

Ameritas Growth Index Universal Life

Producer Product Guide

Issue Ages (Age nearest birthday)	18-75 Preferred Plus Nontobacco 18-80 Preferred Nontobacco, Select Nontobacco, Preferred Tobacco 18-85 Standard Tobacco 0-85 Standard Nontobacco
Minimum Specified Amount	\$50,000
Crediting Rate Options	<p>Index accounts are credited with a portion of any index growth (excluding dividends) at the end of each period using a point-to-point interest calculation. Gains are locked in each index period. Available index sweep dates: 10th and 25th of each month.</p> <p>S&P 500: Capped with 100% participation rate, 1-year point-to-point S&P 500: Capped with higher participation rate, 1-year point-to-point S&P 500: Capped with 100% participation rate, 2-year point-to-point S&P 500: Capped with 100% participation rate, monthly point-to-point Russell 2000: Capped with 100% participation rate, 1-year point-to-point MSCI EAFE: Capped with 100% participation rate, 1-year point-to-point</p> <p>Fixed Account with a declared interest rate not linked to an index</p>
Index Credit Enhancement	Beginning in year 6, all index accounts will receive an extra 10% of any index credits paid
Fixed Loans	<p>Years 1-5 loan account credited 2.5% current (2.0% guaranteed) and charged 3.38% in advance (equivalent to 3.5% in arrears); net rate: 1.00% current (1.50% max).</p> <p>Years 6+ charge 2.44% in advance (equivalent to 2.5% in arrears); net rate: 0.00% current (0.50% max)</p>
Variable Loans	Available beginning in year 3; Loan and loan interest remain in the index and/or fixed account, which can help grow the policy's account value; Net interest rate varies based on Moody's Corporate Bond Yield Average Index, but will never exceed 1% above the declared interest rate on the fixed account.
Death Benefit Options	Option A: level (specified amount) or Option B: increasing (specified amount plus account value) or Option C: (specified amount plus premiums paid minus any partial withdrawals)
Guaranteed Interest Rate	2.00% in fixed and loan accounts 0.00% in index participation accounts and variable loan account
Premium Charge	7.00% (current and maximum)
Monthly Expense Charge	\$7.00/month (current); \$10.00/month (maximum) account value charge plus a charge per \$1,000 specified amount

Surrender Charge	Decreases to 0 in year 10
Riders & Endorsements	Accidental Death Benefit: Pays additional benefit if death is accidental.
	Care4Life 2.0 Accelerated Death Benefit: Provides a guaranteed amount upon one of 18 qualifying critical, chronic or terminal illness triggers.
	Children's Insurance: Provides \$25,000 of convertible insurance for insured's children.
	Early Cash Value: Enables higher cash surrender value in the early policy years, without sacrificing long-term performance.
	Guaranteed Insurability: Policy face amount may be increased on scheduled dates without evidence of insurability.
	Insurance Exchange: Allows exchange of current policy for a new policy on the life of a substitute insured with evidence of insurability on the new insured.
	Lifetime Income: Provides policy disbursements for life. Choose an irrevocable disbursement option: level, increasing or potentially increasing.
	Overloan Protection Benefit: Keeps the policy in force when there is a large outstanding loan balance by providing paid-up life insurance benefit.
	Term for Other Insured: Provides insurance coverage for up to five other people such as family members or business partners.
Supplemental Coverage: Provides additional coverage on the base insured at a lower total premium than the base policy alone.	
Waiver of Monthly Deductions: Pays the monthly insurance and expense charges if the insured is disabled.	
Waiver of Specified Premium: Waives the specified amount of premium declared when policy was issued if insured is disabled.	

Account Value of the Policy

Premium Allocation

Premiums may be allocated among the index options and the fixed account. All net premiums will be allocated according to this allocation. This allocation choice may be changed with notice from the policyowner. Any participation account value at the end of an index period will be allocated according to the premium allocation specified by the policyowner.

Dollar Cost Averaging

Dollar cost averaging allows lump sums or annual premiums to be spread over monthly index participation accounts instead of tied to one date each year. Clients may elect to automatically transfer money from the fixed account to the index options with written notice specifying the amount of the monthly transfer and the percentages of that amount to be allocated to each index option. The minimum transfer is shown on the policy schedule. Once elected, transfers from the fixed account will be processed monthly until we receive written notice instructing us to cancel the transfers or until the value of the fixed account is completely depleted.

Fixed Account

This account earns a fixed interest rate declared by the company, which reflects the current economic environment and is guaranteed never to be lower than 2%.

Index Options

Growth IUL features six point-to-point index options, which use three indexes: Standard & Poor's 500® Composite Stock Price Index, Russell 2000® Index and MSCI EAFE Index.

Index	Index Period	Cap?	Participation Rate
S&P 500	1 year	Yes	100%
S&P 500	1 year	Yes	Adjustable
S&P 500	2 years	Yes	100%
S&P 500	1 month (credited annually)	Yes	100%
Russell 2000	1 year	Yes	100%
MSCI EAFE	1 year	Yes	100%

For each index option, we use published values that are based on price changes of the underlying securities which exclude dividends and returns generated by reinvestment of dividends.

