOB/Age	47	Age 47 - Young Adult Non-Tobacco Return of Premium ADB not included 0 Grandchildren 0 Units (ea.) = \$0 (\$0.00/mo.) 0 Units (all) = \$0 (\$0.00/mo.)	2,000			19,000			2,000	16.74	0.56	19,000
Tobacco	n		3,000			20,000			3,000	22.39	0.75	20,000
Plan	r		4,000			21,000			4,000	28.03	0.93	21,000
ADB	n		5,000	20.81	0.69	22,000			5,000	33.67	1.12	22,000
Grandchildren	0		6,000	24.43	0.81	23,000			6,000	39.31	1.31	23,000
Gr.Child. Un.	0		7,000	28.04	0.93	24,000			7,000	44.95	1.50	24,000
Children Units	0		8,000	31.66	1.06	25,000			8,000	50.60	1.69	25,000
		9,000	35.28	1.18	26,000			9,000	56.24	1.87	26,000	
		10,000	38.89	1.30	27,000			10,000	61.88	2.06	27,000	
		11,000	42.51	1.42	28,000			11,000	67.52	2.25	28,000	
		12,000	46.13	1.54	29,000			12,000	73.16	2.44	29,000	
		13,000	49.74	1.66	30,000			13,000	78.81	2.63	30,000	
		14,000	53.36	1.78	31,000			14,000	84.45	2.81	31,000	
		15,000	56.98	1.90	32,000			15,000	90.09	3.00	32,000	
		16,000			33,000			16,000	95.73	3.19	33,000	
		17,000			34,000			17,000	101.37	3.38	34,000	
		18,000			35,000			18,000	107.02	3.57	35,000	
FEMALE												
DOB/Age	68	Age 68 - Golden Age Non-Tobacco Immediate Death Benefit ADB not included 0 Grandchildren 0 Units (ea.) = \$0 (\$0.00/mo.) 0 Units (all) = \$0 (\$0.00/mo.)										
Tobacco	n											
Plan	i											
ADB	n											
Grandchildren	0											
Gr.Child. Un.	0											
Children Units	0											

Instructions

Tip: For quick-reference instructions on any cell, place the mouse pointer over the cell and instructions will pop up.

MONTHLY EFT

Use this worksheet to quote monthly EFT rates for face amounts in \$1,000 increments.

You can enter 15 cells:

State;
 DOB/Age, Tobacco, Plan, ADB, Grandchildren (number), Grandchildren Units, and Children Units for Male; and,
 DOB/Age, Tobacco, Plan, ADB, Grandchildren (number), Grandchildren Units, and Children Units for Female.

None of the entries are case-sensitive. You may enter either upper- or lower-case letters.

State

Enter the standard 2-character abbreviation for any State. The Name of the State will be displayed, unless in error (see note 2).

Notes:

1. In the green bar at the top of the page, the name of the company will be displayed. (This accommodates different bands in different states.)

2. The following error messages may appear instead of the State Name:

Invalid State - The entry in this cell is not a valid 2-character USPS state abbreviation.

Company not licensed in this State - Your Life Insurance products are offered in this State.

3. The following warning messages may appear below the State area:

State not approved for phone sales - This State requires a paper application.

State not in target market - This State is not in our target market.

Confined Care Rider not available in this State - The Accelerated Benefits Rider-Confined Care is not available in this State.

Note: Only one of the above warnings will appear.

4. You may write business in a State with the above warning messages if you are licensed in that State. This is convenient if the State is your resident state.

DOB/Age

Enter the month, day and 4-digit year (separated by slashes) of the insured's Date-of-Birth, or the insured's Age.

Example: 'm/d/yyyy'

If a valid date is entered, the age will be displayed in the cell adjacent to the entry. The age calculation is correct for all dates, even if the insured's birthday is today.