Key Terms

Index Cap Rate: the maximum index rate used in calculating the index credited amounts for a participation account. Minimum index cap varies by index period: 2 year- 6%, 1 year – 3% and 1 month 0.25%.

Index Date: sometimes called a sweep date, is the date on which an index period begins or ends and it must be the 10th or 25th of the month. All funds received prior to an index date will be deposited first to the fixed account then swept into the index accounts on the next index date. If an index date falls on a date on which the New York Stock Exchange is not open for trading or we are not open for business, the index value will be determined using the index value as of preceding business day.

Index Floor Rate: minimum index rate used in calculating index credited amounts for a participation account.

Index Period: time between the beginning index date and ending index date of a participation account.

Index Rate: percentage change in the index value from the beginning date of the index period to the ending date of the index period.

Monthly Index Date: The same day of each month as the index date.

Monthly Index Period: The time between a monthly index date and the subsequent monthly index date of a participation account.

Participation Account: one of the divisions of the account value upon which index credited amounts are based.

Participation Rate: the percentage of the index rate credited to the account value.

Point-to-Point Index Crediting Method

This interest crediting is method used to help lock in interest rate earnings and maximize the upside growth potential of equity indexes. The company compares the value of the index on the first day of the index period to its value on the last day of the index period to calculate the percentage change.

If the index has risen, clients “lock in” gains because policy values will receive an adjustment at the end of the index period resulting from the increase in the index on which their interest crediting method is based. The index value on the last day of that index period is then used as the starting point for the next index period.

If the index has fallen below the initial starting point, clients are protected from loss due to the 0% floor in the participation account. The lower index value at the end of that index period becomes the starting point for measuring the annual growth in the index for the next index period, creating potential for growth if the index recovers.

Capped Participation

Funds in a capped participation account receive no interest throughout the index year and an index credit, if applicable, at the end of the index year for each participation bucket. The index credited is calculated for each index bucket based upon a participation rate and a cap declared at the beginning of the index period. With the capped method, if the index increases, your client will realize a gain up to a certain maximum point, or cap, multiplied by a participation rate.

Index Credit Enhancement

Beginning in year 6, all index accounts will receive an extra 10% of any index credits paid. This enhancement does not apply to fixed account or fixed loan values.

How It Works

At the end of each index period, account value in the participation accounts is credited with an amount of interest called the index credit. The index credit is determined by multiplying the percentage increase during the index period (up to the company-declared index cap rate) by the company-declared participation rate and applying that rate to the ending account value in the participation account for that index and index period.

Index Credited Amount Rate = Participation Rate x Percentage Increase in the Index (up to the index cap rate)

First, the percentage change in the index is calculated. For example, the index starts the index period at 1,300 and ends at 1,560. Index increased 260. (1,560 - 1,300 = 260) The percentage increase in the index is 20%. (260/1,300 = 20%) If the percentage change in the index is negative, the 0% index floor rate is applied.

This chart illustrates how the index credited amount rate is calculated. Note, if the index does not increase, then no index credit will be applied.

Interest Credited to Participation Account					
A: Percentage Change in Index	B: Index Cap Rate	C: Participation Rate	D: Interest Credited = (Lesser of A or B) x C	E: Years 6+ Index Credit Enhancement (D x .10)	F: Years 6+ Interest Credited = (D + E)
20%	12%	100%	12%	1.2%	13.2%
0%	12%	100%	0%	0%	0%
20%	7%	140%	9.8%	0.98%	10.78%
0%	7%	140%	0%	0%	0%

Monthly Sum Point-to-Point Index Crediting Method

This method of crediting interest adds monthly percentage movements of the index over the index period to determine the amount of index credit. The index rate is calculated as the difference between the Index Value on the first day of the Monthly Index Period and the last date of the Monthly Index Period subject to the limit of the Index Cap Rate. The Index Credit for an index period is calculated by applying the greater of the Index Floor Rate and the Sum of the Monthly Index Rates adjusted by the Participation Rate and Index Credit Enhancement to the account value in the Index options at the end of the Index Period.

How it Works

The index value on the first day of the monthly index period is compared to the value on the last day of the monthly index period to calculate the percentage change. Each monthly percentage change is limited to the index cap rate. At the end of the year the 12 monthly percentage changes are added together. If the sum is positive, policy values will receive an adjustment based on that increase. If the sum is negative, policy values are protected from loss by the 0% floor. Beginning in year 6, all index accounts will receive an extra 10% of any index credits paid. These charts illustrate how the index credited amount rate is calculated for the monthly index accounts. Note, if the index does not increase, then no index credit will be applied.

Interest Credited to Participation Account

Month	A: Monthly Index Change	B: Cap	C: Monthly Index Rate (lesser of A or B)	D: Participation Rate	E: Interest Credited = C Total x D	F: Years 6+ Index Credit Enhancement (E x .10)	G: Years 6+ Interest Credited = (D + F)
1	-3.56%	3.25%	-3.56%				
2	4.31%	3.25%	3.25%				
3	1.40%	3.25%	1.40%				
4	-0.10%	3.25%	-0.10%				
5	2.12%	3.25%	2.12%				
6	2.59%	3.25%	2.59%				
7	-2.44%	3.25%	-2.44%				
8	4.06%	3.25%	3.25%				
9	-2.86%	3.25%	-2.86%				
10	3.69%	3.25%	3.25%				
11	1.75%	3.25%	1.75%				
12	0.27%	3.25%	0.27%				
Total			8.92%	100%	8.92%	0.892%	9.812%

Interest Credited to Participation Account

Month	A: Monthly Index Change	B: Cap	C: Monthly Index Rate (lesser of A or B)	D: Participation Rate	E: Interest Credited = C Total x D	F: Years 6+ Index Credit Enhancement (E x .10)	G: Years 6+ Interest Credited = (D + F)
1	-3.10%	3.25%	-3.10%				
2	5.49%	3.25%	3.25%				
3	-2.13%	3.25%	-2.13%				
4	2.36%	3.25%	2.36%				
5	0.16%	3.25%	0.16%				
6	-1.62%	3.25%	-1.62%				
7	1.27%	3.25%	1.27%				
8	-9.03%	3.25%	-9.03%				
9	0.52%	3.25%	0.52%				
10	8.08%	3.25%	3.25%				
11	1.12%	3.25%	1.12%				
12	-2.79%	3.25%	-2.79%				
Total			-6.74%	100%	0%	0%	0%

10-Year **Lookback Guarantee**

This feature guarantees that the index credit earned in the first 10 years of the policy will be at least 4%. If the average index rate is less than 4% at the end of 10 policy years, the policy account value will be increased to equal 4% compounded annually. Please note, the following example does not show the impact of cost of insurance and other expenses, which would impact the policy's account value.

Year	S&P Index	Change in Index	Index Credited Rate	Current Account Value	Account Value with 4% Lookback Guarantee Benefit	4% Lookback Guarantee Benefit
At Issue	106.16			\$100,000		
1	75.44	-28.94%	0.00%	\$100,000		
2	102.21	35.49%	12.25%	\$112,250		
3	106.38	4.08%	4.08%	\$116,830		
4	105.9	-0.45%	0.00%	\$116,830		
5	90.69	-14.36%	0.00%	\$116,830		
6	92.27	1.74%	1.74%	\$118,863		
7	101.34	9.83%	9.83%	\$130,547		
8	99.03	-2.28%	0.00%	\$130,547		
9	98.07	-0.97%	0.00%	\$130,547		
10	98.06	-0.01%	0.00%	\$130,547	\$148,024	\$17,478

Policy **Loans**

The cash surrender value is the account value, minus the surrender charge, minus any loan or lien balance. It may be borrowed any time except during a grace period. The minimum loan amount is \$500. The maximum loan amount is the cash surrender value, minus loan interest to the next annual date, minus the sum of the next three monthly deductions.

A loan may be repaid in full or in part at any time before the insured's death or surrender of the policy. If the insured dies with a loan outstanding, the amount of the policy loan and loan interest will be deducted from death proceeds.

The policy will allow for either fixed interest or variable interest on the loan balance. The client must choose which interest type when they take the policy loan. The client may change interest type once per year (rolling 12-month period) from the time the loan was taken or from the last change of interest type was made.

Interest is calculated in advance. It accrues daily and becomes a part of the loan balance. Interest payments are due on each policy anniversary. If interest is not paid when due, it is added to the loan balance and will bear interest at the rate charged on the loan.

Fixed Loan Interest Rate

The loaned portion of the account value will be credited with interest at the rate of 2.5% (2.0% guaranteed) and will be charged with interest at the following rates:

- Years 1-5: 3.38% in advance, equivalent to 3.50% in arrears (current and max); net rate: 1.00% current (1.50% max).
- Years 6+: 2.44% in advance, equivalent to 2.50% in arrears (current and max); net rate: 0.00% current (0.50% max).

A fixed loan, whether or not repaid, will have a permanent effect on the death benefit and policy values, because loaned amounts will be excluded from the participation accounts in the calculation of index credits.

Variable Loan Interest Rate

With a variable loan, the loaned amount remains in the account(s) to which it is already allocated and will continue to have interest credited in the same manner.

The loaned amount will be charged an interest rate that is tied to the Moody's Corporate Bond Yield Average—Monthly Average Corporates as published by Moody's Investors Services, Inc. The loan rate will be set each policy anniversary and will not be changed more often than once a year. The rate will never be more than the greater of Moody's Corporate Bond Yield Average for the calendar month ending two months before the beginning of the policy year or the rate used to compute the guaranteed account value plus 1%. Additionally, the variable interest rate will never exceed the current crediting rate on the fixed account plus 1%.

Overloan Protection Benefit Endorsement

This rider protects the policyholder from a policy lapse (and potentially the resulting taxation) when there is a large outstanding loan balance by providing paid-up life insurance. There is no cost for this endorsement, unless it is exercised. It is only available for policies that use the Guideline Premium Test.

The endorsement may be exercised if the following conditions are met:

- The insured is age 75 or older;
- The policy is in its 11th policy year or later;
- The outstanding loan balance is more than the specified amount and more than 92.5%, but less than 96% of the account value. If the outstanding policy loan is greater than 96% of the account value, the client can repay loan balance to bring the balance within the range of 92.5% and 96% of account value.

Once the endorsement is elected, the following changes will occur:

- On the date the benefit is elected, 3.5% of the account value is deducted and the specified amount will be 105% of the remaining account value. No further changes in the specified amount will be allowed.
- The death benefit option will be Option A and no further changes in the death benefit option will be allowed.
- The death benefit proceeds will equal the death benefit on the insured's date of death minus any outstanding loan balance.
- Any rider attached to the policy will terminate, and any charges or fees associated with the riders will cease.
- No additional premiums will be accepted.
- No additional partial withdrawals and loans will be allowed, except for automatic loans to cover loan interest not paid when due.
- No monthly deductions will be taken.
- All amounts not allocated to the loan account will be allocated to the fixed account.
- The death benefit at any time after the benefit is elected will equal the greater of the specified amount, the account value times the appropriate corridor factor shown on the policy schedule or the outstanding loan balance times the appropriate corridor factor shown on the policy schedule.

Withdrawals, Surrenders and Lapses

Partial Withdrawals

Policyowners may make partial withdrawals at any time except during the grace period by submitting written notice to the company. The minimum partial withdrawal amount is \$100. Each partial withdrawal will be deducted from the cash surrender value of the policy. The death benefit will be reduced by the amount of the partial withdrawal, but cannot be reduced to less than \$50,000. The policy must maintain enough cash surrender value to provide for three monthly deductions.

Full Cash Surrenders

If policyowners surrender their policy, they will receive the cash surrender value, which is the account value minus the surrender charge minus any policy debt.

The surrender charge varies by issue age, rate classification and duration. It is a per \$1,000 of initial specified amount charge and is in effect for 10 years from issue and/or from the date of any increase. There is no pro rata surrender charge for partial withdrawals that are less than the cash surrender value.

Lapse and Grace Period

If the policyholder does not give notice of termination to the company and further premiums are not paid, insurance on the primary insured and that provided by riders remains in force for as long as there is sufficient cash surrender value from which to deduct insurance costs and expenses.

Starting on the monthly date when the cash surrender value is less than the monthly deduction for the policy month to follow, a grace period of 61 days is given for the payment of enough premium to cover the monthly deduction plus the next two monthly deductions. If the premium is not paid within the grace period, all insurance stops. If the insured dies during the grace period, the death benefit is paid but reduced by the past due monthly deductions.

During the first 10 years only, the policy will remain in force and will not begin the grace period if the sum of the premiums paid to date – less any withdrawals, loans and loan interest – equals or exceeds the minimum monthly premium multiplied by the number of policy months since the date of issue.

Reinstatement

If the policy terminates without value, it can be reinstated with evidence of insurability. At reinstatement, charges for the grace period and current month will be deducted from the account value, and underwriting is required. Policies cannot be reinstated after 5 years past the termination date.

Income Tax Considerations

When values are removed from an in-force policy through partial withdrawals, reductions in the specified amount may result. Potentially, distributions may be subject to income tax to the extent of the gain involved (especially on a fully funded policy within the first seven policy years). The rules for determining any applicable tax are complex and depend on how long the policy has been in force.

Certain sales illustrations call for surrenders of policy values at various times. A partial withdrawal may involve the possibility that some portion of the surrender is subject to tax. While this possibility usually is a minor consideration in these illustrations, it should not be ignored. The product software is designed to give the agent a warning if the proposed withdrawals would result in taxation. A policyholder should be advised to seek competent legal or tax counsel.

A Modified Endowment Contract (MEC) is a life insurance policy issued on or after June 22, 1988, which fails the seven-pay premium test. The test period starts at issue and lasts seven years; a new test period starts whenever the life policy incurs a material change. A policy can also be a MEC if the policy was issued on or before June 20, 1988, if it has had a material change (i.e. increased or exchanged) and fails the seven-pay test, within seven years after the date of the change. Once a policy becomes a MEC it will always remain a MEC.

Under a MEC, distributions are included in taxable income up to the amount of gain in the contract. Any gain is deemed to be distributed before the investment in the contract. Gain is the difference between the cash surrender value before reduction by any surrender charge and the policyowner's investment in the contract. Investment in the contract basically equals the premiums paid less any prior distribution received tax-free. Policy loans from a MEC would also be considered a taxable distribution unlike a policy which is not a MEC.

In addition, there is a 10% IRS tax penalty applied to the amount of any pre-death distribution from a MEC that is includable in gross income. There are three exceptions to this additional tax: 1) The taxpayer is at least age 59½; the taxpayer has become disabled or 3) the distribution is part of a series of substantially equal periodic payments, such as an annuity, over the lifetime of the taxpayer.

Section 7702A(b) defines the seven-pay test as follows: "A contract fails to meet the seven-pay test of this subsection if the accumulated amount paid under the contract at any time during the first seven contract years exceeds the sum of the net level premiums which would have been paid on or before such time if the contract provided for paid-up future benefits after the payment of seven level annual premiums."

The information presented here is not intended as tax or other legal advice. For application of this information to your client's specific situation, your client should consult an attorney.

Riders

Care4Life 2.0 Accelerated Death Benefit Rider

Design: provides an accelerated death benefit if the insured faces a serious medical hardship such as a critical, chronic or terminal illness.

Qualifying Event	Benefit Amount
Critical Illness	Up to 25% of the eligible amount with a maximum of \$250,000
Chronic Illness	Up to 50% of eligible amount with a maximum of \$1 million
Terminal Illness	Up to 75% of eligible amount with a maximum of \$1 million

Eligible Amount: specified amount of the base policy, the supplemental coverage and the early cash value riders, as of the first accelerated benefit request.

Issue Ages: 0-85. In California, the critical illness portion of the rider is available through age 64.

Substandard Rating: This rider may be added to a policy where the table rating does not exceed Table D and where the flat extra rating does not exceed \$5 per thousand. For policies with table ratings greater than Table D or flat extras greater than \$5 per thousand, terminal illness coverage may be available. If there is a combination of table rating and flat extra(s), underwriters may decline to issue this rider based upon their discretion.

Payment Frequency: Accelerated death benefits will be paid in a lump sum for critical illness and terminal illness. If the maximum chronic illness accelerated death benefit amount payable does not exceed the per diem limitation declared for that year by the Internal Revenue Service, then the amount payable will be in a single sum. If the maximum amount payable under a chronic illness qualifying event exceeds the per diem limitation declared for that year by the Internal Revenue Service, then the amount payable will be paid in periodic installments.

Lien: The advanced payment plus a \$250 administrative fee (guaranteed maximum except in Florida \$100 current and max.) plus accrued interest is treated as a lien against death benefit proceeds. The maximum lien interest rate will be the greater of the current yield on ninety-day treasury bills; or the current maximum statutory adjustable policy loan interest rate.

Residual Death Benefit: Upon the death of the insured, we will pay at least the 10% residual death benefit, reduced by the amount of any partial withdrawals taken after the first accelerated benefit request and any loan balance.

Multiple Accelerations: If less than one year has passed since the initial acceleration of an event and the sum of all accelerated death benefits under this rider has not reached the lifetime maximum accelerated death benefit, then additional death benefit may be accelerated under this same event. There can be up to five policy death benefit accelerations. This includes a first-time event, a subsequent acceleration for the same event, and the reoccurrence of a previous event.

Total Maximum Acceleration: The maximum lifetime accelerated benefit payments on the insured may not exceed 75% of the eligible amount with a maximum of \$1 million.

Qualifying Terminal Illness: When the insured has been certified by a physician as having an illness or physical condition, which can reasonably be expected to result in death within 12 months. Except in California, only one acceleration is permitted for a terminal illness.

Qualifying Critical Illness: Definitions are listed below. These critical illnesses have a waiting period: stroke (30 days), paralysis (90 days) and coma (96 hours).

1) Invasive Life-Threatening Cancer: Diagnosis of a disease manifested by the presence of one or more malignant tumors and characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal neighboring tissue or distant lymph node or organ metastasis. Types of cancer include carcinoma, melanoma, leukemia, lymphoma, multiple myeloma, myelodysplastic syndrome, and sarcoma. No benefit will be payable under this condition for any of the following: pre-malignant lesions, benign tumors, polyps, or dysplasia; carcinoma in-situ; any non-melanoma skin cancer, except those with distant lymph node or organ metastasis; malignant melanoma skin cancer that is less than or equal to 1.0 mm in thickness, unless it is ulcerated or is accompanied by distant lymph node or organ metastasis; chronic lymphocytic leukemia classified as Rai State 0; early prostate cancer diagnosed as T1a or T1b by the AJCC Staging

System without distant lymph node or metastasis; papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2 cm in greatest diameter and is classified as T1 by the AJCC Staging System, without lymph node or distant metastasis.

In California the previous paragraph 1) is replaced by this paragraph 1):

1) Invasive/Metastatic Cancer: A disease which is characterized by the presence and uncontrolled growth and spread of malignant cells and the invasion into normal tissue outside of the originating organ or distant lymph node or organ metastasis. Diseases classified as leukemias, lymphomas, or other uncontrolled growth of blood cells, where treatment beyond the monitoring of blood tests is initiated or recommended by a qualified medical professional, are included. Diseases of the pancreas, ovary, lung, brain, esophagus, and liver that are classified as malignant cancers of these organs and are not classified as benign tumors, cysts, or growths of these organs will be considered an Invasive/Metastatic Cancer whether or not the malignant cancer has been shown to have invaded into normal tissue outside of the originating organ or distant lymph node or organ metastasis. Invasive/Metastatic Cancer does not include, and no accelerated benefit if available for: any skin cancer, including malignant melanoma that has not invaded the dermis layer of the skin (malignant melanoma that has invaded into the dermis or deeper is considered Invasive Cancer); pre-malignant condition with malignant potential, benign tumors, or benign polyps; prostate cancer that has not spread or metastasized outside of the prostate into nearby tissue, lymph nodes or other organs; breast cancer that has not spread or metastasized outside of the breast into nearby tissue, lymph nodes or other organs; or any cancer that has not spread or metastasized from its originating organ, other than those stated in the above description.

2) Stroke: a cerebrovascular incident caused by infarction or brain tissue, cerebral hemorrhage, thrombosis or embolization from an extra-cranial source and producing a measurable neurological deficit that persists for at least 30 consecutive days following the occurrence of the stroke. Stroke does NOT include Transient Ischemic Attacks (TIAs), Vertebro-basilar insufficiency, retinal vessel illnesses, lacunar infarcts which do not meet the definition of stroke and Intracerebral vascular events due to trauma.

3) Major Heart Attack: The death of a portion of the heart muscle resulting from obstruction of blood supply to the relevant area based on the presence of a diagnostic elevation of cardiac enzymes or biomedical markers and the presence of chest pain and at least one of the following: new electrocardiographic (EKG) changes which support the diagnosis; identification of an intracoronary thrombus by angiography; or imaging evidence of a new loss of viable heart muscle or a new regional wall motion abnormality. Major heart attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack.

4) End Stage Renal Failure: The irreversible and total failure of both kidneys in which the use of hemodialysis or peritoneal dialysis is deemed to be medically necessary.

5) Major Organ Transplant: The insured must be placed on a transplant list or have been the recipient of a heart, lungs, liver, kidneys, pancreas or bone marrow.

6) Amyotrophic Lateral Sclerosis (ALS)

7) Blindness Due to Diabetes: Total and irreversible loss of vision in both eyes solely as a result of diabetic retinopathy. Corrected visual acuity being 20/200 or less in both eyes or the field of vision being less than 20 degrees in both eyes.

8) Paralysis of Two or More Limbs: Complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 90 days.

9) Major Burns: Diagnosis of burns that are a full-thickness or third-degree burn covering at least 20% of the body surface.

10) Coma: a profound state of unconsciousness from which the insured cannot be aroused to consciousness, and in which stimulation will produce no more than primitive avoidance reflexes, which last for a period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. A definite diagnosis of coma must be documented by evidence of a neurological deficit that is expected to last for a continuous 12-month period or longer from the date of the diagnosis to determine coma. Life support systems must be required throughout the period of unconsciousness. Excludes comas secondary to any alcohol or drug abuse and/or narcotics and comas caused/prolonged for therapeutic reasons.

11) Aplastic Anemia: chronic persistent bone marrow failure, confirmed by biopsy, which results in anemia, neutropenia and thrombocytopenia requiring blood product transfusion, and treatment with at least one of the following marrow stimulating agents, immunosuppressive agents or bone marrow transplantation.

12) Benign Brain Tumor: non-cancerous tumor within the cerebral tissue or the cerebral meninges resulting in permanent neurological symptoms and where open, surgical intervention is deemed medically necessary. Tumors in the pituitary gland, cysts, granulomas and tumors in the cranial nerves (e.g. acoustic neuroma), or malformations in, or of, the brain substance, cerebral arteries or veins and/or the spinal cord are not covered.

13) Aortic Aneurysm: diagnosis that intervention is deemed medically necessary for disease or trauma to the aorta requiring either an open surgical repair with excision and replacement of the diseased or traumatized aorta with a graft or an endovascular repair with a stent graft. Aorta refers to the thoracic and abdominal aorta but not its branches.

14) Heart Valve Replacement: diagnosis that surgery is medically necessary to replace any heart valve with either a natural or mechanical valve. Heart valve surgery or repair utilizing transvascular percutaneous valve procedures are not covered by this definition.

15) Coronary Artery Bypass Graft Surgery: diagnosis that surgery is medically necessary to correct narrowing or blockage of one or more coronary arteries with bypass graft(s). Any other surgical procedure, such as but not limited to, angioplasty, intra-arterial procedures, or trans-catheter percutaneous are not covered.

Qualifying Chronic Illness: When the insured is unable to perform (without hands-on assistance) at least two activities of daily living, and has been unable to perform them for a period of at least 90 days; or has suffered severe cognitive impairment to the extent that substantial supervision is required to ensure the insured's health and safety. Certification of the chronic illness is required every 12 months

Activities of Daily Living:

1) Dressing: the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them

2) Toileting: the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet; and to perform associated personal hygiene;

3) Transferring: the ability to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices;

4) Continence: the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag;

5) Eating: the ability to feed oneself by getting food into one's body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously; and

6) Bathing: the ability to wash oneself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower.

Severe Cognitive Impairment: a diagnosis by a physician who is a certified neurologist of Alzheimer's disease and similar forms of irreversible dementia supported by medical evidence of a loss or deterioration in intellectual capacity that includes short-or long-term memory, orientation to people, places, or time, abstract or deductive reasoning, and judgment as it pertains to safety.

Accidental Death Benefit

Design: pays an additional death benefit to the beneficiary in the event of the insured's death resulting from accidental bodily injury occurring within 180 days of the injury.

Issue Ages: 0 to 65

Substandard Rating: The rider may be added to a policy that is rated Table A to H or with flat extras between \$1 and \$25 per thousand.

Minimum Amount of Rider Coverage: \$25,000

Maximum Amount of Rider Coverage:

- Age 0 – 20 \$ 50,000
- Age 21 – 25 \$100,000
- Age 26 – 55 \$150,000
- Age 56 – max issue age \$100,000
- Maximum for all policies \$250,000

Available After Issue: Yes

Termination: Rider terminates at the earliest of 1) when any premium for the policy is due and unpaid beyond the end of the premium's grace period; 2) when the policy terminates for any reason other than the death of the insured; 3) the policy anniversary nearest the insured's 70th birthday; 4) if the death of the insured shall occur by suicide within two years from the issue date of this rider; or 5) the date the company receives written notice from the owner requesting termination of this rider.

Reinstatement: Rider may be reinstated upon reinstatement of the policy.

Discounts Available: None

Children's Insurance

Design: Provides \$25,000 of life insurance for the insured's children. All of the insured's qualified children are included on one rider.

Base Insured Issue Ages (parent): 18 to 55

Issue Ages (child): 15 days to 18 years

Substandard Rating: The rider may be added to a policy that is rated Table A to H or with flat extras between \$1 and \$25 per thousand.

Cost: \$144 annually

Conversion Privilege: Prior to the child's age 25, allows owner to convert the insurance on each insured child to up to \$25,000 of permanent insurance without evidence of insurability. Within 31 days after the insured child's 25th birthday, rider coverage can be converted to up to \$125,000 of permanent insurance. Conversion can only occur if no premium is in default. Conversion must take place no later than 31 days after the child's 25th birthday. The policy date of the new policy will be the date of conversion.

Limitations: Children must be named on the application, born after the date of the application or adopted after the date of the application and before the child's 18th birthday. This rider does not insure children younger than 15 days or older than 25.

Termination: This rider will terminate at the earliest of 1) when any premium for the policy is due and unpaid beyond the end of the premium's grace period; 2) when the policy terminates for any reason other than the death of the insured; 3) the policy anniversary nearest the insured's 70th birthday; 4) if the death of the insured shall occur by suicide within two years from the issue date of this rider; or 5) the date the company receives written notice from owner requesting termination of this rider.

Reinstatement: This rider may be reinstated within five years after the rider terminates. The rider may be put back in force by written notice if 1) the policy is reinstated; 2) evidence of insurability is provided for each insured child; and 3) all overdue premiums with interest are paid.

Underwriting: Medical questions will be required for each child. The underwriter may exclude one or more of the children who are included on the application. Upon customer notification, children born or adopted after the policy is activated will be added without additional underwriting review.

Available After Issue: Yes, with evidence of insurability for covered children.

Discounts Available: None

Early Cash Value

Design: Allows part of the policy's specified amount to be allocated to this rider resulting in a higher cash value in the early years of the policy than would otherwise be the case. There are no surrender charges associated with coverage under this rider. Monthly deductions associated with coverage under this rider are correspondingly lower in the first year and correspondingly higher in later years than the monthly deduction that would be required for base policy coverage.

Issue Age: Same as base policy

Available After Issue: No

Death Benefit: The death benefit associated with coverage under this rider is included in the total death benefit for the policy. It is also included in the calculation of the accelerated death benefit amount.

Changes: Coverage may be decreased to not less than the minimum required. Base and rider coverage are decreased proportionately. If coverage is increased, proof of insurability may be required. Base coverage and rider coverage must be increased in the same proportion that existed at issue.

Guaranteed Insurability

Design: Allows the policyholder to increase the specified amount of the policy on certain option dates without submitting proof of insurability. On any option date, the face amount can be increased up to the option rider amount as shown on the policy schedule. Minimum option amount is \$25,000. Maximum option amount is \$50,000.

Option Date: the policy anniversary dates nearest the insured's 22nd, 25th, 28th, 31st, 34th, 37th and 40th birthdays. The option period for an option date begins 60 days before and ends 31 days after that date. Alternate dates may be substituted for the regularly scheduled option dates in the event of the insured's marriage, or the birth or legal adoption of a child. An alternate option period begins on the date of the insured's marriage or birth or legal adoption of a child and ends 91 days after that date. When an alternate date is exercised, it replaces the next option date.

Issue Age: 0-37

Substandard Rating: Not available for rated policies.

Available After Issue: No

Reinstatement: The rider may be reinstated upon reinstatement of the policy.

Termination: The rider will terminate on the earliest of the following when the policy terminates, when the owner requests termination of this rider via written communication or on the expiration date shown on the policy schedule.

Cost: The cost of insurance rates for the increase in specified amount will be based on the insured's rate class as of the policy date, and the issue age as applicable at the time of the increase.

Insurance Exchange

Design: Allows the policy to be exchanged for a new policy on the life of a substitute insured with evidence of insurability on the new insured. This is typically used in business situations. With the company's consent, riders may be attached to the new policy.

The policy date for the new policy will be the monthly date following the date of the exchange. The specified amount of the new policy may be no greater than that of the original policy. The account value of the original policy and any policy debt will transfer to the new policy.

The rider will terminate when the policy terminates or on the anniversary nearest the insured's 65th birthday.

There is no additional charge for this rider.

Lifetime Income Rider

Design: Provides a guaranteed lifetime income for the owner.

Issue Ages: 0-75

Cost: No cost for the rider until it is activated.

Conditions Required to Activate Rider: The insured must be between ages 50 and 85 and must not currently be receiving any benefits from any of the policy's other riders. The policy must have a cash surrender value of at least \$5,000 and death benefit option A. It must have been at least 10 years since the policy was issued or the specified amount was increased.

Upon Activating Rider: Specified amount is reduced by the greater of the difference between the specified amount and the account value minus the activation charge, multiplied by the applicable IRC Section 7702 corridor factor shown on the policy schedule or zero. All other existing riders attached to the policy are terminated. A partial withdrawal is taken from the account value to repay any existing loans. The owner elects the disbursement option from one of the following:

- Level
- Increasing by 3% each year.
- Potentially increasing by x% each year where every subsequent year the disbursements will be compared to the corresponding disbursements from the prior year.

Requirements to Continue Payments: Death benefit option must remain Option A. No additional partial withdrawals, other than the payment of the income benefits may be taken. No premium payments will be accepted and no specified amount changes will be allowed.

Rated Policies: Rider is available.

Supplemental Coverage

Design: Provides additional coverage of up to nine times the base policy coverage on the base insured at a lower total premium than the base policy alone.

Death Benefit: the death benefit associated with coverage under this rider is included in the total death benefit for the policy. It is also included in the calculation of the accelerated death benefit amount.

Available After Issue: Yes, but, may only be added on a policy anniversary date. Underwriting required.

Increases: Available after the first policy anniversary. Underwriting required.

Decreases: May be requested on or after first policy anniversary. Permitted provided the ratio of coverage from the supplemental coverage rider, early cash value rider and base policy remains constant.

Partial Withdrawal: Permitted but the ratio of supplemental coverage and base policy coverage needs to remain constant.

Cost: varies by gender, issue age, rate classification, duration and specified amount band.

Term Insurance for Other Insured

Design: Provides additional insurance protection for up to five other people such as family members, business partners, or other key persons. It does not provide extra coverage to the base insured.

Coverage Amounts: \$50,000 for Nontobacco and Tobacco underwriting classes and \$100,000 for Preferred Plus Nontobacco, Preferred Nontobacco, Select Nontobacco or Preferred Tobacco rate classes. Full underwriting is required for each insured covered under this rider. Available up to Table F.

Conversion: May be converted to permanent coverage prior to the annual date nearest insured's age 75. Minimum specified amount of permanent policy is \$50,000.

Termination: Upon termination of the base policy terminates or on the first monthly date after the policyowner gives written notice or when there is no insured person covered by this rider. Each insured's coverage terminates at death.

Cost: Monthly charges are based on each rider insured's attained age, sex and underwriting classification.

Waiver of Monthly Deductions

Design: Pays the monthly insurance and expense charges if the insured is disabled. Benefits begin on the monthly date after the six-month waiting period. For disabilities occurring after age 59, the benefit will cease at the later of age 65 or two years after disability begins.

Definition of Total Disability: During the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. After the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, or any other occupation for which he or she becomes reasonably suited by education, training or experience, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. Total disability also includes the total and permanent loss of sight, hearing, speech or the use of limbs.

Proof of Disability: Must provide proof that the insured is totally disabled and that the disability began while the policy was in force and has continued for six months. Notice and proof of the insured's total disability must be given to the company within one year after disability begins and while the insured is totally disabled. Proof of continuance of total disability must be provided as reasonably required. No benefit is payable due to intentionally self-inflicted injuries or an act of declared or undeclared war while the insured is a member of the armed forces. Please refer to the rider itself for a complete listing of risks not assumed.

Termination: Upon policy termination or on the first monthly date after the policyowner gives written notice or at age 65 of the insured.

Issue Ages: 0-55

Cost: Based on the insured's age, gender and underwriting classification.

Waiver of Specified Premium

Design: provides payment of a specified premium to be credited to the policy as premiums paid during continued covered disability of the insured after the total disability has continued for six consecutive months while the policy and this rider are in force. On any monthly date during continued covered disability, the benefit that is paid may be more or less than the cost of insurance and other charges. The cash surrender value may increase or decrease. Additional premium payments may be required to keep the policy in force.

If the disability occurs before age 60, we will credit specified premium during the entire disability while the policy remains in force. If the disability occurs on or after age 60, but before age 65, premium will be waived while the disability continues until the policy anniversary nearest the insured's 65th birthday.

Definition of Total Disability: During the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. After the first 24 months of total disability, the insured is unable to perform any of the substantial and material duties of his or her occupation for wage or profit, or any other occupation for which he or she becomes reasonably suited by education, training or experience, due to sickness or accidental bodily injury. Being a homemaker or student is considered engaging in work for wage or profit. Total disability also includes the total and permanent loss of sight, hearing, speech or the use of limbs.

Issue Ages: 18-55

Substandard Rating: The rider may be added to a policy that is rated Table A to H or with flat extras between \$1 and \$25 per thousand.

Available After Issue: Yes

Rider Terminates: This rider will terminate at the earliest of when the policy terminates, on the expiration date shown on the policy schedule or the date we receive written notice from the owner requesting termination of this rider. Termination will not affect an eligible claim for total disability that occurred before age 65.

Reinstatement: Allowed if policy is reinstated.

Cost: Based on the insured's age, gender and underwriting classification.



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Withdrawals and loans will reduce available death benefit and policy value. Withdrawals beyond basis may be taxable income. Excessive and unpaid loans will reduce death benefits and policy value and may cause the policy to lapse. If a policy lapses, unpaid loans are treated as distributions for tax purposes.

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